

**CAREGIVERS' VIEWS ON PLAY AND PLAY
AREAS IN SALVOKOP, TSHWANE**

by

PETRA AUSTIN

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fulfilment of the requirements for the degree**

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SUPERVISOR: PROF. C.E. PRINSLOO

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Full names of student: Petra Austin

Student number: 94213438

Topic of work: Caregivers' views on play and play areas in Salvokop, Tshwane

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ABSTRACT

CAREGIVERS' VIEWS ON PLAY AND PLAY AREAS IN SALVOKOP, TSHWANE

RESEARCHER : PETRA AUSTIN

DEPARTMENT : SOCIAL WORK AND CRIMINOLOGY, UNIVERSITY OF PRETORIA

SUPERVISOR : PROF. C.E. PRINSLOO

DEGREE : MSW (PLAY-BASED INTERVENTION)

This study explored caregivers' views on play and play areas in Salvokop, Tshwane. Specific focus was placed on children's play, play between caregiver and child, and the importance of play spaces. Five relevant categories were identified for investigation including biographical details, the child in early childhood, caregivers' opinions on play, play between caregiver and child, and public play areas.

The research methodology for this study was clearly defined and outlined where a qualitative research approach was utilised with a semi-structured interview schedule as data-collection method. The literature chapter focused on early childhood, theoretical perspectives on play, defining play, the advantages of play, as well as play between parents and child and the importance of public play areas. Research findings for this qualitative study were presented using tables which were fully discussed in the study in order to describe caregivers' views on play, play between caregiver and child, and play areas.

Research findings showed that not all caregivers are aware of the importance of play for child development and do not consider play on its own as the most important activity during early childhood, yet caregivers indicate that their children spend most of their time playing. The types of play that children engage in have numerous advantages and are more varied than what caregivers deem important. Caregivers believe that children need long periods of play on a daily basis and most children do actually play for long periods every day. Children in this study also participate in more physical activity than children in some developed countries. Children have uninterrupted time to play where they are not

hurried or directed by anyone. Caregivers play with their children and enjoy different types of play with their children. However, there is a lack of physical play between caregivers and children. There is no public play area in Salvokop but caregivers would like to have a public play area and indicate that their children will make use of a public play area extensively.

Finally, conclusions and recommendations were made following the key findings for this study. The research question for this study was fully answered in that the empirical investigation provided a comprehensive reflection of caregiver's views on play and play areas.

KEYWORDS

Caregiver

Child development

Early childhood

Play

Play areas/spaces

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CHAPTER 1

GENERAL INTRODUCTION

1.1 INTRODUCTION

Children in early childhood today face many challenges that differ from previous generations (Prezza, Alparone, Cristallo & Luigi, 2005:437). This may influence how children experience the world, interact with others, adapt, and the adults they will become. Studies show that children today are less engaged in play and free movement and restricted to the home where they are engaged in programmed activities under adult direction (Prezza et al., 2005:437). This is a worrying tendency, especially in early childhood when rapid development takes place. *Early childhood* refers to the preschool period that lasts from about the age of two to six years and encompasses considerable development of the child, including physical, emotional, cognitive, and social development, and the attainment of many new skills (Louw & Louw, 2014:152).

The decrease in play and free movement may imply that certain developmental opportunities are diminished for children. Play is essential to child development, specifically where the attainments of early childhood directly correlate with the advantages of play. Play contributes to the physical, cognitive, emotional, and social well-being of the child and affords parents an opportunity to engage fully with their children (Ginsberg, 2007:182). Canning (2011:8-9) describes *play* as a set of activities with measurable learning outcomes, freely chosen by the child, personally directed by the child, and intrinsically motivated.

Children's constraint to the house or similar settings imply that the importance and advantages of play areas are neglected. *Play areas* are usually outdoor spaces with natural and man-made elements as landscape features that provide children with a stimulating play environment (Azlina & Zulkiflee, 2012:275-276). In these play areas children can participate in a specific form of play termed *active free play* which is a kind of physical activity play that is initiated by the child, is unplanned, and chosen by the child, for example rough-and-tumble play (Holt, Lee, Millar & Spence, 2013:1). Veitch, Salmon and

Ball (2007:409) associate this form of play with optimum bone health, reduced cardiovascular risks, and optimal mental health for children.

Valid questions concerning the above may include: Why are children's play and active free play decreasing? What are the views of parents on the role and importance of play? What are parents' perceptions on the use of public play areas? These questions may be answered by firstly examining the role of caregivers. This role is extensive, includes many responsibilities, and is time-consuming. *Caregiving* is a social role shaped by gender and therefore women are most likely to be caregivers. Usually mothers, wives, grandmothers, aunts, and sisters care for children. Caregiving comprises a range of services and activities that include physical, emotional, material, financial, and medical care. Caregiving in the African context will also include cooking, cleaning, and taking care of children (Hejoaka, 2009:869). Taking into account the comprehensiveness of the role of caregiver and the implications of material and financial care, Ginsberg's (2007:182) explanation that today's hurried lifestyle is an important reason for reduced play in children, is understandable. Other reasons mentioned by Ginsberg (2007:182) include changes in the family structure and increased focus on academic and enhancement activities at the expense of recess and child-centred play. Reasons that are more serious include war, child labour and exploitation practices, neighbourhood violence, and limited resources for children living in poverty. Concerning play, Fisher, Hirsh-Pasek, Golinkoff and Gryfe (2008:305) emphasise that there is a shift from free play or unstructured play to early academic preparation. Concerning outdoor play, Aarts, Wendel-Vos, Van Oers, Van De Goor and Schuit (2010:212) refer to road safety and strangers as two major sources of parental concern that reduce outdoor play for children.

After a thorough search through search engines and with the assistance of a librarian at the University of Pretoria's library, it was clear that there is no literature available concerning the above-mentioned aspects in the South African context. This research therefore explored caregivers' views on play and play areas for children in early childhood in Salvokop, Tshwane. Key concepts in this study included caregiver, play areas, and play. According to the South African Children's Act 38 of 2005 caregivers are separated into two categories. The first category includes persons with full parental responsibilities and rights such as the biological mothers who are 18 years or older; the maternal mother, where the biological mother is under the age of 18; biological fathers who are married to the

biological mother; biological fathers, over the age of 18, who have lived with or are living with the child's mother in a permanent life partnership; biological fathers who have acknowledged by particular actions that the child is their child; persons who have been assigned such rights by the biological mother or a High Court order (for example, grandmothers or foster parents who are the only caregivers); adoptive parents and persons who have been appointed in a will as the guardian of a child. The second category includes persons with no parental responsibilities and rights. Caregivers in this category include grandmothers, aunts/uncles, foster parents, and the head of a child-headed household who is over the age of 16 years.

For the purpose of this study a **caregiver** includes any adult who is mainly responsible for the care of the child and therefore spends most time with the child (outside day-care). The caregiver is therefore on familiar terms with the child, the child's needs, and the child's daily routine. A caregiver may be a mother/father, grandmother, aunt, or adult sister of the child. **Play areas** included the home, playgrounds, and public play areas. **Play** is defined as a set of activities freely chosen by the child, personally directed by the child, and inherently motivated (Canning, 2011:9-10).

1.2 LITERATURE REVIEW

The researcher will subsequently discuss the importance of play, reasons for the reduction in play, the role of parents in play, play areas, and the importance of increasing play.

1.2.1 The importance of play

Play is such an important aspect of optimal child development that it has been recognised by the United Nations High Commission for Human Rights as the right of every child (Casey, 2010:1; Else, 2009:116; Howard & McInnes, 2013:124). Ginsberg (2007:183) states that play leads to improved confidence and the resiliency children will need to face future challenges; it teaches children to work in groups, negotiate, share, resolve conflict, learn self-advocacy skills, and practice decision-making skills while building active and healthy bodies. Unstructured play also enhances children's learning readiness and learning behaviour. Fisher et al. (2008:306) indicate that spontaneous play, specifically in early childhood, advances cognitive development since it sets a foundation for early

mathematical thinking, abstract thought, perspective-taking, creativity, memory, intelligence, language, literacy, self-regulation, and socially appropriate behaviour. In contrast to these advantages, Ginsberg (2007:183, 186) states that the reduction in play leads to emotional distress, anxiety, childhood depression, school avoidance, somatic symptoms, and emotional incompetence in children.

To understand the significance of play in child development it is important to understand the stages of play and how these stages facilitate development. Parten (in Else, 2009:23-24) identifies six stages of play that include the following:

- Unoccupied behaviour – where the child is not playing but simply observing.
- Solitary play – where the child plays alone and is uninterested in others.
- Onlooker behaviour – where the child watches the play of others, may talk to the children involved, but the talking does not relate to the play.
- Parallel play – where the child plays alongside the other children and often imitates what is being played by the other children but does not interact with the other children.
- Associative play – where children appear to be playing together but their activities are not organised.
- Co-operative play – where children play together in more organised activities and share intentions about the progress of play.

The above stages should also be seen in terms of Piaget's stages of development and the key characteristics associated with play types. Else (2009:24) describes Piaget's sensorimotor period (birth to two years) as a learning and exploration phase that involves the senses and where the child moves from involuntary reflex action to increasing emphasis on cause and effect. Object permanence also develops in this stage. Play types associated with this stage include practice play and sensory activity that is often repetitive. In the pre-operational period (two to seven years) the child develops increasingly complex logic. This is a period of intense development where the child begins to use internal images, language and symbols. There is also a move away from egocentricism at around four years. Play types associated with this period include symbolic play, small world play, role play, art and drawing and simple rule-based games. However, Holt et al. (2013:2) refer to studies in the United States of America (USA) that show that the decrease in play time is the largest among children from three to five years of age, with a reduction of 509 minutes per week.

During the concrete operational period (seven to 11 years) the child can conserve and mentally arrange objects and this period is therefore seen as the beginning of understanding. Children play increasingly complex games that adhere to rules and they start to play with ideas and roles (Else, 2009:24).

1.2.2 Reasons for the reduction in play

One of the main reasons for the reduction in play relate to the hurried lifestyle of families. Many children are raised in a pressured or hurried lifestyle that may limit the benefits gained from child-driven play, while the percentage of children with mothers who are employed outside the home has increased in past decades (Farley, Meriwether, Baker, Watkins, Johnson & Webber, 2007:1625; Ginsberg, 2007:182). Holt, Spence, Sehn and Cutumisa (2008:3, 4) indicate that in recent years, children's active free play has become constricted, controlled, privatised, and subject to adult supervision. Curtis, Hinckson and Water (2012:7) explain that parents' busy work schedule does not allow them to transport their children to and from activities. It seems that costs, timing of activities, and safety are some of the reasons that children do not participate in active play. Prezza et al. (2005:437) indicate that the reduction in outdoor play has a negative effect on children's environmental knowledge, spatial and motor development, analytical skills, and social development.

Studies also show that children living in areas of socio-economic deprivation have higher rates of obesity than children in more affluent communities, since these children participate in more sedentary behaviours than their more affluent peers (Holt et al., 2013:2). The above can be directly linked to Canning's (2011:111) findings that the game a child is playing or the fantasy he¹ is creating is dependent on access to and quality of the play environment. Children's main frustration is that there is not enough time and space to play and that adults usually restrict play. Holt et al. (2013:2) mention that mothers believe that the reduction in play is eroding childhood. Ironically, parents are a significant barrier in children's participation in active free play.

¹ For the purpose of this study the child will be referred to as 'he' without any gender discrimination intended.

Authors agree that parents have heightened concerns about neighbourhood safety in terms of traffic and strangers around public play areas (Aarts et al., 2010:212; Foster, Villanueva, Wood, Christian & Giles-Corti, 2014:60). Foster et al. (2014:60) state that traffic accidents are the leading cause of death from injury of children in developed countries, validating parental concerns about traffic safety. Parental apprehension about threats posed by strangers are largely grounded in fear, since abductions by stereotypical strangers are rare. Prezza et al. (2005:438, 439) explain that parents' social fear for their children relate to victimisation by aggression and molestation, micro-crime like drug pushing and drug addiction, the presence of certain social groups like the homeless, people with strange dress and behaviour, and to a slighter degree paedophiles, and bullying. Crime is a general indicator of the social climate in neighbourhoods and also of the deterioration of social ties and restricted use of public spaces.

Another important reason for the reduction in free play is that educators all over the world face the same demands to start teaching academic skills at an increasingly younger age, at the cost of traditional early childhood activities (Bodrova, 2010:161). Fisher et al. (2008:314, 306) explain that children are being 'hot housed' in terms of academic preparation, leaving them with insufficient time to play. However, longitudinal studies show that children in playful child-initiated learning environments showed better social behaviour, had fewer conduct disorders, showed better academic performance and maintenance beyond that of children who had educational instruction and play-learning.

1.2.3 The role of parents in play

Play between parents and child is as important as active free play for children. Ginsberg (2007:183, 184, 186) argue that parents lose the opportunity for high-quality time with children when children are highly scheduled in terms of daily activities. Less time for parents to play with children is also combined with parental beliefs about play and may lead to the decrease in play between parent and child. Fisher et al. (2008:307, 313, 314) explain that parental beliefs about the role of play in child development stem from cultural and personal values and experiences and influence parenting behaviours and child outcomes. Fogle and Mendez (2006:508, 515) found that parenting beliefs can be linked to ethnic factors, economic limitations, religious practices, and the unique experiences of parents, for example, the child's temperament. There are meaningful links between

parents' beliefs about play and their participation in play, for example, mothers who perceive pretend play as important for child development and believe that their participation in play is essential, tend to spend more time in parent-child play.

Parental beliefs not only influence play between parent and child, but also parental views concerning play versus structured learning. Fisher et al. (2008:306) state that the emphasis on structured activities to support academic results over unstructured play has influenced parental beliefs about the usefulness of play for early academic learning. Where individual beliefs may influence individual parenting practices, it seems that normative beliefs founded in cultural dogma may also influence parenting on a societal level. Fogle and Mendez (2006:508) agree with Prezza et al. (2005:438) that culture is of key importance in determining child rearing behaviours in parents. Desired competencies for children will therefore vary across cultures owing to the unique developmental demands within different cultural contexts. Authors agree that, in the USA, there is a trend to reduce play, even in preschools, to make room for didactic lessons in an effort to focus more on reading, mathematics, memorisation, and factual knowledge (Fisher et al., 2008:307; Ginsberg, 2007:183). Fisher et al. (2008:313, 314) state that mothers perceive both structured and unstructured activities as play and their beliefs about play relate to the supposed academic learning value of play. This may explain the decrease in unstructured play specifically in favour of didactic learning.

1.2.4 Increasing play

Concerning play and active free play, many recommendations are available to increase these important processes for children. Ginsberg (2007:183, 186, 187) recommends that researchers should continue to investigate the nature and measure of activities that are prone to be enriching for children with different needs, and must encourage changes in each child's environmental and social context that will improve opportunities for play. Families should be educated on protective assets, and increased resiliency should be developed through play and some unscheduled time for children. There is a need to promote the implementation of strategies known to support healthy youth development and resiliency.

Concerning recommendations related to parental beliefs, Ginsberg (2007:187) states that the most valuable character traits to prepare children for success do not arise from supplementary or academic commitments but from positive grounding in parental love, role modelling, and guidance. Fisher et al. (2008:314) believe that further research is needed to clarify how parental beliefs may influence later child development, parent and child behaviour, and the multidirectional relationship between parent and child. Fogle and Mendez (2006:508) focus attention on the fact that little research has examined the unique parent-child play styles from diverse backgrounds.

The above-mentioned recommendations were taken into account in undertaking this study. For future reference the concepts of play, active free play, play between parent and child, and the utilisation of play spaces will be referred to only as play, where applicable.

1.3 THEORETICAL FRAMEWORK

The theoretical framework for this study is the Developmental Systems Theory (DST). Vimont (2012:502) explains that the DST views development as a process where change occurs not only within the individual but also in the layers of the environment within which the individual exists. Individuals are viewed as complex systems existing within other complex systems. Any part of the system, whether internal or external to the individual, can and does bring about change. A key component of the DST is the multiple pathways that are possible through successive change. The central question in the DST is how to optimise outcomes for children as they develop into adults.

Greenfield (2011:531-534) indicates that there are five main concepts in the DST. The first concept includes the *person-environment systems* where the person and his environment are seen as interconnected entities enclosed within a greater person-environment whole. The second concept in the DST is the *transactional approach* that refers to subsystems of persons and environments that mutually influence each other through a process of reciprocal/mutual causality. The third concept is *probabilistic epigenises* where the presence or absence of a single factor can make future outcomes for an individual more probable or less probable. The fourth concept is *time as context* or the *diachronic perspective* that focuses on the influence of time across person-environment systems and therefore various scales of time. Development is therefore seen as organised changes in

transactions among different levels of persons and environments over time. The last concept in the DST refers to *diversity* in patterns of human development and branch, in part, from the individual's unique personal characteristics, the collection of environmental contexts in which these characteristics are rooted, and the relations across the various systems.

The DST directly relates to this study since the child's play, play with parents as well as utilisation of play spaces are all systems in the child's life found within larger systems. These include the child's home environment, the parents' character, beliefs and attitudes concerning play, and their interaction with the child, the child's day-care environment as well as the child's neighbourhood. These may all influence the developing child causing certain experiences that may affect outcomes for the child as he develops into an adult. The central question in the DST on how to optimise outcomes for children as they develop into adults is an important part of the recommendations in this study.

Greenfield (2011:538) states that the application of the DST in social work relates particularly to transactions across diverse levels of complex person-environment systems where *micro-practice* is directed to individuals and micro-social groups such as individual and group counselling. *Macro-practice* is seen as optimising such transactions by influencing larger systems themselves, for example, through policy practice. *Mezzo-practice* is directed at optimising such transactions by influencing more direct levels of social environments that link individuals to more macro-social institutions, for example, through non-profit management. The idea of the DST is therefore to modify transactions among persons and environments to encourage optimal functioning across different populations and throughout time. The application of the DST in this study relates to micro-practice where the researcher will be able to utilise knowledge from this study as a practitioner herself who provides services to children and their parents on a daily basis. The findings of this study are also useful in macro- and mezzo-practice where it is made available to The Capital Cities Project: Cities Lived. The overall aim of this project is to create a platform for coherent research on, and intervention in the City of Tshwane (The Capital Cities Project: Cities Lived, 2014:1).

Vimont (2012:505-506) is of the opinion that to understand the application of the DST the following five key, interrelated questions may be asked: What attributes of which individual

in relation to what contextual/ecological condition at what points in time promote what instances of positive human development? The answer to this question relates to *developmental assets* in the DST, which are seen as building blocks to enhance essential developmental outcomes, reduce health compromising behaviours, and increase positive outcomes. Vimont (2012:505-506) explains that there are *internal assets* as well as *external assets*. Internal assets may, for example, include commitment to learning, social competencies, positive identity, and positive values. External assets may, for example, include empowerment, support, expectations, boundaries, and constructive use of time. The DST pays attention to positive development instead of using prevention strategies. Vimont (2012:505-506) believes that it is therefore important to take into account *risk factors* and *protective factors* in this theory. Risk factors are those variables, that when present for a specific person, may make it more probable for that person (rather than for someone who was randomly selected from the general population) to develop a disorder. These factors may, for example, include lack of access to quality education, health care, or a safe neighbourhood, due to economic reasons.

Protective factors are broadly seen as variables that reduce the risk of negative outcomes due to risk factors and may, for example, include positive, caring connections to family, schools, and other institutions. The aspect of *resilience* is of importance here since it refers to upholding positive adjustment using positive factors to lessen the threat of risk factors. It can also be described as positive adaptation in the context of considerable difficulty (Vimont, 2012:505-506). Developmental assets are an important part of this study since play, play with parents as well as the utilisation of play spaces were explored as building blocks that increase protective factors for the child in order to countermeasure the risk factors the child may experience in his everyday life. This study also relates to the DST since the idea is to explore aspects that will improve the child's resilience through play and not through the development of prevention strategies.

1.4 RATIONALE AND PROBLEM STATEMENT

Although play is such an important aspect of optimal child development that it has been recognised by the United Nations High Commission for Human Rights as the right of every child (Casey, 2010:1; Else, 2009:116; Howard & McInnes, 2013:124), certain challenges present obstacles to play in the daily lives of children. Many authors in developed

countries (Curtis et al., 2012:7; Farley et al., 2007:1625; Fisher et al., 2008:306; Ginsberg, 2007:182; Holt et al., 2013:2; Holt et al., 2008:3, 4; Prezza et al., 2005:437) agree that play has decreased for children in early childhood in recent years. Authors indicate a number of reasons for the above (Aarts et al., 2010:212, 215; Curtis et al., 2012:7; Farley et al., 2007:1625; Fisher et al., 2008:305, 307, 313, 314; Fogle & Mendez, 2006:508, 515, 516; Foster et al., 2014:60; Ginsberg, 2007:182; Prezza et al., 2005:438, 439). Reasons for the decrease in the different forms of play include today's hurried lifestyle, more mothers who are employed outside the home, parents' busy work schedule, parents' cultural and personal values, their educational levels, occupation status, and socio-economic status. Other reasons include the different environment characteristics, road safety, strangers, victimisation of children by aggression, molestation, micro-crime, paedophiles, bullying, and the shift where free play is replaced by early academic preparation.

Although some of these aspects may be applicable to South Africa, there is no available research to confirm such possibilities. Child development in early childhood as described by South African authors like Louw and Louw (2014) is the only corresponding literature that directly compares to that of authors like Berk (2009) in developed countries. This indicates that South African children have the same developmental needs that can be attained through play as children in developed countries. However, this correlation does not indicate any influences that may specifically affect South African children's play experiences in early childhood.

Concerning the nature of play, the researcher anticipated that South African children may experience unique circumstances since parental attitudes and culture may differ from that of parents in developed countries. Larger systems, including the environment and crime, may also differ from developed countries. This study is valuable since it contributed new knowledge in the South African context on the role of play in the lives of children in early childhood; the views of caregivers on play in the lives of their children; play interaction between caregivers and their children as well as the availability and utilisation of play spaces in the living environment of children. Through this study, the researcher attempted to fill this research gap and make new and relevant information on these aspects available that may be utilised in micro-practice, macro-practice and mezzo-practice as described earlier.

The research question for this study was then formulated as follows: What are the views of caregivers on play and play areas in Salvokop, Tshwane?

1.5 GOAL AND OBJECTIVES

The goal of this study was to explore and describe the views of caregivers on play and play areas in Salvokop, Tshwane.

The objectives of this study included:

- To theoretically contextualise the role of play in the lives of children in early childhood.
- To explore and describe caregivers' views on play in the lives of their children.
- To explore and describe how and whether caregivers engage with their children in play.
- To explore and describe caregivers' views of the availability and utilisation of public play areas for their children.
- To raise awareness among caregivers, professionals, and local authorities on the value of play and access to play areas through conclusions and recommendations of this study.

1.6 TYPE OF RESEARCH

In this study, applied research was the applicable type of research, given that the researcher was committed to see knowledge and information uncovered by the study put into action. This provided the researcher with knowledge on the nature, needs, and requirements of children's play. The researcher attempted to use what she has learned from this study to make a difference in the everyday lives of caregivers and their children through the understanding of the different forms of play as well as play spaces (Babbie, 2007:25; Kumar, 2011:10). The researcher made recommendations according to the findings of the study. These recommendations can be applied by the researcher as a practitioner herself who provides services to children as well as by social workers working with families. The findings of this study are also available to The Capital Cities Project: Cities Lived in order to apply these findings.

1.7 RESEARCH APPROACH

In this study, the researcher utilised a qualitative research approach. Through this approach, the researcher sought to answer the research question that may provide a broader understanding of caregivers' views on play and play areas in Salvokop by thoroughly studying a few individuals (Fouché & De Vos, 2011:91). The qualitative approach was appropriate for this study where the researcher needed a complex and detailed understanding of the issues in this study and wanted to understand the context and settings in which the participants address these issues (Creswell, 2007:39-40). The following characteristics of the qualitative approach were relevant in this study: a construction of the social reality and cultural meanings concerning play in the daily lives of caregivers and their children; a focus on interactive play processes between caregivers and their children as well as their interaction with the environment; involving a few cases as part of the study where this approach allowed the researcher to gain rich information on caregivers' views on play and play areas; thematic analysis as the method of choice for this study in order to interpret the findings (Fouché & De Vos, 2011:91).

This study was both exploratory and descriptive in nature. The study was exploratory where the above shows that the researcher wanted to gain insight into the situation, individuals, and community. The researcher also found that South African literature on play in the lives of children, play interaction between caregivers and their children as well as information on play areas for children are limited. Kumar (2011:11) explains that an exploratory study is undertaken with the objective to explore an area where little is known. This shows that an exploratory study may address the lack of basic information on the specific topic of this study. This study was also descriptive in nature where it strove to describe the particular phenomenon of play and its related themes as comprised for this study (Fouché & Schurink, 2011:321). The researcher therefore wanted to utilise description for the more intensive examination of play and its related themes and the deeper meanings thereof, hence leading to thicker description (Fouché & De Vos, 2011:96).

1.8 RESEARCH DESIGN

The research design selected for this study was the case study design. Since the researcher was mainly interested in the significance that subjects give to the experience of play, the researcher used the case study design to submerge herself into the activities of a small number of individuals in order to obtain knowledge of their social worlds and to look for patterns in their lives, words, and actions in the context of the case as a whole (Fouché & Schurink, 2011:321). Specific themes were therefore explored, pertaining to caregivers' views on play and play areas in Salvokop. The exploration and the description of the cases in this study transpired through a thorough, in-depth data-collection method, involving various sources of information that were rich in context (Fouché & Schurink, 2011:321). Thus, the researcher developed a semi-structured interview schedule based on a focussed literature study.

Several authors (Fouché & Schurink, 2011:320-322; Kumar, 2011:126-127; Welman, Kruger & Mitchell, 2005:193) agree on the advantages and disadvantages of the case study design. The advantages of the case study design in this study included: an open-ended technique for data collection and analysis; focus on a bounded unit by purposively choosing very specific examples according to the criteria for this study; cases were studied intensively where exploring and understanding was the focus of the study; the value of the case study laid in the ability to draw attention to what can be learned from a single case; sources of information were rich in context.

The disadvantages of the case study design for this study included: the researcher needed access to and confidence of the participants; cases had to be carefully selected; the researcher entered the field with a knowledge of the appropriate literature before conducting the field research (which was difficult in this study where limited South African literature is available); the researcher was not in a position to study a large number of cases, although the researcher aimed to include cases until saturation point was reached; generalisability of the study to other populations is not possible; the researcher brought a specific background into the study, and was careful not to be biased (Fouché & Schurink, 2011:320-322; Kumar, 2011:126-127; Welman et al., 2005:193).

1.9 RESEARCH METHODS

This section provides a preliminary view of the research methods used during the study. The study population, sampling, data collection, data analysis, and the pilot study will be discussed in more detail in chapter 3.

In this study, the population included all caregivers of children in early childhood who live in Salvokop and receive services from Inkululeko Community Centre. Individuals (caregivers of children in early childhood) were the units of analysis. The sampling approach was non-probability sampling and the sampling method was purposive sampling. The sampling criteria for this study included the following: the participant must be a caregiver as defined for this study; the child must be in early childhood (between four and six years of age); and the caregiver and child must reside in Salvokop.

The sample size for this study depended on the purpose of the investigation, what the researcher wanted to know, what was of use, what was at stake, what had credibility, and what could be done with the available resources and time (Strydom & Delpont, 2011:391). The researcher therefore included 10 participants in this study but more participants would have been selected if saturation point was not reached. Interviewing was selected as the data gathering technique, specifically the semi-structured one-to-one interview where the researcher could follow an interview schedule. The use of a digital audio recorder and specific locations for conducting interviews were tested during the pilot study.

Data collection and preliminary analysis necessitated a twofold approach since the researcher firstly analysed data in the field during collection and secondly analysed data away from the field following the period of data collection (Schurink, Fouché & De Vos, 2011:397, 405, 406). Interviews were continuously transcribed and key themes identified. The quality of transcriptions was ensured by reading the final transcripts while listening to the recordings (Bryman, 2012:484, 486). Transcripts were ordered in computer files. The researcher wrote memos of short phrases, key concepts, and ideas as they occurred in order to later generate categories, themes, and patterns (Creswell, 2007:183-184). Data was reduced through coding/categorising. Categories expanded as the database was reviewed. These were combined into a smaller number of themes and sub-themes (Creswell, 2007:183-185). Open coding, axial coding, and selective coding were used in

the study (Babbie, 2007:385-386). The emic approach helped the researcher to interpret data by making the point of view of the people being studied understandable. The etic approach helped the researcher bring forth the underlying sense of meaning in the data (Schurink et al., 2011:417).

The trustworthiness of data for this study was ensured through peer debriefing, member checking, and the use of an audit trail. The use of an audit trail required that the researcher keeps a written account throughout the data analysis process that will clearly describe the research decisions and the justifications thereof. Peer debriefing was also utilised where it was possible for the researcher to engage in dialogue with other students outside of this research project who had experience with the topic and methods being utilised. Member checking was utilised where the findings from the data analysis were later available to participants in order to confirm or challenge the accuracy of the work (Lietz, Langer & Furman, 2006:449-450, 451, 453).

The pilot study was executed in exactly the same manner as the main investigation but only two participants were selected to participate in the pilot study and these participants and the data collected were not part of the main study. The pilot study provided an overview of the actual situation in which the main investigation was going to be executed. Ideas were developed of resources, the field itself, the research population, data collection procedures, data gathering itself, and possible errors that may occur. The testing of the digital audio recorder, participants' comfort with the recording device, as well as the location for interviewing were tested. The interview schedule was tested and modified for the main investigation. Participants in the pilot study were encouraged to ask questions during the interview in order to clarify any misunderstandings for the main study (Strydom, 2011:238-241).

1.10 CONTENTS OF THE RESEARCH REPORT

Chapter 1	General introduction – This chapter serves as an introduction to the study by presenting the topic through a short literature review. It provides a comprehensive description of the theoretical foundation of this study, the rationale and problem statement, and the goal and objectives. It also explains the type of research as well as the research approach and design while
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	introducing the research methods. Lastly, it highlights the limitations of the study.
Chapter 2	Literature study – This chapter offers a comprehensive literature study that includes the child in early childhood, a theoretical perspective on play as well as defining play, and discussing the advantages of play. It also provides a broad discussion on play between parent and child and public play areas.
Chapter 3	Empirical findings – This chapter presents the results of the empirical investigation as well as the interpretation of the results. It is divided into five main categories and 16 themes. These categories include the biographical details, the child in early childhood, caregivers’ views on play, play between caregiver and child, and public play areas.
Chapter 4	Conclusions and recommendations – This chapter concludes the research study. It specifies how the goal and objectives of the study were met and attempts to answer the research question. It highlights the key findings of the study, draws conclusions, and provides certain recommendations for parental training, to municipalities and local authorities and for future research.

1.11 LIMITATIONS OF THE STUDY

The limitations of this study included the following:

- The original research schedule developed by the MSW (Play Therapy) students did not have a complete subset of questions for neighbourhoods with no public play areas or parks. The researcher therefore had to develop a subset of questions for areas like Salvokop where there are no public play areas but where participants’ views and opinions of public play areas were relevant for this study.
- Participants preferred to be interviewed in their homes, especially those with babies or young children. This posed certain problems for the researcher in terms of the quality of the audio recordings where home environments often had high levels of noise with many people/children coming and going, unemployed people sitting in front of shacks² and talking, intoxicated people at the shebeens³ talking very loudly, and curious neighbours and friends visiting participants. The researcher learned that it is best to

² Small and simply constructed dwellings.

³ Establishments or private houses selling alcoholic liquor without a license.

ask participants if doors could be closed before the interview starts and to correctly position the audio recorder for optimum recording sound. Sometimes it was also necessary to stop the interview and recorder and give the participant a chance to, for example, feed a child or comfort a crying child.

- Interviews were time-consuming since the researcher utilised a semi-structured interview schedule and wanted to extract rich information from participants. The researcher prepared participants for the length of the interview beforehand and also informed participants that they are allowed as many breaks as needed during the interview.
- Some participants wanted to share their life stories or extended versions of certain events in their lives during interviewing. The researcher had to subtly steer these participants back to the content of the interview schedule while being very empathetic to the stories they were sharing.
- Not all houses and shacks in Salvokop are numbered, which made it difficult and time-consuming for the researcher to find participants. However, many participants own mobile phones and the researcher could phone them for instructions on how to get to a specific house or shack.
- The sample size of this study is small and research results cannot be generalised. It does however provide a foundation for further research. Collectively within the MSW group research, the research results may lead to general conclusions and recommendations about caregivers' views of play and play areas.

1.12 SUMMARY

The introduction to this study shows that play is essential to child development, specifically where the attainments of early childhood directly correlate with the advantages of play. Children are, however, less engaged in play and free movement today, restricted to the home, and the advantages of play areas neglected. In South Africa there is a lack of literature concerning the above-mentioned aspects within a South African context. The introduction also defines the key concepts of play, caregiver, and play areas for this study.

