The views of caregivers at a child and youth care centre in Tshwane on play and play areas

by

Filicity van Rooyen

A mini-dissertation submitted in partial fulfillment for the requirements for the degree

Master of Social Work (Play-Based Intervention)

in the Department of Social Work and Criminology at the

UNIVERSITY OF PRETORIA

FACULTY OF HUMANITIES

SUPERVISOR: Dr MP le Roux

February 2018

DECLARATION OF ORIGINALITY

Full names of student: **Filicity van Rooyen**

Student number: **12334899**

Topic of work: **The views of caregivers at a child and youth care centre in Tshwane on play and play areas**

Declaration:

I, Filicity Van Rooyen, hereby declare that this mini-dissertation is my own original work. Where other people's work has been used (either from a printed source, the internet or any other source), the work has been properly acknowledged and referenced in accordance with departmental requirements and the requirements of the University of Pretoria.

Filicity van Rooyen

DEDICATION

This thesis is dedicated to my family. Without their tireless encouragement and endless patience, I would have given up long ago.

ACKNOWLEDGEMENTS

ABSTRACT

The views of caregivers at a child and youth care centre in Tshwane
on play and play areas

Researcher: Mrs Filicity van Rooyen

Supervisor: Dr MP le Roux

Degree: MSW in Play-based Intervention

Institution: University of Pretoria

_____

Play is an inherent part of childhood and holds numerous benefits for children's physical, cognitive, social and emotional development. Play is acknowledged as a right of all children. However, factors such as hurried lifestyles, an emphasis on academic performance, and changes in the basic structure of families, result in a marked reduction in children's play, especially free or child-directed play. This study focused on children in middle childhood; a life stage during which children's social environment widens and they are exposed to numerous new learning experiences. They might thus benefit from the positive physical and psychosocial effects of play.

Research indicates that parents' attitudes towards play, determine the time children spend on play, as well as the forms of play that children engage in. For children being cared for in a child and youth care centre, the caregivers are responsible for their everyday care. It is thus proposed that caregivers' attitudes towards play might thus influence the time spent on play and the forms of play of the children in their care. The Developmental Systems Theory, which formed the theoretical framework for the study, suggests that developmental assets within the child, the home and the wider environment, can build resilience in children. Children in alternative care are regarded as a most vulnerable group and the benefits of play might thus contribute to these assets. A literature search indicated a lack of local research on the topic of play and play areas, as well as on the role of play within a residential care setting. The following research question was stated for the study: What are the views of caregivers at a child and youth care centre on play and play areas?

The goal of the study was to explore and describe the views of caregivers at a child and youth care centre on play and play areas. A qualitative research approach supported the

researcher's aim to obtain information on the topic from the personal point of view of the caregivers. Applied research was relevant to the study, as the findings of the study are intended to be utilised in practice. A collective case study research design was relevant to gaining and comparing the views of a sample of caregivers who cared for children in a child and youth care centre. Nine caregivers, selected by means of purposive and stratified random sampling, participated in the study.

Data was collected by means of semi-structured interviews that were guided by an interview schedule. The findings of the study suggested that the participants had positive views on children's play and the benefits that different forms of play could have for the children in their care. They identified factors that influenced children's play in their context, such as the time factor, routine of the children and the caregivers, and caring for children in alternative care. The participants viewed the play areas on the grounds of the child and youth care centre as safe play areas and discussed benefits and possible risks of better equipped play areas. Public play areas in the neighbourhood were visited less, often due to concerns over the safety of the children. The participants' advice was in support of providing children with sufficient opportunities for play.

It can be concluded that the participants valued the nature and role of childhood play, as well as the benefits that play could have for the children in their care. It is recommended that persons working with children, such as caregivers and social workers, be informed about the value of play. The management of child and youth care centres must establish suitable play areas for children and local authorities must provide safe neighbourhood play areas for children. Furthermore, large scale research studies could highlight the state of childhood play in diverse contexts in which children function, such as different neighbourhoods, schools and child and youth care centres, and related to diverse child populations in terms of age, race and gender.

Key concepts:

- Caregivers
- Play
- Play areas
- Middle childhood
- Child and youth care centre
- Developmental Systems Theory (DST)

TABLE OF CONTENTS

CHAPTER 4. KEY FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

LIST OF TABLES

LIST OF ADDENDA

CHAPTER 1

GENERAL INTRODUCTION TO THE STUDY

1.1   INTRODUCTION

Play is regarded as a fundamental part of childhood. Davey and Lundy (2011:3) emphasise that all children have a right to play; referring to the United Nations Convention on the Rights of the Child (UN General Assembly, 1989), Article 31(1), which highlights that "children have the right to rest and leisure, to engage in play and recreational activities appropriate to the age of the child." It is generally agreed that play is essential for children's development and that it contributes to the child's emotional, cognitive, sensory, spiritual, moral, physical and social development (Couper, 2011:38; Ginsburg, 2007:182; Goldstein, 2012:6; Gray, 2011:458; Greve, Thomsen & Dehio, 2014:436; Lin & Yawkey, 2014:110). Goldstein (2012:5) believes that play teaches children about their own world, as well as the world of others; therefore, children who are deprived of play will suffer immediate and long-term negative consequences.

The concept 'play' is hard to define; however, there is agreement that play is an important part of childhood (Couper, 2011:37; Davey & Lundy, 2011:3). Gray (2011:443) holds the opinion that children are naturally inclined to play and that they will engage in play whenever they have time to do so. Play is commonly described as a spontaneous and joyful activity that can be contrasted with work (Couper, 2011:37; Landreth, 2012:7-8).

Definitions of play are generally grouped into categories in accordance with the developmental advantages of play: play as an activity done for its own sake, and behaviours associated with play (Lester & Russell, 2008 in Davey & Lundy, 2011:3-4; Smith, Cowie & Blades, 2011:230-231). Although a strong focus is placed on the developmental benefits of play, play is increasingly acknowledged as both an intrinsic childhood activity and a right of all children (Davey & Lundy, 2011:4).

Play can be divided into different types or categories. From a cognitive developmental perspective, four play categories develop during the preschool years: functional play, constructive play, pretend or make-believe play, and games with rules (Berk, 2013:609; Louw & Louw, 2014a:210). Functional play refers to play with repetitive actions, such as running, jumping, or playing with clay without any intent to create something and is mostly evident in the first two years of life. Constructive play is common among children aged three to six years old and includes drawing, building puzzles, or building a tower with blocks. Make-believe or pretend play refers to play in which children enact roles, for example playing

house or acting as a doctor or policeman; common for children from two to six years old. Games with rules occur when children can understand and follow rules and include activities such as card and board games as well as sports-related activities (Berk, 2013:609; Louw & Louw, 2014a:210). Smith et al. (2011:235-236, 242) identify other play patterns. Physical activity play or 'exercise' play refers to jumping, running around and climbing; either alone or with others. Rough-and-tumble play includes more vigorous physical play such as play fighting and chasing, whereas language play refers to activities such as self-talk, interactive riddles, jokes and rhymes.

Mildred Parten (1932) divided children's play patterns according to the level of interpersonal interaction involved in the play and indicated that play proceeds from non-social play to parallel, associative and cooperative play (Berk, 2013:608; Louw & Louw, 2014a:210). With each play pattern in the sequence, there is an increase in the level of joint, interactive play between children.

Literature indicates that play can also be divided into structured or unstructured play. Unstructured play refers to play that is initiated by the child and takes place in the child's free time, whereas structured play involves adult-initiated activities that are usually aimed at learning and academic achievement (Fisher, Hirsh-Pasek, Golinkoff & Gryfe, 2008:305-306).

Based on a review of research on the outcomes of play for children, Rogers, Pelletier and Clark (2009) report that there is general agreement that play holds many advantages for the well-being and health of children. Play is a highly valued part of childhood with significant benefits for children's development, allowing them to develop the skills and attitudes they will need for successful functioning during adulthood (Ginsburg, 2007:188; Gray, 2011:443)

In terms of the benefits of play, physical play activities enable children to test their abilities, to experience and understand the world through their senses and movement, and to develop their spatial abilities (Rogers et al., 2009). Outdoor activities provide children with the opportunity to be physically active, for example by running, jumping or swinging (Burriss & Burriss, 2011:3). The cognitive benefits of play are related to structured and unstructured play activities (Couper, 2011:38). Play provides age-appropriate opportunities for learning for young children that do not have the mental capacity to perform the higher-level cognitive tasks that older children and adults can master, such as to learn, test and refine concepts (Burriss & Burriss, 2011:2). Make-believe play strengthens several mental abilities, amongst others creativity and the ability to understand emotions (Berk, 2013:240).

Play is a key factor in children's social development as it provides valuable opportunities for social learning. During play, children practise a wide variety of behaviours that help them to

become worthy playmates, for example to co-operate, share, settle differences, communicate effectively, and to send, interpret and react to social cues (Burriss & Burriss, 2011:2-3). Play situations involve, amongst others, organised games with peers, sharing playground equipment, or initiating new friendships; and provide opportunities to learn the skills of negotiating, communicating, compromising, and perspective-taking in each play situation they engage in (Burriss & Burriss, 2011:1).

Play can enhance children's mental health as it contributes to the development of interests and competencies, self-control and emotional regulation, and the capacity to follow rules, make friends, experience joy, and get along with peers (Gray, 2011:454). During play, children often support each other and provide guidance as well as praise for one another, which allow them to feel important and valued (Burriss & Burriss, 2011:3). Make-believe play contributes to children's emotional health and social functioning (Rogers et al., 2009).

Although it is difficult to link specific play activities with specific benefits, the benefits of play are universally recognised (Rogers et al., 2009). Exposing children to a variety of play activities could thus enhance their development and their social success throughout their lifespan (Gray, 2011:443).

The focus of this study was on children in middle childhood. Middle childhood is an important period for children's physical, cognitive, emotional, social and self-concept development as their social environment widens and offers them new learning experiences (Louw & Louw, 2014b:225). Louw and Louw (2014:276) highlight that children in middle childhood tend to prefer games with rules, active physical play, sport, collections and board games as play activities. The type of play that they engage in is influenced by their development in the different developmental domains. For example, the development and refinement of their gross and fine motor skills enable them to participate in sports and other active physical activities as well as to master skills for drawing and playing musical instruments (Louw & Louw, 2014b:227).

According to Piaget's theory of cognitive development, children in middle childhood enter the concrete operational stage. During this stage, they can engage in logical reasoning and begin to master cognitive skills that enable them to cope with their school education (Louw & Louw, 2014b:229-230). Furthermore, their social environment expands greatly, and they are exposed to many new life experiences (Louw & Louw, 2014b:262). Children in middle childhood become less dependent on their parents and more involved with their peers, with the result that peer relationships and acceptance into the peer group play a significant role in their life (Berk, 2013:618; Louw & Louw, 2014b:256; Santrock, 2009:335).

Emotionally, children in middle childhood develop a better understanding of and control over their emotions (Santrock, 2009:322). They are better able to understand complex emotions, to understand events that lead to certain emotions, manage their emotions, as well as become aware of emotional display rules and tend to show conformity to these rules (Berk, 2013:419; Louw & Louw, 2014b:259-260).

The skills that children develop in middle childhood are important for their psychosocial development. Erik Erikson's theory of psychosocial development places the child in middle childhood in the phase of industry and inferiority (Berk, 2013:16). Erikson's theory indicates that children, who are able to meet the demands of their life stage, develop a sense of competency. Children in middle childhood develop their sense of competence based on their ability to adjust to school, to form peer relationships, to abide by social rules, and to perform academically (Louw & Louw, 2014b:255-256; Santrock, 2009:322).

Children in middle childhood could thus benefit from the advantages that age-related play can offer for their physical, cognitive, and socio-emotional development. However, there is no doubt that in today's hurried lifestyle children grow up in a world that differs from that of their parents (Ginsburg, 2007:182). Despite the numerous benefits of play for children, there seems to be a marked reduction in time for children's play, especially free play, over the last decades (Goldstein, 2012:6; Gray, 2011:445).

Different reasons are proposed for the decline in children's play, including a hurried lifestyle, parents' work schedules and changes in the structure of the modern family (Burriss & Burriss, 2011:4; Ginsburg, 2007:182). Many children spend their afternoon at school and at after-school centres that have limited play areas and staff members to supervise outdoor play (Burriss & Burriss, 2011:5). Furthermore, a stronger focus on children's academic performance results in less time being available for child-centred play (Ginsburg, 2007:182; Gray, 2011:447).

Parents are often concerned about their children's safety at outdoor or public play areas (Gray, 2011:446; Veitch, Salmon & Ball, 2007:390). Play areas or play environments can be informal areas, such as neighbourhood sidewalks, or public play areas, such as parks, public playgrounds, and school playgrounds that are specifically designed to provide children with suitable play environments (Aarts, De Vries, Van Oers & Schuit, 2012:10; Azlina & Sulkiflee, 2012:275-276; Davey & Lundy, 2012:5). Although public play areas in a neighbourhood are ideal settings for outdoor play, many children do not have access to those areas (Bringolf-Isler, Grize, Mäder, Ruch, Sennhauser & Braun-Fahrländer, 2010:252). Different reasons are given for this situation, among others walking distance and a lack of transport, the absence of adult supervision, and concerns over the safety of children (Davey & Lundy,

2011:5; Gray, 2011:446; Veitch et al., 2007:390). As a result, many children are prevented from playing in outdoor play areas in their neighbourhood and spend more time on indoor activities such as watching television (Ginsburg, 2007:182; Gray, 2011:446).

It has been found that parents' attitudes towards play could determine the time that children spend on play (Veitch et al., 2007:390). Apart from practical aspects such as the parents' work routine and the availability of play areas, it transpires that the perception of parents of play and play areas can greatly affect children's play. Parents that are strongly focused on success might thus regard children's play, especially unstructured play, as a waste of time (Fischer et al., 2011:311, 313; Landreth, 2012:8). An emphasis on academic performance of children, the value that parents assign to play and free play, and parents' concerns over the safety of their children, seem to be common factors that affect children's engagement in play (Ginsburg, 2007:182; Gray, 2011:447; Landreth, 2012:8; Veitch et al., 2007:390).

Whereas adults can play a significant role in supporting their children to engage in and experience the benefits of play (Goldstein, 2012:5), parents often do not appreciate the value of play for their children. In this regard, Landreth (2012:8) highlights that many parents view play in light of what adults consider important.

Children who have been found in need of care and protection because of exposure to adverse circumstances such as abuse, neglect, abandonment and harmful environments, can be removed from the care of their parents in terms of Section 150 of the Children's Act 38 of 2005, and placed in a child and youth care centre as one of the placement options (Section 156). Over recent decades there has been a move towards a care model in child and youth care centres that provide care for children in smaller homes instead of the larger hostel-type settings, to provide children with a sense of family environment (Smith, 2012:273).

Exposure to different forms of maltreatment prior to as well as due to their placement in alternative care, children in child and youth care centres are at a higher risk for experiencing challenges related to their cognitive and socio-emotional development, educational performance and self-esteem (McAuley & Davis, 2009:149). These children therefore need interventions that can enhance their well-being (Allain, Cocker, Hinds, Naluwaga & Babondock, 2011:128-129). The provision of a stable care environment, with consistent care and opportunities to build positive relationships, can play a significant role in the well-being and healing of children in alternative care settings (Allain et al., 2011:207).

In the child and youth care centre, caregivers have the primary responsibility for the daily care of the children. The South African Children's Act 38 of 2005 (Section 1) indicates that a

caregiver is a person, other than the child's parent, that factually cares for the child. Caregivers therefore perform the caregiving role of the parent.

Play can contribute to the development and growth of the children, while it can also provide caregivers with valuable opportunities to positively engage with the children (Ginsburg, 2007:188; Goldstein, 2012:6). Childcare professionals have an important influence on children's environments and on children's play (Fisher et al., 2008:305-306), and in the child and youth care centre caregivers' perceptions on play and play areas could therefore have an influence on the time and types of play that the children in care are involved in. This aspect underlies the rationale for this study. In a literature search on parents' or caregivers' views on play and play areas, no studies could be found on the topic and how it relates to children in child and youth care centres or in the South African context. According to the Developmental Systems Theory, developmental assets within the child, the home and the wider environment can enhance resilience in children. Children in alternative care are regarded as a most vulnerable group. The benefits of play might thus contribute to developmental assets for these children. Caregivers that understand the importance of play and of safe play areas, could support a caregiving environment that enhances the well-being of the children in their care. The goal of the study was thus to explore caregivers' views of play and play areas. The study involved caregivers at a child and youth care centre in Pretoria. The study focused on children in middle childhood, as children in this developmental phase have the motor skills and level of maturity to engage extensively in social and physically active play (Guest, 2013:168).

The following key concepts are relevant to this study:

- **Child**: The Children's Act 38 of 2005 defines a child as any person under the age of 18 years. This study focused on children in middle childhood.