In this chapter a short literature review is provided and includes the importance of play, reasons for the reduction in play, the role of parents in play, and the importance of increasing play. A comprehensive description of the theoretical foundation for this study,

namely the DST and its possible applications, are provided. This chapter also clarifies the rationale and problem statement of the study as well as the goal and objectives of the study. It also includes a discussion on the type of research, the research approach and design for this study, and an introduction to the research methods to be discussed in detail in chapter 3. The following chapter will include a comprehensive literature review for this study.

CHAPTER 2

PLAY AND PLAY AREAS IN EARLY CHILDHOOD

2.1 INTRODUCTION

The more flexible and complex the organism, the longer the period of formative years. Humans have an extensive period of immaturity comparative to other mammals. This period of immaturity is called childhood (from birth to adolescence) and play is the main occupation as a seemingly 'non-serious' variant of functional behaviour (Pellegrini, Dupuis & Smith, 2007:262, 264). Parents often see childhood as a carefree, irresponsible time, with no financial worries, no societal pressures or work-related troubles (Henderson & Thompson, 2011:7). Yet studies show that children's lives today tend to be highly programmed and hurried. The environments in which they live and spend their time are becoming more homogenised and institutionalised (Wilson, 2008:38). Studies also show that the decline in play has contributed to the rise in psychopathology among children (Holt et al., 2013:1). Time to be playful, creative and thoughtful is missing in the lives of many young children these days (Wilson, 2008:38). This chapter will give an overview of the role of play in the lives of children in early childhood, the role of the parent in play and the importance of public play areas for children.

2.2 EARLY CHILDHOOD

Early childhood is one of the most important periods of life because of its effects on subsequent years. The shaping and forming of the child's character takes place in early childhood and the child acquires and develops basic knowledge and habits (Pirpir, Er & Koçak, 2009:933). Wilson (2008:1) provides a dynamic description of children at this age and describes children as busy people who like to touch, taste, poke, dig, tear, shake, pull, push and climb. Children are inquisitive and eager to follow the path of curiosity. They are attentive and imaginative and often see shapes, patterns and possibilities that adults seldom notice. Children are also sensitive, intense and highly competent.

In order to have a broader understanding of early childhood, Louw and Louw (2014:221-222) include a few important aspects pertaining to this stage. During early childhood (two to six years) the child's general physical development slows down to a certain extent and his different body parts develop proportionally. As the child's brain size increases, development in the different brain areas add towards planning and organising skills, language development, motor control, balance, alertness and consciousness. The child develops naïve theories about how the world works that help him to know what to expect and how to react.

At this stage, the child develops a theory of mind to explain other people's behaviour, beliefs and thoughts. Language skills show significant development as the child progresses through early childhood and this contributes to his emerging literacy skills. The child's heightened cognitive and social development contribute towards changes in his emotional experiences. Emotions and emotional expression become more diverse. Greater control is applied to emotional expression and the child learns certain strategies to regulate his emotions. He therefore begins to reflect a more complex understanding of the self and social relationships. Family relations continue to play a critical role in early childhood development (Louw & Louw, 2014:221-222).

Watching the child closely and meeting his needs in the most suitable way, is an essential approach to early childhood (Pirpir et al., 2009:933). Canning (2011:20-21) sees every area of development including cognitive, physical, social, emotional, linguistic and spiritual growth as equally important to children's development. Play is one of the ways in which these areas of development can be supported. The researcher will subsequently investigate play from a theoretical perspective in order to understand play in the context of early childhood development.

2.3 THEORETICAL PERSPECTIVES ON PLAY

All types of play practise are based on theoretical understanding. The three play practices include educational, therapeutic and recreational play (Howard & McInnes, 2013:6). For the purpose of this study, recreational play is the most relevant play practice. Howard and McInnes (2013:7) state that in recreational play, practitioners value the natural freedom children have as they engage in play. However, the researcher's exploration of the history

on play theories shows that play was considered from many different viewpoints. A few classical theories on play should be mentioned as an expression of the time period in which they were proposed. Howard and McInnes (2013:8) emphasise that all the classical theories on play define play as a behaviour or activity in which children naturally engage. Spencer (1820-1903) describes play as a product of surplus energy. Lazarus (1824-1903) sees play as a type of relaxation after work. Hall (1846-1924) describes play as cathartic and playing out evolutionary stages. Groos (1861-1946) interprets play as training for adult life (Howard & McInnes, 2013:8).

Modern theories on recreational play seem to be more complex regarding the dynamics of play. Morris (1928-) argues that humans have an instinctive drive to play that helps them to discover and to get to know the world. Burghardt (1941-) looks at playfulness in both animals and humans, develops a hierarchy of play that outlines play as a developmental process and also links this to educational play practice. Hughes (1944-) emphasises the importance of the play environment for play behaviour to occur. Sturrock (1948-) views play from a variety of academic disciplines including education, psychology, play work and play therapy. He also develops new terminology used by recreational play professionals (Howard & McInnes, 2013:13).

There are also theorists whose theories cross play practice boundaries. Sutton-Smith (1924) writes about play from diverse viewpoints and derives seven expressions of play that reflect the different functions of play. These functions include play as progress, as a developmental perspective and play of the self where play is viewed as relaxation, escapism or fun. He also believes that children must make their own decisions during play and considers children's view of what constitutes play. Garvey (1991) creates five characteristics of play to demonstrate play as a disposition, a process and a behaviour. Garvey (1991) also emphasises the social and communicative context of play. She focuses on the developmental function of play although she believes that play supports all aspects of development. She believes that children should be allowed to play free from adult intrusion whereby the adult role is to observe and learn (Howard & McInnes, 2013:14).

The different areas of play research have joined into a common 'play-learning' belief where play represents a natural, age-appropriate way for children to find out about themselves

and the world around them. Children acquire understanding and can practice new skills during play. These provide a basis for academic success and more complex cognitive processes (Fisher et al., 2008:306). To have a better understanding of the above the researcher needs to consider a comprehensive definition of play as a starting point.

2.4 A COMPREHENSIVE DEFINITION OF PLAY

Many theorists have attempted to define play. Fisher et al. (2008:306) believe that play is a multidimensional construct that fluctuates in meaning across time, culture and context. A range of behaviours is considered playful. This makes it particularly difficult to find an all-inclusive definition of play. Piaget (in Howard & McInnes, 2013:7) defines play according to the categories of practice play, symbolic play and games with rules. The Hughes list of play types (in Else, 2009:46-48) includes 16 forms of play, for example, communication play, exploratory play, imaginative play, object play, socio-dramatic play and many others. Marcelo and Yates (2014:1) explain that some play classifications focus on socio-cognitive factors, for example Parten's distinction among solitary, onlooker, parallel, associative and cooperative play patterns, which represent increasingly complicated social play behaviours as a function of children's developing cognitive abilities.

All children pass through three play stages and each type of play experience is important for intrinsic learning opportunities (Howard & McInnes, 2013:64-65). These stages include the embodiment stage where early experiences are mostly physical and expressed through the senses. In the projective stage, the child begins to relate to the world outside himself by interacting with toys and objects in his environment. In the role stage, the child takes on roles rather than to project them through toys and objects.

Authors (Else, 2009:8; Howard & McInnes, 2013:7) have defined play according to criteria such as play being pleasurable and voluntary. These authors agree that play is a process. Marcelo and Yates (2014:1) explain that play theorists normally view play as a childhood experience that develops toward growing complexity. The researcher finds Else's (2009:11) definition of play inclusive of many important factors mentioned in play literature. Else (2009:11) defines play as follows:

Play is a **process**. It's the way of playing that is important; not what we play with. Play is **freely chosen** by the player. A child tidying up the garden because her mum told her so is not playing. Play is **personally directed**; the manner of

playing is decided by the child. Tidying up the garden might change into play if the child enjoys exploring the feel of mud under her feet, or the sound of the leaves being piled up. Play is **engaged in for its own sake**; the impulse comes from within. The child must find the activity satisfying and derive pleasure from it, which might cause conflict with any adult ideas (playing with mud will not get the garden tidy).

When the researcher compares the above elements of play to Hughes' (2010:4-5) definition of play, certain key elements of play correlate in order to give a comprehensive definition of play. Hughes (2010:4-5) explains that before an activity can be described as play it must contain five important characteristics:

First, play is **intrinsically motivated**. It is an end in itself. A second related characteristic of play is that it must be **freely chosen** by the participants. If children are forced into play they may not regard the assigned activity as play at all. A third essential characteristic of play is that it must be **pleasurable**. A fourth characteristic of play is that it is nonliteral. That is, it involves a certain element of make-believe, **a distortion of reality** to accommodate the **interests of the player**. This is particularly true of symbolic play that is so characteristic of the preschool years. Finally, play is actively **engaged in by the player**. The child must be involved physically, psychologically or both, rather than passive or indifferent to what is going on.

The above should also be compared to studies focussing on children's description of what play encompasses. Howard and McInnes (2013:43) indicate that children express play activities as those that are under the control of the child, voluntary and fun and do not include adults. Work activities are expressed as those that are mandatory, with an adult involved and under the control of an adult. Children's view on play therefore corresponds with the comprehensive definition of play chosen for this study. Since many play types will be mentioned in this chapter, the researcher includes the Hughes list of play types (Else, 2009:46-48) with short descriptions and examples of the different play types.

Table 1: The Hughes list of play types

Play types	Description	Examples
Communication play	Using words, nuances, gestures	Jokes, play acting, singing
Creative play	Allows new response, transformation of information, awareness of new connection, with element of surprise	Creating with range of materials and tools for own sake
Deep play	Allows child to encounter risky experiences to develop survival skills and conquer fear	Riding a bike, balancing on high beam
Dramatic play	Dramatises events in which the child is not a direct participator	Presentation of a TV show, religious or festive event
Exploratory play	To access factual information consisting of manipulative behaviours	Handling, throwing, banging or mouthing objects
Fantasy play	Rearranges the world in the child's way, a way which is unlikely to occur	Playing at being a pilot or owner of an expensive car
Imaginative play	Where the conventional rules which govern the physical world, do not apply	Pretending to be a tree or ship or patting a dog that isn't there
Locomotor play	Movement in any and every direction for its own sake	Chase, tag, hide and seek, tree climbing
Mastery play	Control of the physical and affective ingredients of the environment	Digging holes, constructing shelters, building fires
Object play	Uses infinite and interesting sequences of hand-eye manipulations and movements	Examination and novel use of any object like cloth or a cup
Recapitulative play	Recap of aspects of collective human evolutionary history	Rituals, using weapons, caring for other species
Role play	Exploring ways of being, although not normally of an intense personal, social, domestic or interpersonal nature	Brushing with a broom, dialling with a telephone, driving a car
Rough and tumble play	Close encounter play which has less to do with fighting and more with touching, gauging relative strength, discovering physical flexibility	Playful fighting, wrestling and chasing where children are unhurt and enjoying themselves
Social play	Rules and criteria for social engagement and interaction can be revealed, explored and amended	Interactive situations with expectations that the participating children will abide by the rules, for example, games and conversations
Socio-dramatic play	Enactment of real and potential experiences of an intense personal, social, domestic or interpersonal nature	Playing house, going to the shop, being mothers or fathers, having a row
Symbolic play	Using symbols in play to represent 'real' objects to support children's control, gradual exploration and increased understanding without risk of being out of their depth	Using a piece of wood to symbolise a person, using a piece of string to symbolise a wedding ring

2.5 ADVANTAGES OF PLAY

In this section, the researcher will discuss play in terms of key advantages that also relate to the theoretical foundation for this study, general developmental advantages of play, and the specific advantages relating to the different types of play.

2.5.1 Well-being and resilience as key advantages of play

In discussing the advantages of play, the researcher believes that it is important to start with a broad overview of the advantages of play before considering the general developmental advantages as well as the more specific advantages. The researcher therefore wants to look at well-being and resilience of children in the context of play. Howard and McInnes (2013:65, 133) indicate that, in recent years, there have been many concerns about children's emotional well-being. These studies show high levels of unhappiness among children in the United Kingdom (UK) while it seems that children in the USA are faring even worse. The latter is alarming where studies show that emotional well-being is necessary to strengthen development across domains and play is a key way to sustain this. Good emotional well-being can also protect children from a range of future problems like violence and crime, emotional and behavioural problems and teenage pregnancies. Kennedy-Behr, Rodgers and Mickan (2015:31) explain that well-being or quality of life may be affected by participation in life roles. An important life role for young children, particularly before they start school, is that of player. Engagement in play is linked to well-being for young children and provides children with opportunities to develop a broad range of skills, which in turn correlates with physical, social and emotional well-being. Where pre-school children typically engage mainly in play as a key childhood occupation, participation in play is hypothesised to be important in promoting children's well-being.

The researcher is of the opinion that the above should also be viewed in terms of children's attitude towards play. Howard and McInnes (2013:41, 65-66, 96-97) make a distinction between play and playfulness and deduce that playfulness may be more important than play. Play is viewed as an attitude of mind while playfulness is an external demonstration of this attitude. Children who experience abuse, neglect and deprivation are often severely inhibited. The play of these children can look like play but is devoid of creativity, sense of playfulness and symbolic meaning. On the other hand, the above

authors explain that play acts as a resource for children facing the consequences of hardship or emotional trauma. The researcher is of the opinion that it is important to consider the concept of resiliency here.

Vimont (2012:505-506) defines resiliency as the resources that the child has available to him in order to meet life challenges. Life challenges may be adverse or emotionally traumatic and can, for example, include acute poverty, living in a war zone, sexual abuse, divorce or growing up in foster care. Some of the above may be more or less challenging depending on the resources the child has available to him. Studies show that play is a preventative resource for children facing adversity (Vimont, 2012:505-506). Comparisons across different contexts in these studies show that when children are given the chance, they influence their environment and interact with their environment through play, and this practice offers a resource for children to face hardship. The above directly links to the theoretical framework for this study, namely the Developmental Systems Theory (DST). The above author explains that the aspect of resilience is a central part of this theory where it refers to upholding positive adjustment using positive factors to lessen the threat of risk factors.

Ginsberg (2007:186) supports the above by confirming that play relates to more than just developmental growth but that certain character traits of resiliency are needed for children to navigate an increasingly complex world. These traits include confidence, competence to master the environment, deep-rooted connectedness to others and caring about others, honesty, generosity, decency, and tenacity. Children have to be able to remain positive and bounce back from misfortune. Howard and McInnes (2013:47) view play as a chance for the child to experiment and to take control, which increases the choice of positive experiences available to the child. This increases the child's sense of well-being, especially in relation to self-confidence, self-awareness and self-acceptance, and their flexibility in terms of thinking and problem-solving.

The researcher believes that play may be viewed as an essential element that increases protective factors for children in order to counter the risk factors they may experience in everyday life and therefore contributes to the child's well-being. It is clear to the researcher that the main advantages of play firstly relate to resilience and well-being for children and that these two aspects are closely related when examining the key advantages of play.

2.5.2 General developmental advantages of play

Play should be central to the holistic experience presented to children by not seeing it as something disconnected from everything else that children do, but as part of the way in which children connect with the world and develop cognitively, physically, socially, emotionally, and spiritually (Canning, 2011:20-21). Unpleasant consequences of behaviour are minimised and learning is less risky during play. This permits the child to try out new and increased combinations of behaviour and thinking. The child also engages in more adaptive and flexible thinking during play (Howard & McInnes, 2013:46). Vygotsky (in Bodrova, 2010:162) views play as more than an indication of the child's current level of development but sees play as a mechanism driving the child's development. It seems to the researcher that play can therefore be directly linked to development on different levels.

Bodrova (2010:165-166) indicates that play has a significant mission where it helps to form the child's advanced mental functions by affecting the development of abstract and symbolic thinking, the ability to act internally, and the child's ability to engage in deliberate and voluntary behaviours. Play therefore develops internalised symbolic representation and self-regulation. Else (2009:40-41) agrees with the latter and explains that playful development forms the way the brain works. The more a child plays in early years, the bigger the brain becomes and the more connections a child can make. With this ability the child can understand symbols, communicate in sounds and later in writing, and develops a full range of emotions. Canning (2011:11-12) explains that emotional development is highlighted by three components which add to emerging unique qualities. Emotional response consists of one of the following or a combination of these when related to play: the child's ability to judge a play situation or context, his ability to understand a physiological sensation, and his ability to display expressive gestures.

Wilson (2008:3) gives an encompassing summary of the benefits of play by viewing it from a broad developmental perspective. The following is included:

- Play is an active form of learning that unites the child's mind, body and spirit.
- Play reduces the attention that comes with the expectations for the child to achieve.
- Play provides a healthy avenue for expressing and working out emotional aspects of everyday experiences.

- Play helps the child to develop the capability to see things from another person's standpoint.
- Play engages all the senses as powerful modes of learning.
- Play helps the child gain competence in moving through the larger world.

In order to have a better understanding of play as a mechanism that drives child development, the researcher will subsequently discuss the different types of play and its specific advantages.

2.5.3 Advantages of different types of play

Each type of play is important for the early and continued development of a healthy sense of self and emotional well-being (Howard & McInnes, 2013:65). There are also strong indications that support the relationship between the different types of play and intellectual growth (Hughes, 2010:233). It is not enough to recognise play and label it. It is important to consider the implications of play for each child. In examining and assessing children's play, it is not sufficient for the skill simply to be recognised. It is essential to know the quality of the interaction, what the child is gaining from play and how it can be extended (Canning, 2011:107). Howard and McInnes (2013:133) also refer to the importance of play in the here-and-now. The qualities linked to the here-and-now are what makes play so intrinsically valuable for development across domains in the long term.

Particular forms of play, especially those that support child-initiated exploration and curiosity, lead to the attainment of skills and knowledge that are essential for later academic success (Fisher et al., 2008:306). When children play they are usually engaged in at least one type of play, but these can be combined or started as one type and then move into another or a combination of types (Canning, 2011:109). Else (2009:76) explains that the origin of different play types may be located in particular sections of the triune (three in one) brain. This assumption leads to categorising play types into basic and complex forms where complex forms can include basic forms but basic forms do not contain complex forms. An example of the latter is that young people can influence and direct the environment (mastery play) but toddlers can only experiment with the environment (exploratory play). It is therefore important to look at certain types of play and their specific advantages.

In **communication play**, words and language relate to rules and boundaries while norms are challenged and new ways of doing things are explored. This type of play relies on communication norms such as open dialogue, engaged listening, eye contact and appropriate body language. There is a growing concern that some children are not involved in dialogue with other children since they are more used to instructional communication from parents and other adults. Modern lifestyles, where adults issue instructions to children in order to get things done, instead of taking time to talk properly to their children, have important implications since children will copy and use the way adults model communication (Else, 2009:111-112). **Creative play** can be present in dialogue, thought, in changing objects, or in actions. A child can be creative alone or in a group. Creativity comes from within, is instinctive to children, and enjoyed for its own sake. Creativity teaches the child that something can be made from nothing. **Deep play** helps the child conquer his fears and fully experience life. Adults may feel compelled to intervene to keep the child safe when a child engages in deep play. However, deep play, and the accompanied risk-taking, is helpful to the child to build up resilience to the challenges of the world (Else, 2009:81-83).

Children use **dramatic play** to work out the meaning of events for themselves. Children may create games where they play out recent holidays, sports days, or extreme trauma. Adults should be cautious in intervening in dramatic play where this may keep children in a world where nothing bad ever happens and reality may be a shock to them (Else, 2009:97-98). **Fantasy play** helps the child to investigate the nature of reality and unreality in a non-threatening and encouraging way (Else, 2009:98-99). Hughes (2010:225-226) indicates that there is an essential relationship between make-believe play and language. Both symbolic play and language entail the capacity to symbolise the world mentally. There is also a relationship between make-believe play and literacy where both require the ability to go beyond the immediate here-and-now to spend time in a possible world rather than the world as it is. Such play familiarises children with narrative (storytelling) and although the preschool child may not yet be able to read or write, he creates and derives meaning from stories. This also applies to socio-dramatic play, which is group make-believe, where children do not rely on a script. Marcelo and Yates (2014:1) believe that children's capacity to take part in symbolic thinking and make-believe is central to this progressive complexity. The skill to take part in playful pretence takes on particular meaning during the preschool

period. Fisher et al. (2008:306) found that fantasy or make-believe play is central for building children's social capabilities, including their ability to self-soothe and cope emotionally.

Locomotor play encompasses the fun, thrill, and excitement of movement where children learn to take control of their bodies and thereby the environment through which they move.

Mastery play helps with the development of physical control and dexterity. It equips the child to change and adapt the environment in a way the child desires it (Else, 2009:54, 57).

In **object play**, the young child will use interesting and endless sequences of coordinated hand-eye movement to explore the qualities of objects. Object play will continue for a period of time as the child finds out about his surrounding environment and how objects act differently depending on their mass, texture, and shapes (Else, 2009:51, 53). Hughes (2010:231, 233) explains that object play relates to divergent problem-solving ability in young children. The experience of play with appropriate materials helps the child become a better convergent problem solver (effectively using information to arrive at a single correct solution). Play with open-ended materials stimulates the child to become more creative in general. Else (2009:54) indicates that when children become older, object play will turn into **exploratory play**. Exploratory play is when children use their senses of smell, taste and touch to explore and discover the texture and function of things around them. This form of play allows them to comprehend new experiences. Similar to some other types of play, exploratory play also supports physical play.

Recapitulative play is considered evolutionary where it runs through the stages that humans have gone through in their evolution. This type of play instructs children on essential human and life skills. **Role play** helps children to relate to others and to understand that most roles are contextually and culturally determined. This helps children to understand that the same person can act differently in different places in their life.

Rough and tumble play helps children to assess their comparative strength, their physical flexibility, act out emotions, and exhilarate in this display. Children can find out for themselves how their bodies work in relation to one another (Else, 2009:55-56, 96, 99).

Social play encourages the child to focus on the rules that underlie the play episode and makes the child aware that certain rules underlie all social interaction (Hughes, 2010:237). Fisher et al. (2008:306) refer to the socio-emotional advantages when children play

together. Social play helps children to place desires second to social rules, cooperate with others readily, and maintain socially acceptable behaviour. Else (2009:112) explains that social play uses similar skills as communication play and helps the child to understand where he is placed in the emerging social hierarchies if he is to survive the modern world. It helps the child to find out about the boundaries of good and bad behaviour, which may differ from one child to another, depending on varied backgrounds and environments.

In **socio-dramatic play**, the child is playing through real or intense experiences of a social nature in the child's life. This type of play is a safety valve for children in highly charged social situations, for example, difficult home circumstances. By playing through situations, the child can gain some level of emotional control over the real experience and can rehearse actions and feelings without actual risk (Else, 2009:113). **Symbolic play** encloses extensive cognitive effects that include improved abstract thought, symbolic representation, perspective taking, creativity, memory, intelligence, language, and literacy (Fisher et al., 2008:306).

The above advantages of play show that there is a powerful relationship between child development and play. Although recreational play is the most relevant play practice for the purpose of this study (since this study does not explore educational or therapeutic play) it seems that the advantages of play in general are interlinked with educational and therapeutic advantages that derive naturally from everyday play. For example, not only can recreational play give the child pleasure, but it also makes him a better convergent problem solver (educational) and builds the child's ability to self-soothe and cope emotionally (therapeutic). It seems to the researcher that even when the child plays as a main occupation in early childhood, there are many diverse benefits that relate to recreational, educational, and therapeutic play practice. The above discussion has focussed on the child playing by himself and in some instances with other children. However, as already mentioned, family relations continue to play a critical role in early childhood development. The researcher believes it is therefore important to consider the significance of play between parent and child.

2.6 PLAY BETWEEN PARENTS AND CHILD

For most children in Western cultures, play begins at home. Parents are their children's first playmates and this playful interaction forms the basis of children's attachment (Howard & McInnes, 2013:127). Parents are also their children's first educators (Reed & Walker, 2011:67). Pirpir et al. (2009:933) refer to studies that show that the family is the most capable and cost-effective structure available for the child's development. Family exists before birth and will continue its effects from early childhood to the end of life. Family can formalise the child economically and socially, it helps to shape the child physiologically, and assists the child with the development of individual and social harmony. Pellegrini et al. (2007:262) view this extended period of childhood as adaptive for a world in which far-reaching parental investment could have many positive effects such as skill acquisition. Play is a low-cost and low-risk mode for the child to, within the family, learn new behaviours that may influence succeeding evolutionary processes. The natural safety of this long and protected period of childhood supports these types of advancements.

Learning and nurturing takes place at home in informal ways, involving close family members and siblings (Casey, 2010:91). Wilson (2008:43) indicates that children learn more from what adults do than what adults say. Pellegrini et al. (2007:262) found that children often perform adult roles they have observed in their play. Wilson (2008:43) believes that these play behaviours, comparative to more serious and practical adult variations, are normally overstated and have an importance for consequent child development. Children watch adults for information about what is sacred, important, and valued in life. The values and attitudes that children observe in the lives of their parents and teachers are likely to be the values and attitudes children will carry with them throughout life. However, Else (2009:19) emphasises that children exist in a world that has numerous influences upon the child, but that children frequently have less influence than adults and are therefore affected by the decisions that adults make on the behalf of children. Children's needs and desires are central to what they do and how they play, but they are influenced by family and friends, through the media by celebrities, and by legislation in the wider community.

The above is an important aspect for this study where it relates to the theoretical foundation for this study, namely the DST. Vimont (2012:502) explains that the DST views development as a process where change occurs not only within the individual but also in the layers of the environment within which the individual exists. Individuals are viewed as complex systems existing within other complex systems. Any part of the system, whether internal or external to the individual, can and does bring about change. A key component of the DST is the multiple pathways that are possible through successive change. Else (2009:19) supports the latter by stating “As much as we might challenge it, our individual views and opportunities are shaped and constrained by those of people, cultures, governments around us and by the physical environment in which we live”.

The above clearly shows that the family in which the child grows up, and especially the child’s interaction with parents as his first playmates and educators, has a significant influence on the child’s development. To acquire a more comprehensive understanding of the above the researcher will discuss the importance of play between parents and child by considering the benefits of this type of interaction in the following section.

2.6.1 Benefits of play between parents and child

One of the first important benefits of play between parents and child is the establishment of a secure base for the child. Howard and McInnes (2013:49) explain that, from the beginning of a child’s life, he needs positive relationships with his parents based on meaningful and sensitive interaction. The child needs adults who can tune into him, read his emotional signals, and respond appropriately to these. This provides the child with a secure base from which he can develop and grow. Children also need this in their play. The role of adults is crucial where they need to provide children with a secure base, consistency, positive regard, sensitive and meaningful interactions, linguistic relations that are open, and place control with the child.

Hughes (2010:238, 240) supports the above by linking the secure base to secure attachment. The author mentions that play not only offers clues to the strength of the bond between parent and the preschool child but may also assist the attachment process itself during the first year of life. There are also certain parental characteristics that facilitate secure attachment of which a keenness to play with one’s child is just one of these

characteristics. Maternal playfulness can be directly linked to the closeness of attachment at the end of the child's first year. Howard and McInnes (2013:50) emphasise that positive relationships begin in the home with parents playing with their children. Children need to experience positive relationships based on trust, sincerity, and respect in order to flourish. Play between parents and their child is important for the development of attachments that enable the young child to feel secure and to explore the world. These positive relationships form the basis for future peer interactions and other relationships.

Research shows that attached children are more likely to respond positively towards others and are more playful. They are also more likely to enjoy themselves when they play. These children are more inquisitive than insecurely attached children are, more willing to explore, better able to handle stress, and less anxious. In both preschool and elementary school, they are likely to take part more actively in the peer group and less likely to be socially secluded. When observed at play in preschool settings, securely attached children have closer friendships and show better signs of empathy. In elementary school, they are better adjusted to the rules and expectations of the peer group and more likely to have close shared friendships. In adolescence they display leadership qualities more often and seem to flourish in all types of social encounters when interacting with their mixed-gender peer group. They are more likely to be selected as group leaders or representatives, and their peers are more likely to turn to them for judgment when involved in group discussions (Hughes, 2010:242-243).

Pirpir et al. (2009:934) indicate that the family's role in childhood is essential in the child's emotional and social development. This relationship between parents and their child will be the baseline for the child's relationships with other adults and with peers. The child will learn many important elements from his parents and play is one of the best resources to attain skills, attitudes, and information from parents. Parents can teach many rules by playing with their children which would otherwise have been problematic to teach. Children can learn about concepts and rules while playing, for example, arranging and putting things in order and helping, respecting others and their work, and cooperating. Play can therefore be described as the most important mode by which parents deal with their children. It is important for parents to actively participate in their children's play as it contributes to the child's development on all levels.

When parents participate in their children's play it provides them with a chance to see the world from the child's view, which has been created to fit the child's needs. Children, who are less verbal (such as children in early childhood) can communicate their experiences, frustrations, and views through play. This helps to build enduring relations where the parent can start to communicate more effectively with the child and offer gentle and nurturing guidance. All of the necessary qualities of resiliency for children can be gained within the home where parents and children spend time together and support each other positively and with unconditional love (Ginsberg, 2007:183, 184, 186). The above, once again, relates to the theoretical foundation for this study where the aspect of resilience is described in the DST as positive adaptation in the context of considerable difficulty (Vimont, 2012:505-506). Ginsberg (2007:186-187) emphasises that important strategies identified within the family can lead to healthy youth development and resiliency. These strategies are found within the meaningful relationship that develops when parents connect with their children.

The researcher will not discuss the benefits of all the different types of play between parents and their child but believes that an example of the developmental benefits of play between parents and their child will suffice to show the importance of this type of interaction. Casey (2010:43), for example, refers to 'play fighting' or 'rough and tumble' play between parent and child. This type of play has many natural and advantageous aspects like physical contact between parent and child, bonding, learning about boundaries, judgement, playful exhilaration of display, communication, characteristics of 'self-handicapping' such as not using complete strength, the predominance of the play face, and letting oneself be caught.

In spite of the numerous benefits of play in the parent-child relationship, time for free-play has been vastly reduced for many children (Ginsberg, 2007:183). The researcher will subsequently discuss the possible reasons for the reduction in play between parents and their children.

2.6.2 Reduction in play between parents and children

Sometimes, families can become so ingrained in schedules, negative feelings, and stress, that the introduction of easily accessible fun such as play can offer respite and an

alternative coping mechanism. Play performs an important role in supporting and protecting emotional development of the child within the family (Callan, Ellis & Richards, 2011:81). However, Casey (2010:91) warns that playing with children does not necessarily come naturally or feel easy to all parents, particularly if parents are stressed or tired. Playing with their child may not happen as frequently as they would like. Reed and Walker (2011:66) indicate that parents may work long hours and children therefore have greater opportunities to keep themselves busy through computer games or television. As a result, a convenience culture has appeared to permit families to carry out their busy and diverse lives. The result of the latter is a less meaningful engagement between parents and children and necessitates practitioners to provide management and sometimes intervention to support families in accessing learning and play opportunities.

Ginsberg (2007:184) found that a great deal of parent-child time is used to organise certain activities for the child or to transport the child between the different activities. Substantial amounts of the family's capital are invested to make sure that the children have the 'very best' chances in life. The protection provided to children by play and quality family time is negatively affected by the current tendency to overschedule children. This can lead to children who are emotionally less competent and without the necessary emotional buffers.

Ginsberg (2007:184-185) identified certain factors that have changed childhood practice. These include:

- Both parents and a parent within a single headed household have to work and there are no other generations (like grandparents) living in the same house to help care for the children. Children therefore have to be supervised in day-care settings.
- Parents have little time with their children but want to make the best use of the time they do have with their children and try to utilise this time as best they can by providing their children with every possible opportunity.
- Magazines and the media flood parents with messages that, to be good parents, they must build every aptitude and ability their child may need from a very young age. Advertisements promise to produce super-achieving children through certain activities and improvement tools.

- It has become more difficult to get college admission in recent years in the USA. This leads parents to believe that, if their children are not adequately prepared, they will not get the required place in higher education.
- In response to the above, secondary schools are evaluated by the most prominent centres of higher learning, according to how many of their students are admitted. Because of the time children have to spend at home to prepare for classes, they are left with very little free time.
- There is a national trend (in the USA) to focus on the academic basics of arithmetic and reading. A consequence of this trend is that little time is left during school hours for other academic subjects, creative arts, physical education, and recess. This trend may have a negative implication for the emotional and social development of children and adolescents.
- The decline in free play also relates to the time children spend playing computer games and watching television. These activities are not protective and even have some detrimental effects.
- Many neighbourhoods are unsafe due to dangers in the environment and violent crime, so that children need adult protection in order to play safely outside.

It seems that today's busy lifestyle, where single parents or both parents have to work and may feel tired and stressed, forces parents to overschedule their children in order to create the best possible future for their children. This overscheduling is often in the form of academic activities. This leads the researcher to the following discussion on play versus didactic teaching strategies as another reason for the reduction in children's free play and play between parents and their children.

2.6.2.1 Play versus didactic teaching strategies

In modern environments, children learn mainly through formal teaching. This was not the case in traditional human environments. Learning mostly happened through play, exploration and observation. Formal schooling was created by modern society to help children adapt to industrialisation. In pre-industrial times, learning was incorporated into the child's daily life and not separated into a different institution (Pellegrini et al., 2007:263). The question that may arise here is why do children need to play to learn or to

develop inventive behaviours and approaches when it can easily be learned either through adult instruction or by observational learning.

The answer is that direct adult instruction has been uncommon in human history, until modern times. Adult instruction and the observation of adults by children will only convey existing practices. The benefit of play, in comparison to strategies utilised by adults for teaching, is that behaviours produced in the context of play can be more innovative. Children can observe behaviours and strategies carried out by adults but then join the rudiments of these behaviours into new routines of play (Pellegrini et al., 2007:267). Pellegrini et al. (2007:267) mention, for example, that “The levels of children’s symbolic functional and oral language production are more varied and complex in peer play, relative to when they are interacting with an adult.”

Despite the above, Bodrova (2010:161) found that educators all over the world are currently confronted by the same demand to start teaching academic skills to children at an increasingly younger age, leading to a loss of traditional early childhood activities. Pre-schools in Russia are turned into ‘miniature schools’ while in the USA, traditional nursery schools seem to be disappearing. Nursery schools are turned into classrooms focused on test preparation and entirely lacking in play. The focus on teaching academic skills to young children is mainly caused by two fears. Firstly, that children will not be ready for school and secondly, that children will later fall behind academically. However, studies show that academically oriented pre-school programs do not automatically assure that the child will be academically successful in the future. Studies also show that these programs may even intensify emotional and social problems that children may experience.

Ginsberg’s (2007:183) study shows similar results. Time allowed for the creative arts, recess and physical education has been condensed in an effort to focus on mathematics and reading. Some studies indicate that when children actually do get a chance to play, adults prefer the types of play that relate more to learning. Casey (2010:43) indicates that adults view some types of play to be more significant than others in children’s settings. This valuing leads to some types of play being encouraged and praised, while other types of play are discouraged or not allowed. Many types of play that are not necessarily valued by adults have great value to children. The types of play that tend to be valued most by

adults are the types of play that are perceived as productive, such as play that is creative, artistic, dramatic, musical or can generate products such as performances and painting.

Parents play an important role in the question of play versus didactic teaching strategies. Howard and McInnes (2013:127-128) indicate that parents are inclined to have different views on play compared to play professionals. Demands within the education system compel parents into valuing learning outcomes and judging that this may not be achievable through play. A study by Fogle and Mendez (2006:515,516) explored the differences between parents who support play in comparison to parents who support academic focus. This study found that parents who support play express elevated levels of interactive play and low levels of disruptive play in their children. Parents who support academic focus report negatively predicted interactive peer play and detached peer play by their children.

The above study also shows that mothers who value their own roles in skills development for their children and place emphasis on social skills tend to have children who show good social problem solving skills. Mothers who believe academic activities to be of greater importance than play are inclined to have children who are not as adapt in peer play interaction. Parents with higher educational levels seem to have a tendency to supportive and positive beliefs about play, while parents with lower educational levels tend to uphold more academically focused beliefs. Less educated parents seem to prefer early educational goals that focus on didactic teaching strategies that include basic skills and knowledge more than well-educated parents. Parents with lower status employment choose nursery schools that emphasise academic focus to prepare the child to be successful in occupations that require adherence to routines and rules. Even parents with a general positive outlook on play believe that play may not be the best approach for developing children's academic skills.

Howard and McInnes (2013:127-128) are of the opinion that play practitioners have to work with parents to communicate the value of play for their children so that parents will understand the need for children to engage in play. The researcher believes that it is important to firstly explore parents' views and attitude towards play in order to understand why parents do not always value their children's play.

2.6.2.2 Parents' view on and attitude towards play

Studies show that parents' views and attitudes towards play differ, depending on certain tendencies in certain countries. Hughes (2010:238) found that in certain cultures, parents are not as likely as parents in the USA to be playfellows to their children. Indonesian mothers, for example, are reserved, quiet and less playful. Mothers in Guatemala, India, Korea, and Mexico are inclined to view play as improper for adults or as insignificant for child development. Else (2009:104-105) indicates that North American, British, and Chinese mothers view themselves as playmates for their children. These mothers will make time to play with their children and will join in their children's play. However, Italian, Mexican, and Korean mothers frequently consider play not to be important for child development. The children of these mothers have to play with their siblings, other family members, or neighbours. Fogle and Mendez (2006:508,515) found that mothers in the USA feel that it is important to play with their children and that play provides educational benefits to children, while Mexican mothers view play as trivial and purely a source of amusement for children.

The researcher believes that in spite of the differences in parents' views and attitudes towards play in different parts of the world, parents' views and attitudes towards play should also be discussed within the context of parenting types that children are subjected to. The researcher will subsequently discuss three general types of parenting.

2.6.2.2.1 Hyper-parenting

Hyper-parenting describes parents who trust that only they can direct the fate of their children. These parents will protect children from outside influences, they will choose schools, book classes for after school, and organise holiday camps for their children. They may even organise development classes before the birth of the child, employ 'flash cards' to stimulate the young child, and organise every moment of the child's day with 'interesting and stimulating' activities such as math, dance, music, or drama. Children of these parents have little time to be themselves in their 'hot housed' and confined lives. This type of upbringing leads to children who are sometimes brilliant but cannot make friends easily and do not know how to play with friends since they have rarely been in the presence of other children who are not family members (Else, 2009:20).

Many adults see the years of childhood as a ‘transition’ period that should be committed to waiting for the child to grow into an adult. These adults believe that it is their job to prepare children for what they may encounter in the future. Such adults fall short in recognising the importance of valuing children for who they really are and the years of childhood as an extraordinary time. Today’s achievement-oriented society focuses intensely on what should be accomplished for the sake of the future. The latter, along with the misguided ideas about childhood, leads to the imprudent introduction of formal academic instructions at an early age. These initiatives compromise children’s emotional well-being and place a great deal of stress on them. A number of studies show that children’s academic and social development are compromised when exposed to expectations and pressures not appropriate for their age (Wilson, 2008:1). Children are bombarded with an unintentional message, in their hurried and intense training for adulthood, that the final aim (the best job or the best school) should be attained at all costs. High schools, colleges, and universities all over the USA report that many students are cheating to reach the required result of a better grade. This cut-throat era may be creating youths so intensely anxious to be the best at what they do, that they will desert important values such as honesty and fairness just to acquire good grades (Ginsberg, 2007:186).

The researcher is of the opinion that hyper-parenting should also be viewed in terms of how parents believe their children are functioning in this cut-throat era. Lagattuta, Sayfan and Bamford (2012:227-228) found that there is a discrepancy between how well parents believe their children are doing emotionally and children’s self-reports. It seems that parents have more positive opinions about their children’s emotional welfare than children have themselves. Parents have difficulty discerning their own emotional standpoint from that of their children and are prone to use their own perspective as a foundation from which they judge the emotional states of their children. Parents miscalculate children’s worry and anxiety by underestimating it in comparison to children’s self-reports. Parents also overestimate children’s optimism where studies show that children are less optimistic than what their parents believe.

The researcher is of the opinion that hyper-parenting may also relate to how these parents view specific forms of play. Casey (2010:43-44) found that adults may sometimes have a problem with children’s behaviour or play when it seems purposeless. Adults may see this as reflecting negatively on themselves when their children are not occupied with specific

activities all the time. When children play, adults also prefer that their play show positive ideals such as negotiation and cooperation. These types of play are encouraged and accepted. However, when play causes anxiety to adults, seems aimless, is challenging, or is considered disruptive, adults often do not value it. Examples of the above types of play include play fighting, daydreaming, playing in the rain, play dealing with difficult issues like gender roles, death or conflict, repetitive play, and word play using slang or mimicry. Adults may hinder these types of play in general. Fisher et al. (2008:313) state that parental beliefs concerning play have an influence on how parents behave and subsequent outcomes for the child. Mothers' beliefs about play-learning may direct the manner in which they structure the early learning experiences of their children. If a mother believes that structured activities may provide a better foundation for her child's future academic success, she will be more likely to generate an environment that endorses learning through structured activities and toys.

Parents have to be educated on what play is and the benefits thereof in order to create a generation of children who are emotionally healthy, creative, and are keen to learn (Fisher et al., 2008:315). Ginsberg (2007:187) recommends that parents do not passively allow advertising messages and the media to convince them that there are more important ways of promoting success and contentment in children than the traditional and dependable methods of play and family togetherness.

2.6.2.2.2 Laid-back parenting

Laid-back parents are not as precise as hyper-parents, but this parenting style has just as strong an influence on the child. If things are left to chance in a child's life, the child is liable to follow that outline and grow up to suppose that 'what happens will happen'. These parents believe that children should have the freedom to expand on any interests they feel like, but these interests are inclined towards what is familiar to the child and what is nearby. Although each child will have different experiences in life, it seems that children of laid-back parents are generally preoccupied with a specific obsession and may exclude everything else. These children play only with what they are familiar with and with what feels comfortable. They are normally very confident, and at times overconfident, with what is known to them, but unwilling to take part in new situations and new activities (Else, 2009:20).

Else (2009:104-105) emphasises that the child's early experiences will facilitate the child's ideas about how to relate to others through play. Each child will have a somewhat different experience in the home setting. Studies show that a positive home environment will provide children with the best start in life. A child's first playmates are usually his immediate family. The child will play his first games with these family members and will find out about his changing status within the family. Parents may interact with their children to bond with them, but it seems that once a child starts to become independent, parents will often leave the child to his own devices. The researcher is of the opinion that the latter statement can be directly linked to laid-back parents who may leave their children to their own devices at too young an age. This may influence how these children relate to others through play and the problems they experience in taking part in new situations and new activities at a young age.

2.6.2.2.3 In-between parenting

The majority of parents will follow a parenting style that falls somewhere between laid-back parents and hyper-parents. These parents will follow their own unique way in an attempt to provide their child with the best possible start in life. Most parents use their existing knowledge to provide for their children's development in the best way they can. Some parents are good with doing things and physical activities. Other parents are good with expressing feelings and with relationships. Some parents do well with 'head' matters such as planning or working things out. Parents are seldom good with everything. Balance is the most important aspect since studies show that if a child has a broad scope of play opportunities and diversity in his environment, he will be inclined to have a variety of play experiences and will be more confident across the board (Else, 2009:20).

A study by Fogle and Mendez (2006:508, 515) shows that there are significant links between parents' beliefs about play and participating in play with their children. The majority of parents enjoy pretend play with their children. Parents' view on play is an important contributor to the child's creativity and cognitive development. Mothers who believe that pretend play is developmentally important and view their contribution in play as significant are inclined to spend more time pretending during parent-child play. Mothers who report that they enjoy pretend play are also better at facilitating pretending with their child. It is clear that parents who are in support of play also enjoy play themselves. These parents view play as a teaching opportunity that influences the child's social, cognitive and

language abilities and therefore see play as a priority. These parents are also less inclined to support structured activities as the favoured method to promote child development.

A last important aspect that may influence parents' views and attitudes towards play is culture. The researcher will therefore discuss the influence of culture on the views and attitudes of parents towards play.

2.6.2.3 Culture

Andrews (2011:35, 37) explains the influence of culture on play as follows:

The definition of cultural background does not merely refer to nationality at birth and the social context related to that nationality, but also relates to the way that groups of people operate with a shared understanding. These groups of people could be families, communities or the wider religious, ideological, political and social context which affects children's play. Humans develop through their changing participation in the socio-cultural activities of their communities, which also change. Not only are children alert to learning from the cultural opportunities and reactions of others around them, but children's relationships with other children and adults also shape their future experiences and allow for further interpretation of their social context. The social institutions, the politics, the ideology and pervading culture of the broadest community in which children exist will also influence their national identity in play.

The above not only relates to the DST as the theoretical framework for this study but also to Bronfenbrenner's (1997) Ecological Systems Theory. Bronfenbrenner (in Andrews, 2011:37) explains that the impact of diverse ecological contexts on each child and the influence of the interactions between each of these levels should be considered. Children should therefore be carefully observed when playing and their motivations and comprehension should be considered. Different authors (Fogle & Mendez, 2006:508; Prezza et al., 2005:438) agree with the above by bringing culture into the context of child rearing. Culture is of core significance in shaping the manner in which parents rear their children. There will be important variations across cultures in terms of what parents see as desired competencies for their children to develop and this will relate to the distinctive developmental demands imposed by the different cultures. Minority parents who live in poor urban environments must socialise their children to be successful under different conditions than those in middle class families. Culture therefore shapes parental beliefs about raising children.

Else (2009:19) believes that parents have the most important influence on their children's lives, especially in the first eight years of the child's life. Parents therefore do not only pass on their genes but either accidentally or consciously also pass on their beliefs and culture. Fogle and Mendez (2006:508) found that there is little research available about the effect of background diversity on the distinctive play styles of children and their parents. This led to the belief that social class and cultural differences in children's play could be linked to certain deficiencies. However, Andrews (2011:38) states that no child should be disadvantaged because of ethnicity, culture, religion, family background, language, learning difficulties, gender, abilities, or disabilities. By taking the preceding into account, the researcher will now examine parents' role in play.

2.6.3 Parents' role in play

Play is essential for the developing child and through play the child can bring together what he knows in a manner that is whole and connected. This helps the child to sculpt his experiences and extend these experiences throughout the home environment or the setting where he plays. It is important for parents to understand this perspective in order for parents to value how play contributes to their child's development (Reed & Walker, 2011:67). Howard and McInnes (2013:49) state that each of the play practices, which include educational, therapeutic, and recreational play, has a somewhat different take on adults' roles in children's play. In recreational play, which is the focus of this study, aspects like communication, positive relationships, playfulness, time, and space to play and children's perceptions of adults' role in play are deemed important. The researcher will discuss these aspects in the following sections.

2.6.3.1 Space to play

The researcher wants to clarify that play spaces in this section refer to spaces created by parents or family members for children's play, for example, at home, in the garden, or a play room. Public play areas will be discussed in more detail in section 2.7. Authors agree that adults' first responsibility in play is to create a play space for children (Casey, 2010:41; Howard & McInnes, 2013:52). This space needs to be well-equipped to provide for children's desires and needs. It must provide ideas, information, resources, and encouragement on an 'as needed' base. The play environment should be changing, dynamic, and stimulating for children's play. An assortment of materials and equipment

must be available that will inspire children in their play. The play environment should benefit from 'true toys' such as dolls and blocks so that children can use their imagination fully. Passive toys that necessitate limited imagination as well as passive entertainment like computer games and television should be discouraged. The advantages of active play should be emphasised. The space must also provide for different types of play to occur, let the child feel in control to express his choices, and let the child feel a sense of freedom. The necessary intervention from adults should be as non-intrusive as possible and take as little time as possible (Casey, 2010:41; Ginsberg, 2007:187; Wilson, 2008:45).

2.6.3.2 Sufficient time to play

Wilson (2008:37) believes that children need long periods of uninterrupted play on a daily basis. They also need time when they are not hurried or directed in their activities. Ginsberg (2007:187) stipulates that "All children should be afforded ample, unscheduled, independent, non-screen time to be creative, to reflect and to decompress". Howard and McInnes (2013:52) explain the above as a process by mentioning that adults need to provide children with ample time to play extensively and without interruption. Children need time to lose themselves in play. They also need time to develop a pace and rhythm in their play. The above will enable them to gain the needed breadth and depth in play.

The above authors believe that another important aspect pertains to children's need to have time for meaningful communication with their peers and with adults during play. This helps to develop relationships that allow children to feel safe and enable them to further explore the world. Ginsberg (2007:187) relates to the above by explaining the importance of parents showing love and attention to their children when taking time to serve as role models for children and making time for family members to cherish one another. However, Canning (2011:28) specifically cautions parents against the natural tendency to want to help children to master certain skills or to find solutions to problems. It is crucial to allow children time to play in order to practice these skills on their own. Parents must understand that children convey something of themselves into every play situation and this enhances the child's own experience and the experience of participating players. Children's voices must therefore be heard and their play choices recognised. These can be easily heard and recognised when children are allowed time to engage in play over which they have control.

It is therefore important for parents to trust in their children's capability to be 'experts' in their own lives.

2.6.3.3 When parents should play with children

To accomplish a good balance in play interaction between parents and children, parents need to take into account that it will be different for each child based on the child's temperament, environment, the family's needs, and the child's academic needs. Literature in child development has two basic assumptions on how parents should play with children. It is believed that sometimes children need to play without any adult interruption and that sometimes children need to play with adults (Ginsberg, 2007:184). The researcher will subsequently discuss these views.

2.6.3.3.1 Alone time for play

One of the most important aspects to consider in why children should have alone time for play is children's views on play. Howard and McInnes (2013:54) found that children use cues to distinguish between what is play and what is not play. When an adult is not present, children are more likely to define an activity as play. When an adult is present, children are more likely to define an activity as 'not play'. However, children in less structured and more playful settings make fewer distinctions between what is play and what is not play. Adults' understanding about play and their role in children's play influence how they interact with children, which in turn influences children's perceptions of the adult role. When adults, rather than children, control the play, children are less likely to see adults as play partners and more likely to use the signal of adult presence to distinguish between play and not play. Ginsberg (2007:187) states that some play should be exclusively driven by the child, with parents as passive observers or not present at all. This relates to the ability of play to build a number of individual assets children need to remain resilient and to develop. Parents may therefore ask themselves when they should and should not play with their children.

Canning (2011:24) explains that if adults misinterpret the signals given by children this can result in them trying to escape the play situation. Children are often observed moving away from a busy play space. This physical movement on the part of the child corresponds with the child's need to extricate from the adult's world and return to play.

Therefore, entering into the child's world, it is essential to:

- Respect and recognise the child's agenda for his play and follow his lead.
- Respond appropriately within the context of the play.
- Support a climate of permissiveness where objects can be used as and how the child wants, without enforcing an end outcome.
- Respect the play and its significance to the child.
- Allow the child to lead through the play and follow their lead.
- Engage in play until the child has played out his agenda.
- Provide a sense of security and reassurance.

Howard and McInnes (2013:58) relate to the above by emphasising the importance for adults to understand that play is a freely chosen process in which the child is in control. Adults need to create an environment in which children can play and should generally not interfere in the process other than to support the play children are engaged in. Adults should be aware of how they affect children's play and should be encouraged to be playful in their interaction with children. Canning (2011:27) also focuses on the importance of choice by mentioning that children who have freedom and choices within their play are provided with the power to develop and use their own observation skills. Casey (2010:41) believes that deciding to focus first on the way the environment influences the pattern of play and behaviour helps parents to step back and to rein in the tendency to intervene when children experience difficulties.

In interacting with children during creative play activities, the principle of 'least intrusive involvement' should be kept in mind. This principle is based on the idea of providing only the level of support actually needed to extend children's engagement in an activity. 'Least intrusive involvement' is generally the most effective way to support creative play and active problem-solving on the part of children. However, younger children and children with disabilities will often require more intrusive interventions than children with more developed play skills. Some adults may also feel the need to 'teach' when they are outdoors with children and provide labels and explanations in their attempt to describe the world. This approach is not developmentally appropriate for young children and works against creativity, curiosity, and appreciation of self and the natural world (Wilson, 2008:44, 45).

2.6.3.3.2 Adult participation in play

There are certain prerequisites for adults' participation in play. Else (2009:123) indicates that it is the task of adults to remain playful as they grow older. Ginsberg (2007:187) believes that it should also be reinforced that parents who provide for spontaneous and unscheduled time with their children are supportive, nurturing, and productive. Wilson's (2008:43-44) research gives a clear indications of the importance of play interaction between adults and children. The author explains that children need support and lots of practice to further develop their skills in all the developmental domains. Without sufficient adult support, the creative play of many young children will be of short duration and cursory in nature. Generally, children left alone to play do not develop imaginatively. Their play behaviour becomes repetitive and fails to progress in complexity and creativity. Left alone, children may also engage in play that reinforces stereotypical ideas and behaviour, for example, only males can be fire fighters and only females can feed a baby.

Research indicates that stereotypical play is reduced when adults get involved in children's play (Wilson, 2008:43-44). Adults create support for creative play by showing interest and interacting with the children to the extent necessary to keep them actively involved for a period of time. While respecting the fact that the play belongs to the children, adults can extend and enrich the play experience by being physically close, asking related open-ended questions, making positive comments, and sometimes entering into a supportive role during dramatic play. Adults need to take care, however, to carefully assess children's intent before becoming actively involved in a child's project. It is good to ask about a project or pretend event before offering suggestions or providing information. Adults can also provide opportunities for children to share their ideas and projects with others. Such opportunities often challenge children to think more deeply about what they are doing and may lead to a productive exchange of ideas among children. Children may get frustrated and angry if their projects are not working as they envisioned. They will then need adult support to help them define and solve the problem (Wilson, 2008:43-44).

The above directly relates to the theory of the Zone of Proximal Development (ZPD). Yudina (2010:45, 46) connects adult interaction with children to the ZPD. The ZPD of a child is the distance between the child's actual developmental level as determined by independent problem-solving and the level of potential development determined through problem-solving under adults' guidance or in collaboration with more capable peers. This

theory shows that the interaction between adults and children and the presence of an adult is very important for child development.

The above leads the researcher to the importance of communication during play interaction between adults and children. The researcher previously mentioned the importance of making time for communication but it is also important to look at how to communicate. Howard and McInnes (2013:51) explain that adults need to be able to communicate with children both verbally and nonverbally. During play, adults need to tune in to the nonverbal cues in order to understand what children are thinking and feeling. In verbal communication, adults need to engage in meaningful dialogue that makes sense to the child. Dialogue that occurs between adults and children needs to place control of the communication with the child. In play between adults and children, play cues are both nonverbal and verbal. Lastly, Reed and Walker (2011:67) provide valuable advice to parents by encouraging parents to spend time observing their children at play and to see their own role as responding to their child's preferred style of playing, being and learning.

2.6.3.4 Types of play during adult-child interaction

When parents play with their children, playfulness is one of the most important factors. Children need playful adults to engage with them in meaningful play. Playful people are considered to make situations more stimulating, enjoyable, and entertaining (Howard & McInnes, 2013:53). The researcher will subsequently look at the different types of play that may be important during adults-child play interaction.

Physical play between parents and child, which begins during the early months of infancy, peaks between the ages of one and four years, and then diminishes gradually, is important for socialising functions. There is a relationship between the quantity of physical play in the home and a child's successful interaction with other children. There is also a link between children's popularity as rated by their teachers and these children's engagement in physical play with parents, particularly fathers. These children are more likely to participate in physical play with peers and to display a high degree of positive effects while doing so. They are also likely to be flexible in their play, meaning they are willing to deviate from traditional roles and activities (Hughes, 2010:243-244).

Rejected children (who are not used to physical play with parents) seem to have difficulty with the intensity of play interaction. Lacking the self-control required for an intensely stimulating activity, they often become over-stimulated and 'out of control'. Since they are not as sensitive to social cues as popular children are, their rough and tumble play often degenerates into aggressive behaviour. Sometimes they are unable to sustain a play activity for very long. At times, fearing the intense stimulation of physical play, they simply avoid play entirely. Parent-child physical play may teach more than self-control. It may help the child learn to 'decode' the emotional states of another person, and to read the moods from the facial expressions displayed by parents. It may also help children learn to 'encode' their own emotional states, and to communicate their feelings with appropriate facial expressions. This encoding and decoding is useful in any type of social relationship. Children who are best liked by peers are the best at sending and receiving nonverbal communications. Parents who play physically with young children may be doing considerably more than simply enjoying themselves. They may be teaching important skills that will benefit the child in later social interactions with peers (Hughes, 2010:243-244).

Reed and Walker (2011:65) indicate that what parents do with their children is highly significant in terms of their development, education, and well-being. This should not be limited to planned activities, outings, or new experiences, but also involve everyday engagement and interaction, for example:

- Having meal times around a table and encouraging children's conversation.
- Actively involving children in day-to-day tasks such as tidying up or helping to look after a pet.
- Developing and building new learning experiences, such as planting flowers in the garden.

These examples are often considered simple life experiences and are taken for granted, but with the changing nature of the way in which family life is organised, they can be overlooked in preference for more immediate priorities.

It seems that parents can participate in play interaction with their children in many different ways but also in everyday situations. Parents need to take into account that children sometimes need time to play on their own; but by following the child's lead and observing the child, parents' play interaction with children are invaluable.

In the following section the researcher will discuss the final part pertaining to play in this study, namely public play areas.

2.7 PUBLIC PLAY AREAS

The physical environment available to children is enormously important in supporting their play. The play environment (a school playground, field, patch of overlooked garden, adventure playground) can provide a platform which allows children's own interest, preferences, and play skills to come to the fore (Casey, 2010:16-17). Public open spaces are areas in the local neighbourhood such as local parks, playgrounds, and sports ovals that are traditionally recognised as play spaces for children (Veitch et al., 2007:410). For many children the playground or the play park will be the only practical place to play and for many children their play will be in the presence of parents or other adults responsible for their care (Else, 2009:64). The environment influences children's play. It both accommodates and limits what children want to do in their play and when they want to do it. Many of the skills children develop and master are based on the environment in which they are able to explore, take risks, and do things for themselves. Children should be active and interactive in their environments, as this will support learning opportunities (Canning, 2011:93).

2.7.1 Decline in outdoor play

In this section, the researcher will investigate public play areas for children by focusing on the decline in outdoors play in public play areas and its consequences, the advantages of outdoors play in public play areas, what public play areas encompass, children's likes and dislikes in these areas, as well as the role of adults in children's outdoor play.

2.7.1.1 Reasons for the decline in outdoor play

In general, there is a trend for children to spend less time outdoors and more time under adults' supervision (Casey, 2010:80-81). Some children will be affected by issues such as traffic, territorialism, or racism in their area (Casey, 2010:80-81). The media heavily influences these perceptions of children's safety. Parents are becoming more fearful to let their children go out to play and consequently children have reduced opportunities for free play. Research suggests that owing to parental fears, up to one in three children in the UK

do not play out on the street (Howard & McInnes, 2013:122). The fears and perceptions that parents maintain about outdoor spaces influence children's ability to utilise outdoor spaces. Parents and practitioners are therefore the 'gatekeepers' to children's access to, and experience of the outdoors (Waller, 2011:37). Bringolf-Isler, Grize, Mäder, Ruch, Sennhauser, and Braun-Fahrländer (2010:255) refer to many studies that identified the need for neighbourhood safety as a possible barrier for children's access to the outdoors. Howard and McInnes (2013:124) indicate that parents believe that children are exposed to more risks now than parents themselves used to be, and therefore spend more time looking after children and supervising their play.

One of the most important factors relating to the decline in outdoors play is stranger danger. Everyone who is not a family member is seen as a predator waiting to abduct or abuse children as they wander through the environment. Two generations ago, neighbours and strangers were seen as good Samaritans. They are now seen as potential criminals, with many people fearful of helping children in case their actions are misconstrued (Else, 2009:24). There is a perceived erosion of social connectedness and trust in many communities, where the concept of collective efficacy (the belief that other residents will intervene for the community's benefit), has weakened. The process where adults, who are often strangers, take collective responsibility for children by reprimanding and aiding them as required is increasingly rare in today's society. This is the result of adults fearing that their actions will be misunderstood and also parents who are convinced that others should not interfere as they regard other people not as allies but as potential predators of children (Foster et al., 2014:61). Horrendous though the stories of child murder may be, child murder is still very rare. By far the highest incidences of abuse and harm are caused by those closest to the children in their immediate circle of friends and family (Else, 2009:24).

Authors agree that perceptions, social norms, and the neighbourhood environment are intertwined. Social norms about good parenting emphasise constant supervision of children and parents are socially responsible by, for example, chauffeuring their children everywhere in the neighbourhood in order to ensure their safety (Foster et al., 2014:61; Prezza et al., 2005:438). Prezza et al. (2005:440) explain that when parents view an environment like a suburban area as child-friendly, they judge children's autonomy as developmentally beneficial. Parents who live in cities do not view children's autonomy as developmentally beneficial since cities are not perceived to be the best places for children.

Another important fear of parents is related to traffic. Else (2009:27) indicates that parents' fear of traffic has a significant impact on children's freedom to play. Vehicles contribute to around 120 child pedestrians killed in the UK each year and around 5000 children being seriously injured. Bringolf-Isler et al. (2010:255) state that perceived traffic danger is therefore associated with a reduction in time spent playing independently outdoors. Little (2013:14) is of the opinion that parents' biased nature and a complexity of other factors lead parents to adopt an over protective attitude towards their children's access to outdoor play. This makes it difficult to formulate practical recommendations or suggest solutions for outdoors play.

2.7.1.2 Consequences of the reduction in outdoor play

Family support is an important factor in children's participation in physical activity. Children whose family members engage in playing games with them are physically more active and tend to be in a healthy weight range compared to their peers. The importance parents attach to outdoor play, role modelling, and parental encouragement positively correlate with children's participation in physical outdoor activity (Curtis et al., 2012:8). This is especially important for younger children. Aarts et al. (2010:212) determined that different environmental characteristics relate to physical activity behaviour in children of different age groups. Young children have less independence when it comes to travelling long distances by themselves and this creates more environmental obstructions to be physically active than children in an older age group. The researcher is of the opinion that this may have important consequences for children with limited space around the house, especially in inner cities, areas of lower socio-economic housing and informal settlements in South Africa. Curtis et al. (2012:7) refer to children from socio-economically deprived areas that have to travel two and half times the distance to parks and playgrounds compared to children living in less deprived areas. Children are unable to transport themselves due to parental concerns about the safety of the neighbourhood.

Studies suggests that children between the ages of three and five years are largely inactive where 89% of their activities are classified as sedentary including sitting, squatting, lying down, and walking (Fees, Fischer, Haar & Crowe, 2014:1). Children need to be active for at least one hour each day but less than half of the children in the UK are

meeting the recommended minimum levels of activity. Reduced outdoor play opportunities is a contributor to childhood obesity. Children who become obese before the age of 11 tend to stay obese throughout their life (Else, 2009:58). Authors agree that overweight and obesity in children is a global concern. Obesity can result from low physical activity and/or high levels of sedentary behaviour. Consequences of childhood obesity include the development of hypertension, dyslipidaemia, chronic inflammation, increased blood clotting, hyperinsulinemia, type two diabetes, and glucose intolerance (Curtis et al., 2012:1; Holt et al., 2013:2). Children living in areas of socio-economic deprivation have higher rates of obesity than children in more affluent communities (Curtis et al., 2012:1).

Studies show that the restriction of children's free play is also contributing to a rise in mental health issues in children and young people (Howard & McInnes, 2013:122). Ginsberg (2007:187) believes that families should be educated on the subject of how increased resiliency and protective assets can be developed through free play and unscheduled free time. Beyer, Bizub, Szabo, Kitner, Shawgo and Zetts (2014:1) refer to another growing concern, namely that children have lost their relationship with the natural world and do not spend sufficient time outdoors, regardless of the recognised health benefits of doing so. Aarts et al. (2010:215) brings the above into the larger context of environmental characteristics that influence activity behaviour of large populations for an extended period of time. Holt et al. (2008:3-4) are of the opinion that, to understand the connections between the environment, physical activity, and youth development, it is important to examine the effects from a developmental perspective. The researcher will therefore discuss the advantages of outdoor play in public play areas for child development in the following section.

2.7.2 Advantages of outdoor play

Children gain a great deal by being in the natural environment and this is reflected in the increased emphasis on outdoor play in early years' curricula and the growth of the Forest School movement in the UK. These initiatives place particular emphasis on children being able to explore and learn from their natural environments, which should contain wild spaces and spaces for hiding, large spaces for running and moving, and hills and elevated spaces for rolling, climbing, and jumping (Howard & McInnes, 2013:78). The outdoors offers space and scale, freedom, fresh air, being active, movement, embodied learning,

real experiences, stimulus, different possibilities, sensorial richness, variety, changing environment, spontaneity, natural elements, other types of play materials, following own interests, and seeing relationships in a different way (White, 2011:46-53). Benefits of outdoor activities for children include increased levels of physical activity and reduced obesity, stress reduction, reduction in mental fatigue through attention restoration, and reduction of negative emotions like anger and sadness (Beyer et al., 2014:1). The benefits of outdoor activity are many and experiences are rich in opportunities for development across all domains (Howard & McInnes, 2013:78). Thomas and Harding (2011:12) explain that outdoor play is important for children because it offers alternative prospects for physical, social, emotional, spiritual, and cognitive growth. The researcher will subsequently discuss these advantages.

2.7.2.1 Physical advantages

Veitch, Bagley, Ball and Salmon (2006:383) found that a greater amount of physical activity occurs among pre-school children in the USA as active free-play rather than structured activities. Aarts et al. (2010:212) believes that a natural approach for children to be physically active is through outdoor play. The time children spend playing outdoors is consistently linked to children's level of physical activity. Children can move freely and energetically outdoors, with benefit to their motor skills development and overall physical health (Howard & McInnes, 2013:78). Thomas and Harding (2011:12) explain that physical activity increases the flow of blood to the brain which benefits brain activity. The development of hand-eye coordination and fine motor skills are improved by the use of tools, large equipment, and other outdoor resources. Children learn about the world around them through movement. Piaget calls this 'thought in action'. Children need to experience the world through their senses and through movement before they can develop 'mental maps' and abstract thought. The outdoors offers a greater range of sensory and movement opportunities. It offers the whole-body experience of cause and effect. Access to fresh air and whole-body movement also encourage increasing spatial understanding, muscular control, robustness, and proprioception (body awareness).