- **Middle childhood:** Middle childhood is the period in a child's life between the ages of six and 11 years (Berk, 2013:6). Although it is a relatively stable period in terms of their physical development, middle childhood is a significant period for children's cognitive, social and emotional development, and the development of their self-concept (Louw & Louw, 2014b:225).

- **Play:** Play is regarded as a spontaneous, enjoyable and intrinsically motivated activity that does not focus on an extrinsic goal or reward (Landreth, 2012:7-8). Children's play is fun and flexible; and can be contrasted with work, which is goal-directed, or games, which are based on a motive to win (Couper, 2011:37). Play provides a context for

learning during childhood and promotes all domains of development (Martorell, Papalia & Feldman, 2014:315).

- **Play areas:** Play areas are outdoor spaces with specific natural or man-made features, designed to create a stimulating play environment for children (Azlina & Zulkiflee, 2012:275-276). Aarts et al. (2012:10) divide play areas into informal play areas such as sidewalks, and formal play areas such as public playgrounds and play facilities on school grounds. Public play spaces refer to areas that have traditionally been regarded as play spaces for children in local neighbourhoods, and include local parks, playgrounds and sports grounds in the neighbourhood (Veitch et al., 2007:410). In this study, play areas refer to informal play areas as well as public play areas such as parks or public playgrounds.

- **Caregivers:** The Children's Act 38 of 2005 defines a caregiver as any person, other than a child's parent or guardian, who cares for a child, including a child who resides at a child and youth care centre.

- **Child and youth care centre:** A child and youth care centre is defined in Section 191 of the Children's Act 38 of 2005 as a facility that provides residential care to more than six children, outside of their family environment.

1.2   THEORETICAL FRAMEWORK

The theoretical framework of this study is the Developmental Systems Theory (DST). According to Vimont (2012:502) this theory is largely inspired by Urie Bronfenbrenner's ecological systems theory (EST) and views development as a process where change occurs not only within the individual, but also within the layers of the environment within which the individual exists. DST thus addresses complex transactions between individuals and their social environment (Greenfield, 2011:530). The theory emphasises that neither a person's internal characteristics nor their context are the primary determinants for functioning and development; rather the pattern of relations or dynamic organisation of these aspects at a given point in time is the 'event' that determines the person's functioning (Vimont, 2012:502).

Greenfield (2011:531) indicates that although the primary focus of DST is on the individual, DST is also relevant to the functioning of families, groups, communities and societies. The author outlines five primary concepts that characterise DST (Greenfield, 2011:531):

- The first concept relates to the person-environment system, indicating that the person and the environment form an integrated system and that each contains subsystems. Subsystems can be at an individual level (e.g. physical, cognitive and emotional) or at an

environmental level (e.g. the physical environment, interpersonal relationships, and social institutions).

- The second concept refers to a transactional approach, according to which the person and the environment have a bi-directional and reciprocal influence on each other.

- The third concept is based on probabilistic epigenesis; meaning that the presence or absence of a single factor can lead to a future outcome that is likely to be more probable or less probable.

- The fourth concept involves time as context, indicating that all levels of the person-environment system function and change over time.

- The fifth and last concept pertains to the diversity in human development, referring to the unique nature of development and developmental outcomes for each individual.

DST further emphasises the importance of developmental assets that can support positive development and build resilience in children (Vimont, 2012:505-506). Assets can be internal or external and it is proposed that resilience is built by focusing on three levels of resources (Atkiss, Moyer, Desai & Roland, 2011:172; Vimont, 2012:508):

- within-child factors, such as cognitive skills and self-control;
- within-home factors, such as positive parenting; and
- outside-home factors, such as the school and social environment.

Greenfield (2011:530, 532) highlights the relevance of DST for the social work profession as its focus on the interplay between the person and environment, as well as the profession's emphasis on empowering individuals and groups. The person-environment perspective emphasises the interrelatedness of genetic and environmental factors (Godfrey-Smith, 2000:325; Visser, 2007:12). Change, according to the DST, therefore needs to occur not only within the person, but also in the different layers of the environment, taking into account that there are cultural differences in what is seen as an ideal outcome (Vimont, 2012:502).

The researcher regards the concepts of the DST as relevant to a study on play and play areas. Play and play areas can be related to the three levels of resources that build resilience in children, as outlined by Atkiss et al. (2011:172). The benefits of play for children (within-child factors), the views of caregivers on play (within-home factors), as well as play areas in the community (outside-home factors), can all be utilised to build resilience in children.

The concept of the transactional approach in DST (Greenfield, 2011:531) indicates a bidirectional and reciprocal influence between person and environment. In terms of play and play areas, it can be postulated that changing caregivers' views on play can influence the

time and types of play in which children will engage. Play has been shown to have numerous benefits for the overall development of the child (cf. Ginsburg, 2007:188; Gray, 2011:443). The concept of probabilistic epigenesist in DST (Greenfield, 2011:531) might explain that change in one aspect of the child's life, i.e. play, could affect many other areas of the child's functioning, such as his/her physical, cognitive, social and emotional development. Over time, children show significant developmental changes. Middle childhood is associated with certain developmental milestones as well as specific play preferences that tend to be different to that during early childhood or adolescents (*cf*. Louw & Louw, 2014b:225, 276). Nevertheless, each child needs to be seen as unique; referring to the fifth concept of DST that puts emphasis on the uniqueness and diversity of children.

The researcher believes that the five primary concepts underlying DST as well as the three levels of assets described in the theory relate well to children in middle childhood living at a child and youth care centre. DST can be used as a framework for understanding aspects such as the importance of play for children in middle childhood; the potential benefits of play in enhancing resilience of children in a child and youth care centre as well as their relationships with caregivers; and the perceptions of care-givers in determining the nature of play and play areas for these children. The developmental systems theory (DST) is therefore regarded as an appropriate theoretical framework for the study.

1.3   RATIONALE AND PROBLEM STATEMENT

Play is regarded as an essential element in children's development and has numerous advantages for children's physical, cognitive, social and emotional development (Couper, 2011:38; Ginsburg, 2007:182; Goldstein, 2012:6; Gray, 2011:458; Lin & Yawkey, 2014:110). It is regarded as of such importance that children's right to play is described in the United Nations Convention on the Rights of the Child (Davey & Lundy, 2011:3). Children's need to play is also recognised in the Children's Act 38 of 2005, Section 6(2)(e).

Despite the benefits of play for the cognitive, physical, social and emotional well-being of children (Goldstein, 2012:6), international studies indicate a general decline in play, especially child-centred play (Couper, 2011:37; Ginsburg, 2007:182; Goldstein, 2012:6). Several studies (Fogle & Mendez, 2006:507; Ginsburg, 2007:183; Gray, 2011:445; Veitch et al., 2007:390) indicate that perceptions of parents, more specifically mothers, have an influence on the play and play spaces of children. These perceptions relate to the increased focus on cognitive learning, fears for children's safety in public play areas, and viewing play as an unnecessary activity in children's lives (Burriss & Burriss, 2011:4-5; Ginsburg, 2007:182; Gray, 2011:446; Landreth, 2012:8). Other factors for a decline in play were

identified by Ginsburg (2007:188) as the hurried lifestyle of families and changes in family structure.

Developmental systems theory (DST) indicates the interrelatedness of the person and environment and that change in one aspect can influence other aspects of the person's life (Greenfield, 2011:531; Vimont, 2012:504). The theory also proposes that resilience in children can be enhanced by enhancing assets in the child, the home and the community (Atkiss et al., 2011:172). It could thus be postulated that caregivers who have positive views on play and play areas could increase opportunities for play for children in child and youth care centres and expose these children to the many benefits of play.

A literature search on the electronic platforms of the University of Pretoria library indicated a lack of local research on the perceptions of parents and/or caregivers on children's play. To address this gap, the goal of the study was to explore and describe the views of caregivers who take care of children residing in a child and youth care centre. The study formed part of other similar studies throughout the Tshwane Metropolitan Area and in other metropolitan areas in South Africa. The information obtained from the study could be of value for interventions such as raising awareness of the advantages of play for children among parents and caregivers. In the wider context, the information could be used to inform local authorities on the need for safe public play areas.

The research question that guided the study was:

- What are the views of caregivers at a child and youth care centre on play and play areas?

The following sub-questions were stated:

- What are the views of caregivers on the value of play for children?
- What are the views of caregivers on the availability, the nature and the utilisation of public play areas in their living environment?

1.4   GOAL AND OBJECTIVES OF THE STUDY

The goal of this study was to explore and describe the views of caregivers at a child and youth care centre on play and play areas.

The objectives of this study were:

- To theoretically contextualise the role of play in the life of children in middle childhood.
- To explore and describe caregivers' views on play in the life of children in middle childhood in their care.
- To explore and describe how and whether caregivers engage in play with children in their care.
- To explore and describe caregivers' views on the availability, nature and utilisation of public play areas in the living environment.
- To reach conclusions and make recommendations to raise awareness among caregivers, professionals and local authorities on the value of play and access to play areas.

1.5 OVERVIEW OF THE RESEARCH METHODOLOGY

The research study was based on a qualitative research approach as the researcher was interested in exploring how the participants created social understandings in a specific setting (Neuman, 2012:92). The qualitative approach was appropriate for gaining an understanding of the views of caregivers on play and play areas for children in middle childhood within the setting of a child and youth care centre. Furthermore, the research had an exploratory and a descriptive purpose as the researcher aimed to gain insight into and then describe the phenomenon being studied (Fouché & De Vos, 2011:95-96). Applied research was relevant to the study as the knowledge gained from the research is intended to benefit of children within the context of a child and youth care centre as well as within the wider Tshwane Metropolitan Area.

The research was based on a case study design, which is an appropriate design for an in-depth investigation into a social phenomenon within a real-world context (Babbie, 2007:298; Yin, 2014:16). A collective case study was relevant to compare the views of different caregivers at a child and youth care centre on play and play areas for children in middle childhood (Fouché & Schurinck, 2011:322).

The study population entailed all the caregivers at a child and youth care centre in Tshwane. Purposive sampling was utilised to identify caregivers at the child and youth care centre who complied with the sampling criteria set for the study (Strydom, 2011a:228; Welman, Kruger & Mitchell, 2012:69). Thereafter, stratified random sampling was used to select a sample of participants who cared for boys and for girls at the child and youth care centre (Welman et al., 2012:61). The final study sample consisted of nine caregivers.

Data was collected by means of semi-structured interviews to obtain in-depth information on the participants' views on play and play areas for children in middle childhood being cared for at the child and youth care centre (Greeff, 2011:351). An interview schedule with a set of predetermined questions guided the interviews (Welman et al., 2012:166) and allowed for flexibility in exploring the participants' views on the research topic (Greeff, 2011:351-352). Before data collection, a pilot study was conducted with two caregivers who complied with the sampling criteria for the study (Strydom & Delport, 2011:394). Data was analysed in accordance with the iterative process for qualitative data analysis, as described by Creswell (2007:181) and Schurink, Fouché & De Vos (2011:399). Measures were followed to enhance the trustworthiness of the study (Lietz, Langer & Furman, 2006:444). The research was conducted with consideration of relevant ethical principles (Strydom, 2011b:115).

1.6   LIMITATIONS OF THE STUDY

The researcher points to the following limitations of the study:

- A final sample of nine participants participated in the study. Furthermore, all the participants were female, and the study was conducted at one child and youth care centre in a specific geographical area.

- Based on the small sample size and the study being based in one geographical area, the findings of the study cannot be generalised to caregivers in other child and youth care centres.

- The views on play and play areas of the children being cared for in the child and youth care centre were not explored. Including the views of children could provide valuable information from those who could directly benefit from play and access to play areas. Further studies are needed to explore the views of children on play and play areas in a child and youth care centre.

1.7   CHAPTER OUTLINE

The research report is presented the following chapters:

Chapter 1: General Introduction to the research study

A general introduction to the research study was given in this chapter. The chapter also contained information on the theoretical framework, the rationale and problem statement, the goal and objectives of the study, a summary of the research methodology and an indication of the limitations of the study.

Chapter 2: Literature review on play and play areas

A literature review focusing on the main aspects of the study is provided in Chapter 2. The aspects covered include a theoretical conceptualisation of play and play areas as well as of the child in middle childhood, with reference to children being cared for in a child and youth care centre.

Chapter 3: Research methodology and empirical findings

This chapter provides details on the research methodology followed in the study and the ethical considerations relevant to the study and contains the empirical findings of the study.

Chapter 4: Conclusions and recommendations

The key findings of the study, as well as the conclusions and recommendations, are presented in this chapter.

CHAPTER 2

CHILDREN'S PLAY AND PLAY AREAS

2.1 INTRODUCTION

Due to the positive effects of play on children's holistic development, play is accepted as a right of children over the world (Gunes & Tugrul, 2012:2025). As children learn about their world through play, depriving them of play is likely to result in immediate and long-term negative consequences (Goldstein, 2012:5). However, children grow up in a world that differs from that of their parents and grandparents, and factors such as an emphasis on academic performance and enrichment activities, changes in the basic structure of the family, and a hurried lifestyle have led to a decline in child-centred play (Ginsburg, 2007:182; Little, 2013:1).

How and to what extent children play, are determined by different factors, amongst others the views of their primary caregivers on play and play areas (Goldstein, 2012:5; Landreth, 2012:8). The goal of this study was to explore caregivers' views on play and play areas in the context of a child and youth care centre, with a focus on children in middle childhood.

This chapter contains a literature review as a background to the empirical study. The focus will be on the role of play in the lives of children, the advantages of play, and play of children in middle childhood. Furthermore, factors that might lead to the general decline in play will be discussed, with an emphasis on the role of the perceptions of parents or caregivers of play and play areas. As the study was conducted in the setting of a child and youth care centre, the context of children in a child and youth care centre will be discussed.

2.2 PLAY IN THE LIVES OF CHILDREN

The focus of this section is on conceptualising play by means of defining play and indicating children's right to play. Furthermore, different types of play that children engage in as they develop will be described.

2.2.1 Defining play

The concept 'play' is hard to define (Couper, 2011:37; Davey & Lundy, 2011:3). Smith et al. (2011:230) agree that although there have been numerous attempts to characterise or define play, it has not proved an easy task. These authors describe play as a characteristic feature of childhood, but that it is quite difficult to define.

Smith et al. (2011:230) define play based on two approaches, namely a functional approach and a structural approach. The functional approach regards play as an activity that does not have an end or external goal in mind and regards children's play is a spontaneous activity. This approach further implies that play does not entail immediate benefits or distinct goals. The structural approach focuses on the types of behaviour that are expressed during play; also referred to as play signals. These behaviour displays manifest, for example, through laughter and facial expressions. Play signals reveal that no aggression is implied during the play activity, even in rough-and-tumble play (Smith et al., 2011:231).

After an extensive survey of research studies on play, Lester and Russell (2008 in Davey & Lundy, 2011:3-4) observed that definitions of play are generally grouped into two categories: those that emphasis the developmental advantages of play and those that focus on play as an activity done for its own sake. In the first category, play is viewed as a learning opportunity and an activity that promotes healthy development. In the second category, it is accepted that play does not have a particular goal in mind; a view that corresponds with the functional approach to play as described by Smith et al. (2011:230). In support of the latter view, Landreth (2012:7-8) defines play as a spontaneous, enjoyable and intrinsically motivated activity that does not focus on an extrinsic goal or reward. Couper (2011:37) supports this view and states that play is fun and flexible and can be goal-directed in the case of games where the motive is to win.

Landreth (2012:7) furthermore describes play as the "singular central activity of childhood" and explains that children spontaneously engage in play. In agreement, Gray (2011:443) holds the opinion that children are naturally inclined to play and that they will engage in play whenever they have time to do so. Scholars such as Gordon (2014:257) and Warner and Parker (2008:1) agree that play is part of childhood and that it is essential for children's development and health.

Although it might be difficult to define play, there is agreement that play is an important part of childhood and that it has many developmental advantages for children. During play, children adopt different roles and enact different play situations, which enable them to learn social rules and participate in society (Gunes & Tugrul, 2012:2025). Through play, children learn about their own world as well as the world of others (Goldstein, 2012:5). Therefore, children need the freedom to explore and play (Undiyaundeye, 2013:514). Play forms such a central component of childhood that it is generally accepted as a right of all children.

2.2.2 Children's right to play

Although policy discussions on children's play tend to focus more on the developmental value of play, there is an increased recognition of a rights-based approach to play, in which play is acknowledged as both an intrinsic childhood activity as well as an activity that contributes to developmental outcomes in children (Davey & Lundy, 2009:4). The intrinsic nature and benefits of childhood play are valued to such an extent that children's right to play is captured in the United Nations Convention on the Rights of the Child (Davey & Lundy, 2011:3).

In Article 31(1) of the United Nations Convention on the Rights of the Child (UN General Assembly, 1989), it is stated that "children have the right to rest and leisure, to engage in play and recreational activities appropriate to the age of the child." In a regional context, the African Charter on the Rights and Welfare of the Child (African Union, 1999) indicates in Article 12(1) that: "States Parties recognise the right of the child to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts."