The above authors also mention that large whole-body movements in the outdoors offer opportunities for imaginative play, symbolic play, and rough and tumble play which is linked to self-control, self-management, and collaborative play. Else (2009:40, 58) agrees

with the above and explains that the more children play by using their bodies, the more they find out what they are able to do as they get older. Children need to use large muscles. Muscles develop, tendons stretch, and children's bodily awareness is developed and extended, especially through the senses. When children are not using their bodies in this way, it restricts the opportunities that they have. If they do not use their bodies they can't find out what they are capable of, for example, strength is reduced and sense of balance is diminished when their bodies are not used.

2.7.2.2 Cognitive advantage

The outdoors is rich in sensory experiences, with sounds of different types and volumes, sensations such as feeling the wind or the warmth of the sun, and a variety of unreplicable colours and textures. The opportunities for learning about shape, size and perspective are many (Howard & McInnes, 2013:78). The outdoors encourages greater attention and observation and stimulated curiosity by its provision of a greater diversity of sensory information that changes all the time, for example, changes in season, vegetation, weather, and temperatures. Outdoors provision which is varied and diverse includes support for this area of knowledge at a sensory level as well as at a knowledge and skills level (Thomas & Harding, 2011:12).

2.7.2.3 Emotional advantages

The outdoors supports emotional learning through a direct link with sensory experience. Children learn about an environment by feeling, touching, seeing, hearing and smelling, and responding to these senses emotionally. The outdoors also lets children relive experiences through a very natural means, namely movement. This is sustained by independence that is easily provided by the outdoors, and this in turn encourages self-trust and therefore improves self-esteem and confidence in their abilities. There are also better opportunities for the physical testing of relationships with each other, as in rough and tumble play. The outdoors also offers opportunities for solitude and reflection and to actively engage in imagining and exploring (Thomas & Harding, 2011:12). Waller (2011:37) believes that access to outdoor environments involves giving children opportunity for appropriate physical challenges to support and facilitate their emotional development, especially confidence, resilience, self-esteem, coordination, and gross motor skills. Else (2009:71) relates to the above by mentioning that playing actively and outdoors

is not only good for children's bodies, for life skills, and for appreciating the natural world, but is also important for children's self-esteem and the personal feelings created by their own minds.

2.7.2.4 Social advantages

The outdoors supports social learning through the need to assist and work together, often on valid and important tasks associated with maintaining the environment such as moving sand. These real tasks give opportunities for valid questions, teamwork, and the co-construction of ideas between children and adults, and help promote a community of learners (Thomas & Harding, 2011:12). Waller (2011:40) explains that for children, particularly from five years on, outdoor environments may support increased opportunities to develop resilience, friendships, and self-determination because adult influence is reduced and therefore children learn to cooperate independently.

2.7.2.5 Spiritual advantages

Opportunities for spiritual learning is provided by the outdoors and this in turn provides a direct link to what Froebel (in Thomas & Harding, 2011:12) referred to as 'the unity of all things'. Children can experience being part of an organic whole, can develop an understanding of the importance of sustainability, and develop a relationship with the natural world. They are able to understand and feel the interconnectedness of living things and they can learn to appreciate their place in the world. Howard and McInnes (2013:78) found that being outdoors promotes a sense of well-being. A variety of studies demonstrate that at-risk or disaffected children and young people can benefit from intervention programmes based on outdoor activities, particularly in relation to building resilience, confidence and self-esteem. Being in the outdoors helps children to understand their identity and sense of self in the wider world and can lead to a more positive approach to future citizenship.

2.7.3 Risk-taking as part of outdoors play

A certain degree of risk is inherent in children's play. Thomas and Harding (2011:19) emphasise that, in the outdoors, children are more likely to be encouraged and supported to take risks and manage their behaviour themselves, allowing them to challenge, to set

and examine their own boundaries, to develop a better understanding about assessing risk, and to build resilience. Risk-taking is one of the most important advantages of outdoor play and will be discussed in the next section.

2.7.3.1 Advantages of risk-taking

Without risk-taking, children would never be able to take the leap from what they can do to what they would like to be able to do, from curiosity to exploration or from wondering to testing. Without the possibility of some physical hurt, children would never learn to do things like climb, walk, run, ride a bike, or catch a ball (Casey, 2010:72). The willingness to take risks is an important learning disposition. Risk is important in terms of the ‘mastery’ approach to learning where the child tries something out and relishes challenges. This is in contrast to the ‘helpless’ approach characterised by fearfulness and fear of failure (Tovey, 2011:87). Canning (2011:96) believes that taking risks, experimenting, and pushing boundaries are each an important part of growing up. The above author explains that typical risks for four year olds consist of:

- Attempting something not done before.
- Being on the edge of out of control.
- Overcoming fear.

These risks often include sliding and climbing.

Casey (2010:74) indicates that more overt benefits of risk in play include:

- Testing and expanding abilities.
- Learning to judge risk and understanding the consequences of risk-taking.
- Experiencing the range of emotions associated with risk, for example, thrills, fear, achievement, satisfaction, pressure, and anticipation.
- Experiencing a range of physical sensations, for example, movement through the air, pain, shock, exhilaration, raised heartbeat, laughter, adrenaline, and stillness.
- Building confidence in one’s own capabilities.
- Fine-tuning physical skills, resulting in improved coordination, spatial awareness, and gracefulness of motion.

It seems that rather than protecting children from risk, controlled exposure to some risk can itself be protective (Tovey, 2011:87). Other advantages of risk-taking include cognitive

development where the very uncertainty of risk has a role in fundamentally supporting brain development (Casey, 2010:74). Risk-taking in play also appears to be positively associated with emotional well-being, resilience, and mental health (Tovey, 2011:87). Cuts, sprains, grazes, abrasions, and bruises that happen while playing can be considered 'beneficial injuries'. Accidents are a vital part of children's play. Through accidents they discover the boundaries of their capabilities and learn how to adapt to do better next time. Beneficial injuries teach valuable lessons to children (Casey, 2010:73). Children learn from mistakes. Accidents happen and bumps, bruises, trips, and tumbles are an important part of learning. Adults' responsibility is to ensure that the risk of significant injury is minimised. This means knowing children well, trusting children to recognise their own limits, teaching children to do things safely, and ensuring that they have opportunities to take part in experiences which feel satisfyingly scary but which do not expose them to inappropriate risks or hazards (Tovey, 2011:90).

2.7.3.2 Disadvantages of the zero risk childhood

We live in an increasingly risk-averse society. Despite this, risk-taking has been shown to be beneficial to all aspects of children's development. Taking physical risk in play enables children to take emotional, social, and intellectual risks in their play, thereby furthering these aspects of development. Children actually enjoy engaging in risky play, especially when connected with speed and heights, and actively seek out play experiences that include these elements. In recent years, legislation in the UK concerning safety has also impacted on outside play areas, with the height of climbing equipment being reduced, resulting in reduced opportunities for children to learn and develop. Children have reduced space to play and reduced freedom and choice in their play, affecting their physical, emotional, and social development (Howard & McInnes, 2013:122). The term 'zero risk childhood' has affected how we regard children in the twenty-first century. This perspective has led us to limit childhood experiences and therefore the development of childhood autonomy, resilience, and sense of responsibility. Children in the UK are so controlled and supervised that they have very little idea of how the wider world works, and either get out of control or struggle to cope. People working with young offenders have reported that many have spent their lives watching television or hanging around the home and have never played outside (Else, 2009:24).

Risk has become something to be regulated, assessed, managed, controlled and, in many cases, removed. Climbing frames are removed, trees are cut down, and children are stopped from sliding headfirst down a slide or playing out of site in bushes amid a climate of risk aversion. The problem with this approach is that it assumes that by removing risk, children will be safer as a result. It fails to acknowledge risk as a positive feature of children's learning and is rarely balanced against the play value of the experience itself (Tovey, 2011:86). When play is too safe, it limits children's practical experiences of risk management and may affect their ability to recognise and deal with risky situations. Children often have a 'risk monitor' within them. If they are not able to test this risk monitor they do not learn how to self-regulate what they are feeling or to overcome fear (Canning, 2011:96-97).

Minimizing or attempting to eliminate risk for children would negate the benefit accrued from the activity, causing a disadvantage to children which would impact on their healthy development and well-being (Casey, 2010:76). The lack of opportunity to experience risk in outdoors play is therefore damaging to children's well-being and resilience. When an environment is made as safe as possible and all potential sources of harm and risk are removed, it is in reality an environment that is not safe for children because it presents modest play value and disallows children the required experience to practice and develop necessary skills to be safe. Children in these environments may look for adventure and challenge in more irresponsible ways or may learn to be unadventurous, conservative, and unwilling to take risks. They may therefore miss out on important learning experiences (Tovey, 2011:87, 89). It is useful to distinguish between environments that are as 'safe as possible' and environments that are 'safe enough'. Often insuring that children are completely free from risk leads to under-stimulation, feelings of incompetence, and limited opportunities to develop and manage key risk-taking skills (Howard & McInnes, 2013:66). It is therefore important to consider safety evaluation in outdoors play.

2.7.3.3 Safety evaluation

Risk-taking is not all positive. Children can learn to take improper and irresponsible risks, putting themselves or others at risk of severe injury. Children need the guidance of an experienced other to help them recognise serious risk and teach them safe ways of doing things, but who will also encourage a positive disposition to adventure and challenge

(Tovey, 2011:89). It is not possible to create a totally risk-free society and people should not be scared of doing things by exaggerated trivial risks. Preventing accidents are more about recognising real risks. The aim is to help keep people safe and not to stop activities that are important for child development (Else, 2009:26). A safe environment is one where safety is not seen as protecting children from all possible harm but rather one where children are safe to explore (Howard & McInnes, 2013:66).

Canning (2011:97) explains that an informed understanding of the balance between risk and benefit is based on three factors:

- The likelihood of a child coming to harm.
- The severity of that harm.
- The benefits, rewards, or outcomes of the activity.

The above factors can help determine whether the level of risk is acceptable in the setting. Casey (2010:73) believes that play opportunities should therefore be created that balance the need to protect children from serious risk of physical harm. Howard and McInnes (2013:124) encourage play practitioners to provide an environment that supports children in engaging in physical risky play while setting limits to ensure safety-risk management. Practitioners must therefore conduct risk assessments to ensure children's safety and set some limits for children's play. Practitioners also need to manage their own and the parents' anxiety concerning risk.

Taking the above discussion on outdoors play into account, the final section of this chapter will focus on public play areas, children's likes and dislikes in these spaces, as well as the role of adults in these spaces.

2.7.4 The nature of public play areas

Else (2009:66) states that if children are given access to public playgrounds they will play, and the better the quality of the environment, the better the opportunities for play. Waller (2011:37) views the outdoor environment as a place that offers a range of distinctly unique opportunities and potential for play and learning rather than being purely a set of physical features. Else (2009:66), for example, explains that the more children present in a public play area, the more the opportunity for child led interaction and activities. Children in

groups will more easily set up teams that involve racing around the playground, taking it in turns on various pieces of equipment, or seeing who can collect the most 'helicopters' from the horse chestnut trees.

Public playgrounds are usually provided by the local authorities. These playgrounds, while designed as playful spaces, usually offer limited opportunities for large-scale physical play on equipment such as swings, slides, and climbing frames. The flexibility of such spaces is often limited. Playgrounds are built to be robust with equipment often cemented into the ground and with limited opportunities for change and transformation (Else, 2009:59). To add to these spaces, the easiest way is to bring in loose parts, materials, and equipment to enhance and support children's play. Loose parts are things that can be moved around or changed. These are important because the more flexible the environment, the greater the level of creativity and investment that it supports. Basis materials such as sheets, ropes, and large wooden blocks can be used. Loose parts support changes in the environment such as den building. New spaces for play can be built up and then demolished to allow them to be remade every day. Ideally the environment and loose parts would support any of the forms of children's play, be it active, social, creative, or imaginative. Pallets, wooden boxes, or climbing frames help children to explore the physical environment and give opportunities for running, jumping, and balancing (Else, 2009:64-65).

Other useful items to be used in play spaces include bats and balls, scarves or blankets, bean bags, rubber hoops, and large dice. With these, children can find a variety of ways to be playfully active outdoors. Chalk is also a useful addition to public play areas. Chalk can be used to write messages, draw stories, draw hopscotch patterns, and much more and chalk washes away in the rain so children can start again on another day. While public play areas are usually limited in the supply of loose parts, playgrounds also offer children the opportunity to engage with the elements like earth, water, and air. In the UK the importance of these elements are recognised by providing water features, including large paddle pools, fountains, and purposefully designed play equipment for the channelling and collection of water. The more children experience the elements in the environment, the more respect they will gain for those elements. Adults may need to carry out a risk assessment to ensure that all necessary actions have been taken to help make these features safer for children (Else, 2009:65, 67).

2.7.4.1 Children's likes and dislikes in public play areas

Castonguay and Jutras (2009:101) found that outdoor places are valued by children when it allows them to engage in activities they like, because the space offers play materials or other objects or because the space itself is appropriate for popular activities. Children also like outdoor places that provide an opportunity to meet friends and have natural elements such as trees and flowers. Min and Lee (2006:68) refer to five factors that contribute to the psychological importance of play spaces for children. These include:

- Accessibility to, and spatial connections between settings – close to home or school, connected to everyday regular activities and linked to play.
- Play opportunities and functional capabilities – play materials, interesting objects and functional supports.
- Possibility for privacy and sense of territoriality – with no trespassing by others.
- Chance to meet and play with friends – sense of belonging and togetherness.
- Possible physical or social risk in the setting – children do not like certain dangers, for example, vehicle interference or bullies.

Children dislike places like streets and alleys that are deemed unsafe, outdoor spaces used by teenagers to drink and take drugs, or where children witnessed social or physical threats or antisocial behaviour. Children also dislike places with physical features that they connect with danger such as graffiti, litter, broken glass, syringes, dangerous playground equipment, or darkness. Impoverished neighbourhoods have more crime and traffic, poorer services, more dangerous play spaces, fewer natural elements, and are physically more deteriorated than wealthier neighbourhoods. Children in these neighbourhoods are faced with the prospect of playing indoors in undersized apartments and therefore a strong preference to be outdoors makes it more likely that the activities of these children will take place outdoors in these neighbourhoods (Castonguay & Jutras, 2009:102).

2.7.5 The role of adults in public play areas

Young children require adults who view play as important and take pleasure in the outdoors themselves, see the possibilities and consequences it may have for young children's well-being and development, and desire to be outside with them. Adults' understanding, commitment, positive thinking, and attitude are important aspects in outdoors play, as well as their ability to make the greatest use of what the outdoors has to

offer and to efficiently support child-led learning. The role of adults in the outdoors must be as acutely considered as their indoor roles. The attitude, role, and behaviour of adults are fundamental and absolutely crucial for children to be able to engage in regular and appropriate experiences of a range of outdoor spaces from birth. These opportunities will not be available without adults' involvement and support (Waller, 2011:36-37).

In public play areas the role of adults is to support active play by carefully suggesting playful games and activities encouraging children to stay longer on the play equipment (Else, 2009:66). Most adults are well aware that they need to watch young children closely during outdoor play. The focus, however, is often limited to safety issues. Close observation of children should also include attention to their interests and fears. Once these are identified it is important for adults to respond appropriately. Identifying children's interests should be followed up with related comments, materials, and activities. If children show an interest in falling leaves, it would be appropriate to provide rakes, drawing paper, and crayons and books about trees. Another important role of adults in the outdoors is to consider the participation of children in the planning and utilisation of the outdoors. This approach warrants a better sense of ownership, better engagement, and good usage (Wilson, 2008:39, 40).

2.8 SUMMARY

Early childhood is one of the most important periods of life because of its effect on subsequent years. Play is an important part of this period. In order to understand play in early childhood it is also important to understand that all types of play practise are based on theoretical understanding. Play research has joined into a common 'play-learning' belief where play represents a natural, age-appropriate way for children to find out about themselves and the world around them. A comprehensive definition of play provides a deeper insight into the advantages of play and these advantages relate to the theoretical foundation for this study which includes well-being and resilience as well as general developmental advantages and specific advantages related to the different types of play. Parents are their children's first playmates and this playful interaction forms the basis of children's attachment. Parents are also their children's first educators and the family is the most capable and cost-effective structure available for child development. There are many benefits of play between parents and child, yet research shows a reduction in play

between parents and their children with factors such as didactic teaching strategies, parents' view on, and attitude towards play as well as the influence of culture on play. Public play areas comprise another important part of play in early childhood and there are many advantages to outdoor play, especially risk-taking. However, research shows a decline in outdoor play for many different reasons. Adults can therefore play an important role in children's access to public play areas and how these spaces are utilised.

CHAPTER 3

EMPIRICAL FINDINGS

3.1 INTRODUCTION

In this chapter a comprehensive discussion of the research methods for this study is provided. The results of the empirical investigation as well as the interpretation of the results are also presented. Empirical findings are presented according to categories, themes, and sub-themes. There are five categories. The first category includes the biographical profile, family composition, and financial status of participants and serves as an introduction to other findings in this study. The subsequent categories include the child in early childhood, caregivers' views and opinions on play, play interaction between caregiver and child, and public play areas.

3.2 RESEARCH APPROACH

In this study, the researcher utilised a qualitative research approach. Through this approach, the researcher sought to answer the research question that may provide a broader understanding of caregivers' views on play and play areas in Salvokop by thoroughly studying a few individuals (Fouché & De Vos, 2011:91). The qualitative approach was appropriate for this study since the researcher needed a complex and detailed understanding of the issues concerning this study and wanted to understand the context and settings in which the participants address these issues (Creswell, 2007:39-40). The following characteristics of the qualitative approach were relevant in this study: a construction of the social reality and cultural meanings concerning play in the daily lives of caregivers and their children; a focus on interactive play processes between caregivers and their children as well as their interaction with the environment; an investigation of a few cases as part of the study, where this approach allowed the researcher to gain rich information on caregivers' views on play and play areas; thematic analysis as the method of choice for this study in order to interpret the findings (Fouché & De Vos, 2011:91).

This study was both exploratory and descriptive in nature. The study was exploratory as the above shows that the researcher wanted to gain insight into the situation, individuals, and community. The researcher also found that South African literature on play in the lives of children, play interaction between caregivers and their children as well as information on play areas for children are limited. Kumar (2011:11) explains that an exploratory study is undertaken with the objective to explore an area where little is known. This shows that an exploratory study may address the lack of basic information on the specific topic for this study. This study was also descriptive in nature since it strove to describe the particular phenomenon of play and its related themes (Fouché & Schurink, 2011:321). The researcher therefore wanted to intensively examine play and its related themes and the deeper meanings thereof, leading to thicker description of this phenomena (Fouché & De Vos, 2011:96).

3.3 TYPE OF RESEARCH

In this study, applied research was the applicable type of research, given that the researcher was committed to see knowledge and information uncovered by the study put into action. This provided the researcher with knowledge on the nature, needs, and requirements of children's play. The researcher attempted to use what she has learned from this study to make a difference in the everyday lives of caregivers and their children through the understanding of the different forms of play as well as play spaces (Babbie, 2007:25; Kumar, 2011:10). The researcher made recommendations according to the findings of the study. These recommendations can be applied by the researcher as a practitioner herself who provides services to children as well as social workers working with families. The findings of this study are also available to The Capital Cities Project: Cities Lived so that they may apply these findings.

3.4 RESEARCH DESIGN

The research design selected for this study was the case study design. Since the researcher was mainly interested in the significance that subjects give to the experience of play, the researcher used the case study design to submerge herself into the activities of a small number of individuals in order to obtain knowledge of their social worlds and to look for patterns in their lives, words, and actions in the context of the case as a whole (Fouché

& Schurink, 2011:321). Specific themes were therefore explored, pertaining to caregivers' views on play and play areas in Salvokop. The exploration and the description of the cases in this study transpired through a thorough, in-depth data-collection method, involving various sources of information that were rich in context (Fouché & Schurink, 2011:321). Thus, the researcher developed a semi-structured interview schedule based on a focussed literature study (see appendixes for interview schedule).

Several authors (Fouché & Schurink, 2011:320-322; Kumar, 2011:126-127; Welman et al., 2005:193) agree on the advantages and disadvantages of the case study design. The advantages of the case study design in this study included: an open-ended technique for data collection and analysis; focus on a bounded unit by purposively choosing very specific examples according to the criteria for this study; cases were studied intensively where exploring and understanding was the focus of the study; the value of the case study laid in the ability to draw attention to what can be learned from a single case; sources of information were rich in context.

The disadvantages of the case study design for this study included: the researcher needed access to, and confidence of the participants; cases had to be carefully selected; the researcher was not in a position to study a large number of cases, although the researcher aimed to include cases until saturation point was reached; generalisability of the study to other populations is not possible; the researcher brought a specific background into the study, and therefore was careful not to be biased (Fouché & Schurink, 2011:320-322; Kumar, 2011:126-127; Welman et al., 2005:193).

3.5 RESEARCH METHODS

This section will focus on the study population, sampling, data collection, data analysis, and the pilot study.

3.5.1 Study population and sampling

In this study, the population included all caregivers of children in early childhood who live in Salvokop and receive services from Inkululeko Community Centre. This organisation delivers services concerning health and child care, women and girls at risk, homelessness,

community development, inner city housing, and economic development. This study population was identified because studies in developed countries show that the decrease in play is more prominent in socio-economically deprived areas (Curtis et al., 2012:7; Holt et al., 2013:2). Fogle and Mendez (2006:515, 516) indicate that the decrease in play is also prevalent in families where parents are less educated and have low status occupations.

The researcher chose individuals (caregivers of children in early childhood) as the units of analysis and merged the descriptions of individuals to provide a combined picture of the group which the individuals represent (Babbie, 2007:94). The sampling approach for this study was non-probability sampling where the odds of selecting a particular individual were not known and each unit in the sampling frame did not have an equal chance of being selected for the particular study (Strydom, 2011:231). The sampling method for this study was purposive sampling where the selection of units was strategic and entirely based on the researcher's judgement of the units that were most useful and relevant to the research question being posed (Babbie, 2007:184; Bryman, 2012:418). The researcher was looking towards people who fit the criteria of 'desirable participants' for the study (Henning, Van Rensburg & Smit, 2004:71). The sampling criteria for this study included the following characteristics: the participant must be a caregiver as defined for this study; the child must be in early childhood (between four and six years of age); and the caregiver and child must reside in Salvokop.

The sample size for this study depended on the purpose of the investigation, what the researcher wanted to know, what was of use, what was at stake, what had credibility, and what could be done with the available resources and time (Strydom & Delpont, 2011:391). In taking the above into consideration, the researcher included 10 participants in this study but more participants would have been selected if saturation point was not reached. The following procedures were employed in selecting participants: the researcher provided the outreach worker of Inkululeko Community Centre with an informative letter that carefully explained the purpose, procedures, and possible outcomes of the study to present to possible participants who comply with the criteria for this study. Participants who agreed to take part in the study informed the outreach worker who, with their permission, provided their contact details to the researcher. The researcher then contacted possible participants to participate in the study.

3.6 DATA COLLECTION

The goal of this study led the researcher to select interviewing as the most appropriate data gathering technique, as this is the dominant method of data collection in qualitative research. The specific interview selected for this study was the semi-structured one-to-one interview, organised around specific areas of interest on play, play interaction between caregiver and child, and the utilisation of play spaces, although it was still flexible in scope and depth (Greeff, 2011:342, 351). The main advantage of qualitative interviewing for this study was that it let the researcher explore the rich context participants had to offer. It was flexible and continuous rather than locked in stone (Babbie 2007:305-306). With semi-structured interviews, the researcher followed an interview schedule to a certain extent and this provided more direction, ensured reasonable flow of the interview, and helped to answer the research question more directly. In this study, where the researcher alone conducted all the semi-structured interviews, it ensured cross-case comparability (Bryman 2012:471-473).

One of the disadvantages of semi-structured interviewing is the challenge to establish rapport with participants in order to explore relevant information (Greeff, 2011:352). However, the researcher established rapport easily and participants were eager to share information. Bringing own biases and expectations into the interview was avoided. Interviewing can also be very demanding and can be long in duration (Bryman, 2012:474, 475; Henning et al., 2004:74). The researcher therefore subtly directed the flow of conversation to the appropriate purposes and asked participants to clarify concepts. Participants were also granted breaks when needed. To counteract the disadvantages associated with semi-structured interviewing it was also important for the researcher to have skills as a good listener. Probing and being interested in the participant was more important than the researcher talking. The researcher also utilised interviewing during the pilot study to prepare for the main study by replaying recorded interviews and learning from mistakes and shortcomings (Babbie, 2007:306, 308). The researcher made sure that all the same themes were covered during the interview with all participants. The researcher used language that was comprehensible and relevant to participants and avoided leading questions (Bryman 2012:471,473). The interviews were conducted by starting with easier questions and easing into ones that are more challenging (Henning et al., 2004:78-79). A digital audio recorder was used to record interviews.

The data collection instrument for this study was the semi-structured interview schedule which provided the researcher with a set of predetermined questions relating to the views of caregivers on play and play areas. A broad range of themes were included to cover all relevant aspects relating to play, play interaction between caregiver and child, and the utilisation of play spaces. Questions were focussed in order to uncover relevant information pertaining to this study. There was a logical order to the questions in order to support the natural flow of the interview. Questions were neutral, non-judgemental, unbiased, and mostly open-ended (Greeff, 2011:352). The researcher also memorised the interview schedule to ensure uninterrupted flow during the interview.

3.7 DATA ANALYSIS

In the qualitative data analysis for this study, the researcher wanted to transform data into findings by reducing the volume of raw information. This involved a sifting process to separate significant information from unrelated information, identifying important patterns, and assembling a structure for communicating the core of what the data reveals. In the planning for the recording of data, the researcher obtained informed consent from participants. Informed consent also specifies that a digital audio recorder will be used as a recording technique. Private locations (participant's invited the researcher to conduct interviews in their homes) for conducting interviews were tested during the pilot study to ensure that participants felt comfortable. Data collection and preliminary analysis necessitated a twofold approach in this study where the researcher firstly analysed data in the field during collection and secondly analysed data away from the field following the period of data collection. Data analysis in the field started by developing ideas for making sense of data while still in the field. This specifically related to field notes where the researcher wrote down what she heard, saw, thought, and experienced while collecting data (Schurink et al., 2011:397, 405, 406). The above was especially of importance since the researcher was allowed into the homes and living environments of participants.

The researcher started to transcribe interviews on an ongoing basis (after each interview) as she progressed through the interviewing process. By transcribing interviews, the researcher was already able to start identifying key themes and become aware of similarities and differences between participants' experiences. The researcher ensured the

quality of transcriptions by reading the final transcripts while listening to the recordings (Bryman, 2012:484, 486). Transcripts were ordered in computer files using a notation system to make retrievability manageable. While reading transcripts in their entirety several times, the researcher immersed herself into the details and tried to get a sense of the interview as a whole before separating it into parts. During the latter, the researcher wrote memos of short phrases, key concepts, and ideas as they occurred. This was an initial process of exploring data by reflecting on the larger thoughts presented in the data to generate initial categories, themes, and patterns (Creswell, 2007:183-184).

The researcher subsequently started with the process of reducing data through coding/categorising where the text was combined into small categories of information. Categories expanded as the researcher continued to review the database. The researcher developed a larger number of categories and then worked to reduce and combine these into a smaller number of themes and sub-themes (Creswell, 2007:183-185). The researcher utilised open coding for initial classification and labelling/naming of concepts, axial coding to regroup data and to identify more analytical concepts, and selective coding to identify the central code or core category in the study (Babbie, 2007:385-386). Coding was supported by using computer files and folders as well as colour highlighting in the computer program, while also ensuring that the origin of the parts of coded text could always be identified (Bryman, 2012:577).

In testing the emergent understandings, the researcher had to think critically, start to look for alternate explanations, and challenge the very patterns that may seem apparent. The researcher evaluated how parts that were not in the data could be important for analysis. Negative evidence may be important and can include events that did not occur, events that were overlooked, events which the population was unaware of or hiding, effects of the researcher's preconceived notions, or unconscious and conscious non-reporting. However, the researcher found little negative evidence relevant to this study. Next, the researcher interpreted and developed typologies or systems for categorising concepts in order to make sense of the data. The researcher took a step back to form broader opinions of what is going on in the data. The emic approach or first-order interpretation helped the researcher to interpret data by making the point of view of the people being studied understandable. The etic approach or second-order interpretation helped the researcher bring forth the underlying sense of meaning in the data. Lastly, the researcher wrote the

research report in which the study was contextualised with literature for literature control and relevant direct quotations were used to verify descriptions (Schurink et al., 2011:415-418).

3.7.1 Trustworthiness of data

The trustworthiness of data for this study was ensured in several ways. Firstly, the researcher clarified researcher bias by reflecting upon her own subjectivity and how she will use and monitor it in her research. Through rich and thick descriptive writing, the researcher attempted to allow the reader to enter the research context (Glesne, 2006:37-38). Lietz et al. (2006:449-451, 453) state that important strategies to ensure trustworthiness of data include peer debriefing, member checking, and the use of an audit trail. The use of an audit trail in this study required that the researcher keeps a written account throughout the data analysis process that will clearly describe the research decisions and the justifications for these decisions, especially unique research decisions not previously prescribed. The researcher was therefore able to follow her own research procedures consistently and the audit trail will be open to critique by the research community since the research procedures are fully described.

Peer debriefing was also utilised where the researcher was taking part in a group research project where other MSW (Play Therapy) students undertook similar studies in different communities. It was therefore possible for the researcher to engage in dialogue with other students outside of this research project who had experience with the topic and methods being utilised. This may have minimised the effects of reactivity and bias. Member checking was utilised where the findings from the data analysis were later available to participants in order to confirm or challenge the accuracy of the work. Participants were therefore able to identify areas that were missed or misinterpreted (Lietz et al., 2006:449-453).

3.8 PILOT STUDY

The pilot study was executed in exactly the same manner as the main investigation with the exception that only two participants were selected to take part in the pilot study. These participants and data collected from them were not included in the main study. The pilot

study provided an overview of the actual, practical situation in which the main investigation was going to be executed. The researcher therefore developed an idea of the resources, the field itself, the research population, the procedures of data collection, the data gathering itself, and the possible errors that may occur. The testing of the digital audio recorder, participants' comfort with the recording device as well as the location for interviewing were tested. The interview schedule was tested during the pilot study to help the researcher discard any confusion, boredom, annoyance, or poorly worded questions and revised before the main investigation. Participants in the pilot study were encouraged to ask questions during the interview in order to clarify any misunderstandings they may have, therefore averting any misunderstandings in the main investigation (Strydom, 2011:238-241).

3.9 ETHICAL CONSIDERATIONS

This entire research project and all the aspects pertaining to it had to run its course in an ethically correct manner. The researcher **avoided any harm** towards the participants by informing participants beforehand of the potential impact of the investigation and giving participants the opportunity to withdraw from the investigation. Professional counsellors were identified with the help of the outreach worker of Inkululeko Community Centre for referral of participants in case of emotional distress due to the research. However, none of the participants requested the services of a counsellor after participating in the study. Informing participants on the potential impact of the study related to **informed consent** where participants gave written consent prior to data collection by providing them with all the necessary information in order to make an informed and voluntary decision to take part in the study. The informed consent form included the topic of the study, the purpose/goal of the study, the duration of participants' involvement, the procedures that will be followed, the possible risks of the study, the advantages and disadvantages of the study, information on data storage, the use of the digital audio recorder, and that participation in the study is entirely voluntary. Participants were informed that there was no financial compensation for participating in the study. Participants had to be legally and psychologically competent to give consent, while consent forms were handled with discretion by the researcher and was stored in the correct manner. The above information ensured that participants were not deceived in any way or that facts were misrepresented at any level by withholding information from participants (Strydom, 2011:115-118, 121).

The researcher could not ensure the anonymity of participants in this study, since she personally interviewed them in their homes and therefore knew their identity. The researcher however, ensured **confidentiality and privacy** by not linking the participants' names or identity to data or share the participants' identity with anyone. The researcher assigned pseudonyms to participants instead of any other identifying aspects of participants. An identification file with participants' names was developed but will be handled confidentially and only used by the researcher when needed for follow-up procedures. For example, at the end of this study, the researcher will send participants a letter with a summary of the most important findings of the study (Babbie, 2007:64-66).

Other ethical issues pertaining to this study included **debriefing of participants, actions and competence of the researcher**, and the **publication of findings**. After each interview, the researcher gave participants an opportunity to work through their experience of the interview process and have their questions answered and misconceptions resolved. The researcher was able to determine if she interpreted information correctly and if a participant needed counselling from the available counsellor at Inkululeko Community Centre (Strydom, 2011:122-124). None of the participants requested the services of a counsellor after participating in the study.

The researcher was also ethically obliged to ensure that she is competent, honest, and adequately skilled to undertake the study. This relates to the researcher's previous experiences of research where she has gained knowledge of the research process in completing two other postgraduate degrees in the Department of Social Work and Criminology at the University of Pretoria. The researcher also acknowledged the work and ideas of others and never manipulated or created false data, and interpreted the data of this study to the best of her ability. The researcher respected the cultural customs and norms of the participants by restraining from any value judgements (Strydom, 2011:122-124). Participants in the main study are aware that their results may be published as a paper in an academic journal as well as a mini-dissertation. Participants of the pilot study were informed that their data will not be used for any such purposes. Lastly, this study was subject to ethical clearance and authorisation to conduct research from the Postgraduate Committee and the Ethics Committee of the Faculty of Humanities at the University of Pretoria.

3.10 EMPIRICAL RESULTS

The researcher presents the results of the empirical investigation as well as the interpretation of the results in the remainder of the chapter. In presenting the qualitative results of this study, questions asked by the researcher will be in cursive font where extended parts of interviews have been used. Fictitious names are used to protect participants' identity and to ensure anonymity. Nine interviews were undertaken in English and one interview in Afrikaans. To ensure that no information is lost, both the translated (into English) and the original Afrikaans interviews are available in this chapter. For the purpose of this study, participants will be referred to as participants or caregivers to include both mothers, fathers, and grandmothers as the main caregivers of children and grandchildren.

Table 2: Summary of categories, themes and sub-themes

Category 1	Biographical profile, family composition, and financial status
Category 2	The child in early childhood
Theme 1	Caregivers' and children's daily schedule
Theme 2	Children's character and emotional well-being
<i>Sub-theme 2.1</i>	<i>Children subjected to violence, crime or trauma/Emotional and behavioural problems</i>
Theme 3	Caregivers' opinions on early childhood and its functions
Category 3	Caregivers' views and opinions on play
Theme 4	Caregivers' description of play
Theme 5	Priorities for early childhood development: learning, playing, or doing tasks at home
Theme 6	Types of play
Theme 7	Play and play spaces at and near the home
Theme 8	Indoor and outdoor play/Structured and unstructured play
Category 4	Play interaction between caregiver and child
Theme 9	Parenting style and relationship with child
Theme 10	Caregivers' attitudes towards play
<i>Sub-theme 10.1</i>	<i>Nature of play interaction between caregiver and child</i>
Theme 11	Cultural views and influences on play
Category 5	Public play areas
Theme 12	Public play areas in Salvokop
Theme 13	Utilisation of play areas by children and caregivers
Theme 14	Safety concerns in public play areas
Theme 15	Collective efficacy and risk-taking in public play areas
Theme 16	Caregivers' advice on children's play and recommendations for public play areas

3.11 CATEGORY 1: BIOGRAPHICAL PROFILE, FAMILY COMPOSITION AND FINANCIAL STATUS

This category offers a perspective on the participant and his/her family. Table 3 includes aspects pertaining to the participant's age, gender, nationality, home language, and level of education. Table 4 includes the participant's position in the family, relational status, the number of family members living together, and living structures.

Table 5 is an extension of Table 4 to include an exact representation of the family structure in order to include other children and grandchildren outside the period of early childhood but who are still the participant's responsibility. Table 6 refers to the participant's employment status and income while Table 7 presents the children relevant to this study (between the ages of four and six years).

Table 3: Biographical profile of participants

Participant code	Age	Gender	Nationality	Home language	Level of education
Sarah	51	Female	South African	Afrikaans	Grade six
Anele	49	Female	South African	Zulu	Grade 11
Ntsumi	39	Female	South African	Tsonga	Grade 10
Garikai	38	Male	Zimbabwean	Shona	Form four/Grade 11
Tsitsi	39	Female	Zimbabwean	Shona	Form four/Grade 11
Wonai	28	Female	Zimbabwean	Shona	University degree
Rufaro	27	Female	Zimbabwean	Shona/ English	Form four/Grade 11
Kudzai	30	Female	Zimbabwean	Shona	O level/Matric
Chipo	33	Female	Zimbabwean	Shona	O level/Matric
Shamiso	27	Female	Zimbabwean	Shona/ English	O level/Matric

All the participants live in Salvokop, Tshwane. Nine (9) of the 10 participants are Black and one (1) participant is Coloured. Although the sampling method for this study was purposive sampling, it is important to mention that participants were included who are in their twenties, thirties, forties, and fifties. A large spectrum of ages was therefore included in this study. Nine (9) of the 10 participants are female and one is male.

Three (3) participants in this study are South African citizens and seven (7) participants are Zimbabwean citizens. Since there are many Zimbabwean citizens living in Salvokop, this study naturally includes Zimbabwean citizens. Levels of participants' education vary

from primary school leaver to a completed university degree with most participants (9) having completed grade 10 or above.

Table 4: Family composition and living structures

Participant code	Position in family	Relational status	Family size	Living structures
Sarah	Grandmother	Married	Nine	House
Anele	Grandmother	Married	Nine	House with crèche in front yard
Ntsumi	Grandmother	Widow	Eight	House with tuck shop in front and shebeen in the backyard
Garikai	Father	Married	Six	One-room shack in backyard of house
Tsitsi	Mother	Married	Four	One-room shack in backyard of a spaza ⁴ shop
Wonai	Mother	Married	Four	One-room shack in backyard of shebeen
Rufaro	Mother	Married	Five	One-room shack in backyard of shebeen
Kudzai	Mother	Married	Three	One-room shack in backyard of house
Chipso	Mother	Married	Four	One-room shack in backyard of house
Shamiso	Mother	Married	Three	One-room shack in backyard of house

Table 4 shows that there are three (3) grandmothers, six (6) mothers and one (1) father who are the main caregivers of children or grandchildren. Hejoaka (2009:869) mentions that caregiving is a social role shaped by gender and therefore women are most likely to be caregivers. Usually mothers, wives, grandmothers, aunts, and sisters care for children. During the sampling process the outreach worker informed the researcher that there are a few fathers in Salvokop who function as main caregivers for their children and the researcher therefore deemed it important to include a father as main caregiver in this study. Although only one father is included, this may give the researcher an important perspective on the views and opinions of fathers who function as main caregivers. The only male participant in this study will be referred to as Garikai. Most (9) participants are married. It is also evident that the Zimbabwean families in the research sample have smaller family units than South African families. This may be linked to the Zimbabwean

⁴ An informal convenience shop business in South Africa, usually run from home.

families who may have no other extended family members in South Africa. Most (7) participants live in one-room shacks and due to the amount of shebeens, spaza shops, and tuck shops in the residential area of Salvokop, four (4) shacks and houses are built next to or in the backyard of these. Close proximity to shebeens and its effects on children's play will be discussed later.

Table 5: Family structure

Participant code	Family structure (family members living together)	Number of children under 18 years under participant's main care
Sarah	Participant, husband, two children (above 18 years), son-in-law, nephew, and four grandchildren (ages 16, 12, 8 and 5 years)	4 - biological mother of children does not live in the same house
Anele	Participant, husband, five children (above 18 years), and two grandchildren (ages 8 and 4 years)	2 - biological mother lives in the same house but is not the main caregiver
Ntsumi	Participant, two children (above 18 years), and five grandchildren (ages 11, 10, 6, 6 and 3 years)	5 – one of the biological mothers lives in the same house but is not the main caregiver
Garikai	Participant, wife, one child (above 18 years), and three children (ages 5, 3 and 1 year)	3 – wife only cares for children at night
Tsitsi	Participant, husband, and two children (ages 5 years and 3 months)	2
Wonai	Participant, husband, and two children (ages 4 years and 10 months)	2
Rufaro	Participant, husband, two children (ages 6 years and 7 days), and niece (age 4 years)	3
Kudzai	Participant, husband, and one child (age four years), participant is nine months pregnant with second child	1
Chipo	Participant, husband, and two children (ages 6 and 4 years)	2
Shamiso	Participant, husband, and one child (age 6 years), participant is eight months pregnant with second child	1

Table 5 shows that the number of family members living together vary between three (3) and ten (10) family members. The researcher noticed that even for those families living in houses, space was very limited while for families living in shacks, belongings were stacked up against the walls with barely enough space to move within the one-room shacks. The

above table also shows that caregivers are responsible for between one (1) and five (5) children under the age of 18 years.

Table 6: Employment and income

Participant code	Employment status	Type of employment	Main breadwinner in family	Participant's source of income
Sarah	Unemployed	N/A	None	Social grants for four grandchildren
Anele	Self-employed	Owner of crèche	Participant	Salary from own business
Ntsumi	Self-employed	Owner of tuck shop	Participant	Salary from own business
Garikai	Employed	Security guard	Participant	Salary
Tsitsi	Unemployed	N/A	Participant's husband	Husband's salary
Wonai	Unemployed	N/A	Participant's husband	Husband's salary
Rufaro	Unemployed	N/A	Participant's husband	Husband's salary
Kudzai	Unemployed	N/A	Participant's husband	Husband's salary
Chipo	Part-time employed	Domestic worker	Participant's husband	Husband's and participant's salary
Shamiso	Unemployed	N/A	Participant's husband	Husband's salary

Table 6 shows that six (6) participants are unemployed, two (2) are self-employed, and two (2) are employed. One (1) of the six (6) unemployed participants receives social grants for four grandchildren while the remaining five (5) unemployed participants are Zimbabwean citizens and do not qualify for these grants. These participants rely on their husbands' salaries for an income.

Table 7: Child in early childhood relevant to this study (between four and six years of age)

Child code	Age	Gender	Biological child or grandchild	Stay at home with carer	Attend pre-school	Chronic illness	Disability
1	4	Male	Yes	Yes	No	No	No
2	4	Male	Yes	Yes	No	No	No
3	4	Female	No	Yes	No	No	No
4	4	Female	Yes	No	Yes	No	No



Child code	Age	Gender	Biological child or grandchild	Stay at home with carer	Attend pre-school	Chronic illness	Disability
5	4	Male	Yes	No	Yes	No	No
6	5	Female	Yes	No	Yes	No	No
7	5	Male	Yes	No	Yes	No	No
8	5	Male	Yes	No	Yes	No	No
9	5	Male	Yes	Yes	No	No	No
10	6	Female	Yes	No	Yes	No	No
11	6	Male	Yes	No	Yes	No	No
12	6	Female	Yes	No	Yes	No	No
13	6	Male	Yes	No	Yes	No	No

There were 13 children relevant to this study (between the ages of four and six years). Eight (8) children are male and five (5) children are female. All these children are either biological children or biological grandchildren except for one child who is the participant's niece. Four (4) children stay with their caregivers throughout the day while nine (9) children attend pre-school. No chronic illnesses or disabilities were reported by caregivers.

3.12 SUMMARY OF BIOGRAPHICAL PROFILE, FAMILY COMPOSITION, AND FINANCIAL STATUS

This category shows that caregivers' ages range between 27 and 51 years, that caregivers are mostly female, and have completed Grade 10 or above. The most predominant role of caregivers is that of mother, although grandmothers, and one (1) father were also included. Most caregivers and their families live in one-room shacks and caregivers are responsible for the care of between one (1) and five (5) children. More than half (6) of the participants are unemployed and rely on a partner for an income or on social grants. There were 13 children relevant to this study (between the ages of four and six years) and most (12) of these children were either biological children or biological grandchildren. Most (9) children already attend pre-school and no chronic illnesses or disabilities were reported by caregivers.

3.13 CATEGORY 2: THE CHILD IN EARLY CHILDHOOD

This category provides a view on early childhood by looking at the caregivers' and the children's daily schedule, the children's character and emotional well-being, whether

children were subjected to any crime, violence or trauma, possible emotional and behavioural problems children may experience in early childhood, as well as caregivers' opinions of early childhood and its functions.

3.13.1 Theme 1: Caregivers' and children's daily schedule

Under this theme the researcher considered the daily schedules of caregivers and children in order to understand daily challenges, responsibilities and how time is divided between activities.

Caregivers report that their daily schedules consist of the following:

- Preparing food and cooking.
- Washing dishes.
- Cleaning the house or shack.
- Washing laundry by hand.
- Hanging laundry outside to dry.
- Ironing.
- Feeding children.
- Breastfeeding.
- Changing nappies.
- Bathing children.
- Keeping an eye on children's play.
- Getting children ready for pre-school.
- Walking to and from pre-school with children in the morning and afternoon.
- Helping children with homework.

Hejoaka (2009:869) states that the role of the caregiver is extensive, includes many responsibilities, and is time-consuming. Caregiving in the African context will also include cooking, cleaning and taking care of children. One grandmother states:

"I work all day. Half past seven the children go to school and then I'm at home during the day and I cook, clean, and do the washing and ironing. I go to get the children from school at half past three." –Sarah
["Ek werk heeldag. Half past seven gaan die kinders skool toe en dan is ek maar in die dag by die huis en dan kook ek en maak ek huis skoon of wasgoed was en stryk. Ek gaan haal weer die kinders half past three by die skole." –Sarah]

Children’s activities include the following:

- Going to pre-school (for children who already attend pre-school).
- Playing alone outside or inside the house/shack, playing with caregiver, playing with friends.
- Doing homework.
- Taking a nap or sleeping late.
- Watching children’s movies or cartoons.

Children’s schedules, when not attending pre-school, appear to be relaxed. Caregivers mention:

“When he comes from school most of the time he watches cartoons. Sometimes when I have some papers for him to colour on, I let him colour.” –Tsitsi

“He wakes up around 10 in the morning. He’s not going to pre-school yet; he is starting next year because this year I couldn’t find him a place. He sleeps very late and then he wants to watch TV, then he is playing around with his friends here and he also likes eating.” –Wonai

“He goes out in the morning to play with others. In the afternoon he plays in the open space (open lawn nearby). When he is hungry, he comes back to eat and goes out to play again.” –Rufaro

Parents often see childhood as a carefree, irresponsible time, with no financial worries, no societal pressures, or work-related troubles (Henderson & Thompson, 2011:7). Although the above shows that children in this study may have a carefree life, Theme 2 in this chapter will take a closer look at children’s well-being.

3.13.2 Theme 2: Children’s character and emotional well-being

Participants in this study found it difficult to describe their children’s character and well-being and referred more to their children’s actions and attitudes. Positive and negative descriptions were given to describe a child or to describe different children within the same household. Descriptions include the following:

Table 8: Description of child’s character and well-being

Positive descriptions	Negative descriptions
Playful	A bully
Busy	Jealous
Comprehends easily	Hyper-active

Positive descriptions	Negative descriptions
Listens to caregiver Very active Good emotional well-being Constantly developing Happy Gets along with others Calm Clever Funny Communicates well Energetic Talkative	Rough player Naughty “He is the devil” Fearful Over-emotional Tantrums

In Table 8, children are described as playful, busy, very active, energetic and talkative. Wilson’s (2008:1) description of children at this age relates to the above since the author describes children as busy people who are inquisitive and eager to follow the path of curiosity. Children are also sensitive, intense, and highly competent.

Although caregivers found it difficult to give an exact description of children’s character, descriptions of their playfulness, constant development, easy comprehension, attentiveness, communication, and getting along with others show that children in this study are acquiring and developing basic knowledge and habits at this age. Pirpir et al. (2009:933) see early childhood as one of the most important periods of life because of its effects on subsequent years. The shaping and forming of the child’s character takes place in early childhood and the child acquires and develops basic knowledge and habits.

The researcher believes that certain traits in Table 8 may be directly linked with resiliency and therefore the theoretical foundation for this study (the DST). These include that children are described as having good emotional well-being, playful, happy, getting along with others, calm, funny, and good communicators. The above may relate to what Vimont (2012:505-506) sees as building blocks to enhance essential developmental outcomes, reduce health compromising behaviours and increase positive outcomes. Ginsberg (2007:186) relates play to more than just developmental growth and states that certain

character traits of resiliency are needed for children to navigate an increasingly complex world. These traits include confidence, competence to master the environment, deep-rooted connectedness to others and caring about others, honesty, generosity, decency, and tenacity. Children have to be able to remain positive and bounce back from misfortune.

Caregivers also described some negative traits in children that include bullying, jealousy, hyper-activity, rough playing, naughtiness, fearfulness, tantrums, and over-emotionality. The researcher believes that the above may be specifically connected with two of the main concepts in the DST as described by Greenfield (2011:531-534). The first concept describes the person-environment systems where the child and his environment are seen as interconnected entities enclosed within a greater person-environment whole. The above indicates to the researcher that the child does not independently develop negative traits, behaviour, or characteristics but that his environment may also contribute to this and that these traits can therefore not be viewed in isolation. Secondly, the transactional approach refers to subsystems of persons and environments that mutually influence each other through a process of reciprocal/mutual causality. The above may indicate that the child and his environments may mutually influence each other, for example, the child described as a bully in this study may have been submitted to certain experiences in order to develop this behaviour. His grandmother mentions:

“He is a jolly child and enjoys everything but he doesn’t want to be bullied. He is the bully himself.” –Anele

When caregivers were asked to describe their children’s main emotions during a day at home, eight (8) caregivers described their children’s main emotion as that of happiness, one (1) as fearfulness, and one (1) as aggression (constant conflict with others). Caregivers who describe their children’s main emotion as happiness mention:

“He is always happy. When he is happy he shows that he is happy.” –Wonai

“She wants to play mostly and she is happy.” –Chipso

There is a discrepancy between how well parents believe their children are doing emotionally and their children’s self-reports (Lagattuta et al., 2012:227-228). It seems that parents have more positive opinions about their children’s emotional welfare than children have about themselves. Parents have difficulty discerning their own emotional standpoint from that of their children and are prone to use their own perspective as a foundation from

which they judge the emotional states of their children. Parents miscalculate children's worry and anxiety by underestimating it in comparison to children's self-reports. Parents also overestimate children's optimism where studies show that children are less optimistic than what their parents believe. Although this study does not include any self-reports by children, the researcher takes the above author's study into account, and is therefore careful to automatically assume that the majority of children in this study are happy. The researcher will support this statement by looking at children's emotional and behavioural problems and any violence, crime, or trauma that children were subjected to in sub-theme 2.1.

Two (2) caregivers described their children as fearful and aggressive. These caregivers explain:

"He doesn't show much emotion except for when he's scared. You can't even take him to the zoo because when he sees the animals like the crocodile he is disturbed. He gets scared easily even of sounds. He also has tantrums when he doesn't get something he wants." –Anele

"There's a lot of conflict between him and others (children)." –Rufaro

The above fearfulness and aggression described by caregivers as their children's main emotions may relate to the severity and noticeability of these emotions and behaviours in children. The researcher believes that it may be easier for parents to notice major negative emotions and behaviours than minor positive emotions and behaviours, especially when negative emotions and behaviours require much time and effort from caregivers.

3.13.2.1 Sub-theme 2.1: Children subjected to violence, crime, or trauma resulting in emotional and behavioural problems

Caregivers were asked if their children were ever subjected to any violence, crime, or trauma including divorce, foster care, poverty, sexual, physical or verbal abuse, emotional trauma, neglect, deprivation, or any other hardship. This is an important question because it directly relates to probabilistic epigenesis and time as a context as two of the main concepts of the DST as well as risk factors and protective factors as part of this theory (Greenfield, 2011:531-534).

All ten (10) caregivers replied that their children were never subjected to any violence, crime, or trauma. However, the following question on the interview schedule, where

caregivers were asked if their children show any behavioural or emotional problems, indicate to the researcher that caregivers may not be able to make a connection between the first question under this sub-theme and possible emotional trauma children may experience. Half (5) of the caregivers believe that their children have no emotional or behavioural problems. The other half (5) of the caregivers mention that their children experience certain emotional or behavioural problems. The researcher separates these into two categories relating to emotions and behaviours and will discuss these within the DST.

3.13.2.1.1 Emotional problems

“Sometimes he just sits like this (head down) and I say ‘What is wrong?’ and he says ‘S (biological mother) left me. I don’t know why?’ I do everything for him. I’m am his parent and grandmother. To him I am not a grandmother. I see him as my last born. I buy everything for him, his mother doesn’t even know. Sometimes I tell him we should call his mother and he says ‘No, if she wants to see me she must come and visit me’. His father (also) doesn’t bother about him. He doesn’t even ask about him.” –Anele

“You know; she loves her mother so much. When the mother is here for some time she relaxes with her mother and then the mother leaves again. *How does she react when the mother leaves?* She was always very weepy. At a stage it really bothered her for a few days afterwards (after the mother leaves). *How often does the mother visit?* I can say if I pray and the spirit guides her she will come, but not to sleep over. Just coming in, look at the children and leave again.” –Sarah

[“Jy weet sy was so lief vir haar ma. As die ma nou hier is vir n tydjie dan raak sy rustig saam die ma en dan is die ma nou weer weg. *Hoe reageer sy wanneer die ma weer weggaan?* Sy was altyd baie huilerig. Op ‘n stadium het dit haar regtig gepla vir ‘n paar dae lank (nadat die ma weggaan). *Hoe gereeld kom die ma kuier?* Man, nie gereeld nie. Ek kan sê as ek bid en die gees haar lei dan kom sy, maar nie dat sy kom oorslaap nie. Net inkom, die kinders kyk en dan gaan sy weer.” –Sarah]

Greenfield (2011:531-534) refers to the third concept in the DST as probabilistic epigenises where the presence or absence of a single factor can make future outcomes for an individual more probable or less probable. Although the researcher cannot predict the outcome of the absence of biological parents in the lives of these children, it is clear that the above children have significant emotional reactions to the absence of their biological parents. This should also be viewed within the fourth concept in the DST where time as context or the diachronic perspective focuses on the influence of time across person-environment systems and therefore various scales of time. Development is therefore seen as organised changes in transactions among different levels of persons and environments over time. The diachronic perspective for this study is the child in early childhood. It is therefore important for the researcher to consider that the absence of a biological parent during this period may have an influence on the child’s emotional well-

being. Not only should the absence of biological parents be viewed in terms of probabilistic epigenises but the researcher has to also consider that this phenomenon may not only relate to early childhood as a time context in this study, but may be carried into later years by these children. The latter relates to the DST that perceives development over an extended time period.

3.13.2.1.2 Behavioural problems

“He is hyper-active but to me he is a child just like other children. But he is hyper. When you tell him to leave this, he immediately goes to do something else.” –Ntsumi

“He likes fighting because whenever I go to school he is fighting with others and the teachers are also reporting that my boy is always fighting.” –Garikai

“The whole day when they are playing I have to tell him ‘Don’t do that. Don’t beat each other’.” –Rufaro

Vimont (2012:505-506) believes that it is important to take into account risk factors and protective factors in the DST. Risk factors are those variables, that when present for a person, may make it more probable for that person (rather than for someone who was randomly selected from the general population) to develop a disorder. These factors may, for example, include lack of access to quality education, health care, or a safe neighbourhood due to economic reasons. The above behavioural problems should be considered in terms of risk factors where Salvokop is an impoverished community with few resources to provide services for children who experience behavioural problems. The researcher also wants to refer to her field notes and own observations in this community where adults in Salvokop are found intoxicated and fighting in the streets during the daytime, as the environment where these children grow up. Vimont (2012:505-506) refers to protective factors as variables that reduce the risk of negative outcomes due to risk factors and may, for example, include positive, caring connections to family, schools, and other institutions. The researcher is of the opinion that protective factors for children in this study may greatly depend on positive, caring connections to their caregivers (since not all children are in pre-school yet or connected to other institutions).

3.13.3 Theme 3: Caregivers' opinions on early childhood and its functions

Caregivers were asked their opinion of early childhood and its functions. All caregivers had a slightly different opinion of early childhood and its functions, although four (4) caregivers mention that learning is important at this age. Louw and Louw (2014:152) refer to early childhood as a period that encompasses considerable development of the child, including physical, emotional, cognitive, and social development and the attainment of many new skills. Canning (2011:20-21) sees every area of development including cognitive, physical, social, emotional, linguistic, and spiritual growth as equally important to children's development. Play is one of the ways in which these areas of development can be supported. Pirpir et al. (2009:933) explain that during early childhood the shaping and forming of the child's character also takes place. The following opinions of caregivers on early childhood show that parents mentioned all the above as well as some other functions they believe to be important.

3.13.3.1 Cognitive development

"They have to **learn**. You have to give them everything they can touch. You say 'This is a ball' and they have to see and they have to touch and to feel. You can make small things (samples) of how a dog or a chicken feels and he must touch and see and feel. Learning is very important for a child to grow because when a child learn they have to learn how to pronounce in **English as a first language**. And you must put on the TV for them to sing (along with the children's programmes). If you do things continuously it stays in their minds." – Anele

"At this age he needs someone to guide him because he wants to **read** and he wants to **write**. He needs somebody to sit down with and say to him 'Let us write here'." –Ntsumi

"She's busy **learning**. I bought her these books. She's learns from those books. When she don't know, she asks me and I teach her things like colours." –Kudzai

3.13.3.2 Playing and cognitive development

"To me it's important that she is **playful** at her age. She also **learns English** and she loves English and she is also teaching me English. She also shows me things that she makes at school, so **learning** is also important at this age." –Sarah

["Dis vir my baie belangrik dat sy **spelerig** is op die ouderdom. Sy **leer ook Engels** en sy is altyd baie lief vir Engels en nou kom leer sy vir my ook die Engels. Sy kom wys my ook die goed wat sy by die skool maak, so **leer** is ook belangrik op die ouderdom." –Sarah]

3.13.3.3 Playing and discipline

“To **play** and to listen to the parents.” –Shamiso

3.13.3.4 Emotional development

“They go through a lot of **emotions** at this age.” –Tsitsi

3.13.3.5 Physical development and social development

“She is **growing a lot (physically)**. But this is the age where she must **learn the good things** from her mother and father so that when she is a big girl she knows what is good and what is not good.” –Chipso

3.13.3.6 Development of personality/character

“I think it’s the stage that shows **how he is going to be** when he is older. You start to see the person he will be.” –Wonai

3.13.3.7 Risk-taking

“They beat each other. Sometimes they want to play with **dangerous things** that can injure them.” –Rufaro

3.13.3.8 Keeping busy

“It’s to keep themselves **busy** doing many different things.” –Garikai

The above shows that caregivers’ opinions of early childhood and its functions correlate with existing literature. This gives a clear indication to the researcher that the community of Salvokop does not differ much from those in developed countries in terms of early childhood attainments including cognitive, emotional, physical, and social development as well as the development of the child’s character/personality. However, the above also indicates that not all caregivers may be aware of the importance of play during early childhood since only two (2) caregivers regard play as an important function in early childhood. Ginsberg (2007:182) states that play is essential to child development, specifically where the attainments of early childhood directly correlate with the advantages of play. Play contributes to the physical, cognitive, emotional, and social well-being of the child.

3.13.4 Summary of Category 2

Category 2 in this study shows that caregivers have a busy and wide-ranging daily schedule while children's schedules seem to be more relaxed. Descriptions of children's character and well-being show that they are developing basic knowledge and habits relevant to early childhood. Many positive traits in children are mentioned by caregivers and may be connected to resiliency of these children as described in the DST. Negative traits described in these children may relate to person-environment systems as well as the transactional approach described in the DST. Most (8) caregivers describe their children as happy, yet this study reveals that five (5) children experience emotional and behavioural problems. This category also shows that not all caregivers are aware of the importance of play for child development, although important attainments for early childhood, including cognitive, emotional, physical, and social development, were mentioned by caregivers.

3.14 CATEGORY 3: CAREGIVERS' VIEWS AND OPINIONS ON PLAY

This category provides an overview of children's play by looking at caregivers' views on, and preferences for play, the types of play children actually engage in, the amount of time children spend on play, the importance of physical play (running, jumping, moving), play spaces in and around the house as well as caregivers' opinions on structured and unstructured play.

3.14.1 Theme 4: Caregivers' description of play

In this section caregivers were asked to describe play. Fisher et al. (2008:306) believe that play is a multidimensional construct that fluctuates in meaning across time, culture, and context. A range of behaviours is considered playful. This makes it particularly difficult to find an all-inclusive definition of play. All caregivers described play from their own perspective and experiences, including a range of behaviours and activities. Caregivers describe play as:

- Peaceful contact with other children.
- Cooperation with other children.
- Cognitive learning.
- Using imagination.

- Learning about gender roles.
- Using educational toys.
- Using non-educational toys.
- Learning a trade from an early age.
- Showing a child is normal.
- Pretending and fantasy.
- A mechanism through which the child can show feelings and emotions.
- A mechanism to portray experiences.
- Copying adults and adult roles.
- Creating and creativity.
- Indicating the child's level of intelligence.
- Showing a child's level of activity.
- Learning about technology by using laptops and cell phones.
- A way to occupy time since children do not work.

The above shows that caregivers find it difficult to give a definition of play per se. Caregivers rather focus on children's behaviour and activities during play. Fisher et al. (2008:306) view play as a natural, age-appropriate way for children to find out about themselves and the world around them. Children acquire understanding and can practice new skills during play. These provide a basis for academic success and more complex cognitive processes. The above list shows that caregivers view play as interaction with others, cognitive learning, learning about gender roles, imagination and fantasy, portraying feelings, emotions, and experiences as well as creativity. The researcher believes that these are ways for children to find out about themselves and the world around them. Using educational toys, learning a trade, cognitive learning, and using technology may also relate to more complex cognitive processes.

Copying adults and adult roles as part of play is another important aspect mentioned by caregivers. Pellegrini et al. (2007:262) found that children often perform adult roles they have observed in their play. Wilson (2008:43) indicates that children learn more from what adults do than what adults say. Children watch adults for information about what is sacred, important, and valued in life. The values and attitudes that children observe in the lives of their parents and teachers are likely to be the values and attitudes children will carry with them throughout life. Caregivers also mention that they view play as children using

imagination, pretending, and fantasy. Hughes (2010:4-5) describes one of the important characteristics of play as involving a certain element of make-believe, a distortion of reality to accommodate the interests of the player.

3.14.2 Theme 5: Priorities for early childhood development: learning, playing, or doing tasks at home

Under this theme the researcher explored the difference between what caregivers consider as important priorities during early childhood and how children actually spend most of their time. Caregivers were asked if it was more important for children to play, to learn, or to do tasks at home.

Table 9: Caregivers' priorities for children and how children actually spend most of their time

Participant code	Caregivers' first priority for children	How children spend most of their time
Sarah	Learning	Playing
Anele	Learning, playing and doing tasks at home	Playing
Ntsumi	Learning and playing	Playing
Garikai	Learning and playing	Learning and playing
Tsitsi	Learning	Playing
Wonai	Learning, playing and doing tasks at home	Playing
Rufaro	Learning and playing	Playing
Kudzai	Learning and playing	Learning
Chipo	Learning and playing	Learning and playing
Shamiso	Learning and playing	Playing

Table 9 shows that none of the participating caregivers believe that play alone is the most important priority during early childhood. Howard and McInnes (2013:127-128) indicate that parents are inclined to have different views on play compared to play professionals. Demands within the education system compel parents into valuing learning outcomes and judging that this may not be achievable through play. Yet, Kennedy-Behr et al. (2015:31) explain that an important life role for young children, particularly before they start school, is that of player. Engagement in play is linked to well-being for young children and provides children with opportunities to develop a broad range of skills, which in turn correlates with physical, social, and emotional well-being.

Table 9 also shows a definite discrepancy between what parents perceive to be important priorities for early childhood and how children actually spend their time. Although not a single caregiver mentioned play alone as an important priority for early childhood, the majority (7) of the caregivers reveal that their children spend most of their time playing. The researcher is of the opinion that this may relate to caregivers' busy daily schedule as discussed under Theme 1. Caregivers may therefore not necessarily have time to focus on learning activities with their children. The researcher believes that this may be an accidental advantage for children in early childhood in this study where it provides them with more time to play. Pellegrini et al. (2007:267) state that the benefit of play, in comparison to strategies utilised by adults for teaching, is that behaviours produced in the context of play can be more innovative. Children can observe behaviours and strategies carried out by adults but then join the rudiments of these behaviours into new routines of play. The above authors (Pellegrini et al., 2007:267) mention, for example, that "The levels of children's symbolic functional and oral language production are more varied and complex in peer play, relative to when they are interacting with an adult."

Six (6) caregivers believe that learning and playing are equally important during early childhood although three (3) of these caregivers' children spend their time primarily on play. Caregivers mention:

"To learn and to play. You can't have one without the other. If a child wants to do something, you can help him to do it correctly and afterwards he can show you 'I can build a house or do this'. If you learn you obtain something. You can say to the child 'Pick up that sand and put it in the tin and now put a bean in and water it'. The child will ask 'Why?' and tomorrow you will show him that a bean is growing. It's play but he is also learning." –Ntsumi

To play and learn are important. They must play and they must learn because if the child just learn she becomes tired and she must play. I give her time to play and then I will call her for homework and not just allow her to play the whole day. –Chipo

Two (2) caregivers believe that learning is the most important priority during early childhood although both caregivers' children spend their time primarily on play. The only child in this study whose caregiver reports that the child spends most of her time on learning explains:

"She's at school most of the time so I think she's learning most of the time. I think it's good for her development to learn. It's good for her to learn things when she is young. It will help her when she grows up." –Kudzai

The focus on teaching academic skills to young children is mainly caused by two fears (Bodrova, 2010:161); firstly, that children will not be ready for school and secondly, that children will fall behind academically at a later stage. However, studies show that academically oriented pre-school programs do not automatically assure that the child will be academically successful in the future. Studies also show that these programs may even intensify emotional and social problems that children may experience.