In South Africa, children's need to play is recognised in the Children's Act 38 of 2005. In Section 6(2) it is stated that … "All proceedings, actions or decisions in a matter concerning a child must - … (e) recognise a child's need for development and to engage in play and other recreational activities appropriate to the child's age …" (Children's Act 38 of 2005).

Internationally and nationally, it is thus agreed that children should have the opportunity to engage in play. Children engage in different types of play that could offer different developmental and recreational opportunities.

2.2.3 Types of play

During their development, children engage in different types of play. In the context of child development, two broad categories of play are distinguished. Some authors divide play forms in accordance with children's cognitive developmental abilities, whereas others structure play forms in accordance with the social dimension of play (Martorell et al., 2014:315). In addition, types of play are described in terms of physical or active play forms, and structured or unstructured play (Fischer et al., 2008:305-306; Smith et al., 2011:235-236, 242). The different types of play are discussed in this section.

2.2.3.1 Cognitive levels of play

Smilansky (1968 in Martorell et al., 2014:315), divided play into four categories that show increasing levels of cognitive complexity. These types of play develop gradually during childhood and include functional play, constructive play, pretend or make-believe play, and games with rules (Berk, 2013:609; Louw & Louw, 2014b:277). Martorell et al. (2014:315) emphasise that even though the four types of play display a developmental sequence, the four play categories indicate a general progress in children's play rather than being a phase of theory of play.

Functional play is mostly evident in the first two years of life and refers to repetitive play actions, such as running around, jumping, or playing with clay, however without any intent of creating something (Berk, 2013:609; Louw & Louw, 2014b:277). Martorell et al. (2014:316) describe functional play as the lowest cognitive level of play, which starts during infancy and involves repetitive muscular movements. Infants engage in practice play that involves the learning of new skills through the repetition of behaviour and starts when infants begin to select toys that make noise or bounce (Santrock, 2009:271-272). This type of sensorimotor play escalates from seeing, touching and grasping objects to activities such as stacking blocks to building simple puzzles (Louw & Louw, 2014b:277), which is characteristic of the constructive play.

Constructive play includes play activities such as drawing, building puzzles, or building a tower with blocks, and is a common play form between the ages of three to six years (Berk, 2013:609; Louw & Louw, 2014b:277). This second or constructive level generally includes activities where objects or materials are used for making something like a house of blocks or drawing with crayons (Martorell et al., 2014:316).

Make-believe or pretend play refers to play in which children enact roles. It involves acting out roles or characters observed in everyday life, on television or in storybooks, for example playing house or acting as a doctor or policeman. This type of play is common in children from two to six years old (Berk, 2013:609; Louw & Louw, 2014b:277). Pretend or dramatic play, also called fantasy play, involves imaginary people or situations, and make-believe objects, and contains a combination of cognitive, emotional, language and sensorimotor aspects. Martorell et al. (2014:317-318) are of the opinion that more advanced cognitive development allows a more developed level of play and promotes later capacity for abstract thoughts.

Games with rules include activities such as card games and board games as well as sports-related activities that require an ability to understand and follow rules (Berk,

2013:609; Louw & Louw, 2014b:277). Martorell et al. (2014:317) describe formal games with rules as organised games with rules and penalties. Rules or constraints are largely appropriate to that particular game or activity and can be changed at any time. However, games with public rules such as football offer less leeway for change. With reference to the work of Smilansky (1990), Gordon (2014:243) indicates that play progresses from basic to more productive play which involves active engagement with the world.

In addition to the above play types, **language play** is often evident in children's play (Smith et al., 2011:242-243). Language play becomes evident when toddlers talk to themselves, for example before going to sleep or when waking up. Later, during the pre-school years, children often engage in a humorous use of language, such as riddles and jokes. Furthermore, children use language playfully during dramatic play and in games governed by rules that involve the repetition of well-known verses.

2.2.3.2 Social dimensions of play

Mildred Parten (1932) focused on the social dimensions of play. Based on the level of interpersonal interaction involved in the play, she explained that play proceeds from non-social or solitary play to parallel, associative and cooperative play; with each consecutive pattern involving an increase in the level of joint, interactive play between children (Berk, 2013:608; Louw & Louw, 2014b:277). Solitary play represents a play pattern where the child plays alone and makes no effort to play with other children close by. Parallel play demonstrates that the child plays independently close to other children but does not play with or interact with them. In associative play children still engage in separate play activities. However, they will exchange toys and make comments on each other's play. Cooperative play demonstrates group interactions where children strive towards a common goal, take on roles, share and follow instructions (Berk 2013:608; Louw & Louw, 2014a:210; Martorell et al., 2014:318).

Martorell et al. (2014:318) suggest that certain types of non-social play, specifically solitary and parallel play, incorporate activities that promote cognitive, physical, and social development. These two play forms tend to continue up to six years of age and can take up just as much of the child's time as more social, interactive play forms (Berk, 2013:609).

2.2.3.3 Physical play forms

Physical play forms are an important type of play during the pre-school years and middle childhood (Smith et al., 2011:235). With reference to the work of Pellegrini and Smith (1998), Smith et al. (2011:235) refer to three developmental phases in physical play. Babies engage

in **physical activity play** through the movement of their arms and legs, whereas pre-schoolers are more likely to engage in **exercise play** which involves vigorous physical activities.

During the middle-childhood years, children's engagement in **rough-and-tumble play** activities is more prevalent. Rough-and-tumble play involves wrestling, kicking and chasing, and occurs especially among boys (Friedman & Downey, 2014:197; Martorell et al., 2014:315). Friendly chasing and play fighting becomes prevalent between peers from the age of three years unto adolescent years. Rough-and-tumble play in boys take on the form of play-fighting, hitting and wrestling, whereas girls tend to prefer running and chasing (Berk, 2013:610). Smith et al. (2014:245) agree that there appears to be a reliable sex difference in rough-and-tumble play as it is more prominent amongst boys. Louw and Louw (2014b:227) relate this difference to the fact that boys have more muscle tissue than girls, which results in boys being physically stronger than girls. This type of play seems to originate from the energetic play activities which parents often use with toddlers such as chasing them, tickling them and running after them (Berk, 2013:610; Smith et al., 2011:235).

With the increasing use of technology in modern life, **video games** have become a popular play form for children (Berk, 2013:634; Hännikainen, Singer & Van Oers, 2013:166). Playing video games may increase hand-eye coordination, spatial skills, selective attention, imagination and pro-social skills. However, extensive use of video games may have negative consequences, such as exposure to violent games, aggressive fantasy themes, poor school performance, and social isolation (Berk, 2013:634; Louw & Louw, 2014b:278; Smith et al., 2011:244).

2.2.3.4 Structured and unstructured play

Unstructured play refers to play which takes place spontaneously in the child's free time, while structured play involves adult-initiated activities that are usually aimed at learning and academic achievement (Fisher et al., 2008:305-306). Child-directed or spontaneous play involves free play or voluntary activities that can include moderate to vigorous physical activity (Holt, Lee, Millar & Spence, 2015:1). Through child-initiated play, children explore and acquire new skills which lead to the acquisition of knowledge and skills necessary for later academic success (Fisher et al., 2008:306). Burriss and Burriss (2011:4) thus believe that unstructured outdoor play has many cognitive, socio-emotional and physical benefits which are difficult to obtain through structured play.

Various authors advise that parents should refrain from a too strong focus on structured play. Martorell et al. (2014:315) emphasise that children need plenty of time for free

exploratory play and propose that academically orientated toys and enrichment videos should not interfere with child-directed play. Singh and Gupta (2011:236) suggest that children should engage voluntarily in activities in which they are spontaneously interested in; such experiences are seen as 'play' with socialising norms. Hännikainen et al. (2013:168) advise that if the focus on the academic benefits of play becomes too prominent, the child's pleasure may be lost, and the playful nature of the activity spoiled.

Authors agree that children benefit mentally, physically and socially through play, whether structured or unstructured play. This aspect will be discussed in the next section.

2.3 THE BENEFITS OF PLAY

A review of research on the outcomes of play for children indicates a general consensus that play has various advantages for children's well-being and health (Rogers et al., 2009). Eberle (2011:19) views the benefits of play as follows:

> Play educates us broadly and deeply early on and throughout our lives. We play with our sense of space and train our appreciation of colour with finger paints and computer graphics. We learn to appreciate our orientation, our location and position and our sense of the space around us by climbing a tree, catching a ball, casting a lure, or jumping a rope. At play with others we negotiate our place in the world and sort out our sense of ourselves as we take stock of our capabilities.

In agreement, Goldstein (2012:5) states that play teach children about their world and the world of others; therefore, depriving them of the opportunity to play will have long-lasting negative consequences. From a health perspective, play positively contributes to children's development and enhances their quality of life. Optimal development is limited without play; therefore, children should not be limited in their exposure to play (Swanzen & Jadrijevic, 2014:138).

It is generally agreed that play assists children in developing appropriate skills and attitudes that prepare them for successful adulthood and, as such, childhood play should be valued (Ginsburg, 2007:188; Gray, 2011:443). Through observation of their children when they play, adult caregivers can understand their children's needs and their world; hence play allows parents a wonderful opportunity to engage fully with their children (Ginsburg, 2007:183). The Alliance for Childhood in the United States summarises the key benefits of play as related to children's physical development, academic performance, and social and emotional learning (Rogers et al., 2009), as will be discussed below.

2.3.1 The physical benefits of play

Play is seen to enhance the physical development of children. Through physical play activities children can test their abilities, develop spatial abilities, and experience and understand their environment using their senses and movement (Rogers et al., 2009; Undiyaundeye, 2013:515). Outdoor activities such as running, jumping or swinging are important for children to be physically active, and (Burriss & Burriss, 2011:3). Physical play increases blood flow to the brain, and play contributes to children's brain development (Burriss & Burriss, 2011:3; Undiyaundeye, 2013:515). The brain has almost reached its adult size and weight by the end of middle childhood (Louw & Louw, 2014b:226).

Furthermore, outdoor play provides children with opportunities to develop their muscles and their large motor skills while interacting with others in playful activities such as running, jumping and throwing (Louw & Louw, 2014b:227; Undiyaundeye, 2013:515). Physical play provides a natural way to prevent the current epidemic of childhood obesity (Rogers et al., 2009).

2.3.2 The cognitive benefits of play

A close link has been found between play and healthy cognitive growth. During play, children have the opportunity to develop, test and refine concepts (Burriss & Burriss, 2011:2). Play allows young children to learn, in an age-appropriate manner, to master cognitive tasks that they still do not have the mental capacity to perform (Burriss & Burriss, 2011:2). Engagement in play lays the foundation for later academic success in mathematics, reading and writing (Rogers et al., 2009).

The cognitive benefits of play are not only related to structured activities, but also to unstructured play activities. Couper (2011:38) emphasises that when children participate in traditional games, they use language functions like those needed for explaining or teaching the rules of a game. Oral language and pre-reading skills are supported through rhyme, repetition and memory. Children are focused, concentrate and are aware of whose turn comes next. They practise good listening skills and rehearse basic facts that require sequencing, such as the alphabet, counting the days of the week, months of the year or colours. Furthermore, children learn creativity during outdoor play as they invent games such as tag or hide-and-seek, build social awareness and develop risk-taking skills (Undiyaundeye, 2013:515). Make-believe play enhances children's mental abilities such as creativity and the capacity to understand emotions (Berk, 2013:240). Santrock (2009:271) therefore advises that parents should encourage make-believe play.

Smith et al. (2011:259) argue that considerable empirical investigations have been made into the benefits of play; however, most of the investigations on the cognitive benefits of play were conducted in an explicitly educational framework. They therefore believe that empirical evidence on the supposed cognitive benefits of play is arguable as, while play is likely to have benefits, it is unlikely that play is essential for cognitive development. Rather, these benefits could be achieved in a number of ways, of which play would be one. However, this lack of evidence on the cognitive benefits of play will not detract from the enjoyment of play, which in itself gives an enduring value to play, whatever the extent of its developmental benefits may be.

2.3.3 The socio-emotional benefits of play

Play activities provide valuable opportunities for social learning and play is thus regarded as the key means by which children develop socially as they practise a wide variety of behaviours while playing, such as cooperation, sharing and settling (Burriss & Burriss, 2011:2). Millan (2012:2) suggests that through play, children develop concepts related to gender and the meaning around being a boy or a girl. Children build these understandings based on the definitions developed within society about what being a boy or a girl means and what these roles embody.

Research suggests that social make-believe play is related to an increase in cooperation, empathy and impulse control, reduced aggression, and better overall emotional and social health (Rogers et al., 2009). Lin and Yawkey (2014:107) report that during play, social knowledge and an appropriate use of social skills are important to maintain social interactions with playmates. Through play, children learn to develop play themes together, see things from others' points-of-view, cooperate and negotiate with each other, regulate personal emotions and behaviours, and understand rules of play. Play includes rules of its own and allows children of all ages to develop skills in social competence that endure over their lifetime (Couper, 2011:38). Children have to learn to communicate effectively in order for them to become worthy playmates, to understand the perspectives of others, and to send, interpret and react to social cues (Burriss & Burriss, 2011:3).

The skill of perspective-taking is a critical part of children's social development (Burriss & Burriss, 2011:3). Perspective-taking is the cognitive ability to become aware that one's own perspectives differ from those of others, and that others' perspectives may be different from one's own. During play, children typically engage in organised games, must share equipment, or must initiate and maintain relationships. These play situations require of children to communicate with others, to negotiate and compromise, and to understand the

views of their peers to help them to maintain successful social relationships (Burriss & Burriss, 2011:1).

In essence, play is fun and contributes to the developing of emotional well-being (Couper, 2011:38). Play involves various benefits which enhance children's mental health, for example the development of interests and competencies; making friends, experiencing joy, and getting along with peers; and learning to follow rules and acquiring skills related to self-control and emotional regulation (Gray, 2011:454). Children often support and guide one another and praise one another for their abilities for example in running, jumping and climbing, resulting in a sense of competence (Burriss & Burriss, 2011:3). Furthermore, play helps children to relieve tension and master anxiety (Santrock, 2009:271). Make-believe play contributes strengthens children's capacity to understand emotions and thus enhances children's emotional health (Berk, 2013:240; Rogers et al., 2009).

Rogers et al. (2009) conclude that, although the benefits of play are universally recognised, it is difficult to link specific benefits with specific play activities because of the influence of other factors in the child's life. In this sense, Greve et al. (2014:438) are of the opinion that play cannot directly "produce" social and developmental success, but that these successes rather relate to the effects of play on individual factors, for example the person's self-esteem, or physical and psychological health. However, it is believed that the more children engage in play and the more diverse play experiences they are exposed to, the greater their chances of developmental and social success over the lifespan (Gray, 2011:443). Sufficient time for play during the childhood years was found to be linked with emotional well-being in adulthood (Rogers et al., 2009). In agreement with these statements, Hännikainen et al. (2013:171) state that there is a dire need for play to promote closeness among people and to overcome cultural barriers in society. Culture forms part of childhood and a child's immediate environment will influence his/her behaviour during play (Louw & Louw, 2014b:278).

Rogers et al. (2009) suggest that play has traditionally been associated with early childhood, and as such, much of the literature deals with the early development of play in under-fives and play as an instrumental activity in early education. The authors indicate that little attention has been given to the play of older children, particularly children from the age of six through to adolescence. This period includes the middle childhood years, which was the focus of this study.

2.4 PLAY OF CHILDREN IN MIDDLE CHILDHOOD

Middle childhood is the period between the ages of six and twelve years (Louw & Louw, 2014b:225). Guest (2013:168) describes middle childhood as a period of relative autonomy. He mentions that many children, prior to the middle childhood years do not have the motor skills or the maturity to engage in intensive social and physically active play. During middle childhood, significant development takes place, for example children's bodies start to change, their cognitive abilities increase, and they develop social skills and become aware of relationships and emotions. These developmental changes enable them to become self-reliant, which has an impact on their behaviour, including changes in the way that children play (Botha & Dunn, 2009:255; De Wit, 2012:129).

Physical development refers to changes in the child's body, including changes in weight and height, which support an important aspect of physical development, namely motor skills development (Louw, Louw & Kail, 2014:9). The increase in strength, coordination and muscular control over the body is one of the most prominent developmental characteristics of the middle childhood phase (Louw & Louw, 2014b:227). Children in middle childhood show a slower rate of physical growth than in early childhood. However, they experience significant development and refinement of their gross and fine motor skills. They acquire the skills to participate in sports and other active physical activities, for example in running, kicking, skipping, throwing, catching and batting, as well as skills for writing, drawing and playing musical instruments (Berk, 2013:179; Louw & Louw, 2014b:225, 227).

Play provides a medium through which physical development in middle childhood can be enhanced through children's delight in the physical capabilities of their bodies, for example in activities such as through gymnastics or dance that test balance or co-ordination. Physical activities help children to experience and understand the world through their senses and movement, and develop their spatial abilities. These activities can also prevent childhood obesity (Rogers et al., 2009). Furthermore, children can get rid of excess physical energy through play (Santrock, 2009:270).