Two (2) caregivers believe that learning, playing and doing tasks at home are equally important during early childhood, although both caregivers' children spend their time primarily on play. Altogether five (5) caregivers mention that their children will do tasks at home of their own accord. These tasks include:

- Clearing away dishes after eating.
- Washing dishes.
- Sweeping.
- Clearing litter from the garden.
- Gardening.
- Putting toys away.
- Preparing own breakfast cereal.

Caregivers report:

"You see at the back of the house people are drinking alcohol (adult son's shebeen business) so he (the child) goes outside and he collects all the rubbish (they leave outside the shebeen) and I ask him if I can help and he says 'No, now it's clean'. He does some gardening. He wants to make it nice but he can't. If you give him any instructions in the house to clean, he can do it. We don't really give him tasks because he's too small." – Ntsumi

"Sometimes he wants to make himself some corn flakes and he picks up the papers (litter) outside. When he is finished eating he takes the plates and puts it in the washing bin. I told him to do it once before and now he is used to it." –Shamiso

Reed and Walker (2011:65) indicate that what parents do with their children is highly significant in terms of their development, education, and well-being. This should not be limited to planned activities, outings, or new experiences, but also involve everyday engagement and interaction, for example:

- Actively involving children in day-to-day tasks such as tidying up or helping to look after a pet.

- Developing and building new learning experiences, such as planting flowers in the garden.

These examples are often considered simple life experiences and are taken for granted, but with the changing nature of the way in which family life is organised, they can be overlooked in preference to more immediate priorities. The latter was also found in this study where two (2) caregivers actively discourage their children from doing tasks at home because of limited space in the one-room shack or because they believe children just put things in disorder. One caregiver mentions:

“I don’t like her to do tasks, I do it myself. She just put things in disorder. Sometimes she wants to do tasks but I say ‘No, stop’.” -Kudzai

3.14.3 Theme 6: Types of play

In this section the researcher explored the types of play caregivers believe children should engage in and the types of play their children actually engage in, encouragement or discouragement of certain types of play by caregivers, the amount of time children play, as well as the amount of time children spend on physical play like running, jumping, and moving.

Caregivers believe that the following types of play are important during early childhood:

- Active free play/physical play – running, jumping, soccer, playing in the park on equipment.
- Creative play – mud and water.
- Deep play – riding a scooter.
- Educational play – puzzles, reading, counting, and songs that teach.
- Exploratory play – balls, non-educational toys.
- Locomotor play – running, jumping.
- Object play – non-educational toys, blocks
- Role play – pretending to clean the house, playing with household objects.
- Rough and tumble play – running, jumping.
- Social play – playing with friends.

Caregivers indicate that the types of play their children actually engage in (caregivers' own examples added) include:

- Active free play/physical play – running, soccer.
- Communication play – singing.
- Creative play – colouring, mud, and water.
- Deep play – riding a scooter.
- Educational play – colouring, puzzles.
- Exploratory play – balls, non-educational toys.
- Fantasy play – playing house, playing at being a mother feeding children.
- Locomotor play – running.
- Object play – non-educational toys.
- Role play – pretending to cook, pretending to feed the toys.
- Rough and tumble play – running while playing with other children.
- Social play – playing with other children.
- Socio-dramatic play – pretending to be a mother who cooks and feeds the children.
- Symbolic play – pretending that a shoe is a doll.

The above lists show that caregivers did not mention communication play, dramatic play, fantasy play, imaginative play, mastery play, recapitulative play, socio-dramatic play, or symbolic play as important types of play during early childhood. Concerning actual play children participate in, caregivers did not mention that their children engage in dramatic play, imaginative play, mastery play, or recapitulative play. This may relate to caregivers' lack of knowledge of different play types, being unaware of all the types of play their children engage in, or caregivers' preferences for certain types of play (the latter will be discussed later in this section). However, the above may also indicate that children from the research sample do not engage in dramatic play, imaginative play, mastery play, or recapitulative play.

The above list also shows that children in the research sample in Salvokop participate in many other types of play mentioned on the Hughes list as discussed in Table 1 in Chapter 2. This list shows that the types of play that children in this study actually engage in have numerous advantages (see section 2.5.3 in Chapter 2). It also shows that children's actual play is more varied than what caregivers deem important. This is an important finding that indicates to the researcher that children in this study can be compared to children in

developed countries where children in the research sample show a natural tendency to engage in as many types of play as their environment allows, hence providing great opportunities for development. Howard and McInnes (2013:47) view play as a chance for the child to experiment and to take control, which increases the choice of positive experiences available to the child. This increases the child's sense of well-being, especially in relation to self-confidence, self-awareness and self-acceptance, and their flexibility in terms of thinking and problem-solving. The researcher therefore views children in the Salvokop sample's engagement in many types of play and its associated advantages as building blocks that increase protective factors (as explained in the DST). These are important for children in this study in order to counter the risk factors they may experience in their everyday lives, living in a lower socio-economic area with little resources.

Caregivers were asked if they encourage certain types of play and discourage certain types of play.

Table 10: Types of play that caregivers encourage and discourage

Participant code	Play encouraged by caregivers	Play discouraged by caregivers
Sarah	None	Never to play at/talk about death
Anele	Play with non-educational toys	No sexual play between children or between children and adults
Ntsumi	None	No playing with stick, play fighting, boxing or wrestling
Garikai	Play with non-educational toys that are safe for all children	No throwing stones or playing with sticks
Tsitsi	Play with non-educational toys and soccer	No climbing onto anything high or running too fast
Wonai	To watch cartoons to learn English, puzzles and non-educational toys	No risky play, bullying or playing with sharp objects
Rufaro	Caregiver singing educational songs to the child	No playing with anything that can injure the child, no playing with strangers or playing outside the gate of the yard
Kudzai	None	No playing near the street, far from home or with any object that are dangerous
Chipo	None	No playing with adolescent boys
Shamiso	Play with non-educational toys and balls	No tree climbing or switching the stove on in the shack

Caregivers express some of the reasons why they discourage certain types of play:

“You must teach the child to watch out, especially the girls, because there are other people who are naughty and touch the child’s pantie and she thinks it’s play. You have to show the child the different (forms of) play. ‘Don’t allow another person to touch your private parts.’ It’s important for boys and girls because people molest both. If a person touch you here (genitals) say ‘No’. When you play it must be play on the floor with the toys only, because if the children touch each other, where did they see it? And children should not watch those movies (with kissing and touching), only kid’s movies.” –Anele

“I don’t like it when they play with the sticks because they become angry when they play with sticks and they can hurt each other. I don’t like play fighting. When he is at school, he is going to do that to the small children and bully and injure them. I don’t like TV for the small children. Television is why children bully other children. I also don’t like when they (children) pretend to do boxing and wrestling.” –Ntsumi

“For now, I leave her to play what she wants to because she is too young. When she becomes older I will tell her what to play. I don’t want my girl to play with the big boys of 10, 11 or 12. She can play with her brother or the boys next door that are the same age. I’m afraid something will happen if she plays with the older boys because this is South Africa. Things like rape can happen to her.” –Chipso

Table 10 as well as the above comments show that caregivers less often encourage certain types of play and more often discourage certain types of play. It seems that the latter mostly relates to caregivers’ fear of injury/danger to children whether physical, sexual, or emotional. Types of play that caregivers therefore discourage can be summarised as follows:

- Play of a sexual nature – which caregivers believe may lead to sexual abuse or rape.
- Certain forms of recapitulative play – switching the stove on, playing with sticks, throwing stones.
- Certain forms of rough and tumble play – play fighting, boxing, wrestling, and risk-taking.
- Certain forms of socio-dramatic play – playing at or talking about death.
- Certain forms of locomotor play – tree climbing, running too fast.
- Certain forms of deep play – climbing on anything high.

Casey (2010:43) indicates that adults view some types of play to be more significant than others in children’s settings. This valuing leads to some types of play being encouraged and praised, while other types of play are discouraged or not allowed. Many types of play that are not necessarily valued by adults have great value to children. The types of play that tend to be valued most by adults are the types of play that are perceived as productive, such as play that is creative, artistic, dramatic, musical, or can generate products such as performances and painting. The researcher believes that this study does

not show any correlation with Casey's (2010:43) findings. Firstly, caregivers do not seem to value one type of play above the other, but rather focus on preventing injuries as an approach to what types of play should be discouraged. However, risk-taking has many advantages for children and will be discussed in more detail in Category 5.

Secondly, Table 10 shows that the types of play encouraged by caregivers do not necessarily relate to play that is creative, artistic, dramatic, musical, or can generate products. Caregivers rather encourage object play, locomotor play, physical play, and educational play which are more accessible to children within the specific environment of Salvokop. Here the researcher wants to refer back to the types of play not mentioned by caregivers when asked what types of play they believe children in early childhood should engage in. Caregivers did not mention communication play, dramatic play, fantasy play, imaginative play, mastery play, recapitulative play, socio-dramatic play, and symbolic play. The researcher believes that not only may caregivers not be aware of the importance of these types of play, but that their main concern is the safety of their children. This may explain the core of caregivers' preferences for certain types of play.

Caregivers were asked what amount of time they believe children should spend playing every day and what amount of time their children actually spend playing every day.

Table 11: Amount of time caregivers believe children should play and amount of time children actually play

Participant code	Amount of time children should play every day	Amount of time caregivers' children play every day
Sarah	2 hours	Most part of the day
Anele	1 hour	30 minutes because he is mostly watching TV
Ntsumi	1 and a quarter hour (75 minutes)	Most part of the day
Garikai	Almost the whole day	Most part of the day
Tsitsi	Unsure	Most part of the day
Wonai	4 to 5 hours	4 to 5 hours
Rufaro	3 to 4 hours	5 hours
Kudzai	Unsure	5 hours
Chipo	4 hours	3 to 4 hours
Shamiso	5 to 6 hours	3 to 4 hours

Studies in developed countries show that children's lives today tend to be highly programmed and hurried. The environments in which they live and spend their time are becoming more homogenised and institutionalised (Wilson, 2008:38). Table 11 shows that this study does not seem to correlate with the existing literature based on developed countries. Caregivers' opinion of the amount of time children *should play* every day vary from one hour to almost the whole day. Wilson (2008:37) believes that children need long periods of uninterrupted play on a daily basis. At least half (5) of the caregivers agree that children need long periods of play on a daily basis. More importantly, nine (9) caregivers mention that their children do *actually play* for long periods every day. However, one (1) caregiver mentions that her child plays only for 30 minutes every day because he is mostly watching television. Ginsberg (2007:184-185) states that the decline in free play also relates to the time children spend playing computer games and watching television. These activities are not protective and even have some detrimental effects. It therefore seems that certain tendencies that negatively affect children's free play may also exist in the research sample.

In the last part of this section the researcher explored physical play (running, jumping, moving, climbing, rolling) by asking caregivers what amount of time their children spend on physical play every day. Answers varied from one hour to six hours per day with five (5) caregivers mentioning that their children are physically active for most of the day. Caregivers mention:

"When he is playing he is active the whole day. It is part of his playing. At the crèche they also do PE (physical education)." –Garikai

"He takes too long. Maybe five or six hours. When I don't tell him to stop, he won't stop. He just spent his days running and running." –Rufaro

"Most of the time. He is too active. He is jumping and running all the time so his physical play is a lot." –Shamiso

Studies suggests that children between the ages of three and five years are largely inactive where 89% of their activities are classified as sedentary including sitting, squatting, lying down, and walking (Fees et al., 2014:1). This study shows that children in the research sample participate in more physical play than children in some developed countries. Else (2009:58) mentions that children need to be active for at least one hour each day but less than half of the children in the UK are meeting the recommended minimum levels of activity. Reduced outdoor play opportunities is a contributor to

childhood obesity. It seems that the majority of children in the research sample get more than the recommended amount of physical activity every day. The researcher wants to relate the latter to children's health in this study that showed that not a single child of the 13 children in this study had any chronic illnesses. Caregivers did not indicate hypertension, dyslipidaemia, chronic inflammation, increased blood clotting, hyperinsulinemia, type two diabetes, or glucose intolerance as consequences of childhood obesity as mentioned in studies (Curtis et al., 2012:1; Holt et al., 2013:2).

3.14.4 Theme 7: Play and play spaces at and near the home

Under this theme the researcher explored where children mostly play, favourite play spaces at or near the home, and favourite toys in these play spaces. Caregivers were also asked if their children have uninterrupted time to play in these spaces and whether there are any dangers in these play spaces.

Table 12: Play spaces and toys

Participant code	Places most utilised by children for play	Children's favourite play spaces at/near home	Children's favourite toys in play spaces at/near home
Sarah	Open shed behind house, at outside tap	Open shed behind house	Carrying a shoe on back pretending it is a doll
Anele	Garden	Garden	Scooter
Ntsumi	Garden	Garden	Wire to make something, mud
Garikai	Just outside shack door	Just outside shack door	Toy guns, toy cars
Tsitsi	Cement slab outside shack	Cement slab outside shack	Toy cars
Wonai	Yard of shebeen in which shack is situated	Open lawn nearby	Toy cars and aeroplanes, soccer and cricket
Rufaro	In front of shack	Open lawn nearby	Toy trains and cars
Kudzai	Just outside shack door	Just outside shack door	Dolls
Chipso	In front of the house behind which the shack is situated	In front of the neighbour's house	Soft toys
Shamiso	In the neighbour's backyard	In front of shack	Animal figurines, toy cars

Authors agree that adults' first responsibility in play is to create a play space for children (Casey, 2010:41; Howard & McInnes, 2013:52). Table 12 shows that none of the caregivers have specifically created a play space for their children. The researcher wants to refer back to living structures in Table 4 that shows that seven (7) families in this study live in one-room shacks and may therefore not have the necessary space to allocate for children's play (the latter will be discussed in more detail under the following section which includes indoor and outdoor play). The researcher also wants to refer to her field notes on the appearance of all 10 living structures she visited. For those participants living in houses with gardens, the houses were overcrowded and the gardens were lacking in plants or play equipment.

Howard and McInnes (2013:52) state that play spaces need to be well-equipped to provide for children's desires and needs. Wilson (2008:45) indicates that the play space must provide ideas, information, resources, and encouragement on an 'as needed' base. Casey (2010:41) believes the play environment should be changing, dynamic, and stimulating for children's play. An assortment of materials and equipment must be available that will inspire children in their play. The play spaces as indicated in Table 12 can hardly be considered well-equipped to provide in children's needs and desires. However, the researcher is of the opinion that the mentioned spaces where children do play may still provide them with ideas, information and resources, although not in the traditional sense. In the previous section, nine (9) caregivers mentioned that their children play for long periods every day. The researcher believes that children's own creativity may be an important aspect to take into account in the available play spaces in Salvokop. Else (2009:81-83) states that a child can be creative alone or in a group. Creativity comes from within, is instinctive to children, and enjoyed for its own sake. Creativity teaches the child that something can be made from nothing. The researcher is therefore of the opinion that the amount of time children in this study spend on play indicates that although their environment may not compare to Western standards, children still find ways to utilise their environment for play.

Ginsberg (2007:187) believes that the play environment should benefit from 'true toys' such as dolls and blocks so that children can use their imagination fully. Passive toys that necessitate limited imagination as well as passive entertainment like computer games and television should be discouraged. The advantages of active play should also be

emphasised. Table 12 shows that children in this study play with toys that help them use their imagination, for example, pretending a shoe is a doll, wire to make things, mud, toy cars and aeroplanes, dolls, soft toys, and animal figurines. Caregivers also mention active play in these play environments, for example, soccer and cricket being played on the open lawn nearby.

Caregivers were asked if their children have uninterrupted time to play in the above play spaces where they are not hurried or their play directed by anyone. All ten (10) caregivers confirm that their children have uninterrupted and unhurried periods to play without anyone directing their play. Caregivers mention:

“Yes, he has enough time and no one bothers him. He do what he wants to do.” –Ntsumi

“Some of the children from the other shacks (shacks in the backyard of the house all adjoining) come to bother him when he is playing and they end up fighting. But otherwise he has enough time to play on his own and he can even sit and play by himself and talk to himself for a long time.” –Garikai

“Yes, I give her enough time and when she’s tired she will come in.” –Kudzai

The above is an important finding in this study where Ginsberg (2007:187) stipulates that “All children should be afforded ample, unscheduled, independent, non-screen time to be creative, to reflect, and to decompress”. Howard and McInnes (2013:52) explain that adults need to provide children with ample time to play extensively and without interruption. Children need time to lose themselves in play. They also need time to develop a pace and rhythm in their play. This will enable them to gain the needed breadth and depth in play. It therefore seems that this study in Salvokop does not agree with studies like Wilson’s (2008:38) that show that time to be playful, creative, and thoughtful is missing in the lives of many young children today.

Caregivers were asked if there are any dangers in the spaces where their children play. Half (5) of the caregivers are of the opinion that there are no dangers in their children’s play spaces, while the other half (5) mention the following dangers in their children’s play spaces:

- A lot of traffic (that goes to Freedom Park) in front of house.
- High unstable wall close to shack.
- Communal washing line that children try to climb.
- Broken beer bottles outside shack that is situated in the back of a shebeen.

- Intoxicated people fighting with each other (another shack situated behind shebeen).
- People using drugs where children are playing.
- People using vulgar language where children are playing.

Caregivers explain:

“Our landlord is selling beer and **people drink and end up fighting**. The kids want to go and see what is going on and may be **caught in that fight**. It’s not safe. Also **they break beer bottles** here and there’s **broken glass** so I have to always make sure he is wearing shoes. Here in front at the shebeen they are sometimes drinking and **throwing bottles at each other**. We have many problems because there are a lot of shebeens. Here across the road is another one and there’s another one down the street. People, **when they get drunk they are always fighting**. The whole weekend we hear fights, fights, fights. He (the child) sees how they are drinking (alcohol) and **using vulgar words**. I hear him sometimes copying those words.” –Wonai

“Yes, when **people are drunk they break bottles** and it’s not good for children. When people drink here they **start to shout and talk bad words** that is not good for children. There’s a lot of fighting on weekends when the people are drunk.” –Rufaro

“You will see people **drinking in the street** and **smoking dagga in the street**. It’s not safe for the children. That’s how the children start smoking dagga is when they see someone do it. You know kids want to test everything. Parents in this neighbourhood also have to be careful. Sometimes they let their children go and for three hours they **don’t even know where is there child**. **At night you will find small kids walking around in the street**.” –Garikai

3.14.5 Theme 8: Indoor and outdoor play/Structured and unstructured play

In the last theme for this category the researcher looked at indoor and outdoor play preferences as well as structured and unstructured play. Caregivers’ opinions on indoor and outdoor play were explored. Half (5) of the caregivers prefer that their children play outdoors, three (3) do not mind if their children play either indoors or outdoors and one (1) prefers that his children play indoors.

Caregivers who prefer that their children play outdoors mention the following reasons:

- More space. Five (5) caregivers indicate that there is very little space to play inside their shacks.
- Better oxygen than inside the shack.
- Space for exercise like running.
- Spending more time with father when outside.
- Space to explore.

Caregivers also mention that there are certain dangers inside shacks for children, for example, stoves, extension cords, electric sockets, and bumping into furniture. One (1) caregiver also mentions that it seems abusive to keep a child indoors all the time. Another caregiver explains that children who play indoors leave the house dirty and in disorder. Only one (1) caregiver prefers that her child plays indoors and clarifies that it is primarily for safety reasons to see where her child is, what the child is doing, and if the child is safe.

Caregivers were asked their opinion of structured play (determined and planned by the caregiver) and unstructured play (determined by the child). Half (5) of the caregivers prefer unstructured play for their children, four (4) caregivers prefer structured play and one (1) caregiver believes that a combination of both is best for her child. Caregivers who prefer unstructured play for their children give the following reasons:

- It helps the child to learn on his own.
- It helps the child to make decisions.
- It teaches the child to be independent.
- Unstructured play is better for young children.
- One cannot force a child to play.

Caregivers who prefer structured play for their children give the following reasons:

- It discourages children from rough play.
- It discourages children from being naughty.
- It discourages children from getting hurt.
- It discourages children from getting dirty.
- It encourages appropriate social interaction.

Fisher et al. (2008:313) explain that if a mother believes that structured activities may provide a better foundation for her child's future academic success, she will be more likely to generate an environment that endorses learning through structured activities and toys. The above list of reasons why caregivers prefer structured play, shows that academic success is not one of the objectives for structured play. Caregivers in this study prefer structured play in order to avoid certain behaviours in children or injury to children.

One (1) caregiver who prefers a combination of structured and unstructured play explains:

“Both of them are good because you cannot just tell him to do what he doesn’t want to do. Sometimes he has to choose for himself because when he plays outside he will also come back in and ask for his toys and then play with his toys. When he sees other children playing football he leaves the toys and goes to play outside with them. So I cannot always tell him what to do but when he has played enough he’ll come to me and we’ll do some reading.” –Garikai

An important aspect relating to the above discussion, is to compare caregivers’ preferences (as discussed above) to children’s actual play during the day. Six (6) caregivers mention that their children’s actual play during the day is unstructured and therefore correlates with five (5) caregivers’ preference for unstructured play. Four (4) caregivers mention that their children’s actual play during the day is a combination of structured and unstructured play and therefore does not correlate with four (4) caregivers’ preference for structured play only. Structured play during children’s actual play mostly relates to redirecting children’s play for a short while when they are doing something that is dangerous according to their caregivers and is therefore not structured play in the strictest sense.

3.14.6 Summary of Category 3

Category 3 in this study shows that caregivers describe their children’s play according to behaviour and activities that compare to the definitions of play in existing literature. No caregiver in this study consider play on its own as the most important activity for early childhood, yet most (7) caregivers indicate that their children spend most of their time playing. This seems to be an accidental advantage. The types of play that children engage in have numerous advantages and are more varied than what caregivers deem important. The different types of play children engage in may be seen as building blocks (as explained by the DST) in order to countermeasure the risk factors they may experience in their everyday lives, living in a lower socio-economic area with few resources. Caregivers in this study only discourage certain types of play that they consider to be dangerous to children and may lead to physical, sexual, or emotional injury.

Half (5) of the caregivers believe that children need long periods of play on a daily basis while most (9) children do actually play for long periods every day. Children in this study participate in more physical activity than children in some developed countries. This may explain why none of the participating children have any of the illnesses related to childhood obesity. There are no play spaces (in and around the house) specifically created

for children, yet children in this study find ways to play for most of the day. Children also use mostly true toys (toys that help children use their imagination fully) when playing with toys. All (10) caregivers mention that children have uninterrupted time to play where they are not hurried or directed by anyone. There are some dangers in the spaces children use for play, for example, broken beer bottles and intoxicated people who fight. Most caregivers prefer that their children play outdoors and unstructured while most children's actual play is unstructured.

3.15 CATEGORY 4: PLAY INTERACTION BETWEEN CAREGIVER AND CHILD

This category provides a view on play interaction between caregiver and child by looking at parenting style and attitudes towards play, types of play between caregiver and child, as well as the caregiver's role during play. The latter part of this category will also include cultural views and influences on play.

3.15.1 Theme 9: Parenting style and relationship with child

All (10) caregivers in this study describe themselves as having an in-between parenting style, therefore not identifying with the hyper-parenting style or the laid-back parenting style (see definitions under 2.6.2.2.1 to 2.6.2.2.3). Caregivers explain their parenting style:

"There is sometimes when I lead him and tell him to do this and that and sometimes I also give him time to do whatever he wants." –Garikai

"I organise a lot and plan for them because they are still young but when they play I leave them and just sometimes go and check on them. I will call them to eat. If I don't call, then they will spend the whole day playing." –Chipo

Else (2009:20) explains that the majority of parents will follow a parenting style that falls somewhere between laid-back parents and hyper-parents. These parents will follow their own unique way in an attempt to provide their child with the best possible start in life. Most parents use their existing knowledge to provide for their children's development in the best way they can.

Caregivers were asked to describe their relationship with their children. Six (6) caregivers describe their relationship with their children as good, while three (3) caregivers describe their relationship with their children as close. Caregivers mention:

“I cannot make her upbringing tough because I love children. I must talk nicely to her, I can’t talk unpleasantly because she is still small. She doesn’t always know what I am saying. My heart’s desire is that she will grow up and get an education and when she is grown up she can help me if I am still alive.” –Sarah

[“Ek kan haar nie hard grootmaak nie want ek is lief vir kinders. Ek moet mooi praat met haar, ek kan nie lelik praat met haar nie want sy is klein. Sy weet nie altyd wat ek sê nie. My hart se begeerte is ek wil net hê sy moet groot word en geleerdheid kan kry en eendag as sy groot is dat sy my kan help as ek dan nog daai tyd leef.” –Sarah]

“We understand each other and he likes me too much and I like him.” –Ntsumi

Only one (1) caregiver does not describe her relationship with her child as positive:

“Sometimes we fight because sometimes he’s naughty. Sometimes I’m busy and he comes and disturb me and start asking me questions. Maybe I don’t want to talk at that time and then we fight.” –Rufaro

The caregiver’s relationship with his/her child is an important aspect in this study where it directly relates to the DST. Ginsberg (2007:186-187) emphasises that important strategies identified within the family can lead to healthy youth development and resiliency. These strategies are found within the meaningful relationship that develops when parents connect with their children. Louw and Louw (2014:221-222) state that family relations continue to play a critical role in early childhood development where the child begins to reflect a more complex understanding of the self and social relationships through family relationships. Pirpir et al. (2009:934) indicate that the family’s role in childhood is essential in the child’s emotional and social development. This relationship between parents and their child will be the baseline for the child’s relationships with other adults and with peers. The nine (9) caregivers in this study who describe positive relationships with their children therefore not only have an attuned caregiver-child relationship but may also provide their children with healthy youth development, resiliency, better understanding of the self and social relationships, as well as improved emotional and social development.

Caregivers were asked if the whole family, including the children, take time to be together. Three (3) caregivers indicate that they spend time together every night of the week. Two (2) caregivers explain that they spend time together every night of the week but also try to take the children to Burger Park in the city centre or to the mall once a month. Three (3) caregivers explain that they spend time together as a family twice a week and two (2)

caregivers indicate that they spend time together only on weekends. Time spent together as a family includes the following:

- Eating together at the table and talking.
- Eating together while watching television.
- Sitting in the lounge together while talking.
- Making plans together about places where the children can go and play later in the week/month.
- Telling stories to each other.
- Going to church together.
- Reading the Bible together.

Spending time together as a family is a very important aspect in the DST. Ginsberg (2007:186) explains that all of the necessary qualities of resiliency for children can be gained within the home where parents and children spend time together and support each other positively and with unconditional love. The above list shows that there is a good deal of communication, storytelling, planning, and shared activities like reading the Bible together, between caregivers and children in this study. This, as well as positive relationships between caregivers and children (as discussed earlier), indicate to the researcher that children in this study may gain many of the necessary qualities for resiliency within the home where parents and children spend valuable time together.

3.15.2 Theme 10: Caregivers' attitudes towards play

Studies show that parents' views and attitudes towards play differ, depending on certain tendencies in certain countries. Hughes (2010:238) found that in certain cultures, parents are not as likely as parents in the USA to be playfellows to their children. Indonesian mothers, for example, are reserved, quiet and less playful. Mothers in Guatemala, India, Korea, and Mexico are inclined to view play as improper for adults or as insignificant for child development. This theme explored whether caregivers do play with their children, if they enjoy play with their children, factors that influence the caregiver's play with the child and the types of play between caregiver and child.

Table 13: Caregivers' attitudes towards play

Participant code	Do you play with your child?	Do you enjoy playing with your child?	Factors that influence caregiver's play with child
Sarah	Sometimes	Yes	Daily tasks at home/tiredness
Anele	Yes	Very much	None
Ntsumi	No	Only when play teaches the child something e.g. pretending to clean house	Do not like to play with children
Garikai	Yes	Yes, a lot	Working night shift and being tired during the day. Stress caused by financial problems
Tsitsi	Yes, but only inside the house	Not too much	Do not enjoy to play like a child
Wonai	Yes	Yes	Responsibilities at home/demanding care of 10-month old baby/looking for a job is stressful, takes it out on child
Rufaro	Sometimes	Yes	New born baby leaves little time to play with child
Kudzai	Yes	Yes	Daily tasks at home/fatigue because of pregnancy
Chipo	Yes	Yes	None
Shamiso	Yes	Yes	Daily tasks at home/fatigue because of heart disease

Table 13 shows that seven (7) caregivers play with their children, two (2) caregivers will sometimes play with their children and one (1) caregiver does not play with her child. Eight (8) caregivers enjoy play with their children, one (1) caregiver does not enjoy play with her child while another caregiver only enjoys play with her child when play teaches the child certain skills like cleaning the house. Ginsberg (2007:187) explains that play is the best method for parents to fully engage with their children and that the value of play between parents and child must be emphasized to parents. Howard and McInnes (2013:50) emphasise that positive relationships begin in the home with parents playing with their children. Children need to experience positive relationships based on trust, sincerity, and respect, in order to flourish. Play between parents and their child is important for the development of attachments that enable the young child to feel secure and to explore the world. These positive relationships form the basis for future peer interactions and other relationships.

Although most (8) caregivers in this study enjoy play with their children, it seems that factors mostly relating to the parental role of caregiving influences the caregiver's play with the child, for example, daily tasks at home, generating an income, and caring for other children. It also seems that in comparison to tendencies in other countries, as mentioned above by Hughes (2010:238), caregivers in this study seem to have a positive attitude towards play, with the exception of two (2) caregivers who do not like to play with children or who do not enjoy to play like a child.

Caregivers indicate the following types of play with their children:

- Rope skipping.
- Ball playing and soccer.
- Taking walks together.
- Playing on the floor together with any available toys.
- Pushing child on scooter.
- Pretending to clean the house together.
- Answering the child's questions when watching or reading a story together.
- Building puzzles together.
- Teaching the child songs and singing together.
- Playfully teaching the child about different animals, how to count and read.
- During play child teaches caregiver what he/she learned at school.
- Joking with each other and teasing each other.

The above list shows diversity in the types of play between caregivers and children. Some activities are planned by making time for these activities like taking a walk together, pushing a child on a scooter, or playing soccer with the child. Other activities are educational, for example, reading, doing puzzles, or teaching the child songs, counting and reading. Some activities also involve what Reed and Walker (2011:65) refer to as everyday engagement and interaction, for example, pretending to clean the house together, answering children's questions, and joking with each other, and teasing each other. Ginsberg (2007:187) refers to the importance of spontaneous and unscheduled time with children. The above author views this time spent playing with children as supportive, nurturing, and productive.

Caregivers were asked if there is any physical play like wrestling, tickling, and play fighting between them and their children. Hughes (2010:243-244) explains that there is a relationship between the quantity of physical play in the home and a child's successful interaction with other children. These children are more likely to participate in physical play with peers and to display a high degree of positive effects while doing so. They are also likely to be flexible in their play, meaning they are willing to deviate from traditional roles and activities. Parent-child physical play may teach more than self-control. It may help the child learn to 'decode' the emotional states of another person, and to read the moods from the facial expressions displayed by parents. It may also help children learn to 'encode' their own emotional states, and to communicate their feelings with appropriate facial expressions. This encoding and decoding is useful in any type of social relationship. Children who are not used to physical play with parents seem to have difficulty with the intensity of play interaction. Lacking the self-control required for an intensely stimulating activity, they often become over-stimulated and 'out of control'. They are not as sensitive to social cues and their rough and tumble play often degenerates into aggressive behaviour. They are sometimes unable to sustain a play activity for very long. At times, fearing the intense stimulation of physical play, they simply avoid play entirely.

In this study, eight (8) caregivers indicate that there is no physical play between them and their children while only two (2) caregivers participate in physical play with their children. However, these two (2) caregivers control the amount and type of physical play between them and their children. They mention:

"Yes, we do the tickling but not play fighting." –Wonai

"Yes, but I don't like to do that too much because he is a bully. If you do that he is going to jump on you. You have to do a little bit because wrestling is not good for him. Because there are babies in the crèche and the physical play is still on top of his mind, he is going to jump on the babies and I don't want that." –Anele

Reasons why eight (8) caregivers have no physical play with their children include the following:

- Three (3) caregivers do not like physical play with children.
- Four (4) caregivers mention that children repeat physical play with the caregiver at a later stage with siblings or other children and injure them.
- Girls are not supposed to engage in physical play.
- It is the father's role to engage in physical play with children.

Caregivers' greatest concern relates to children repeating physical play at a later stage with other children or siblings, becoming too rough in their play or out of control, and hurting siblings and other children. One caregiver mentions:

"He likes it but I don't allow it because he ends up fighting with others, doing what we have been doing (play fighting). Sometimes he will come and wrestle with me on the bed and then afterwards he directly goes to his sister and wrestles with her and sometimes the sister will start crying and sometimes she also enjoy it. I stop them because they will do it when I'm not around and he will push his sister from the bed and hurt her." – Garikai

The lack of physical play between caregivers and children in this study is disconcerting when the many advantages of physical play is taken into account. It seems to the researcher that caregivers do not view physical play as an opportunity to help children develop self-control, but rather completely avoid physical play in order to avoid later injury to other children. From the participant responses for the sample of caregivers in Salvokop, it seems that they may need more information on physical play and its advantages and especially how to utilise physical play to teach children self-control.