Children in middle childhood enter the concrete operational stage indicated in Piaget's theory of **cognitive development** (Berk, 2013:249). Louw et al. (2014:9) describe cognitive development as the way in which children internalise their understanding of perceptions, learning, memory, thinking, decision making, imagination, creativity, language and intelligence. However, these authors differentiate between intelligence and cognition. Intelligence refers to one aspect of cognition, namely children's capacity to solve problems and to adjust to their environment. Based on their level of cognitive development, children in middle childhood can engage in logical reasoning and develop cognitive skills such as

reversibility, classification, conservation and decentring that enable them to master educational tasks at school (Louw & Louw, 2014b:229-230). Piaget's theory emphasises that children in the middle childhood stage can use mental operations to solve problems and to reason (Louw & Louw, 2014b:227).

Play permits children to practise competencies and acquire skills in a relaxed and pleasurable way, thereby enhancing their cognitive development. With reference to the work of Piaget (1962) it is stated that play advances children's cognitive development (Santrock, 2009:271). Rogers et al. (2009) concur that play has specific advantages for children's cognitive development. The cognitive benefits of play are not only related to structured activities, but also to unstructured play activities. Howard and McInnes (2013:38) conclude that from a cognitive perspective, play offers children the opportunity to learn about objects, concepts and ideas, and to develop problem-solving strategies. As the significant cognitive development in middle childhood will influence the child's functioning later in life (Louw & Louw, 2014b:229), the cognitive benefits that play could have for children in middle childhood should not be overlooked.

Emotional development in middle childhood allows children to better understand and control their emotions. They can understand complex emotions, and the events that cause certain emotions, can effectively manage emotions, and tend to conform to emotional display rules (Berk, 2013:419; Louw & Louw, 2014b:259-260). These abilities have a direct link to emotional intelligence. Emotional intelligence is the ability to monitor one's own and other's feelings and emotions as well as controlling and managing emotions to meet social standards (Louw & Louw, 2014:260). According to Daniel Goleman (in Louw & Louw, 2014b:260), emotional intelligence involves four main areas:

- developing emotional self-awareness (the ability to separate one's feelings and actions)
- managing emotions (the ability to control anger)
- reading emotions (the ability for perspective-taking) and
- handling relationships (the ability to effectively deal with relationship problems).

Middle childhood signifies the time when children enter the formal school system; a transition that is associated with higher levels of anxiety and fear (Louw & Louw, 2014b:236-237). Play can be a valuable medium for helping them to deal with anxieties and tension (Santrock, 2009:271). Make-believe play enhances children's emotional health (Rogers et al., 2009), whereas children can relieve pent-up emotions through play (Santrock, 2009:271).

In a study on everyday play behaviour and associated emotions in middle childhood, it was concluded that children showed a great deal of emotional attachment to play, feeling happy

and sometimes elated while playing, whereas they experience a multitude of negative emotions when not being able to play (Howard, Miles, Rees-Davies & Bertenshaw, 2017:10). The emotional importance of play in middle childhood was thus apparent, with children associating play with strong positive emotions, and not being able to play with negative emotions and anxiety (Howard et al., 2017:1).

Social development involves the reciprocal interactions and building relationships with other people who are important in the child's frame of reference (Louw et al., 2014:9). Children's social environment widens during middle childhood and offers them new learning experiences (Louw & Louw, 2014b:262). Children in middle childhood become more involved with their peers, with the result that peer relationships and acceptance into the peer group come to play a significant role in their life (Berk, 2013:618; Louw & Louw, 2014b:279). During this life stage, children focus on the development of social relationships and cultural understanding (Sandberg in Howard et al., 2017:1). Both Parten and Erikson (in Howard et al., 2017:1) emphasise the acquisition of social skills and propose that in middle childhood, play promotes negotiation, socialisation and the adoption of cultural trends and rituals.

According to Erik Erikson's theory of psychosocial development, the child in middle childhood is in the phase of industry versus inferiority (Berk, 2013:16; Louw & Louw, 2014b:255). Erikson's theory indicates that children who meet the demands of their life stage, develop a sense of competency. As the self-esteem of children in middle childhood strongly relies on their judgment of their own worth (Louw & Louw, 2014b:258), it can be concluded that developing a sense of competency is important for a healthy self-esteem. The ability to adjust to school, master academic work, follow social rules, and form positive and stable peer relationships, supports children's sense of competence (Howard & McInnes, 2013:35; Louw & Louw, 2014b:255-256).

During middle childhood, play can contribute to children's social development through enjoying activities outside of the school environment (Howard & McInnes, 2013:35). Children in middle childhood are likely to engage more in group-based games with complicated rules and electronic games (Howard & McInnes, 2013:37). Their cognitive, emotional, social and physical development influences the type of play activities they prefer as well as those they can master. Children in middle childhood tend to prefer games with rules, and common play activities include the following: physical play activities such as ball games, riding bicycles, swimming and skateboarding; sports and movement activities such as soccer, rugby, martial arts and dancing; and collections such as collecting stamps, cards and marbles (Louw & Louw, 2014b:277-278). They also engage more in rough-and-tumble play, which involves friendly chasing and play-fighting. Boys engage more in play fighting such as wrestling, while

girls engage more in chasing and running (Berk, 2013:610). However, Hännikainen et al. (2013:166) indicate that children increasingly engage in digital and technological games and toys. Involvement in electronic media tends to affect children's social functioning in that it could lead to social isolation (Louw & Louw, 2014b:285)

During play interactions, children learn to use skills such as negotiating, communicating, compromising and perspective-taking to maintain successful social relationships (Burriss & Burriss, (2011:1). It is thus proposed that playful interaction with peers in physical activities, sport and movement, and collections, can contribute to the development and maintenance of positive social relationships. These skills could support children in middle childhood to adjust to the wider environment of the school and the peer group.

Play is an important part of children's lives and play has been described as a tool for children to express themselves (De Witt, 2012:129). A common theme found in studies from different perspectives related to the link between play and the development of the child, was the view that play has a positive influence on the developing child with regards to cognitive, physical, social, emotional and mental development (Ginsburg, 2007:182; Gray, 2011:458; Veitch et al., 2007:383; Hännikainen et al., 2013:167). Although it may be difficult to determine the specific functions and outcomes of play (Davey & Lundy, 2011:3), there is consensus that play has several benefits for children.

Despite views that regard play as essential to holistic development of children (Ginsburg, 2007:188), international studies indicate that there appears to be a general decline in childhood play (Goldstein, 2012:6; Gray, 2011:455). Possible reasons for this trend are discussed in the following section.

2.5 FACTORS INFLUENCING CHILDREN'S PLAY

Children's play, especially free play, has shown a decline in recent times (Goldstein, 2012:6). Gray (2011:445) states that it is difficult to quantify the decline in children's free play over the last 50 years; but it appears that this decline has been continuous and significant. To illustrate this point, Couper (2011:37) points out that, just as hard as it is to define play, it is equally hard to find children playing on and outside of school playgrounds.

In modern-day life, children grow up in a world that differs from that of their parents. This context has an effect on children's play. Ginsburg (2007:182) states that hurried lifestyles, changes in the basic structure of the family, and a strong focus on academic performance and enrichment activities are some of the reasons for a decline in child-centred play. There is thus a marked reduction in time available for free play, even though play has numerous

benefits for children (Goldstein, 2012:6). Little (2013:1) agrees by stating that there is no doubt that children today are growing up in a world that is very different from that of their parents and grandparents, and that it has a negative effect on children's play activities. Themes found in literature on children's play highlight that many factors impact on children's ability to engage in play, as will be discussed next.

2.5.1 Modern lifestyle

A hurried lifestyle and parents' work schedules are some of the reasons mentioned for less time being available for children to spend on play (Burriss & Burriss, 2011:4; Ginsburg, 2007:182). Changes in the structure of the modern family result in many children spending their afternoons at school and after-school centres. Schools that have limited physical play areas and a limited number of after-school personnel that can supervise children tend to focus more on indoor and sedentary after-school activities, whereas in many cases schools do not offer outdoor activities, both during and after school (Burriss & Burriss, 2011:5). This situation has a significant effect on children's opportunities for engaging in unstructured and outdoor physical play activities. Unstructured outdoor play has many cognitive, socio-emotional and physical benefits which are difficult to obtain through structured activities (Burriss & Burriss, 2011:4). Play, and especially outdoor play, is crucial for the child's development, health and well-being (Singh & Gupta, 2011:237).

2.5.2 Socio-economic circumstances

Children are socialised through childhood experiences, and these experiences are impacted by social, economic and belief systems in a specific community (Fearn & Howard, 2012:456). Given the historical background of South Africa, the socio-economic circumstances of children in South Africa is relevant to this study, as will be discussed next.

The White Paper on Families in South Africa (Department of Social Development, 2012:22) points out that poverty and inequality put a huge burden on families, stating: "Poverty still reflects apartheid settlement patterns and virtually all poor households are found in the former Bantustan regions, informal settlements and townships." According to Patel (2012:107) "poverty and inequality remain the country's greatest challenge with poverty continuing to be strongly associated with race, gender, education and spatial dimensions." Patel (2012:107) furthermore points out that urban poverty is rising, and that the proportion of poor people living in households with low levels of education, has increased substantially. In their recent study, Meinck, Cluver, Boyes and Ndhlovu (2015:183) confirm that the legacy of apartheid as well as the effects of HIV/AIDS epidemic is still evident in South Africa at

large in that "[i]nequality reduces the redistributive effects of economic growth and skews benefits of growth towards those who are already better off."

In addition to poverty and HIV and AIDS, many South African families are faced with problems such as overcrowding and substance abuse, while millions of families in South Africa are affected daily by ever-increasing crime (Department of Social Development, 2012:26-27). These socio-economic conditions place significant stress on families and in some families, result in child maltreatment, abuse and deprivation and the inability of the parents to care for their children (Department of Social Development, 2012:26-27; Meinck et al. 2015:183; Murray, Tarren-Sweeney & France, 2011:149).

The frequency, extent and nature of child sexual offences in South Africa have gained worldwide attention over the past years. The Optimus Study on Child Abuse, Violence and Neglect in South Africa (Burton, Ward, Artz & Leoschut, 2016) provide recent empirical findings on the conditions that children are faced with daily. In their report, it is indicated that "over one third of South African young people reported having been exposed to some form of sexual abuse" (Burton et al., 2016:36), Furthermore, the parental home and the social environment play an important role in the likelihood that children become victims of sexual violence as these children are often exposed to harsh parenting practices and are more often involved with negative friendship groups (Burton et al., 2016:9).

The spatial effects of poverty (Patel, 2012:107) might result in unsafe neighbourhoods for children to play in; a factor which is highlighted by high levels of crime in South African communities and against children in South Africa (Burton et al., 2016:36; Department of Social Development, 2012:26-27). Whereas parental supervision would be critical to ensure the safety of children in neighbourhood play areas, poverty results in home conditions which are not conducive for parent involvement in the lives of their children (Louw & Louw, 2014b:242).

Louw and Louw (2014b:278) highlight the possible influence of socio-economic conditions on children's play in the South African context. They indicate that children from higher socio-economic areas may have more access to commercial toys and electronic media, whereas children from disadvantages families might be more likely to play with natural objects such as sticks, stones, leaves and soil. In addition, children in lower socio-economic families might have less time to play as they are expected to help with domestic chores and look after younger siblings. Such circumstances could affect parents' views on play.

2.5.3 Adults' views on play

Goldstein (2012:5) highlights that, with supportive adults and adequate play spaces, children can experience the benefits of play and increase their chances of becoming healthy, happy and productive members of society. However, it seems that many adults maintain the view that "play can be important only if it somehow fits with what adults consider important in their world" (Landreth, 2012:8). Couper (2011:38) agrees and indicates that adults tend to see play through their eyes and thus get in the way of children's play. Children are dependent on the adults, who might impose their own values, beliefs and ideas on children's play. This leaves few opportunities for children to explore their world and discover solutions for themselves. The author further indicates that adults' perspectives on play are shaped by mature ways of understanding, where they have lost the ability to see children's eye-view of play, games, friends and fights. In addition, children play with other children, not just those chosen by an adult from their social class or where they are restricted to best friends (Couper, 2011:38).

Research studies indicate that parents' perceptions could have a significant influence on children's engagement in free play. In this regard, Veitch et al. (2007:390) found that the time that children spend on play was determined by their parents' attitudes towards free play. In a survey by Lin and Yawkey (2014:110) on parents' perception of play, it was found that parents moderately agreed that play is beneficial to children's problem-solving skills, thinking abilities, imagination, creativity, cognitive, socio-emotional and language development. If parents are not aware of the benefits of play, they might not regard it as an important aspect in the lives of their children.

2.5.4 Focus on academic and sport performance

An increased focus on children's academic performance has led to greater attention on learning and enrichment activities, at the cost of child-centred play (Ginsburg, 2007:182). Consequently, children spend more time on school-like and other adult-directed activities, and spend less time on free play (Gray, 2011:447). Landreth (2012:8) is of the opinion that many parents are so focused on success, that they regard children's play as a waste of time.

In this regard, Fischer et al. (2011:311, 313) describe studies in which mothers perceived structured play as less joyful but with higher academic outcomes and unstructured play as more joyful but less academically inclined. It was further found that these mothers would encourage activities that they regarded as academically enriching and would structure their child's play environments accordingly. Singh and Gupta (2011:239) found in their study, in which they explored parental perceptions of play, that parents had corresponding views on

the value of play, regardless of their educational status, living spaces and financial situation. These parents acknowledged the fundamental element of play in children's development; however, the demand of educational performance and the presence of technology resulted in limited opportunity for children to play.

2.5.5 Safety concerns

Parents' concerns over the safety of their children at play facilities such as parks and playgrounds have a strong influence on the children's active, free and outdoor play (Veitch et al., 2007:390). Parents have many fears about children playing outdoors, and media attention on unsafe play spaces plays a role in maintaining these fears (Gray, 2011:446). Due to parents' fears that strangers might harm children in public play areas, many children are prevented from engaging in outdoor neighbourhood play (Ginsburg, 2007:182).

As children are not allowed to freely play outdoors, they tend to spend much more time watching television (Gray, 2011:446). Furthermore, parents organise activities for children in elementary school, where they set the rules and structure of children's play (Warner & Parker, 2008:1). Safety concerns thus limit children's freedom of movement, resulting in them watching television or playing video games for hours. Furthermore, with greater access to technology such as iPods, cell phones, video games and reality television, the amount of time that children play outdoors is continuously decreasing. Children are increasingly exposed to electronic games (Louw & Louw, 2014b:278), which might encourage inactive and indoor forms of play.

Parents' concerns over children's safety within their environment has an impact on children's play as children are not allowed to freely move around in their living environment and engage in neighbourhood play without parental supervision (Little, 2013:2-3). Children are thus deprived of the advantages of neighbourhood play, which relate to the positive effects of independent mobility on their health, their inquisitiveness, and on opportunities to learn how to respond to risks in their environment and implement safety strategies. Access to safe play areas could thus counter the safety concerns of parents.

2.5.6 Access to public play areas

Public play areas can be informal areas, such as neighbourhood sidewalks, or designated public areas, such as parks, public playgrounds, and school playgrounds that are intended to provide suitable play environments for children (Aarts et al., 2012:10; Azlina & Sulkiflee, 2012:275-276; Davey & Lundy, 2011:5). Public play areas in the neighbourhood environment are key settings for children's outdoor play (Bringolf-Isler et al., 2010:252).

Swanzen and Jadrijevic (2014:138) propose that a safe play environment inspires children to explore and learn through play. It is reported that the provision of play spaces and time spent outdoors are positively associated with physical activity in children (Rogers et al., 2009).

However, many children do not have access to appropriate public play areas. One of the main reasons that prevent children from playing in public play areas, relate to parents' concerns over the safety of their children. In this regard, it was found that children are less likely to play in public play areas when parents perceive these areas as unsafe, and are concerned about the safety of their children at these spaces (Gray, 2011:446; Veitch et al., 2007:390). In addition to concerns over the absence of adult supervision, the walking distance to public parks and lack of access to transport are perceived as factors that could prevent children from utilising public play spaces (Davey & Lundy, 2011:5).

Children may thus find it difficult to find appropriate play areas and, even if they do, it might be difficult to find other children who play in public play areas. A study on the decline in children's play (Gray, 2011:446) found that children prefer to play outdoors with friends. However, even when allowed to play outdoors, it was not easy for them to find attractive play areas or other children to play with.

2.5.7 Cultural factors

The cultural context in which children grow up could have a significant influence on their play (Louw & Louw, 2014b:278). Smith et al. (2011:246) indicate that children's play is common in most societies. However, the frequency and content of play may vary between different societies. These authors differentiate between culturally accepted play, culturally curtailed play and culturally cultivated play.

Culturally accepted play refers to societal views on play according to which parents realise that play is part of childhood. However, they do not encourage play or create opportunities for children to engage in play. The adults not regard play as beneficial, but rather perceive play as a way in which children keep themselves busy (Smith et al., 2011:246).

Culturally curtailed play refers to adult perceptions that children should less engage in play and engage more in activities that support the attainment of skills by means of observation and imitation. The perceptions are based on the belief that play does not benefit children or enhance their development (Smith et al., 2011:246).

On the other hand, culturally cultivated play usually occurs in societies where parents value the role of play in the child's development; usually associated with urban and middle-class families in the European and American context. These parents acknowledge the benefits of

play and thus provide their children with play objects and toys and actively encourage their children to play (Smith et al., 2011:246).

The goal of this study was to explore and describe the perceptions of caregivers at a child and youth care centre on play and play areas. A central theme that arose from the discussion of the factors that can influence children's play, was related to the influence of the perceptions of play and play areas of parents or other adults, on children's play. In the next section, a brief overview of this aspect will be provided.

2.6 PARENTS' AND CAREGIVERS' PERCEPTIONS OF PLAY AND PLAY AREAS

Parents are regarded as the most important persons in children's lives as they provide children with care and nurturing needed for their healthy development (Henderson & Thompson, 2011:8). It is recognised that the family plays a critical role in children's development and well-being, however family structures have changed worldwide and some children live with neither of their parents (Louw & Louw, 2014b:294). In this study, the focus was on children being cared for in a child and youth care centre. The discussion of parent's views on play and play areas will thus also apply to caregivers.

2.6.1 Perceptions of play

The critical role of parents in determining the nature and extent of play in children's lives was highlighted in the previous section. Apart from aspects such as a hurried lifestyle, parental employment, and socio-economic conditions that influence the opportunities for children's play, it is evident that parents' perceptions of play have a significant impact on children's play. In this sense, it appears that parents might see play through the eyes of adults and as something that does not fit with what they see as important in life (Couper 2011:38; Landreth, 2012:8).

In this regard, many parents place such a strong emphasis on children's academic achievement that they structure their children's lives to focus more on educational activities (Ginsburg, 2007:182; Gray, 2011:447). Consequently, children are afforded less time to engage in free play as parents regard this form of play as a waste of time (Gray, 2011:447; Landreth, 2012:8).

Views on play are also determined by the socio-cultural context in which families live (Louw & Louw, 2014b:278). Socio-cultural norms might determine whether parents will restrict their children's play, accept play but without acknowledging the benefits thereof, or actively encourage their children to play based on an acknowledgment of the developmental advantages of play (Berk, 2013:613; Smith et al., 2011:246).

Socio-economic hardship in families might affect parents' views on the value of play versus the need for children to assist with household tasks, as well as the play materials that children are exposed to (Louw & Louw, 2014b:278). Children tend to easily substitute objects during pretend play (Santrock, 2009:272), therefore limited play materials might not be as restrictive to their play as the demands of household chores. In the latter instance, parents might view the value of children's assistance with household tasks as more important than time spent on children's play.

It can be postulated that many parents acknowledge the benefits of play, but that their concerns over the availability and safety of play areas in their environment prevent children to engage in outdoor play in public play areas.

2.6.2 Perceptions of play areas

Public play areas in the neighbourhood are important contexts for providing children with opportunities for outdoor play (Bringolf-Isler et al., 2010:252). However, for parents, the safety of their children in public play areas are often of concern, especially if there is a lack of adult supervision (Davey & Lundy, 2011:5; Gray, 2011:446; Veitch et al., 2007:390). In the South African context, high levels of crimes against children (Department of Social Development, 2012:26-27; Burton et al., 2016:36; Meink et al., 2015:183) might increase caregivers' concerns over the safety of children in public play areas.

Families who live in poverty often have limited access to facilities due to the spatial dimensions of poverty (Louw & Louw, 2011c:413; Patel, 2012:107). This aspect could affect children' access to safe and age-appropriate public play areas and could be a source of parents' concern over the safety of their children in public play areas. It is acknowledged that "[o]utdoor play areas are a major source of unintentional injury for children" (Swanzen & Jadrijevic, 2014:138). The authors, who focused on play environments for children in child and youth care centres, emphasise the importance of the design, maintenance, and supervisory strategies in these areas and highlight the following aspects for consideration (Swanzen & Jadrijevic, 2014:138):

- Space: It is important to provide children with large play areas, but these areas need to be structured so that children are clearly visible from all directions.

- Equipment: Play equipment should be of high quality, should be age and developmentally appropriate, and its safety must be checked regularly.

- Maintenance: Play areas and equipment should be maintained regularly.

- Surface materials: Protective materials should be placed under play equipment to protect children from harm.

- Supervision: Children must not be left unattended, and adult supervision needs to be available at all times.

- Emergencies: Play areas should be prepared to deal with emergencies. A well-stocked first aid kit must be available and must be checked every three months.

Negative perceptions of parents about the suitability and safety of public play areas could thus have a substantial effect on children's exposure to the benefits of play that is generally associated with larger public play areas and play equipment. Public play spaces and outdoor play are seen to encourage physical activity in children and a safe environment encourages children to explore and learn through play (Rogers et al., 2009; Swanzen & Jadrijevic, 2014:138).

In the context of the child and youth care centre, the caregivers are the persons "who factually care for a child" (Children's Act 38 of 2005). In this sense, their views on play and play areas are likely to affect the play of the children in their care. In this study, the researcher therefore explored the perceptions on play and play areas of caregivers in a child and youth care centre. An overview of the context of the child and youth care centre will be provided as background for the study.

2.7 THE CHILD AND YOUTH CARE CENTRE

The White Paper on Families in South Africa (Department of Social Development, 2012:5) views the family as the primary setting in which children are born and cared for. However, in some instances families are not able to care for their children, which results in children being placed in alternative care. This study focused on the child and youth care centre as one of the options of alternative care as stated in the Children's Act 38 of 2005.

2.7.1 The context of the South African family

The White Paper on Families in South Africa (Department of Social Development, 2012:11) defines a family as "a societal group that is related by blood (kinship), adoption, foster care or the ties of marriage (civil, customary or religious), civil union or cohabitation, and go beyond a particular physical residence." South Africa is characterised by unique circumstances that negatively affect the structure and circumstances of families. These circumstances are attributed to factors such as poverty, unemployment, inequality, HIV and AIDS, crime and violence, and have a detrimental impact on family care as a priority within

the South African context (Department of Social Development, 2012:22; Holborn & Eddy, 2011:1; Perumal & Kasiram, 2014:159).

Adverse circumstances that affect families often have detrimental consequences for children. Factors such as unemployment cause many children in South Africa to grow up in a dysfunctional family, in which children are socialised into roles that negatively affect them (Holborn & Eddy, 2011:7). In agreement, Meinck et al. (2015:183-184) state that South Africa has a high rate of alcohol and substance abuse, domestic violence, single parenting and poverty which are all risk factors for physical, emotional and sexual abuse, particularly among vulnerable children and women. South Africa is characterised by a particularly high prevalence of child abuse, neglect and maltreatment (Burton et al., 2016:7; Richter & Dawes, 2008 in Department of Social Development, 2012:28).

In terms of the Children's Act 38 of 2005, Section 150, children who are exposed to harmful circumstances such as abuse, neglect and maltreatment, can be removed from the care of their caregivers. These children can be placed in different care options, for example in foster care, temporary safe care, or in a child and youth care centre (Children's Act 38 of 2005, Section 156).

2.7.2 Children being cared for in a child and youth care centre

The Children's Act 38 of 2005, Section 191, defines a child and youth care centre as follows: "A child and youth care centre (CYCC) is a facility that provides residential care for more than six children who are not living with their biological families." In contrast to the hostel-type settings of earlier, there has been a move towards a model of care that consists of smaller homes to provide the children with a sense of a family environment (Smith, 2012:273). Caregivers take the primary responsibility for the daily care of children in the child and youth care centre and thus take on the role of the parent. Section 1 of the Children's Act indicates that a caregiver is a person, other than the child's parent, that factually cares for the child.

Caregiving in the context of a child and youth care centre presents its own challenges. This context is often characterised by high staff turnover, limited resources, and more rigid discipline structures, while caring for a group of children who have been exposed to trauma can be a challenging task (Van Wyngaard, 2009:148-150).

Children in child and youth care centres are likely to have experienced trauma. Often, they have been exposed to different forms of maltreatment prior to their placement in the child and youth care centre, while removal from the family home and placement in alternative care

constitute additional traumatic experiences (Cameron & Maginn, 2009:5; Cocker & Allain, 2013:38; McAuley & Davis, 2009:149). As a result, they are more likely to present with emotional and behavioural problems, including tantrums, self-harm, theft, stealing, substance abuse, bedwetting, aggression, sexualised behaviour and eating disorders, as well as health problems, poor educational performance, poor self-esteem, and complex family relationships (Cameron & Maginn, 2009:5-6, 39).

Children placed in alternative care therefore need support and interventions that can enhance their well-being and help them to develop to their full potential (Allain et al., 2011:128-129; Perumal & Karisam, 2014:165). The provision of a stable care environment, consistent care and opportunities to build positive relationships, can play a significant role in the well-being and healing of children in alternative care settings (Allain et al., 2011:207). McAuley and Davis (2009:147-148) state that every child, irrespective of his or her background or circumstances, should have the support needed to be healthy and safe, to achieve, and to make a positive contribution to his or her economic well-being. To achieve these outcomes, Swanzen and Jadrijevic (2014:133) emphasise that the child in residential care should be addressed holistically in order to develop into a healthy socially functioning child.

Swanzen and Jadrijevic (2014:131) refer to the international definition of Child and Youth Care in which it is stated that "The developmental-ecological perspective emphasises the interaction between persons and the physical and social environments, including cultural and political settings." This statement reflects a similar perspective to that of the Developmental Systems Theory (DST) (Vimont, 2012:502) that formed the theoretical framework for the study. DST emphasises that the person and the environment are interrelated, with a bi-directional influence on each other (Greenfield, 2011:531). Furthermore, child and youth care centres accommodate children from different families, backgrounds and communities, and it is recognised that individuals and their cultural identity are changeable over time, depending on developments in their lives such as new situations, contexts or experiences (Cocker & Allain, 2013:83). The concepts of change over time and of the uniqueness of each individual are also mirrored in DST (Greenfield, 2011:531).

2.7.3 The role of the caregiver in the child and youth care centre

Caring for children in the context of a child and youth care centre can place extensive demands on caregivers. In a study conducted by Van Wyngaard (2009:149-151), the competence of the caregivers was highlighted as a key aspect contributing to the quality of care. This view is supported by other authors who indicate that the everyday interactions between the children and caregivers in a child and youth care centre can significantly impact

on the well-being of children in care (Smith, 2012:283). Therefore, important opportunities for growth and healing are offered through children's experience of the relationships with the caregivers and of the everyday events in the child and youth care centre (Kendrick, 2012:292; Sayer, 2008:112).

It is evident that the daily interactions between the children and caregivers can make a significant difference to the well-being of children in care. Ward and Wessels (2013:56) emphasise that it should be a national priority to support South African caregivers in the complex task of raising children to become well-functioning adults.

Furthermore, the Children's Act 38 of 2005 specifies that therapeutic programmes must be designed for children in such alternative care placements, with specialised programmes for vulnerable children (Perumal & Kasiram, 2014:165). Interventions must focus on helping children to grow and build relationships of trust (Allain et al., 2011:128-129).

Play can contribute to the development and growth of the children and, in addition, can enable caregivers to respond to children's needs and allow them to engage fully with the children in their care (Goldstein, 2012:6; Ginsburg, 2007:188). Davey and Lundy (2011:11) emphasis children's right to play and propose that, rather than an "optional luxury", play should a substantial goal of child-focused interventions. The latter view is also expressed in the Children's Act 38 of 2005 in the general principles related to all proceedings, actions and decisions related to a child that are stipulated in Section 6. Section 6(2)(e) stipulates that the "child's need for development and to engage in play and other recreational activities appropriate to the child's age" has to be recognised.

The Developmental Systems Theory (DST) emphasises that resilience can be enhanced by enhancing resources on three levels: the child, the home and the wider environment (Atkiss et al., 2011:172; Vimont, 2012:508). In terms of the study, the benefits of play for children in a child and youth care centre might be as follows:

- Within-child factors: play can enhance children's development in the different developmental domains, such as their physical, cognitive and socio-emotional development (c.f. Burris & Burris, 2011; Eberle, 2011; Howard & McInnes, 2013; Ginsburg, 2007; Gray, 2011; Veitch et al., 2007; Hännikainen et al., 2013);
- Within-home factors: play can present opportunities for positive interactions of children with their caregivers (cf. Goldstein, 2012; Ginsburg, 2007) and thereby support a positive caregiving environment for children as well as caregivers; and
- Outside-home factors: play has many benefits that could enhance children's psychosocial functioning (cf. Burris & Burris, 2011; Couper, 2011; Howard et al., 2017),

that could enhance their interactions within the wider social environment such as with their peers and in school.

In conclusion, play might contribute to the holistic development and the well-being of children in a child and youth care centre. As the perceptions of parents and other adults greatly impact the nature and extent of children's play, the perceptions of caregivers on play and play areas could have a significant effect on children's play in the context of the child and youth care centre.

2.8 SUMMARY

Numerous studies share the common statement that play is hard to define; however, play has a significant impact on children's holistic development. Literature confirms that play is an inherent aspect of childhood and that children are naturally inclined to play at any stage of their life. However, children's engagement in play is often determined by the perceptions that their parents or other significant adults have of play and play areas. In the context of the child and youth care centre, the caregiver takes over the role of the parent and, as such, would be in a position to influence children's play.

The goal of this study was thus to explore the perceptions of play and play areas of caregivers of children in middle childhood being cared for in a child and youth care centre in Tshwane. The research methodology, ethical considerations and findings of the study will be presented in the next chapter.

CHAPTER 3

RESEARCH METHODOLOGY AND EMPIRICAL FINDINGS

3.1 INTRODUCTION

Play during childhood has many benefits, and has been found to enhance the physical, cognitive, social and emotional development of children (Burriss & Burriss, 2011:3; Eberle, 2011:189). Children who do not have sufficient opportunities for play are likely to suffer negative developmental consequences that could have a long-lasting impact on their lives (Goldstein, 2012:5). Despite the importance of play during childhood and play being viewed as a right of all children, it appears that childhood play has declined over the past few decades (Ginsburg, 2007:182). Research indicates that parents' or caregivers' views on play and play areas have a significant impact on the types of play children engage in as well as on the opportunities for children's play (Couper, 2011:38; Landreth, 2012:8). This study focused on the views on play and play areas of caregivers caring for children in middle childhood in a child and youth care centre. The research question that guided the study, was as follows: What are the views of caregivers at a child and youth care centre of play and play areas?

In this chapter, the research methodology that was followed in the study and the ethical considerations that applied to the study will be discussed. The empirical findings of the study will be presented according to the themes and sub-themes identified during data analysis.

SECTION 1: RESEARCH METHODOLOGY

The research methodology that was utilised to implement the study will be discussed in this section. The researcher will describe the research approach, the type of research, the research design, the research methods, and the ethical aspects considered in the implementation of the study.

3.2 RESEARCH APPROACH

This study followed a qualitative research approach as the research focused on the personal views of the participants; thus, how people create social understanding and meaning in specific settings (Neuman, 2012:92). Qualitative research was applicable as the study aimed to describe the meaning of a phenomenon that occurs naturally in the social environment (Welman et al., 2012:188). A qualitative study therefore allowed the researcher to understand the views of caregivers at a child and youth care centre on play and play areas for children in middle childhood by obtaining the participants' interpretation of meaning, experiences and perceptions in their own words (Fouchè & Delport, 2011:65). With

reference to a qualitative research approach, Babbie (2007:286) agrees that a thorough exploration of a topic will help researchers to develop a fuller understanding of the specific situation.

The research was exploratory and descriptive in nature. Exploratory research was relevant to the study as the researcher aimed at gaining insight into the phenomenon being studied (Fouché & De Vos, 2011:95). The exploratory nature of the study also allowed for greater flexibility in the research (Fouché & Delport, 2011:66). Kumar (2011:350) mentions that for exploratory purposes, flexibility is regarded as an asset. The descriptive nature of the study related to the fact that the research was intended to present the reader with a picture of the phenomenon (Fouché & De Vos, 2011:96), which, in the case of the study, related to obtaining the views of caregivers on play and play areas.

3.3   TYPE OF RESEARCH

This study was based on applied research, as it was intended to explore a situation that might affect social work intervention with children (Fouché & De Vos, 2011:95), namely a decline in childhood play as reported in literature. The researcher planned to generate knowledge about caregivers' views on play and play areas with the idea that this knowledge could be applied to benefit both caregivers and children within the community of a child and youth care centre in Tshwane and possibly within the wider Tshwane Metropolitan Area. The research findings could, for example, be used to raise awareness among caregivers and other role players in the Tshwane area of how play could positively contribute to the development of children in middle childhood.