3.15.2.1 Sub-theme 10.1: Nature of play interaction between caregiver and child

Under this theme the researcher takes a closer look at the nature of play between caregiver and child. Caregivers were asked how long (duration) and how often (frequency) do they play with their children. Duration and frequency of play differed from one caregiver to the next with the following indicated by caregivers:

Table 14: Frequency and duration of play between caregiver and child

Participant code	Frequency	Duration
Sarah	Twice a week	15 minutes at a time
Anele	Every second day	40 minutes at a time
Ntsumi	Never	N/A
Garikai	Every day	1-2 hours at a time
Tsitsi	Twice a week	30 minutes at a time
Wonai	Four times a week	30 minutes at a time
Rufaro	Twice a week	20 minutes at a time
Kudzai	Twice a week	15-20 minutes at a time
Chipo	Every day	20 minutes at a time
Shamiso	Only on weekends	30 minutes at a time

Ginsberg (2007:184) states that to accomplish a good balance in play interaction between parents and children, parents need to take into account that it will be different for each child based on the child's temperament, the environment, the family's needs, and the

child's academic needs. The researcher believes that the above may explain the variations in duration and frequency of play between caregivers and their children in Table 14 as well as the different types of play between caregivers and children as discussed under Theme 6.

A closer look at the nature of play interaction between caregivers and their children reveals that five (5) caregivers view themselves as the child's teacher during play, three (3) caregivers view themselves as the child's playmate and two (2) caregivers view themselves as both the child's teacher and playmate during play. Howard and McInnes (2013:127) explain that for most children in Western cultures, play begins at home and parents are their children's first playmates. This playful interaction forms the basis of children's attachment. Else (2009:104-105) found that North American, British, and Chinese mothers view themselves as playmates for their children. These mothers will make time to play with their children and will join in their children's play. However, Reed and Walker (2011:67) indicate that parents are also their children's first educators. This study in Salvokop indicates that some caregivers are more prone to view themselves as their children's teachers. One caregiver mentions:

"I see myself as a teacher. When I play with him I don't play something that doesn't teach. When we play with dough I teach him how to make something like a cow or a flower." –Anele

Caregivers were asked who leads the game while playing with their children. Four (4) caregivers indicate the child leads the game, three (3) caregivers indicate that they themselves lead the game and three (3) caregivers indicate that they take turns to lead the game. The above is a valuable indication of children's freedom of choice during play with the caregiver. Howard and McInnes (2013:47) view play as a chance for the child to experiment and to take control, which increases the choice of positive experiences available to the child. This increases the child's sense of well-being, especially in relation to self-confidence, self-awareness and self-acceptance, and their flexibility in terms of thinking and problem-solving. Canning (2011:27, 28) also focuses on the importance of choice by mentioning that children who have freedom and choices within their play are provided with the power to develop and use their own observation skills. Children's play choices must therefore be recognised. These can be easily recognised when children are allowed time to engage in play over which they have control.

Caregivers were asked if they teach their children social skills, rules, values, and attitudes during play. Eight (8) caregivers indicated that they do teach the above and two (2) caregivers explained that they do not teach their children social skills, rules, values, and attitudes during play since the children are still too young. Caregivers who teach their children social skills, rules, values, and attitudes during play mention that they teach children the following:

- Respect for the elders.
- Not to talk back to parents.
- Not to walk away while parents are talking.
- To listen to and obey other adults, not only the parents.
- How to socialise with people who are not family members.
- Not to hit/beat/fight with other children.
- How to talk and interact with friends.
- Not to play with anything that will injure the self or other children.
- Not to play too rough with or destroy toys.
- The difference between right and wrong.
- How to ask for forgiveness.
- How to value the self.

The child will learn many important elements from his parents and play is one of the best resources to attain skills, attitudes, and information from parents (Pirpir et al., 2009:934). Parents can teach many rules by playing with their children which would otherwise have been problematic to teach. Children can learn about concepts and rules while playing, for example, arranging and putting things in order and helping, respecting others and their work, and cooperating. Play can therefore be described as the most important mode by which parents deal with their children. It is important for parents to actively participate in their children's play as it contributes to the child's development on all levels. The above list also expresses many social skills that caregivers attempt to convey to their children. Howard and McInnes (2013:127-128) found that mothers who value their own roles in skills development for their children and place emphasis on social skills also tend to have children who show good social problem solving skills.

Caregivers were asked how they approach their children's problem-solving process during play between caregiver and child. Three (3) caregivers indicate that they immediately help

the child with the problem without letting the child try to solve the problem. These caregivers believe that a child should be helped immediately and not left to struggle with a problem or that the child is too young to struggle with problem-solving. Canning (2011:28) specifically cautions parents against the natural tendency to want to help children to master certain skills or to find solutions to problems. It is crucial to allow children time to play in order to practice these skills on their own. However, Wilson (2008:43-44) explains that children may get frustrated and angry if their projects are not working as they envisioned. They will then need adult support to help them define and solve the problem.

The majority of caregivers (7) indicate that they first give the child a chance to try and find a solution to the problem and will only help the child afterwards if he cannot solve the problem by himself. These caregivers mention:

“When he is playing with his toys and the toy car’s wheel comes off he tries to fix it and when he is tired of trying to fix it, he brings it to me. He asks me to fix it for him and I do it. If he doesn’t come to me I don’t do anything and just leave him.” –Garikai

“I let him try to fix the problem himself and then sometimes he’ll come and ask me to fix it for him. I tell him ‘No, you must learn how to fix it.’ When he asks again, then I’ll fix it for him.” –Rufaro

“I leave him for a while to figure out a solution for the problems. If I see that he’s still struggling, then I help him and show him. I will show him to do the puzzle then take it out and tell him to do it by himself. Maybe I have to show him two or three times before he knows.” –Anele

Casey (2010:41) advises that parents take a step back and rein in the tendency to intervene when children experience difficulties. Wilson (2008:44, 45) believes that in interacting with children during creative play activities, the principle of ‘least intrusive involvement’ should be kept in mind. This principle is based on the idea of providing only the level of support actually needed to extend children’s engagement in an activity. ‘Least intrusive involvement’ is generally the most effective way to support creative play and active problem-solving on the part of children. The majority (7) of caregivers in this study seem to follow the principle of ‘least intrusive involvement’ in their children’s problem-solving approach. However, caregivers also mention that they do assist their children in problem-solving after a while. This also relates to the theory of the Zone of Proximal Development (ZPD). Yudina (2010:45-46) connects adult interaction with children to the ZPD. The ZPD of a child is the distance between the child’s actual developmental level as determined by independent problem-solving and the level of potential development as determined through problem-solving under adults’ guidance or in collaboration with more

capable peers. This theory shows that the interaction between adults and children and the presence of an adult is very important for child development. Caregivers in this study seem to have a positive and balanced approach towards their children's problem-solving process.

3.15.3 Theme 11: Cultural views and influences on play

In the last theme for this category the researcher explores how people in the caregivers' culture view play and if there are any cultural influences on play between caregiver and child. Else (2009:19) believes that parents have the most important influence on their children's lives, especially in the first eight years of the child's life. Parents therefore do not only pass on their genes but, either accidentally or consciously, also pass on their beliefs and culture.

Eight (8) caregivers in this study believe that their culture has a positive approach to play and mention:

"For children to play is good because nothing is hidden, everything is open." –Ntsumi

"It's refreshing for the mind to play." –Garikai

"It's a good thing because you must play to grow." –Chipo

Fogle and Mendez (2006:508) explain that culture is of core significance in shaping the manner in which parents rear their children. There will be important variations across cultures in terms of what parents see as desired competencies for their children to develop and this will relate to the distinctive developmental demands imposed by the different cultures. Caregivers in this study referred to cultural views of play that include elements of play being ingenuous, restorative, and beneficial for child development. This may be a good indication of the major cultural tendencies related to play in caregivers' culture.

One (1) caregiver is unsure of how people in her culture view play and another (1) caregiver believes that people in her culture do not understand the importance of play. This caregiver mentions:

"They just see it as playing. They don't see it as a major thing like to help kids to develop. They just think that school is the only thing that can help develop a child." –Wonai

Prezza et al. (2005:438) found that minority parents who live in poor urban environments must socialise their children to be successful under different conditions than those in middle class families. The researcher is therefore of the opinion that the importance ascribed to academic learning as mentioned by the above participant may not necessarily relate to the caregiver's culture but rather to the desire for parents in general to improve their children's lives and later success.

Eight (8) caregivers believe that their culture has no influence on the way they play with their children while two (2) caregivers mention that their culture may have the following influences:

"The generation has changed but I play with my daughter the same way my mother played with me. My mother taught me to clean the stick after making pap and to wash the socks and panties and I teach this to my child as well. I like to play because my mother use to play with me and I can still remember it."

–Chipo

"I play the same way with her that my mother played with me, but I don't know if it's cultural." –Kudzai

The researcher believes that it may be difficult for caregivers to judge the influence of their culture on play with their children since there is little opportunity to compare play with other cultures that differ greatly from their own, for example, cultures in Western countries.

3.15.4 Summary of Category 4

Category 4 shows that all the caregivers have an in-between parenting style. Most (9) caregivers describe their relationship with their children as a good or close relationship. Caregivers and their families try to spend time together by eating together or watching television together. The majority (9) of caregivers in this study play with their children and enjoy different types of play with their children. However, factors mostly relating to the parental role of caregiving influence the caregiver's play with the child, for example, daily tasks at home, generating an income, and caring for other children. A lack of physical play between (8) caregivers and children found in this study is disconcerting when the many advantages of this type of physical play is taken into account. Caregivers' greatest concern relates to children repeating physical play at a later stage with other children or siblings, becoming too rough or out of control in their play, and injuring siblings and other children.

Play interaction between caregivers and their children reveals that half (5) of the caregivers view themselves as the child's teacher during play, while the other half (5) view themselves as either playmate or both playmate and teacher. Caregivers also indicate that they give their children a chance to lead games between caregiver and child. This is a valuable indication of children's freedom of choice during play with the caregiver. Most (8) caregivers indicate that they teach their children social skills, rules, values, and attitudes during play. Concerning problem-solution during play, the majority of caregivers (7) indicate that they first give the child a chance to try and find a solution to the problem and will only help the child afterwards if he cannot solve the problem by himself. Most (8) caregivers in this study believe that their culture has a positive approach towards play but that their culture has no influence on the way they play with their children.

3.16 CATEGORY 5: PUBLIC PLAY AREAS

This category provides a view on public play areas and caregivers' opinions on these areas. It gives a perspective on caregivers' and children's utilisation of these areas as well as some safety concerns caregivers may have. It also takes a look at caregivers' opinions on collective efficacy and children's risk-taking in public play areas and includes caregivers' advice on children's play and their recommendations for public play areas.

3.16.1 Theme 12: Public play areas in Salvokop

There is no public play area or park in Salvokop. White (2011:46-53) indicates that the outdoors offers space and scale, freedom, fresh air, being active, movement, embodied learning, real experiences, stimulus, different possibilities, sensorial richness, variety, changing environment, spontaneity, natural elements, other types of play materials, following own interests, and seeing relationships in a different way. Else (2009:64) explains that for many children the playground or the play park will be the only practical place to play. This is especially applicable to children in this study where many children grow up in shacks built in the barren backyards of houses (see Category 1).

Nine (9) caregivers indicate that they would like to have a public play area in Salvokop. One caregiver explains:

“It (a public play area) is very important for the kids because they are playing in the streets (in Salvokop). If there was a play area, you can take them to the play area and it is safe and there is a fence and they can learn much more.” –Anele

Caregivers are therefore aware of some of the advantages of outdoor play in public play areas. However, one (1) caregiver indicates that she prefers to take her child to the park near the city centre instead of having a public play area in Salvokop. She mentions:

“No. I prefer to go to the park in town because there are many other things to see as well.” –Kudzai

In terms of distance of a public play area from caregivers’ homes, seven (7) caregivers would prefer the public play area within walking distance. Two (2) caregivers would prefer the public play area to be in the centre of Salvokop so it may be easily accessible to everyone. One (1) caregiver would prefer that the public play area be further away from her home since she believes that it is good exercise for children to walk. Curtis et al. (2012:7) refer to children from socio-economically deprived areas that have to travel two and half times the distance to parks and playgrounds compared to children living in less deprived areas. Children are unable to transport themselves due to parental concerns about the safety of the neighbourhood. Caregivers in this study experience similar problems where most (7) of the caregivers explain that they have to travel to Burgers Park near the city centre if they want to give their children an opportunity to play in a park. One caregiver explains:

“Yes, it will be good (to have a public play area in Salvokop) because it will be close and they can go any time. Burgers Park is very far. If there is a park here in Salvokop I will go with him any time he wants to go.” –Garikai

In terms of structures, caregivers indicate that they would like to have the following in a public play area:

- Slides with side support so that children cannot fall off.
- Swings with front and back support so that children cannot fall out.
- Roundabouts.
- Climbing frames.
- Merry-go-rounds.
- Jumping castles.
- Seesaws.
- Sandpits.
- Safe water features appropriate for children’s play.
- A miniature train to drive children around the outskirts of the park.

- An enclosed fish pond where children can see and feed the fish but not fall in.
- A flower garden.
- A large enough public play area for children to be able to experience a sense of freedom.
- Separate play areas for older and younger children to prevent injury of younger children by older children.
- No play equipment that is too high.
- No play equipment with small or confined spaces or openings.
- Toilets and drinking water.

Playgrounds, while designed as playful spaces, usually offer limited opportunities for large-scale physical play on equipment such as swings, slides, and climbing frames (Else, 2009:59). The flexibility of such spaces is often limited. Playgrounds are built to be robust with equipment often cemented into the ground and with limited opportunities for change and transformation. The above list shows that caregivers mention many of the traditional play equipment found in public play areas but seem to be unaware of the significance of loose parts in public play areas. Loose parts are things that can be moved around or changed (Else, 2009:64-65). The researcher is of the opinion that it may be important to inform caregivers of the advantages of bringing loose parts to public play areas.

Else (2009:64-65) explains that to add to public play areas, the easiest way is to bring in loose parts, materials, and equipment to enhance and support children's play. These are important because the more flexible the environment, the greater the level of creativity and investment that it supports. Basis materials such as sheets, ropes, and large wooden blocks can be used. Loose parts support changes in the environment such as den building. New spaces for play can be built up and then demolished to allow them to be remade every day. Ideally the environment and loose parts should support any of the forms of children's play, be it active, social, creative, or imaginative. Pallets, wooden boxes, or climbing frames help children to explore the physical environment and give opportunities for running, jumping, and balancing.

The above list also shows that caregivers in this study mentioned many creative attractions for children that are not always part of the traditional public play area, for example, a miniature train, jumping castles, a fish pond, a flower garden, separate areas

for younger and older children to play, and water features. Water features have gained popularity in the past years. In the United Kingdom, the importance of these elements are recognised by providing large paddle pools, fountains, and are purposefully designed play equipment for the channelling and collection of water. The more children experience the elements in the environment, the more respect they might gain for those elements. Adults may need to carry out a risk assessment to ensure that all necessary actions have been taken to help make these features safer for children (Else, 2009:65, 67).

3.16.2 Theme 13: Utilisation of public play areas by children and caregivers

Caregivers were asked if their children would make use of a public play area if one was available in Salvokop and how they would make use of it. Nine (9) caregivers indicate that their children would make use of such a public play area. They explain that their children would try out all the play equipment and specifically mention that children would most enjoy the swings, climbing frames, slides, roundabouts, and seesaws. They also mention that their children will do a lot of running and playing soccer in a public play area and that children would also like to have picnics in the public play area.

Caregivers were asked how often (frequency) and for how long (duration) they would make use of a public play area if one was available in Salvokop, and if they would let their children use the public play area with or without supervision.

Table 15: Frequency, duration, and supervision of play in a public play area

Participant code	Frequency	Duration	Supervision
Sarah	Every second day and the whole Saturday	30 minutes at a time	Yes
Anele	Every day	1 hour at a time	Yes
Ntsumi	Every Saturday	The whole afternoon	Yes
Garikai	1-2 times a week	3 hours at a time	Yes
Tsitsi	1-2 times a week	2-3 hours at a time	Yes
Wonai	Only on weekends	3 hours at a time	Yes
Rufaro	2-3 times a week	3-5 hours at a time	Yes
Kudzai	Once a month	1 hour at a time	Yes
Chipo	Once a week	2-3 hours at a time	Yes
Shamiso	Only on weekends	3-4 hours at a time	Yes

Table 15 shows that the frequency and duration of using a public play area (if a public play area was available in Salvokop) varies greatly from one caregiver to the next but that a public play area in Salvokop will be used extensively. All caregivers mention that their children will have to be supervised in a public play area by themselves, another adult, an older sibling, someone trustworthy, someone they know well or that children may go alone when they are much older. Wilson (2008:39) states that most adults are well aware that they need to watch young children closely during outdoor play. The focus, however, is often limited to safety issues but should also include attention to children's interests and fears.

Caregivers were asked if they would engage in play with their children in public play areas and how they would engage in play. This question includes actual play with children for the seven (7) caregivers who sporadically take their children to Burgers Park near the city centre and was hypothetical for the three (3) caregivers who never get a chance to play with their children in public play areas. All (10) caregivers indicate that they do or would engage in play with their children in public play areas and mention the following types of play:

- Holding the child on lap when swinging or going down the slide.
- Be the child's partner on the seesaw.
- Pushing the child on the swing.
- Climbing the climbing frame with the child to make sure the child is safe.
- Be the child's racing partner when running.
- Rope skipping with the child.
- Playing hide-and-seek.
- Making music for the child and teaching the child to dance.
- Showing the child how to make friends with other children.

Else (2009:66) indicates that, in public play areas, the role of adults is to support active play by carefully suggesting playful games and activities which encourage children to stay longer on the play equipment. Wilson (2008:40) believes that close observation of children should also include attention to their interests and fears. Once these are identified it is important for adults to respond appropriately. Identifying children's interests should be followed up with related comments, materials, and activities. Another important role of adults in the outdoors is to consider the participation of children in the planning and

utilisation of the outdoors. This approach warrants a better sense of ownership, better engagement, and good usage. The above list shows that caregivers in this study do encourage active play and also encourage children to play longer by engaging in play with their children, for example, going on the equipment with the child, rope skipping, hide-and-seek, and being the child's racing partner. However, it seems that caregivers do not necessarily observe any cues from children to determine children's interests and fears and respond to these.

On play with children in public play areas one caregiver mentions:

"You must show the child 'I was a child like you before. I know how to play'. It's very important to play. You can't tell a child to play while you are sitting (not taking part). You must be playful, too playful to show them that this is very important, then they enjoy it. It's very important for the child to show him how to be so that he must carry on doing that." –Anele

The above shows that some caregivers are aware of the importance of their own role, participation, and attitude towards play in public play areas. Waller (2011:36-37) explains that young children require adults who view play as important and take pleasure in the outdoors themselves, see the possibilities and consequences it may have for young children's well-being and development, and desire to be outside with them. Adults' understanding, commitment, positive thinking, and attitude are important aspects in outdoors play, as well as their ability to make the greatest use of what the outdoors have to offer and to efficiently support child-led learning. The role of adults in the outdoors must be as acutely considered as their indoor roles. The attitude, role, and behaviour of adults are fundamental and absolutely crucial for children to be able to engage in regular and appropriate experiences of a range of outdoor spaces from birth. These opportunities will not be available without adults' involvement and support.

3.16.3 Theme 14: Safety concerns in public play areas

Under this theme safety concerns that caregivers may have for their children in public play areas were explored. Howard and McInnes (2013:124) indicate that parents believe that children are exposed to more risks now than parents themselves used to be, and therefore spend more time looking after children and supervising their play. Waller (2011:37) explains that the fears and perceptions that parents maintain about outdoor spaces influence children's ability to utilise outdoor spaces. Parents and practitioners are therefore the 'gatekeepers' to children's access to, and experience of the outdoors. Bringolf-Isler et

al. (2010:255) refer to many studies that identify the need for neighbourhood safety as a possible barrier for children's access to the outdoors.

In terms of the safety of public play areas caregivers mention the following:

- Children must be accompanied by a responsible person.
- There must be at least two appointed caretakers in the public play area to supervise children.
- There must be a security guard at the gate of the public play area.
- The public play area should only allow entrance to parents and their children.
- The public play area should be fenced.
- Play equipment must be safe.

The above list shows that for caregivers the safety of public play areas mostly relates to the prevention of injury to children as well as safety from felonious individuals. However, the most prominent safety concern in public play areas for caregivers in this study relates the presence of strangers. All ten (10) caregivers indicate that they are very cautious about strangers in public play areas and mention that they fear that children may be abducted, hurt, sexually abused, or raped. Caregivers were asked how and who they classify as strangers in public play areas. Caregivers mention that they are attentive to the following:

- Adult males going to public play areas without any children accompanying them.
- People who are just standing or sitting around in public play areas doing nothing.
- People who are excessively friendly and warm towards children.
- People who talk to children in public play areas and try to gain their trust.
- People pretending to be beggars (walking around and asking for money) but are actually observing you and your children.
- People using vulgar language in public play areas.
- All unknown people in public play areas are strangers.

Caregivers also mention that it is important to always observe what suspicious adults are doing while in public play areas and to listen to one's own intuition about certain people in public play areas. One caregiver mentions:

"The behaviour of a person can show you that the person is a stranger. Those people that just come without any children, what do they want in the park? Why are they here? This place is for children. I'll just be keeping an eye on them to see what makes them come here. I don't feel safe for the kids because kids go missing and get hurt." –Garikai

One of the most important factors relating to the decline in outdoors play is stranger danger (Else, 2009:24). Everyone who is not a family member is seen as a predator waiting to abduct or abuse children as they wander through the environment. Caregivers in this study in Salvokop seem to maintain similar ideas about strangers in public play areas.

Other safety concerns in public play areas that caregivers mention include:

- Children getting hurt on play equipment.
- Traffic.
- Alcohol abuse.
- Drug use, selling of drugs, broken syringes, and needles.
- Bullying.
- Broken glass.
- Open man holes.
- Used condoms, cigarette butts, or anything else that is unsafe for children to put in their mouths.
- People fighting in public play areas.
- Loud noises.

All ten (10) caregivers indicate that they will not take their children to a public play area if any of the above is present in a public play area.

3.16.4 Theme 15: Collective efficacy and risk-taking in public play areas

This theme explores caregivers' opinions on collective efficacy in public play areas as well as children's risk-taking in these areas. Collective efficacy in this study entails that other people intervene for the safety of someone else's child or discipline someone else's child when necessary. Foster et al. (2014:61) explain that there is a perceived erosion of social connectedness and trust in many communities, where the concept of collective efficacy (the belief that other residents will intervene for the community's benefit), has weakened. The process where adults, who are often strangers, take collective responsibility for children by reprimanding and aiding them as required is increasingly rare in today's society. This is the result of adults fearing that their actions will be misunderstood and also parents who are convinced that others should not interfere as they regard other people not as allies but as potential predators of children.

In this study, eight (8) caregivers indicate that they would like their child to be reprimanded or aided by someone else if necessary. Two (2) caregivers are of the opinion that it depends on how the child is reprimanded or aided. However, all (10) caregivers have certain conditions or stipulations for collective efficacy to take place. These include:

- It must be done in a kind manner.
- No swearing or shouting at the child.
- The child's caregiver must be in close vicinity to observe what is happening.
- If a child is disciplined the discipline must be appropriate for the child's age.
- The child must be treated by the other adult as if it is his/her own child.
- If a child should be disciplined by someone else, that person should preferably be someone that the caregiver knows, for example, a friend, a neighbour, or a community member.

Four (4) caregivers also mention that collective efficacy is part of their culture:

"It is the right way but some mothers say 'You have to leave my child. I will do it myself'. But that is not right because if somebody helps you, you have to come back and say 'Thank you for that'. If someone does this with my child it's good because it's not my child alone, it's our child. He is the child of all mothers." –Ntsumi

"When I grew up everyone in the street was my mother. Where I come from my mother teach me that every woman is your mother, not me alone. If another woman says 'Don't!' you listen. So my kids, I teach them like that." –Anele

"In our culture like in Zimbabwe it's allowed because your child is my child. I cannot just let him do without helping. But here in South Africa it's very difficult if you do that. Parents will even phone the police and tell them someone else is hitting their child." –Garikai

"It's good because he is not just one person's child. It's good if he is doing the wrong thing and they help him right or discipline him. I don't mind it." –Shamiso

Caregivers were asked their opinion on their children's risk-taking in public play areas. Canning (2011:96) believes that taking risks, experimenting, and pushing boundaries are each an important part of growing up. Typical risks for four year olds consist of attempting something not done before, being on the edge of out of control, and overcoming fear. These risks often include sliding and climbing. Nine (9) caregivers in this study believe that risk-taking is bad for their children and may lead to serious injuries and even death. These nine (9) caregivers also indicate that they actively prevent their children from risk-taking and regularly inform their children not to take risks. Caregivers mention:

“It’s not safe to take risks. He can fall and die. No, children should not take risks in parks because sometimes risks can get somebody killed. It’s dangerous.” –Anele

“That’s why I’m saying the parents must be there with the children to prevent those things happening. When children are alone they take risks until someone is hurt. Then children know this type of play is bad but within 20 minutes that child will be doing that same thing again. Children mustn’t take risks.” –Garikai

No, I don’t let her do that. I can’t go and sit and let her play alone. I keep near her and make sure she can’t fall.
–Kudzai

Howard and McInnes (2013:122) explain that we live in an increasingly risk-averse society. Despite this, risk-taking has been shown to be beneficial to all aspects of children’s development. Taking physical risk in play enables children to take emotional, social, and intellectual risks in their play, thereby furthering these aspects of development. Children actually enjoy engaging in risky play, especially when connected with speed and heights, and actively seek out play experiences that include these elements. Canning (2011:96-97) states that when play is too safe, it limits children’s practical experiences of risk management and may affect their ability to recognise and deal with risky situations. Children often have a ‘risk monitor’ within them. If they are not able to test this risk monitor, they do not learn how to self-regulate what they are feeling or to overcome fear. It seems that the majority (9) of caregivers in this study have no knowledge of the advantages of risk-taking for children and that their active prevention of any risk-taking may inhibit their children’s development of an internal risk monitor.

One (1) caregiver accepts risk-taking as part of early childhood activities and although she does not encourage risk-taking, she also does not seem to consider any safety evaluation for the type of risks her child takes. She mentions:

“When a child plays he will come back and show you some small injuries almost every day. That is acceptable. They will also get serious injuries the way they play and they will have to go to the hospital. It’s even ok if he breaks a leg. I’m waiting for it (expecting the child to break something). Even if a child is gone (dies) he is gone.” –Ntsumi

The above shows that caregivers’ approach to their children’s risk-taking falls into one of two extreme categories where children are either absolutely prevented from taking risks (by nine (9) caregivers) or where children are left to their own devices concerning risk-taking (by one (1) caregiver). Howard and McInnes (2013:66) advise that it is important to consider safety evaluation in outdoors play. It is useful to distinguish between environments that are as ‘safe as possible’ and environments that are ‘safe enough’.

Tovey (2011:87, 89) explains that when an environment is made as safe as possible and all potential sources of harm and risk are removed, it is in reality an environment that is not safe for children because it presents modest play value and disallows children the required experience to practice and develop necessary skills to be safe. Children in these environments may look for adventure and challenge in more irresponsible ways or may learn to be unadventurous, conservative, and unwilling to take risks. They may therefore miss out on important learning experiences.

However, Tovey (2011:89) also explains that risk-taking is not all positive. Children can learn to take improper and irresponsible risks, putting themselves or others at risk of severe injury. Children need the guidance of an experienced other to help them recognise serious risk and teach them safe ways of doing things, but who will also encourage a positive disposition to adventure and challenge. This study therefore shows that not only do caregivers need to be informed of the advantages of risk-taking for children, but that they also need information on safety evaluation in order to guide their children and prevent serious injuries.

Caregivers were asked what they view as acceptable and unacceptable injuries in public play areas. Two (2) caregivers believe that there are no acceptable injuries and that any kind of injury a child may sustain in a public play area is unacceptable. The term 'zero risk childhood' is applicable here. Else (2009:24) explains that this perspective has led us to limit childhood experiences and therefore the development of childhood autonomy, resilience, and sense of responsibility. Children in the UK are so controlled and supervised that they have very little idea of how the wider world works, and either get out of control or struggle to cope. People working with young offenders have reported that many have spent their lives watching television or hanging around the home and have never played outside.

Eight (8) caregivers mention that the following injuries in public play areas are acceptable:

- Small cuts that do not need stitches.
- Scrapes and abrasions.
- Trips, tumbles, and falls.
- Grazes.
- Bruises.

- Bumps.
- Any light injuries.

Casey (2010:73) indicates that beneficial injuries teach valuable lessons to children. Accidents are a vital part of children's play. Through accidents they discover the boundaries of their capabilities and learn how to adapt to do better next time. However, Tovey (2011:90) emphasizes that it is adults' responsibility to ensure that the risk of significant injury is minimised. Ten (10) caregivers mention that the following are unacceptable injuries in public play areas:

- Head injuries.
- Broken bones.
- Cuts that need stitches.
- Sprains.
- Anything that causes permanent damage to the child.

3.16.5 Theme 16: Caregivers' advice on children's play and recommendations for public play areas

Under the last theme for this chapter the researcher explored any recommendations caregivers wanted to make to local authorities or municipalities concerning public play areas as well as caregivers' advice on children's play to other caregivers.

Caregivers recommended the following to local authorities or municipalities concerning public play areas (only aspects not mentioned by caregivers under Theme 12 are mentioned here to prevent repetition):

- Provide green grass for children to play on.
- Plant trees for shade.
- The public play area must be well cared for and cleaned every day.
- Educational toys and loose parts should be provided in a public play area.
- Provide a small and large swimming pool for children of different age groups.
- Provide built-in barbeque stands where caregivers can prepare food for the children.

Caregivers mention:

“We really need a park here in Salvokop. That is all I can say, we really need a park for the children. We want it.” –Chipo

“The park is very important for the child because our yards in Salvokop is very small.” –Anele

Caregivers’ advice to other mothers and caregivers on children’s play can be summed up in the following five categories:

3.16.5.1 Children’s safety

“I can advise them that wherever your children are playing, they mustn’t go out of your sight. Also try to teach children something whenever you find it’s necessary. Teach them not to play with something that can hurt them.” –Garikai

“I can tell them that they must leave children to play but they must watch them so that they don’t play in dangerous places.” –Tsitsi

“It’s better to monitor the kids when they are playing. Just see what they are doing because they will end up doing the wrong things when you leave them alone.” –Wonai

“When children are playing you must watch them and look after them and not play with things that injure them.” –Rufaro

“They have to keep an eye on their children because children don’t know what is good or right for them. Don’t just spend your time saying ‘He is playing outside and when he is finished I will call him’. You must look every now and again where is the child. You have to supervise the child.” –Shamiso

3.16.5.2 Kindness to children

“It hurts me when children are shouted at. You only confuse the child and he gets a fright because he didn’t play the way you wanted him to. Talk nicely and tell the child ‘Do this and not that, otherwise mama is going to spank you’.” –Sarah

[“Dit maak my seer as daar so geskree word op die kinders. Jy confuse die kind net en hy skrik net omdat sy speel nie na jou sin gewees het nie. Praat mooi en sê vir die kind ‘Maak so en nie so nie anders gaan mamma jou slaan’.” –Sarah]

“We mustn’t hurt these young little ones. They must be warm to these little creatures. They have to grow up just like we grew up in the olden days. Because you will feel shame when you hit the kids and one day they will have to give you bread (care for you when are old).” –Ntsumi

3.16.5.3 Instruction from an early age

“They must be very careful and very wise and try to teach the child with educational things because if you just take a child to play he doesn’t know anything. To teach a child is very important because if you teach a child to play, next time he is going to do it himself.” –Anele

3.16.5.4 Uniqueness of each caregiver and child

“Everyone has to learn themselves, they have to learn from their own experience with their children.” –Kudzai

3.16.5.5 Start playing from birth

“Start playing with your children already when they are born. When a child is just a week old, he can hear you and see you. Start talking to the child so that he knows ‘My mother loves me’.” –Chipo

3.16.6 Summary of Category 5

This category shows that there is no public play area in Salvokop but that nine (9) caregivers would like to have a public play area in Salvokop. Most (9) caregivers indicate that their children will make use of a public play area in Salvokop. The majority (7) of caregivers would like the public play area to be within walking distance of their homes. Caregivers mostly mention that they would like traditional play equipment in a public play area but also mention some none-traditional equipment like a fish pond and a miniature train. The frequency and duration of play in a public play area varies from every day to once a month and from 30 minutes to five hours at a time. All caregivers would like their children to be supervised while playing in a public play area. All caregivers also mention that they would engage in play with their children in a public play area. Safety concerns that caregivers have for their children in public play areas relate mostly to injury of the child and the presence of strangers who caregivers believe may abduct, hurt, sexually abuse, or rape their children.