3.4   RESEARCH DESIGN

The research was based on a case study design, which is relevant to an in-depth investigation of a social phenomenon (the "case") within its real-world context (Babbie, 2007:298; Yin, 2014:16). The case study design was thus in line with the researcher's aim of exploring and describing the views of caregivers on play and play areas for children in middle childhood being cared for in a child and youth care centre. In this study, the social phenomenon refers to caregivers' views on play and play areas, whereas the real-world context refers to the child and youth care centre. As the researcher interviewed a number of caregivers and compared their views on play and play areas, a collective case study design was utilised (Fouché & Schurinck, 2011:322). The case study design had the advantage of allowing the researcher to conduct an intensive exploration of the phenomenon and gain a good understanding of the caregivers' views on play and play areas (Fouché & Schurink, 2011:321; Welman et al., 2012:193).

3.5   RESEARCH METHODS

The research methods that were relevant to the qualitative study will be discussed according to the study population and sampling, the data collection method, data analysis and the pilot study.

3.5.1 Study population and sampling

The population of the study was all the caregivers at a child and youth care centre in Tshwane. These caregivers are factually responsible for the care of the children in the child and youth care centre. At the time of the study, the population consisted of twenty-two caregivers, each being responsible for a household at the twenty-two residences on the premises. Written permission to conduct the research at the child and youth care centre was obtained from the Head of Children's Affairs at the child and youth care centre (Appendix A).

The researcher made use of purposive and stratified random sampling. Purposive sampling, which is a non-probability sampling method based on the judgment of the researcher (Strydom, 2011a:228), was used to identify all the caregivers who complied with the sampling criteria for the study. It ensured that the participants were able to provide information that was relevant to the phenomenon being studied (Welman et al., 2012:69).

The sampling criteria for the study were as follows (Strydom & Delport, 2011:392):

- The participant had to be a registered caregiver at the child and youth care centre.
- The participant had to be a caregiver of children in middle childhood, between the ages of six to twelve years, placed in the care of the child and youth care centre.
- The participant had to be responsible for the household of one of the 22 residences at the child and youth care centre in which children in middle childhood were being cared for.

After a list of all the caregivers that complied with the sampling criteria was compiled by the Head of Children's Affairs at the child and youth care centre, stratified random sampling was used to select a sample of participants for the study. This sampling method implied that the researcher firstly identified the strata according to one or more variables, and then drew a random sample from each of the strata (Welman et al., 2012:61). The homes for boys and girls were regarded as two strata and from each, the researcher randomly selected five participants. Random sampling gave each member of the population in each stratum an equal or independent chance to be selected (Welman et al., 2012:59). The method of drawing the random sample was in the form of the fishbowl drawing, where the researcher wrote each name on a separate slip of paper, put the slips into two boxes (one for caregivers

in homes for boys and one for caregivers in homes for girls), and then, without looking, picked a slip one by one (Kumar, 2011:200). The first five participants selected in this way from each box and who gave their consent to participate in the study by means of a signed consent letter prior to their participation, formed the sample for the study. One participant withdrew from the study, thus the final study sample consisted of nine caregivers. In qualitative research, the sample size depends on the purpose of inquiry (Strydom & Delport, 2011:390). In light of time constraints and the fact that the researcher managed to obtain rich information from the other participants, the sample size was regarded as sufficient for the purpose of the study.

3.5.2   Data collection

Data was collected by means of semi-structured interviews. The interviews were used to gain a detailed picture of the participants' views on play and play areas and were appropriate for obtaining rich data on the participants' beliefs, perceptions or accounts related to a particular topic (Greeff, 2011:351). The interviews were guided by an interview schedule, based on a set of predetermined questions (Welman et al., 2012:166). The interview schedule was compiled in collaboration with a group of researchers who conducted individual studies on the views of parents or caregivers on play and play areas (Appendix B). Open-ended questions that followed a logical order, were compiled for the interview schedule (Greeff, 2011:352; Kumar, 2011:145).

As relevant to qualitative research, the interview was guided by the interview schedule rather than be dictated by it (Greeff, 2011:352). The semi-structured interview held specific advantages, namely that it provided the researcher with the flexibility to explore interesting issues that came up in the interviews, to focus on information that the researcher had not thought of, and to fully explore the views of the participants, who were seen as experts on the topic (Greeff, 2011:351-352). Therefore, the researcher could adapt the wording of the questions to fit the specific participant as well as probe answers to clarify the participants' responses (Welman et al., 2012:167). However, semi-structured interviews can be of considerable length and the researcher was responsible to prevent participants from deviating from the focus of the interview (Greeff, 2011:353). In order to uphold the ethical principle of privacy and confidentiality, the interviews were conducted at venues at the child and youth care centre that was determined by each participant.

3.5.3   Data analysis

Schurink, Fouché and De Vos (2011:399) describe qualitative data analysis as a process of inductive reasoning, thinking, and theorising, as opposed to more mechanical and technical

procedures. The process involves preparing and organising the data, identifying emerging categories and themes from the data, analysing the themes against the theoretical framework, and compiling the research report (Creswell, 2007:180). Creswell (2007:181) further describes specific steps in the data analysis process: taking notes, summarising the field notes, working with text, allocating codes, forming themes from the codes, counting code frequencies, forming categories, linking categories with literature, forming a point of view, and presenting the data. The researcher analysed the data in accordance with the process of data analysis described by Schurink et al. (2011:403-419), which integrates the above steps, with integration of processes described by other authors.

- **Planning for recording of the data**

Data collection was done by means of interviews that were digitally recorded with the consent of participants, and supplemented with field notes. Beforehand, the researcher prepared for data collection (Schurink et al., 2011:404), for example preparing for the voice recordings and arranging for an appropriate time for the interviews. Interviews were conducted at a time that the children attended school, which minimized possible disturbances and secured privacy of interviews with the caregivers.

- **Data collection and preliminary analysis**

Data were collected by means of semi-structured interviews (Greeff, 2011:296) which were voice recorded. Field notes were used to describe the research environment and aspects to be probed more in-depth. Preliminary data analysis thus started during the interviews as the researcher already became aware of themes to be further explored; however, she guarded against premature conclusions (Schurink et al., 2011:405). Data analysis was further conducted in the researcher's office after the interviews.

- **Managing the data**

The researcher transcribed the interviews, which allowed her to become immersed in the data. The participants' verbatim responses were captured in the transcripts (Welman et al., 2012:211). The transcripts and field notes were organised into file folders and electronic computer files. Backup copies of all the data were made and one master copy was saved for safekeeping (Schurink et al., 2011:408). Data was analysed manually by using word by word data analysis.

- **Reading and writing memos**

As advised by Creswell (2007:183), the researcher firstly aimed to get a sense of the data as a whole. The researcher read the entire set of transcripts several times and reflected on and made notes or memos in the margins of the transcripts, while keeping the research question in mind (Saldana, 2009:34). Memos can be regarded as "sites of conversation with ourselves about our data" (Clarke, 2005 in Saldana, 2009:32) and assisted the researcher to critically reflect on the information presented in the data and form initial categories (Creswell, 2007:183).

- **Generating categories and coding data**

The process of coding involved grouping of the text in the transcripts into smaller categories of information, which formed the basis for the development of themes in the data (Creswell, 2007:184). These codes indicated information that the researcher expected to find, information that was not expected, as well as new information on the research topic (Creswell, 2007:184). Major categories were consolidated to form themes, and some categories contained clusters of data that were divided into sub-categories (Saldana, 2009:3, 11). This step in the process of data collection thus enabled the researcher to identify themes and sub-themes in order to present the data in an organised manner.

- **Testing emerging understanding, searching for alternative explanations**

As themes and sub-themes developed, the process of evaluation of information began. At this point the researcher critically considered the data to determine the usefulness thereof for highlighting the phenomenon being studied (Schurink et al., 2011:415-416). This phase thus involved consideration of how central the data were in answering the questions that were explored, which were related to the participants' views on play and play areas.

- **Interpreting and developing themes**

Interpretation in qualitative research meant that the researcher had to make sense of the data by looking beyond the codes and themes to the larger meaning of the data (Creswell, 2007:187). Schurink et al. (2011:417) state that making sense of the data involves giving meaning to the data from the perspective of the participants, as well as comparing insights with relevant literature. In this step, the researcher compared the data that were collected from the participants with the relevant literature on the research topic.

- **Presenting the data**

Creswell (2007:187) refers to representing data as the packaging of the research findings. In this step, the researcher refined the interpretation of the data, so as to provide an organised presentation that would contribute to the understanding of the research findings (Schurink et al., 2011:419). The research findings are presented in this research report.

3.5.4 Trustworthiness

The researcher engaged in strategies to ensure trustworthiness of the data. Trustworthiness implies that the research findings reflect the meaning ascribed by the participants as closely as possible (Lincoln & Guba in Lietz et al., 2006:444). The researcher accurately portrayed the views of the participants in the research, in order for the authenticity of the study to be enhanced (Schurink et al., 2011:419-420). For this purpose, the researcher followed specific strategies proposed by Lietz et al. (2006:444): namely prolonged engagement, member checking, reflexivity and peer debriefing.

The interviews with the participants were conducted at the child and youth care centre, with the result that the researcher visited the setting a number of times. The researcher could thus spend extended time in the field which helped her to gain the participants' trust and learn more about the organisation's culture (Glesne, 2006:37). Spending more time in the setting contributed to the development of a rapport with the participants and lead to a more open interaction between the participants and the researcher (Lietz et al., 2006:453). Prolonged engagement positively contributed towards gaining rich and detailed information during the interviews.

During the interviews, the researcher made use of respondent validation, by clarifying information with the participants to confirm the accuracy of the information (Lietz et al., 2006:453). Where relevant, the researcher also confirmed the accuracy of the interview transcripts and the findings for the final research report with the participants afterwards, during several visits to the child and youth care centre (Glesne, 2006:38).

The researcher reflected on her own bias by not conducting the interviews with the participants with a predetermined set of ideas on the research topic (Lietz et al., 2006:447). The researcher views this aspect as important, especially as she was aware of the value of play. The researcher carefully listened to the participants to objectively obtain their views on play and play areas (Glesne, 2006:37). She addressed bias by continuously exploring her own subjectivity and not pointing the data collection process in a certain direction.

Peer debriefing involves engaging in dialogue with colleagues outside of the research project who have experience of the topic (Lietz et al., 2006:451). The researcher engaged in discussions with other researchers in the group research study. This allowed the researcher to reflect on her own challenges that she might face during the study and provided an opportunity to ask the opinion of peers.

3.5.5 Pilot study

The researcher conducted a pilot study to determine whether the relevant data could be obtained using the data collection instrument (Strydom & Delport, 2011:394). The researcher identified two caregivers who complied with the sampling criteria for the study. These participants were requested to engage in the semi-structured interviews in an honest way. This researcher did not become aware of any pitfalls in the semi-structured interviews that would hamper the accessibility of data and affect the quality of the interviews (Strydom & Delport, 2011:395). Therefore, no modifications to the interview schedule were necessary. As rich data were obtained during the pilot study, the two caregivers from the pilot study were included as participants in the study.

3.6 ETHICAL CONSIDERATIONS

During the implementation of the research, ethical considerations were followed to protect the participants in the research study (Strydom, 2011b:115). Approval for the study was obtained from the Research Ethics Committee of the Faculty of Humanities, University of Pretoria (refer Appendix C). The ethical considerations relevant to this study will be discussed in this section.

3.6.1 Avoidance of harm

The researcher was aware that harm to the participants in a research study can be either emotional or physical of nature. The goal of the research was to explore caregivers' perceptions of play and play areas and did not focus on information of a personal or sensitive nature. Therefore, minimal risk of harm was foreseen. However, the researcher attempted to prevent emotional harm to the participants (Welman et al., 2012:201). Prior to the interviews, the researcher presented the participants with a letter of informed consent containing information on the goal of the research, the research procedures, and the possible risks involved (Strydom, 2011b:115). In the case where a participant might experience emotional distress, the researcher would arrange for counselling with a psychologist who worked at the same organisation as the researcher. None of the

participants indicated that they experienced emotional distress due to participation in the study, and referral for counselling was thus not needed.

3.6.2 Voluntary participation and informed consent

The researcher ensured that participants freely and willingly participated in the research and that no one was forced to participate. During the recruitment process, the researcher provided the participants with a letter of informed consent (Appendix D). In this letter, the researcher highlighted the aspects of voluntary participation, that there would be no compensation for participation, as well as the fact that participants could withdraw from the study at any stage, with no negative consequences for them (Strydom, 2011b:116, 121). Consent was obtained for the researcher to voice record the interviews. Emphasis was placed on providing participants with accurate and complete information on the research, so that they clearly understood the details of the study and could make an informed decision about their participation in the study (Strydom, 2011b:117-118; Welman et al., 2012:201). The researcher refrained from any deception by not providing incorrect information or withholding important information from the participants (Strydom, 2011b:119).

3.6.3 Violation of privacy/confidentiality

Every individual's right to privacy needs to be upheld during research (Strydom, 2011b:119). The researcher therefore respected the right of the participants to decide to what extent they wanted to share their views related to the research topic. Confidentiality can be viewed as a continuation of privacy (Strydom, 2011b:119). Participants were informed in a letter of informed consent that all information would be handled confidentially and that their identities would not be revealed at any time during the study or in the research report (Welman et al., 2012:201). Participants were also informed that the raw data would be securely stored at the Department of Social Work and Criminology according to the stipulations of the University of Pretoria.

3.6.4 Debriefing of participants

The researcher allowed an opportunity for the debriefing of participants after conducting the interviews (Strydom, 2011b:122). The researcher gave the participants an opportunity to talk about their experience of the research process and discuss their feelings related to the research. Furthermore, the researcher made sure that there were no misconceptions that might have resulted from their participation in the research.

3.6.5 Actions and competence of the researcher

The researcher is a registered social worker and has completed a postgraduate module in research methodology as part of her studies. She utilised her skills and knowledge of social work methods and research to conduct the research in an ethical and competent manner, to avoid plagiarism, to refrain from value judgments, and to be sensitive to the social and cultural norms of the participants (Strydom, 2011b:123-124), under supervision of a research supervisor. These aspects were regarded as important in the setting of the child and youth care centre where persons from different socio-cultural backgrounds are accommodated under one roof.

3.6.6 Publication of findings

Research findings should be released in the form of a research report as this will allow others to utilise the findings, which is the ultimate goal of research studies (Strydom, 2011b:126). The participants were informed that the research findings would be published in a research report that will be available at the library of the University of Pretoria. They were also informed that the findings might be used for publication in an academic journal or presented at a professional conference.

SECTION II: PRESENTATION OF THE EMPIRICAL FINDINGS

The empirical findings of the study will be presented in two sections. Firstly, a brief description of the biographical details of the participants will be provided and, secondly, the qualitative research findings will be presented.

3.7 RESEARCH FINDINGS

The study focused on the views of caregivers at a child and youth care centre on play and play areas. The child and youth care centre is situated in the east of Pretoria in the geographical area of Tshwane Municipality. It provides housing and care to children who have been removed from the care of their parents by the South African children's court due to circumstances described in the Children's Act 38 of 2005, Section 150. The children are cared for in 22 individual home settings on the premises and each home is managed by one caregiver who lives in the home with children entrusted in her care. Boys and girls are cared for in separate homes. The children are all between the ages of seven and eighteen years, with each home accommodating children in early and middle childhood as well as adolescence. This study focused on children in middle childhood. The child and youth care centre is the place where the children live and play, and play areas are situated within its

premises. The children attend public schools in the immediate environment of the child and youth care centre.

3.7.1 Biographical profile of the participants

The study sample consisted of nine participants who were caregivers in the child and youth care centre. The biographical profile of the participants is presented in Table 1 below.

Table 1: Biographical profile of participants

Partici-pants	Age (in years)	Gender of the children in the home	Level of education	Relational status	Home language
1	53	Female	Matric	Married	Afrikaans
2	56	Female	BA, B.Ed.	Married	Afrikaans
3	60	Male	Matric	Married	Afrikaans
4	58	Female	Matric	Widowed	Afrikaans
5	62	Male	Matric	Married	Afrikaans
6	53	Male	Matric	Divorced	Afrikaans
7	56	Female	Matric	Married	English
8	56	Female	Matric	Married	Afrikaans
9	36	Male	B.Ed.	Single	Afrikaans

The participants were between the ages of 36 and 62 years. They were employed full-time as caregivers at the child and youth care centre. Two participants were in their sixties, six participants were in their fifties, and one participant was in her mid-thirties. Two participants were qualified as teachers and the other participants had completed matric.

Six participants indicated that they were married and that their husbands were residing with them at the child and youth care centre. In these homes, the children thus lived in a household with both a mother and father figure. One participant was divorced, one was widowed, and another one was single. In the latter three cases, the household was thus headed by the female participants. Four participants headed households that cared for boys, and five participants headed households that cared for girls.

Eight of the nine participants were Afrikaans speaking and one participant indicated that her home language was English. Seven participants preferred that the interviews be conducted

in Afrikaans because they felt comfortable in expressing themselves in their mother tongue. Two participants preferred that the interviews are conducted in English. For the research report, the direct quotes from interviews that were conducted in Afrikaans, were translated into English by the researcher.

Each participant cared for an average number of twelve children in the housing unit. The children's age groups varied from early childhood and middle childhood to adolescence and they were from different racial groups. This study focused on children in middle childhood.

3.7.2 The empirical results of the study

In this section, the empirical results of the study will be discussed according to the themes and sub-themes identified during data analysis. Themes and sub-themes will be highlighted with direct quotes from the interviews. In this report, quotes from interviews that were conducted in Afrikaans were translated and are presented in English. The themes and sub-themes are summarised in Table 2 below.

Table 2: Participants' views on play and play areas: themes and sub-themes

THEMES	SUB-THEMES
1. Participants' views on play	1.1 Play is spontaneous and fun 1.2 Play is a way of communication and interaction 1.3 Play is an important part of childhood
2. Participants' views on the forms of play that children engage in	2.1 Active and inactive forms of play 2.2 Structured and unstructured play 2.3 Fantasy play
3. Participants' views on the benefits of play	3.1 Play supports children's development 3.2 The physical benefits of play 3.3 The socio-emotional benefits of play 3.4 The cognitive benefits of play
4. Factors influencing play	4.1 Time and routine 4.2 Caring for children in alternative care 4.3 Characteristics of the individual child 4.4 The influence of socio-cultural background on play
5. Participants' views on play areas	5.1 Play areas within the child and youth care centre 5.2 Caregivers' views on public play areas 5.3 Safety concerns related to play areas

6. Participants' advice on play	6.1 Encourage children's play
	6.2 Allow free play, but provide guidance
	6.3 Expose children to different forms of play
	6.4 Make time to play with children

Six main themes, each with a number of sub-themes, were identified in the data. The themes and sub-themes are discussed below.

3.7.2.1 Theme 1: Participants' views on play

Participants were asked to describe play in their own words. One participant reported that this was not something that she ever consciously thought of, stating: "Yes, I never really thought on how to describe play" (P 2). In the literature it is indicated that play is hard to define (Couper, 2011:37; Davey & Lundy, 2011:3). However, all the participants expressed views on play, which are also reflected in literature. Their views are presented in the sub-themes below.

- **Sub-theme 1.1: Play is spontaneous and fun**

Some participants viewed play as a spontaneous activity that should be fun, rather than focused on a specific task or goal. They described play as follows:

> *"I think play is something that ... um ... that should come spontaneously ... that's something that must be nice ... and something you can create ... um that you can do in a group or alone or whatever, but I … it has to be spontaneous and enjoyable ... There is a big difference between tasks in the home and playing ... if they are doing tasks ... [it] is a responsibility."* (Participant 2)

> *"Play is where they should be carefree and be a child ... they should … not worry, they just have to play and enjoy themselves."* (Participant 7)

> *"When I hear the word [play] I think of something nice ... excitement, screaming, laughter, just being silly … having fun, playing with friends. … Because play is more enjoyable than doing a chore."* (Participant 9)

> *"It's important that a child should laugh when they play ... because otherwise it is just a routine. So [I think that] they should laugh ..."* (Participant 1)

The participants' views of play as a fun and spontaneous activity that contrasts with tasks or chores, correlate with the statement by Couper (2011:37) that play is fun and flexible. Play and tasks are viewed as two different activities. Tasks change play into an activity with a goal-oriented motive, which adds an element of responsibility to play. In agreement, Landreth (2012:7-8) states that there is no extrinsic goal or reward during play.

- **Sub-theme 1.2: Play is a way of communication and interaction**

Participants also indicated that children use play as a form of communication with and a basis for interacting with other children as well as a way of communication between adults and children. One participant highlighted that this might not be the way in which all people perceive children's play.

> *"Children play with one another … they learn how to communicate with each other… [also] another form of um communication for me [as an adult] with them [as children] … not many people see it in that way…"* (Participant 6)

> *"For me play is um interacting with each other … um skipping, jumping, throwing the ball um … sort of basic things that they do… not just playing by themselves but interacting with each other…"* (Participant 8)

Play is indeed regarded as a form of communication for children. Landreth (2012:9) describes play as a natural medium of communication for children through which they express themselves and engage with others. The above views indicate that play allows children to communicate and interact with other children, but also to communicate with adults. As indicated by Participant 6, play also allows adults to communicate with children. This view is supported in literature that indicates that play can enhance communication between adults and children and can support caregivers to respond to children's needs (Ginsburg, 2007:188; Goldstein, 2012:6). Furthermore, Burriss and Burriss (2011:1) state that in order to maintain successful social relationships, children have to use communication and interaction skills in each situation they engage in. The authors state that play offer opportunities to teach these skills. Similarly, Goldstein (2012:5) reasons that play teach children about their own world and those of others.

- **Sub-theme 1.3: Play is an important part of childhood**

Some participants regarded play as part of childhood and pointed to the importance of play during childhood. They expressed the following views:

> *"It's important for me that children should play... they must be able to just be a child and play."* (Participant 3)

> *"According to me, children should play; they must still play outside, with rugby, everything. It is a child's [thing] … they must do it. I still believe in play… that a child has to play."* (Participant 4)

> *"Because nowadays … children are sitting in front of the TV, they do not come outside to play, and I feel play time is terribly important."* (Participant 5)

Participants highlighted the importance of play during childhood. Definitions of play indicate that play is part of childhood and essential for children's development and health (Gordon, 2014:257; Singh & Gupta, 2011:237; Warner, 2008:1). Landreth (2012:7) views play as the "singular central activity of childhood." Furthermore, children have a right to play (Fearn & Howard, 2012:456). This right is stated in the United Nations Convention on the Rights of the Child (UN General Assembly, 1989) and, in the South African context, the right to play is stipulated in the Children's Act 38 of 2005, Section 6(2)(e). Participant 5 held the view that children spend less time outdoors because of long hours spent in front of the television. Her view correlates with literature on child development where it is described that children spend a large part of their free time watching television (Santrock, 2009:273).

In conclusion, literature consulted indicates that play is not easy to define (Couper, 2017:37; Davey & Lundy, 2011:3). However, the participants' views on play as provided in the three sub-themes above concurred with the definitions of play found in literature, namely as being spontaneous and enjoyable, a way of communication and interaction with others, and an important part of childhood and a right of children. The participants furthermore described play in terms of the types of play that children engage in.

3.7.2.2 Theme 2: Participants' views on forms of play that children engage in

In terms of the different forms of play that children engage in, the participants highlighted the role of active and inactive forms of play, structured and unstructured play, fantasy play, as well as play in interaction with adults. These aspects will be discussed in the sub-themes below.

- **Sub-theme 2.1: Active and inactive forms of play**

Participants were of the opinion that children should engage in active as well as inactive play forms. They mostly emphasised the importance of active physical play for children in middle childhood. In this regard, they expressed the following views:

> *"They [boys] wrestle with each other on the carpet, for example, they will roll with each other on the carpet and say, 'we play karate-karate' or whatever (laughing) ... and ... they [girls] love to jump rope ... and to jump [a jumping game] with an elastic band. It is important that they play physical [play forms] …"* (Participant 7)

> *"From early to late afternoon we can be a little more active, play more physical games; run ... the boys play ball at the back [yard] … or play on the sidewalk … one is the action hero and the other one has to be captured and they run all over the place."* (Participant 9)

> *"… they love kicking a ball and they like chasing one another ... they love to play with marbles (laughing). They have bags of marbles and, yes, cars … they are terribly fond of cars ... from big to small."* (Participant 6)

> *"They love to do rugby, soccer, and they love to, like, fighting … you know, fighting but play."* (Participant 3)

> *"Because nowadays … children sit in front of the TV, they do not come outside to play … they must be able to be outdoors, you know."* (Participant 5)

Other participants indicated that children should also engage in less active play forms, such as drawing or games.

> *"Then we play … fingerboard, we have many board games in the bottom of the cupboard. The boys in the house are all very fond of drawing. At night, they like to sit at the table and draw."* (Participant 9)

> *"All my children love drawing very much. … and also, I see it [drawing] as um you know they play together …"* (Participant 3)

Participants indicated that both active and inactive play forms are enjoyed by all the children. The participants viewed active play as physical activities such as rough-and-tumble play, skipping, jumping and running; which are in line with play forms that Smith et al. (2011:235) describe as physical active play and rough-and-tumble play. They recognised that boys engaged more in rough-and-tumble play whilst girls enjoyed physical active play such as skipping or running. Friedman and Downey (2014:197-198) describe the gender differences in play, in that rough-and-tumble play, which involves high energetic body contact, occurs more frequently among boys than girls. Differences in play preferences between boys and girls can be ascribed to the influence of factors such as gender identification, adult re-enforcement and norms within the peer group (Martorell et al., 2014:318).

The participants also made provision for children in their care to also engage in inactive play forms such as board games and drawing. Children in middle childhood gross and fine motor skills to engage in physical play forms, writing and drawing, and the ability to understand rules required for games with rules, such as board games (Berk, 2013:179, 609; Louw & Louw, 2014b:227-228).

- **Sub-theme 2.2: Structured and unstructured play**

Structured play refers to adult-initiated play whereas unstructured play refers to child-initiated play (Fisher et al., 2008:305-306). The research findings indicate that the participants appreciated the value of providing children with opportunities for child-centred

play. Some participants however indicated that children in middle childhood would sometimes need guidance in order to effectively participate in unstructured play.

> *"Then, it's a good thing to leave them to play by themselves and one [of them] will always take on a role as leader ... these kids go play outside then one is the leader who says, 'let's play this and that' then the others will follow."* (Participant 7)

> *"Yes, um, if a child has his own guidance when they start playing … and so, it's a good sign for me ... taking the lead is a very good quality."* (Participant 5)

> *"I think it is important for them to also play on their own … and so, it is also important for them to be able to live out their own um creative side in whatever they're doing in the… in their play."* (Participant 8)

> "*They are at a good age [middle childhood] where they themselves take the lead … the rules [the children make] are actually 'you can comply or [not]' ... so they very quickly sort out one another."* (Participant 6)

Some participants indicated that, although they believed in providing children with opportunities for free, unstructured play, adults should provide some structure or guidance.

> *"I think it's very important for them to create their own play… [but] sometimes I will guide them… show them what to do."* (Participant 4)

> *"I think structured play ... um ... is obviously not as spontaneous as when they decide for themselves what to play ... but I think it's important also to give … a few guidelines."* (Participant 9)

> *"There is a fine line. There must be some structure or [someone to] watch it [the children's play] but I also feel on the other side, do not interfere too much."* (Participant 2)

Most of the participants were in support of allowing children time for unstructured play activities as it could encourage them to adopt leadership roles and display creativity. Participant 6 believed that children in middle childhood have the capacity to engage in unstructured play. These views are in support of Singer, Singer, D'Agostino and DeLong (2009:285) who maintain that it is important for children's health and socialisation to engage in play and activities that are unstructured. Studies show, however, that there are not many opportunities for children to engage in free play because caregivers and parents tend to place a strong focus on academic and/or sport achievements (Ginsburg, 2007:182; Burriss & Burriss, 2011:5).

Some of the participants furthermore indicated that adults should provide guidance to children in terms of play. They associated structured play with certain advantages such as learning prosocial and decision-making skills. The researcher is of the opinion that adult

guidance is an important aspect for children in a child and youth care centre who are live in a group context, as they come from different backgrounds. Participant 2 highlighted an important aspect of adult guidance, namely that adults should not interfere in the children's play. In this regard, Undiyaundeye (2013:516) mentions that adults can guide children in facilitating play, instead of taking over. In doing so, adults could provide a balance between structured and unstructured play. For caregivers who take care of boys or girls in middle childhood, it is worth noting that a study conducted by Singer et al. (2009:286) found that nine-year old boys enjoyed playing with other boys while eight-to ten-year old girls prefer playing by themselves.

- **Sub-theme 2.3: Fantasy play**

Some participants viewed fantasy play as a type of play that can also benefit children. Their views are demonstrated in the following quotes:

> *"Fantasy play … I think it's important"* (Participant 2)

> *"I think fantasy play is … a good thing ... it teaches a child … to think creatively."* (Participant 9)

> *"My children ... really live in a fantasy world. They grab a broomstick, for example, now it is their guns, then they play war or they play cowboys and crooks … you know, still like in the olden days ... It is very important because, if you cannot create a fantasy world for yourself, you do not have an imagination ... for example, one child plays [the roles of] two different people."* (Participant 5)

The participants regarded fantasy play as important in enhancing children's creativity. Through adopting different fantasy roles in different social settings, fantasy play contributes to the children's creativity and imaginary world. Fantasy or pretend play is mostly unstructured, initiated by the children, and is regarded as an excellent platform for cognitive and social development (Rogers et al., 2009; Santrock, 2009:272; Undiyandeye, 2013:515). Children can construct imaginary toys in an environment where toys are not readily available, which enhances their creativity. Santrock (2009:271) describes the advantage of fantasy play as follows: "When a child substitutes a stick for a horse and rides the stick as if it were a horse parents should encourage such imaginary play, because it advances the child's cognitive development, especially their creative thought."

Although fantasy play, also called make-believe play, is a prominent play form in the pre-school years and tends to gradually decline from the age of five years (Arnett, 2016:272; Santrock, 2009:272), the participants confirmed that the children in the middle childhood years in their care, still engaged in fantasy play. Rogers et al. (2009) mention that pretend

play can enhance children's emotional health and social functioning. In the context of the child and youth care centre, fantasy or pretend play might thus enhance the emotional well-being of children who have to heal from the effects of trauma. The participants also mentioned other benefits of play for children, as will be discussed in Theme 3.

3.7.2.3 Theme 3: The benefits of play

The participants identified several benefits that play might have for the children in their care. They believed that play supported child development, and that play had physical, socio-emotional and cognitive benefits for children.

- **Sub-theme 3.1: Play supports children's development**

Participants indicated that play provided opportunities for learning and thus contributes to the development of children. The link that they identified between play, learning and development are evident in the following quotes:

> *"Playing can also be a learning process. One can learn a lot through playing … by doing things in a playful manner, we have already taught children a lot of things."* (Participant 9)

> *"I think play is very important. I think it adds to learning … [for example] game boards are important for me because that also develops the mind during the play."* (Participant 8)

> *"I think there is definitely a connection between play and learning, they pretty much go hand in hand."* (Participant 6)

> *"Definitely, a child has to play to learn."* (Participant 7)

> *"Play teaches one coordination and play um ... lets your brain work."* (Participant 4)

Singh and Gupta (2011:237) state that play has an overall developmental influence on children. However, Smit et al. (2014:247) contrast three models related to the importance of play in development. Firstly, it is argued that play has no specific role in children's development. Secondly, play is regarded as only one of many ways in which a child can learn and acquire skills. Children also learn through observation, trail-and-error, work and instruction. Play is thus useful but not essential. Thirdly, play is regarded as essential for many aspects of development; both in the pre-school years and beyond. The views of the participants appear to support the latter model and correspond with the view held by Singh and Gupta (2011:237).

Participants furthermore identified specific physical, socio-emotional and cognitive benefits of play. These benefits are discussed in the sub-themes below.

- **Sub-theme 3.2: The physical benefits of play**

The participants linked the physical benefits of play mostly with the positive effects that play could have on the development of children's gross and fine motor skills, balance and eye-hand coordination.

> *"Physical play is also very important to me because I feel that these days children are exposed too little to activities like running and climbing a tree and playing with a ball or jumping rope. ... playing … has all sorts of functions … to exercise big muscles and small muscles and all such things that happen almost spontaneously through play."* (Participant 2)

> *"Physical play is definitely necessary to practice all the different muscles, like balance and all these things they need to learn. So, I think physical play is a very important part of play."* (Participant 9)

> *"They must be able to climb on a jungle gym; they must learn hand-eye … coordination."* (Participant 3)

> *"For example, if you take rugby … it's very good for children who have a hand-eye coordination problem, especially younger children."* (Participant 6)

> *"… so, they [develop] hand-eye coordination that is a very important part of development."* (Participant 5)

> *"And many people do not think about it … [the benefits of play for] hand and eye coordination."* (Particpant 1)

Participants highlighted the physical benefits of play in developing fine and gross motor skills and balance in children through running, climbing trees, skipping, jumping, and sport such as rugby. They also highlighted the benefits that play could have for developing hand-eye co-ordination, especially for younger children. One participant pointed out that this added advantage of physical play is often not taken into consideration. The views of the participants are reflected in literature that describes numerous physical benefits of play for the development of gross and fine motor skills (Burris & Burris, 2011:3; Louw & Louw, 2014b:227). Furthermore, physical play enhances children's brain development, their development of spatial abilities, and their understanding their world (Rogers et al., 2009; Undiyaundeye, 2013:515).

- **Sub-theme 3.3: The socio-emotional benefits of play**

The participants believed play during childhood has various socio-emotional benefits. They highlighted the benefits as contributing to children's socialisation, helping them to learn the

norms of society, and providing them with opportunities to express their feelings and learn about their mood and emotions.