Most (8) caregivers have a positive attitude concerning collective efficacy but have certain stipulations for collective efficacy to take place, for example, doing it in a kind manner and treating the child as if he is their own child. Some (4) caregivers also believe that collective efficacy is part of their culture. Most (9) caregivers actively prevent their children from taking risks. This may prevent children from developing their internal risk monitor. Caregivers’ advice to other mothers and caregivers relate to the safety of children, kindness to children, starting instruction from an early age, the uniqueness of each caregiver and child, and to start play with children from birth.

3.17 SUMMARY OF EMPIRICAL RESULTS

The different themes and sub-themes extracted from the research show that there are important tendencies concerning children in the research sample's play in Salvokop. The most encouraging tendencies in this study show that caregivers mention many positive traits in children that may be connected to resiliency for these children as described in the DST. Caregivers indicate that their children spend most of their time playing. Caregivers believe that children need long periods of play on a daily basis while the majority of children do actually play for long periods every day. Children in this study participate in more physical activity than children in some developed countries. This may explain why none of the children have any of the illnesses related to childhood obesity. All caregivers mention that children have uninterrupted time to play since they are not hurried or directed by anyone. Children also mostly use true toys when playing with toys. Most caregivers prefer that their children play outdoors and unstructured while most children's actual play is unstructured. The majority of caregivers in this study do play with their children and enjoy different types of play with their children. All caregivers also mention that they would engage in play with their children in a public play area.

Some findings on children's play in this study are less positive. These include that not all caregivers are aware of the importance of play for child development and not a single caregiver in this study considers play alone as the most important activity for early childhood. Most caregivers and their families live in one-room shacks with little space to move around. There are no play spaces (in and around the house) specifically created for children. There are also some dangers in the spaces children use for play, for example, broken beer bottles, and fighting between intoxicated people. Half of the caregivers' children experience emotional and behavioural problems. A lack of physical play between caregivers and children in this study is disconcerting when the many advantages of this type of physical play is taken into account. Most caregivers also actively prevent their children from taking risks. This may prevent children from developing their internal risk monitor.

CHAPTER 4

CONCLUSIONS AND RECOMMENDATIONS

4.1 INTRODUCTION

The previous chapter presented the empirical research findings through a qualitative study. This chapter will conclude the research study. The researcher will specify how the goal and objectives for the study were met and attempt to answer the research question. The researcher will discuss the key findings of this study and make certain recommendations. The central question in the DST (theoretical foundation for this study) on how to optimise outcomes for children as they develop into adults, will be an important part of the recommendations of this study.

4.2 RESEARCH GOAL AND OBJECTIVES

The **goal** of this study was to explore and describe the views of caregivers on play and play areas in Salvokop, Tshwane. The goal of this study was achieved through the following objectives:

- **To theoretically contextualise the role of play in the lives of children in early childhood.**

This objective was reached since the researcher provided an extensive literature review in Chapter 2. The researcher found that much literature was available on play, play between parents and child, and play areas but that literature on these topics in the South African context was limited. The researcher therefore compiled a literature study including literature from many different developed and developing countries in order to effectively contextualise the role of play in the lives of children in early childhood.

- **To explore and describe caregivers' views on play in the lives of their children.**

The above objective was reached as caregivers' views on play in the lives of their children was part of the interview schedule and carefully explored during interviewing. The researcher focussed on aspects including types of play, amount of time for play, indoor and outdoor play, favourite spaces to play, as well as structured and unstructured play. Caregivers had valuable views and insight to share with the researcher on play in the lives of their children.

- **To explore and describe how and whether caregivers engage with their children in play.**

This objective was reached as the researcher explored how and whether caregivers engage with their children in play as part of the research schedule. The researcher's main focus here related to duration and frequency of play between caregiver and child, types of play between caregiver and child, the caregiver's role in play with the child, and factors that influence the caregiver's involvement in play with the child. All relevant information pertaining to the above objective was then fully described by the researcher in the empirical chapter of this study in order to reach this objective.

- **To explore and describe caregivers' views of the availability and utilisation of public play areas for their children.**

The above objective was reached as the researcher explored caregivers' views of the availability and utilisation of public play areas for their children as part of the interview schedule. Although there is no public play area in Salvokop, caregivers shared valuable information on their preferences for a public play area in Salvokop and their experiences with existing public play areas in nearby neighbourhoods. The researcher described caregivers' views of the availability and utilisation of public play areas for their children in the empirical chapter of this study, thereby fully reaching this objective of the study.

- **To raise awareness among caregivers, professionals, and local authorities on the value of play and access to play areas through conclusions and recommendations of this study.**

This study provided rich and descriptive information through interviewing on the value of play and access to play areas. This information will be utilised to reach conclusions and make recommendations in order to raise awareness among caregivers, professionals, and local authorities on the value of play and access to play areas.

The **research question** of this study was formulated as follows: What are the views of caregivers on play and play areas in Salvokop, Tshwane? This question was answered during the research process since the views of caregivers on play and play areas were fully explored and described in this study.

4.3 KEY FINDINGS

The key findings on the views of caregivers on play and play areas in Salvokop, Tshwane include the following:

4.3.1 Key findings regarding the biographical details

- Mothers and grandmothers are typically the main caregivers of children and grandchildren, although fathers as main caregivers are not unheard of.
- Most families in this study live in one-room shacks and due to the amount of shebeens, spaza shops, and tuck shops in the residential area of Salvokop, shacks and houses are built next to, or in the backyards of these.
- The amount of family members living together vary from three to 10 family members while caregivers are responsible for between one and five children under the age of 18 years. Even for those families living in houses, space is very limited while for families living in shacks, belongings are stacked up against walls with barely enough space to move within the one-room shacks.
- Many participants are unemployed and most of these participants are also Zimbabwean citizens and cannot apply for government grants. These participants rely on their husbands' salaries for an income.
- Caregivers have busy daily schedules consisting mostly of housework and childcare, for example, preparing food and cooking, washing dishes, cleaning the house or shack, washing laundry by hand, hanging laundry outside to dry, ironing, feeding children, breastfeeding, changing nappies, bathing children, keeping an eye on children's play,

getting children ready for pre-school, walking to and from pre-school with children in the morning and afternoon, and helping children with homework.

4.3.2 Key findings regarding the child in early childhood

- Although caregivers find it difficult to give an exact description of children's character, descriptions of their playfulness, constant development, easy comprehension, attentiveness, communication and getting along with others show that children in this study are acquiring and developing basic knowledge and habits at this age.
- Caregivers describe children as having good emotional well-being, playful, happy, getting along with others, calm, funny, and good communicators. The above can be seen as building blocks (according to the DST) to enhance essential developmental outcomes, reduce health compromising behaviours, and increase positive outcomes.
- All caregivers indicate that their children were never subjected to any violence, crime, or trauma. However, children's behavioural and emotional problems indicate that caregivers may not be able to make a connection between possible emotional trauma children may experience and their emotional and behavioural problems.
- Some children in this study show significant emotional reactions to the absence of their biological parents. Not only should the absence of biological parents be viewed in terms of probabilistic epigenises (according to the DST) but it should be considered that this phenomenon may be carried into later years by these children. The latter relates to the DST that perceives development over an extended time period.
- Caregivers' opinions of early childhood and its functions show that caregivers view the following as important during early childhood: cognitive development, play, discipline, emotional development, physical development, social development, development of personality/character, risk-taking, and keeping busy. This indicates that caregivers' opinions of early childhood and its functions correlate with existing literature. South African communities therefore do not differ much from those in developed countries in terms of early childhood attainments.

4.3.3 Key findings regarding caregivers' views and opinions on play

- Not all caregivers are aware of the importance of play during early childhood since not a single caregiver in this study believes that play alone is the most important priority during early childhood.
- Caregivers find it difficult to define play and rather focus on children's behaviour and activities during play. Caregivers therefore view play as peaceful contact with other children, cooperation with other children, cognitive learning, using imagination, learning about gender roles, using educational and non-educational toys, learning a trade from an early age, showing a child is normal, pretending and fantasy, a mechanism through which the child can show feelings and emotions, a mechanism to portray experiences, copying adults and adult roles, creating and creativity, indicating the child's level of intelligence, showing a child's level of activity, learning about technology by using laptops and cell phones, and a way to occupy time since children do not work. The above shows that children in this study are acquiring understanding, can practice new skills and are provided with a basis for later academic success and more complex cognitive processes.
- Although not a single caregiver mentions play as the only important priority for early childhood, the majority of the caregivers reveal that their children spend most of their time playing. This may relate to caregivers' busy daily schedule where caregivers may not necessarily have time to focus on learning activities with their children. This may be an accidental advantage for children in early childhood in this study where it provides them with more time to play.
- The majority of caregivers believe that learning and playing are equally important during early childhood although most of these caregivers' children spend their time primarily on play. Some caregivers believe that learning is the most important priority during early childhood although these caregivers' children spend their time primarily on play. Some caregivers also believe that learning, playing and doing tasks at home are equally important during early childhood, although these caregivers' children also spend their time primarily on play.
- When comparing the types of play that caregivers deem important during early childhood with the types of play their children actually engage in, it seems that children's actual play is more varied than what caregivers deem important. Children in the research sample also participate in many other types of play mentioned on the

Hughes list of play types (Else, 2009:46-48). This indicates that children in this study can be compared to children in developed countries where children in the research sample show a natural tendency to engage in as many types of play as their environment allows, hence providing great opportunities for development.

- Caregivers seldom encourage certain types of play and more often discourage certain types of play. The latter mostly relates to caregivers' fear of injury/danger to children whether physical, sexual, or emotional. Types of play that caregivers therefore discourage include play of a sexual nature (that caregivers believe may lead to sexual abuse or rape), certain forms of recapitulative play (switching the stove on, playing with sticks, throwing stones), certain forms of rough and tumble play (play fighting, boxing, wrestling, risk-taking), certain forms of socio-dramatic play (playing at or talking about death), certain forms of loco-motor play (tree climbing, running too fast), and certain forms of deep play (climbing on anything high). Caregivers therefore do not seem to value one type of play above the other, but rather focus on preventing injuries as an approach to what types of play should be discouraged.
- The types of play that caregivers do encourage do not necessarily relate to play that is creative, artistic, dramatic, musical, or can generate products. Caregivers rather encourage object play, locomotor play, physical play, and educational play that is more accessible to children within the specific environment of Salvokop. However, caregivers' main concern seems to be the safety of their children. This may explain the core of caregivers' preferences for certain types of play.
- Caregivers' opinion of the amount of time children should play every day vary from one hour to almost the whole day. At least half of the caregivers agree that children need long periods of play on a daily basis. More importantly, the majority of caregivers mention that their children do actually play for long periods every day.
- The amount of time children spend on physical play every day (running, jumping, moving, climbing, rolling) varies from one hour to six hours per day with half of the caregivers indicating that their children are physically active for most part of the day. Children in the research sample therefore participate in more physical play than children in some developed countries. The majority of children in the research sample get more than the recommended amount of physical activity every day. This may also relate to children's health in this study that showed that not a single child of the 13 children in this study have any chronic illnesses. Caregivers also did not report hypertension, dyslipidaemia, chronic inflammation, increased blood clotting,

hyperinsulinemia, type two diabetes, or glucose intolerance as consequences of childhood obesity as mentioned in studies.

- None of the caregivers have specifically created a play space for their children. This may relate to the majority of families in this study who live in one-room shacks and may therefore not have the necessary space to allocate for children's play.
- For those participants living in houses with gardens, the houses are overcrowded and the gardens are lacking in plants or play equipment.
- Available play spaces at, and near the home for children in this study can hardly be considered well-equipped to provide in children's needs and desires. However, the spaces where children do play seem to still provide them with ideas, information and resources, although not in the traditional sense. The amount of time children in this study spend on play indicates that although their environment may not compare to Western standards, children still find ways to utilise their environment for play.
- All caregivers confirm that their children have uninterrupted and unhurried periods to play without anyone directing their play.
- The majority of caregivers prefer that their children play outdoors and mention that the outdoors provides more space than inside shacks, better oxygen than inside shacks, space for exercise like running, spending more time with the father when outside, and space to explore.
- Half of the caregivers prefer unstructured play for their children and indicate that unstructured play helps the child to learn on his own, to make decisions, teaches the child to be independent, and is better for young children. Caregivers also mention that one cannot force a child to play.
- Less than half of the caregivers prefer structured play for their children and indicate that it discourages children from rough play, from being naughty, from getting hurt, from getting dirty, and encourages appropriate social interaction.

4.3.4 Key findings regarding play interaction between caregiver and child

- The majority of caregivers describe their relationship with their children as good or close. The caregiver's relationship with his/her child is an important aspect in this study since it directly relates to the DST where important strategies identified within the family can lead to healthy youth development and resiliency. These strategies are found

within the meaningful relationship that develops when parents connect with their children.

- Most families in this study take time to be together and include the children in family time. Spending time together as a family is a very important aspect in the DST since all of the necessary qualities of resiliency for children can be gained within the home where parents and children spend time together and support each other positively and with unconditional love. Caregivers indicate that a good deal of time together is spent on communicating, storytelling, planning future activities, and shared activities like reading the Bible together. This, as well as positive relationships between caregivers and children (as discussed earlier), indicate that children in this study may gain many of the necessary qualities for resiliency within the home where parents and children spend valuable time together.
- Although most caregivers play with their children and also enjoy play with their children, the majority of caregivers indicate that there is no physical play between them and their children because caregivers do not like physical play with children, caregivers are afraid that children will repeat physical play at a later stage with siblings or other children and injure them, girls are not supposed to engage in physical play, or it is the father's role to engage in physical play with children.
- The majority of caregivers teach their children social skills, rules, values, and attitudes during play. These include respect for the elders, not to talk back to parents, not to walk away while parents are talking, to listen to and obey other adults (not only the parents), how to socialise with people who are not family members, not to hit/beat/fight with other children, how to talk and interact with friends, not to play with anything that will injure the self or other children, not to play too rough with or destroy toys, the difference between right and wrong, how to ask for forgiveness, and how to value the self.
- The majority of caregivers in this study believe that their culture has a positive approach to play but that their culture has no influence on the way they play with their children.

4.3.5 Key findings regarding public play areas

- There is no public play area or park in Salvokop, although the majority of caregivers indicate that they would like to have a public play area in Salvokop.

- Most caregivers prefer that the public play area is within walking distance of their homes.
- Caregivers would like to see the following structures in a public play area: slides with side support so that children cannot fall off, swings with front and back support so that children cannot fall out, roundabouts, climbing frames, merry-go-rounds, jumping castles, seesaws, sandpits, safe water features appropriate for children's play, a miniature train to drive children around the outskirts of the park, an enclosed fish pond where children can see and feed the fish but not fall in, a flower garden, a large enough public play area for children to be able to experience a sense of freedom, separate play areas for older and younger children to prevent injury of younger children by older children, no play equipment that is too high, no play equipment with small or confined spaces or openings, toilets, and drinking water.
- The frequency and duration of using a public play area varies greatly from one caregiver to the next but a public play area in Salvokop will be used extensively.
- All caregivers indicate that their children will have to be supervised in a public play area by themselves, another adult, an older sibling, someone trustworthy, someone they know well or that children may go alone when they are much older.
- All caregivers indicate that they would or do engage in play with their children in public play areas and mention the following types of play: holding the child on the lap when swinging or going down the slide, be the child's partner on the seesaw, pushing the child on the swing, climbing the climbing frame with the child to make sure the child is safe, be the child's racing partner when running, rope skipping with the child, playing hide-and-seek, making music for the child and teaching the child to dance, and showing the child how to make friends with other children.
- Caregivers' safety concerns for public play areas include that children must be accompanied by a responsible person, there must be at least two appointed caretakers in the public play area to supervise children, there must be a security guard at the gate of the public play area, the public play area should only allow entrance to parents and their children, the public play area should be fenced, and play equipment must be safe. The safety of public play areas mostly relates to the prevention of injury to children as well as safety from felonious individuals.
- Caregivers' most prominent safety concern in public play areas relates to the presence of strangers. All caregivers indicate that they are very cautious about strangers in

public play areas and fear that their children may be abducted, hurt, sexually abused, or raped.

- Other safety concerns in public play areas that caregivers mention include children getting hurt on play equipment, vehicle traffic, alcohol abuse, drug use, selling of drugs, broken syringes and needles, bullying, broken glass, open man holes, used condoms, cigarette butts or anything else that is unsafe for children to put in their mouths, people fighting in public play areas, and loud noises. All caregivers indicate that they will not take their children to a public play area if any of the above is present in a public play area.
- The majority of caregivers actively prevent their children from risk-taking and regularly inform their children not to take risks in order to prevent injury.
- Caregivers mention that the following injuries in public play areas are acceptable: small cuts that do not need stitches, scrapes and abrasions, trips, tumbles and falls, grazes, bruises, bumps, and any light injuries.
- Caregivers mention that the following are unacceptable injuries in public play areas: head injuries, broken bones, cuts that need stitches, sprains, and anything that causes permanent damage to the child.

4.3.6 Key findings regarding recommendations by caregivers

- Caregivers recommended the following to local authorities or municipalities concerning public play areas: provide green grass for children to play on, plant trees for shade, the public play area must be well cared for and cleaned every day, educational toys and loose parts should be provided in a public play area, provide a small and large swimming pool for children of different age groups, and provide built-in barbeque stands where caregivers can prepare food for the children.
- Caregivers' advice to other mothers and caregivers on children's play include the following five categories: children's safety, kindness to children, instruction from an early age, the uniqueness of each caregiver and child, and to start playing from birth.

4.4 CONCLUSIONS

The researcher will subsequently discuss the conclusions of this study according to the five main categories included in the empirical chapter.

4.4.1 Category 1: Biographical profile, family composition, and financial status

- Although children in this study grow up with mainly unemployed mothers and grandmothers as their caregivers, these caregivers still have little time to spend with their children because of their busy daily schedules that include housework and childcare.

4.4.2 Category 2: The child in early childhood

- Caregivers believe that their children are happy, yet many children experience emotional and behavioural problems of which the absence of biological parents seem to be an important factor.
- Caregivers in this study have very similar expectations in terms of early childhood attainments than caregivers in developed countries, indicating that literature on child development in other countries can be used in the South African context.

4.4.3 Category 3: Caregivers' views and opinions on play

- Caregivers are not aware of the importance of play during early childhood and do not view it as an important priority for early childhood, yet their children spend most of their time playing. Caregivers' preference for play, learning, or doing tasks at home as important measures for early childhood development, has no influence on their children's activities since children spend most of their time playing. Caregivers' busy daily schedules, and therefore the little time that they have to spend with their children, seems to be the main reason why children spend most of their time playing.
- Children's actual play is more varied than what caregivers deem important and children show a natural tendency to engage in as many types of play as their environment allows. The above provides great opportunities for development. It also indicates that firstly, children in this study can be compared to children in developed countries and secondly, that the different types of play may act as building blocks that increase protective factors to countermeasure the risk factors children may experience in their everyday lives.
- Caregivers rarely encourage certain types of play and have little interest in play that is, for example, artistic or creative. Caregivers regularly discourage certain types of play

with their main concern being the safety of their children and thereby prevent any kind of physical, sexual, or emotional injury to children. Children will consequently be used to hear instructions on what types of play to avoid but will seldom be given instructions on what types of play to engage in.

- Children play for long periods every day and much of this time is spent on physical play. Children therefore participate in more physical play than children in some developed countries and show none of the illnesses as consequences of childhood obesity mentioned in many studies of developed countries.
- There are no play spaces specifically created by caregivers for children's play and the environment of Salvokop cannot be considered ideal for children's play, yet these children find ways to play, demonstrating children's resilience in challenging environments.
- Children play for many hours every day without anyone directing their play and for uninterrupted and unhurried periods of time in an unstructured manner. This provides many advantages and important opportunities for early childhood development.

4.4.4 Category 4: Play interaction between caregiver and child

- Caregivers have positive relationships with their children, spend time together as a family, try to make time to play with their children, and enjoy play with their children. These are important strategies for healthy youth development and resiliency. However, for various reasons there is no physical play between caregivers and their children, precluding children from important opportunities for the development of aspects such as successful interaction with other children, self-control, decoding the emotional states of others, and being sensitive to social cues.
- There are significant aspects in caregiver-child interaction during play that clearly show that caregivers are not only promoting important opportunities for early childhood development but also optimising outcomes for children as they develop into adults. These include that caregivers provide children with freedom of choice during play, teach children social skills, rules, values, and attitudes during play, and give children a chance to find their own solutions to problems.

4.4.5 Category 5: Public play areas

- There is no public play area or park in Salvokop but a public play area will be used extensively if available, especially if in walking distance of most homes.
- Supervision of children in public play areas is very important to caregivers where they fear for their children's safety, especially in the presence of strangers.
- Caregivers would like to/do participate in play with their children in public play areas, indicating a positive attitude towards play with their children in such environments.
- Caregivers actively prevent their children from risk-taking and regularly inform their children not to take risks in order to prevent injury. This is disadvantageous to children where many opportunities are lost to test their internal risk monitor and learn how to self-regulate.
- Caregivers would like various traditional and non-traditional equipment and features in a public play area in Salvokop, however these will be of little value if the public play area is not kept clean and usable.

4.5 RECOMMENDATIONS

Based on the key findings and conclusions of this study the researcher will subsequently make recommendations for parental training on early childhood development, recommendations to municipalities and local authorities, as well as for future research.

4.5.1 Recommendations on parental training for early childhood development

Social workers, play therapists, and other relevant parties should take the following limitations in caregivers' knowledge of early childhood development into account and address these, for example, in parent training classes:

- Since caregivers find it difficult to make a connection between possible emotional trauma that children may experience and their emotional and behavioural problems, caregivers need to be able to identify emotional and behavioural problems in their children, especially where children have been subjected to any violence, crime, or trauma.

- Caregivers should be aware of the influence that the absence of biological parents may have on children where issues such as the long term implications for children as well as ways to enhance the biological parent-child relationship may be discussed.
- Caregivers should be made aware of the importance of play during early childhood by defining play for caregivers, making caregivers aware of the different types of play, and conveying the advantages of play for children.
- Caregivers should also be aware of the different types of play they can encourage their children to participate in within the specific environment that may set certain challenges for children's play.
- Caregivers should be assisted to find imaginative ways to create play spaces for their children in and around the home where homes often consist of one-room shacks.
- Caregivers should be informed of the importance and advantages of physical play between caregiver and child and the different types of physical play they can participate in with their children.
- Although caregivers indicate interesting types of play they would like to participate in with their children in public play areas it may also benefit caregivers to be aware of how their own attitude, role, and behaviour can be conducive to children's play in public play areas and how close observation of children's interests and fears may help caregivers respond appropriately to promote children's play in public play areas.
- Caregivers need to be informed of the advantages of risk-taking for children, but they also need information on safety evaluation in order to guide their children and prevent serious injuries.

4.5.2 Recommendations to municipalities and local authorities

- Municipalities and local authorities should be made aware that a public play area in Salvokop will be used extensively.
- Municipalities and local authorities should take into account specific requirements that caregivers may have for public play areas, including that it should be within walking distance and include certain facilities and equipment that should be maintained and kept clean.

4.5.3 Recommendations for future research

- Future research could include the whole of Salvokop, the different stages of childhood development as well as different socio-economic groups in the South African society in order to specifically contextualise the role of play in the lives of South African children.

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LETTER OF INFORMED CONSENT



19/04/2016

Our Ref: Dr. Petra Austin
Tel: 083 610 1300
E-mail: petra.austin@wol.co.za

LETTER OF INFORMED CONSENT

Title of Research: Caregivers' views on play and play areas in Salvokop,
Tshwane

Dear participant,

I am a Master's student at the Department of Social Work and Criminology, University of Pretoria. I am conducting a study for the requirements and purpose of obtaining a Master's degree. You are invited to volunteer for this study. The letter of informed consent will help you to decide if you would like to participate. Before you agree to take part in this study, you should fully understand what is involved. If you have any questions, which are not fully explained in the letter of informed consent, do not hesitate to ask the researcher. You should not agree to take part unless you are completely happy with all the procedures involved.

The researcher would like you to consider taking part in research on caregivers' views on play and play areas in Salvokop, Tshwane in order to raise awareness among caregivers, professionals and local authorities on the value of play and access to play areas for children. The researcher will conduct an interview with you. Interviews will also be digitally recorded (audio taped) with your consent. All information obtained during the course of this study will be treated as strictly confidential and will be used for research purposes only.

Should you have any questions or doubts after reading the following informed consent form, please feel free to contact the researcher.

P. Austin
Researcher

Prof. R. Prinsloo
Supervisor

1. TITLE OF THE STUDY

Caregivers' views on play and play areas in Salvokop, Tshwane.

2. PURPOSE OF THE STUDY

The researcher is conducting this study for the requirements and purpose of obtaining a Master's degree in Social Work at the University of Pretoria.

3. PROCEDURE

During this study, 10 participants will be interviewed. The interview may take up to 60 minutes. The interview will consist of certain questions that have been formulated on an interview schedule and will be asked during the interview. A digital sound recorder will be used with the participant's consent, or notes made should the participant not consent to the use of a digital sound recorder. The study will take one month to complete. Data obtained by means of this study will be stored for 15 years for research purposes. The results of the study will be published as a mini dissertation by the University of Pretoria and may be published as articles in accredited journals with the promoter as co-author.

4. RISKS INVOLVED IN THIS STUDY

There are no known risks associated with this study. If the participant feels tired or stressed, he/she may take as many breaks as needed during the session(s). The researcher is also willing to reschedule the session if the participant feels that it is necessary. Any possible discomfort or emotional reaction the participant may experience will be dealt with sensitively and a counsellor at the participant's organisation will be available to provide the necessary counselling if needed.

5. FINANCIAL COMPENSATION AND BENEFITS OF THE RESEARCH

There will be no financial compensation for participating in this project and the researcher will organise the procedures in such a way that the participant will have no financial expenses of any sort. The participant may benefit indirectly where information obtained during this study may raise awareness among caregivers, professionals and local authorities on the value of play and access to play areas for children.

6. RIGHTS AS A PARTICIPANT IN THIS STUDY

Participation in this study is entirely voluntary and the participant can refuse to participate or stop at any time without stating any reason. The participant's withdrawal will not affect access to any services and all data concerning this participant will be destroyed. Participants will not be selected for this study if mentally incompetent or legally incompetent. There are no other restrictions concerning participation in this study.

7. CONFIDENTIALITY

All information obtained during the course of this study will be treated as strictly confidential. Only the principal researcher and her promoter will have access to data obtained during this study. Data and conclusions that may be reported will not include any information that will lead to the identification of the participant. All signed letters of informed consent will be kept in a confidential file.



8. ADDITIONAL INFORMATION

For the one-month duration of the study the researcher, Petra Austin, will be available to answer any questions you may have at any time. Please do not hesitate to contact her at 083 610 1300.

I hereby confirm that the researcher, Petra Austin thoroughly informed me about the nature, procedure, benefits and risks of the study. I have also received and understood the above written information regarding the study. I am aware that the results of the study, including personal details regarding my sex, age, date of birth and initials will be anonymously processed into a report. I may at any stage and without prejudice, withdraw my consent and participation in the study. I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in this study.

Participant's initials: _____ (Please print)

Participant's signature: _____ Date: _____

Researcher's name: Petra Austin

Researcher's signature: _____ Date: _____

I, Petra Austin herewith confirm that the above participant has been informed fully about the nature, procedure and risks of the above study.

ETHICAL APPROVAL



28-Aug-2015

Dear Petra Austin,

Project: Caregivers' views on play and play areas in Salvokop, Tshwane

Researcher: Petra Austin

Supervisor (incl. other investigators): Austin, Petra P~Prinsloo, Christina CE~

Department: Social Work and Criminology

Reference number/s: GW20150814HS

Thank you for the application that was submitted for ethical consideration.

I am pleased to inform you that the above application was approved by the Research Ethics Committee on with the following comments:

Please note that this approval is based on the assumption that the research will be carried out along the lines laid out in the proposal. However, should the actual research depart significantly from the proposed research, a new research proposal and application for ethical clearance will have to be submitted for approval.

The Committee requests you to convey this approval to the researcher.

We wish you success with the project.

Sincerely

Prof Karen Harris
Acting Chair: Postgraduate Committee and Research Ethics Committee
Faculty of Humanities
UNIVERSITY OF PRETORIA
e-mail: Karen.harris@up.ac.za

Kindly note that your original signed approval certificate will be sent to your supervisor via the Head of Department. Please liaise with your supervisor.

Research Ethics Committee Members: Prof KL Harris (Acting Chair); Dr L Blokland; Dr JEH Grobler; Prof B Hofmeyr; Ms H Kopper; Dr C Panebianco-Warrens; Dr C Puttergill; Prof GM Splies; Dr Y Splies; Prof E Taljard

TSHWANE LEADERSHIP FOUNDATION (INKULULEKO COMMUNITY CENTRE) PERMISSION LETTER



TSHWANE LEADERSHIP FOUNDATION

Working with Churches and Communities for Urban Transformation

**STRENGTHENING LEADERSHIP
AND RESOURCES FOR:**

WOMEN & GIRLS IN CRISIS

CHILD PROTECTION AND
DEVELOPMENT

HOMELESSNESS

HEALTH DEVELOPMENT

DIRECTORS:
WILNA DE BEER (CEO)
TINIE MERRIBET
(CHAIRPERSON)
JOEL MAYEMPI
LUKAS VAN DER MERVE
PETER MURPHY
FLORINCE MORRIS
KERA MATHEKO
CCTAWA EPHRAIM
DON MCCOUGHLIN

THE JUBILEE CENTRE
268 BURGERSPARK LANE
PRETORIA-CENTRAL

P.O. BOX 1907
THE RAINBOW
PRETORIA
0105

TEL: (012) 330 2123
FAX: (012) 579 3039
info@tlf.co.za
www.tlf.co.za

NPO no. 028-010-NPO

COMPANY (South Africa) NPC
Trading as
Tshwane Leadership Foundation
Reg. No. 2015/03404115

ESTABLISHED BY 157 AG
PRETORIA COMMUNITY
MINISTRIES

06 July 2015

Petra Austin
Master's Degree Student
University of Pretoria
Department of Social Work and Criminology

Dear Sir/Madam

I, Wilna de Beer, hereby give permission for the researcher Petra Austin to undertake a research project at the Inkululeko Community Centre in Salvokop Pretoria. I have been thoroughly informed of all the relevant aspects of the study and find it to be ethically acceptable.

Yours Sincerely

Wilna de Beer
CEO-Tshwane Leadership Foundation
0727584787

*We see healthy and vibrant communities
flourishing in God's presence.*



RESEARCH SCHEDULE

INTERVIEW SCHEDULE: Play and play areas

SECTION A: BIOGRAPHICAL DETAILS

Biographical profile of participant (parent/care-giver)

Age	
Gender	
Home language	
Level of education	
Employment status	Full time/ part-time/ unemployed
Type of employment	
Relational status	Single / Married / Divorced / Widowed / Live-in partner
Main breadwinner in the home	Participant / Spouse / Partner / other* *Please specify
Sources of income	Salary / pension / social grant / other* *Please specify

Family composition

Children in the home	Age (yrs)	Bio-logical child	Gender	Full-time day care	Attend pre-school	Attend school	Attend after school	Chronic illness	Dis-ability
1		Y/N	M/F	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
2		Y/N	M/F	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
3		Y/N	M/F	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
4		Y/N	M/F	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
5		Y/N	M/F	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
6		Y/N	M/F	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
								Please specify:	Please specify:

Number of children relevant to the age group for the study:

(indicate with an X in the table above)

SECTION B: INTERVIEW SCHEDULE

1. What are your views (or your opinion) on play?
 - Definition/description of play
 - Importance of play vs. learning or tasks in the home
 - Types of play children should engage in (e.g. educational, fantasy, physical play)
 - The amount of time that children should play in a day
 - Indoor/outdoor play
 - Structured play (determined and planned by parent/care-giver) vs. unstructured play (determined by child)

2. How do people in your culture regard/view play? (e.g. Pedi, Xhosa, White)

3. Do you play with your child?
 - If yes, describe how you and your child play
 - Duration (how long) and frequency (how often)
 - What type of play, e.g. board games, puzzles, fantasy play, watching movies/cartoons
 - If no, what are possible reasons for not playing with your child?
 - What factors influence your involvement in play with your child (time, responsibilities/chores, motivation to play, likes/dislikes)

4. Where does (do) your child/ren mostly play? (e.g. inside/outside, bedroom, garden, sidewalk, next door)

5. Do you have any public play areas in your environment where child/ren can play?
 - If yes (there are play areas):
 - Describe the play areas (nature and quality)
 - Do your children make use of these areas?
 - If yes, how often, how long, with/without supervision
 - If no, what are reasons? (e.g. concerns over safety, strangers, traffic)
 - If no (there are no play areas):

- Would you like to have a public play area where your child/ren can play?
- What would you expect these areas to be like? (safety, distance, structures)

6. What advice on children's play can you give to other mothers or care-givers?

7. What recommendations regarding play areas can you make to the local authorities or municipality?