> *"I believe it is part of a child's socialisation process that a child must be able to learn to play with friends ... through [play] you can teach them to give each other a chance and say, 'you jump now' and then the next one goes. Yes, I think children should work together through play … they must work together and respect each other and give one another a chance to do something."* (Participant 2)

> *"I think … the interaction in playing with each other, throwing ball to each other, um I think that is important because it teaches them to socialise … um at school or anywhere else."* (Participant 8)

> *"[Play helps] to give them insight to know what's right and what's wrong."* (Participant 5)

> *"I think it is where the child can do the most to express his or her feelings … when they play ... it teaches them different facets of ... one's mood and one's emotional state."* (Participant 7)

> *"It [play] is important [for children] to express their feelings."* (Participant 1)

As indicated by the participants, play can contribute to social and emotional learning and can thus enhance children's emotional health and social functioning, as indicated by Rogers et al. (2009). Through play, children can learn numerous social skills that can enhance their social interactions with peers and other persons. These skills include cooperation, negotiation, perspective-taking, sharing, empathy, following rules, and impulse control (Burris & Gurris, 2011:2; Lin & Yawkey, 2014:107; Roger et al., 2009). Socialisation allows children to acquire socially acceptable behaviour through social interaction with other people (Louw et al., 2014:10) and Couper (2011:38) indicate that the skills of social competence that children develop through play, could benefit them through their lifetime. Children learn through play in their natural environment and a study conducted by Singer et al., (2009:288) indicated that play during recess on school playgrounds has an important role in social development; helping children learn to make choices, develop rules for play, and resolve conflicts.

The group care setting in the child and youth care centre offer children opportunities for learning through play in their natural environment. Through play, they could learn social skills that can enhance their social functioning with peers and caregivers, as well as with peers and adults within their wider social environment.

Some participants mentioned the emotional benefits of play, namely that it facilitates expression of and insight into their emotions. The literature indicates different characteristics

of play that could enhance children's emotional well-being: play is fun and a joyful experience, it teaches skills related to self-control and emotional regulation, it helps children to relieve tension and anxiety, it supports the formation of friendships and positive peer relations, and the mutual support and praise from peers enhances children's sense of competence stress (Berk, 2013:240; Burris & Burris, 2011:3; Gray, 2011:454; Santrock, 2009:271). These benefits could contribute to the emotional well-being of children who have been exposed to trauma, as in the case of children in a child and youth care centre who

- **Sub-theme 3.4: The cognitive benefits of play**

The participants regarded play as an important measure for enhancing the cognitive development of children. The following quotes illustrate their perceptions in this regard:

> *"… game boards are important for me, also because [games] develop the mind."* (Participant 8)

> *"[Play] helps them understand … to know what's right and what's wrong ... Monopoly play for example ... they [learn to] know the value of money."* (Participant 5)

The two participants indicated above expressed the value of play, saying it contributes towards children's cognitive development. The cognitive benefits of play are widely acknowledged. Play offers children age-appropriate opportunities for learning, teaching them about concepts and developing their language skills (Burriss & Burriss, 2011:2; Couper, 2011:38). Play provides a foundation for reading, writing and mathematics and therefore has a significant role in children's academic success in later years (Rogers et al., 2009). Singer et al. (2009:285) state that Jean Piaget, who developed a widely-known theory on cognitive development, conducted extensive research into play and concluded that play was a vital component to children's intellectual and social development.

In summary, there is a correlation between what literature reports as the benefits of play and what the caregivers in this study regarded as the general developmental and the physical, socio-emotional and cognitive benefits of play. Play has a positive influence on the developing child with regards to cognitive, physical, social, emotional and mental development (Ginsburg, 2007:182; Gray, 2011:458; Veitch et al., 2007:383). Participants viewed play as essential as it positively contributes to the children's physical, cognitive, social and emotional development. Although Rogers et al. (2009) could not positively link specific benefits of play with specific play activities, Singer et al. (2009:285) highlight the various benefits of play as follows:

Past studies demonstrate the many advantages of playing. Play, for example, affords children practice in problem solving and subsistence activities, like food preparation and child care; practice in social skills, such as sharing, taking turns, helping others, and cooperating with peers and adults; and practice in cognitive skills such as developing a theory of mind or making distinctions between reality and fantasy.

In conclusion, the many benefits of play could be regarded as developmental assets that can support children's development and enhance their resilience (Vimont, 2012:505-506). As proposed in the Developmental Systems Theory (Atkiss et al., 2011:172; Vimont, 2012:508), play could strengthen within-child factors such as cognitive and emotional skills, within-home factors such as positive relationships with care-givers and other children in the home, and outside-home resources such as their functioning in school and the wider social environment.

Despite the widely recognised benefits of play, it appears that there has been a general decline in child-centred play (Goldstein, 2012:6; Gray, 2011:445). This theme emerged during the interviews with the participants, who described their views on different factors that affected children's play.

3.7.2.4 Theme 4: Factors influencing play

The participants mentioned that certain aspects of their environment influenced the opportunities for and types of play of the children in their care. They mentioned aspects such as their daily routine and the availability of time, caring for children in alternative care, the characteristics of the individual child, and the cultural background of children. These aspects are discussed below.

- **Sub-theme 4.1: Time and routine**

The participants indicated that they would like the children in their care to spend more time on play, but that the daily routine and availability of time tended to limit playtime for the children. These factors were related to the children themselves, as well as to the caregivers. In terms of the children, participants noted the following:

> *"Well there is not a lot of time once they go to school and do homework and everything."* (Participant 4)

> *"Depending on the time of day, whether it's weekend or during the week … During the week there's school work and school responsibilities and all kinds of things added to it. Weekends are a bit more relaxed, we have … less rules, more fun. From early until afternoons we can be a bit more active."* (Participant 9)

"They [children] really need to play a lot more, but … life has become so rushed and the routines are so tight ... [it becomes] hard to adapt sometimes, because it is schoolwork, it is homework then only it is time to play. So, there is actually much less time for play …" (Participant 6)

The research findings reveal that in terms of the time available for play, participants viewed the children's busy routine as an influencing factor. Literature indicates that children are often so involved in school work and related activities, that little time is left for engaging in unstructured play activities (Gray, 2011:447; Landreth, 2012:8; Fischer et al., 2011:311, 313).

Furthermore, the participants indicated that they themselves had many responsibilities that prevented them from being involved in the children's play time and play activities.

"We do not have enough time, we have a lot of other [responsibilities] ... because you have to make food in the afternoons, you have to attend meetings, you have to um … you know that children have security um so yes, it is … all the factors, that you cannot play outside with children all the time ... We as caregivers … time does not allow it." (Participant 5)

"I also do not really have time to do it [become involved in the children's play]. I wish I could have more time because one has quite a full programme." (Participant 6)

"During holidays, I will play games with them ... holiday times we are more relaxed, and you are not in this routine." (Participant 2)

"I do think it's important to get … get involved in play … playing with them. … If they ask me, you know, to play with them or to do certain things with them, then you do it … It is not always … um ... because the time we have to do things like cooking food, … that is the time … that they play. They like it when you participate … throwing a ball … hoola-hoop … you know, just doing things that they like to do … Sometimes they [the girls] just walk around … If I have time I walk with them … but it is not always like that. … and they enjoy it if you actually participate." (Participant 8)

Participant 2 summarised the situation as follows:

"I feel we really need to allow children to play more, but there's not really much time for children nowadays to play ... and it's actually very sad." (Participant 2)

The time available for play and the routine within the context of the child and youth care centre emerged as one of the factors influencing the children's play. Howard and McInnes (2009:52) confirm that time can be perceived as a precious commodity by professionals who work with children. The participants viewed their role in facilitating play for the children in their care as important. However, they indicated that the time they had available to supervise

children and to be actively involved in children's play, presented a challenge in this regard. Van Wyngaard (2009:150) indicates that the structured context of the child and youth care centre with its high demands and the responsibilities of caregivers has an impact on aspects such as supervision of children's outdoor play.

- **Sub-theme 4.2: Caring for children in alternative care**

The research findings indicate that the participants were acutely aware of their responsibility of caring for children in alternative care. The following quotes present some of the participants' opinions:

> *"And in our case, where the circumstances of the children are completely different … they were taken away from their parents ... they are put into a home of safety [child and youth care centre]. It is different from what it is [like] in a normal life."* (Participant 7)

> *"Personally, I feel because we work with other people's children ... I'm more careful in that regard [safety of play areas] because it's not our children ..."* (Participant 6)

> *"I do not think it's always so healthy for the kids to play together because we [take care of] kids who ... I want to say many of them are traumatised. So, they are much more susceptible to … if they play in groups [negative behaviours] can then take place. … I think it is better to keep the children busy at your house ... most of the time my special children are under my eyes and they are with me all the time ... everything is on the premises, they do not leave um the premises."* (Participant 1)

The above participants highlighted the circumstances of the children in their care, taking into consideration the children's traumatic background. Many children in alternative care might be severely affected by the traumatic incidents in their lives (Cameron & Maginn, 2009:73). McAuley and Davis (2009:148) report that looked-after children are already vulnerable and are more likely to come from disadvantaged backgrounds. In child and youth care centres, the caregivers become substitute parents and are involved in all aspects of the children's lives. This is especially with respect to everyday activities that could pose a risk (Swanzen & Jadrijevic, 2014:132). This situation is reflected in the participants' views on the children in their care. Their concerns over the well-being and safety of the children could thus result in them providing a much more restricted play environment for these children.

Some caregivers indicated that their age and physical capacities also played a role in the extent to which they could participate in or supervise the children in their care.

> *"I will sometimes … um … play cards with them at the table or we will build a puzzle, or we will do colour-in or any kind of stuff that we can do together ... I*

cannot play physically with them anymore … but I like to sit outside with them while they play." (Participant 3)

"In the [public] park … it is not safe as I am an older woman who sits with the children. How am I going to protect them?" (Participant 7)

The participants reported that they made an effort to play with the children in their care. Although their involvement in play was limited to board games, cards and building puzzles or to supervising the children during outdoor play, Lin and Yawkey (2014:108) state that parents (caregivers) who value the importance of play are likely to provide, encourage and participate in play activities. Therefore, the more the caregivers' value and support children's play, the more advantages children will gain from play.

- **Sub-theme 4.3: Characteristics of the individual child**

The participants reported that individual characteristics such as children's gender and age influenced their play. The following quotes highlight some participants' views:

"Boys, for example, will play with each other ... you know as boys play rugby, they love it very much ... and the girls are only on their own ... you know they will walk more with each other and ... they might throw the ball together, but they like to be indoors ... girls are indoors and then they will walk in groups and so on ... but play ... no ... not actually ... I will not say they [boys and girls] mix with each other." (Participant 5)

"I think it also differs from boys to girls ... um ... girls are more inside the house … whereas boys prefer to be outdoors." (Participant 2)

"They [girls] like puzzles, they have lots of puzzles, but you know boys … they do not like to sit still … they are outside, playing ball the whole time, they love to play ball." (Participant 4)

Participants were of the view that boys and girls enjoy different types of play, and prefer different play areas. They reported that boys engage more in active and physical forms of play, whereas girls are more likely to enjoy forms of play that are less physical or playing on their own. This observation is in agreement with Berk (2013:610) who states that boys engage more in play-fighting such as wrestling, while girls engage more in chasing and running. Millan (2012:2) reports that children gain understanding about gender and what it means for them to be in the company of a boy and a girl. Thus, they learn to socialise according to different roles. In social situations, they will behave in ways that directly correlate with the definitions they have developed about gender roles. Their behaviour depends on their situation or environment, depending on the influence of gender differences on play behaviour. Apart from gender identification, other factors such as adult re-enforcement and the norms of the peer group will affect children's play preferences

(Martorell et al., 2014:318). Singer et al. (2009:286) believe that when children play in their natural environment, their play is more diverse and includes more imaginative and creative play.

Millan (2012:2-3) states that cultural factors will manifest as gender differences in people's activities and roles. The participants' views on the role of culture on the play behaviours of the children in their care, will be discussed next.

- **Sub-theme 4.4: The influence of socio-cultural background on play**

Participants had different views on the influence of socio-cultural background on the play of the children in their care. The following quotes indicate the views of participants who were of the view that the children's socio-cultural background in fact influenced their play within the child and youth care centre:

> *"Yes, surely there will be a difference ... um ... there are traditional games that certain population groups play and that another population group does not know at all. So, everyone gets a chance to say, 'we know this [game]' and then we learn from each other, and in this way, we enhance … respect [for one another] here in the home."* (Participant 6)

> *"All children play in the same way… um… though I notice there are games that [children from] other cultures enjoy more. Our Black children teach our White children a game [rhythmic skipping over a piece of elastic] that they did not know."* (Participant 9)

> *"It is difficult at times because of the culture … but it could be a good thing because you … you can … earn and teach each other and teach the children to have … understanding and empathy for each other's … ways and cultures … um … with games … playing. Because in one culture… one type of game will be important and to another not so important … So, you can actually teach them to have respect for each other in this environment … where we have [children from] different cultures."* (Participant 8)

According to the ecological systems theory, a child in care who is removed from his/her natural environment (family environment) needs to adapt to the new environment (placement in the child and youth care centre) in order to cope within the new system (Perumal & Kasiram, 2014:159). The quotes by the participants indicate that children who enter the environment of the child and youth care centre are likely to carry their traditional games over to the new environment. Meink et al. (2013:183) believe that an ecological framework places the child at the centre of multiple interacting spheres of influences. Children have relationships with those closest to them which impact them. As indicated by the caregivers, children from different cultures can teach their peers the different games that they played in their natural (family) environment, which could teach children understanding, respect and

empathy for one another. This phenomenon can be linked with the Developmental Systems Theory (DST) that formed the theoretical framework for the study. In this sense, the individual and the environment (e.g. peers) have a bi-directional and reciprocal influence on one another (Greenfield, 2011:531).

The reciprocal influence among children living in a child and youth care centre was evident in the views of some participants that, with time the influence of socio-cultural factors on children's play seemed to become insignificant. These participants mentioned the following:

> *"You know, the children irrespective of their background, their race, their … um … religion whatever, they all play together ... I have never been aware that … just a certain group will play. If there is football everyone is there, if there is rugby then everyone plays together."* (Participant 5)

> *"I have experienced that the kids interact very easily with one another. For them it is not about race or color or … um … anything. For them it is about us kids and we play together so there's no ... difference [in their play]."* (Participant 3)

> *"The children live in one house, all speak the same language … are exposed to the same situation – I see no difference [in their play]."* (Participant 1)

> *"Even though we have [children from] different racial groups in our house, my experience is that the children play the same games ... [they] all play together."* (Participant 2)

> *"We grow up together ... For us there is not ... actually it is color that makes a difference but otherwise there is no difference [in terms of play] ... and for the children [there is] definitely not [a difference]."* (Participant 7)

The above participants indicated that they observed no differences in the play of children from different cultural backgrounds within the child and youth care centre. Hännikainen et al. (2013:171) state that play is crucial for togetherness in communities and for bridging differences in culture. In this regard, Guest (2013:167) mentions that children's play tends to be adaptable, taking on forms that are relevant to the cultures in diverse community types. Although differences in the types of play can result from the child's family and community and the broader cultural context (Fearn & Howard, 2012:457), Howard and McInnes (2013:84) state that cultural differences "are unlikely to impact on the development of children's play skills."

Professionals who work with young people and children have the responsibility to provide play spaces for children to accommodate the children's needs and wishes (Howard & McInnes, 2009:52). In the following theme, the focus will be on play spaces for the children in the child and youth care centre, as described by the participants.

3.7.2.5 Theme 5: Participants' views on play areas

Play areas can be divided into informal areas such as neighbourhood sidewalks or formal areas that provide suitable play spaces for children such as parks, public playgrounds or school playgrounds (Aarts et al., 2012:10; Azlina & Sulkiflee, 2012:275-276; Davey & Lundy, 2011:5). Children in child and youth care centres have access to play areas on the premises of the centre, as well as to public play areas outside of the child and youth care centre. In this section, the focus will be on the participants' views on play areas in both these contexts. The participants' views on the availability and access to play areas, as well as on safety concerns regarding play areas, will be highlighted.

- **Sub-theme 5.1: Play areas within the child and youth care centre**

The participants were of the opinion that the children in the child and youth care centre should be exposed to both indoor and outdoor activities.

> *"My children play outside ... um ... my kids are really fond of playing ball outside ... but like I say ... it differs from child to child ... I have children who prefer to play indoors ... will read a book or will draw. It varies from child to child."* (Participant 1)

> *"[There should] definitely [be] a certain time for playing outside because it will be unhealthy to stay indoors all the time."* (Participant 4)

> *"I think there must be a place for both [inside and outside play]."* (Participant 2)

The participants emphasised the fact that children should be allowed the chance to play outside. Children benefit from play in their natural environment as it provides them with opportunities for exploration (Howard & McInnes, 2013:78). The participants confirmed that there were play areas and play facilities available to the children. However, in some participants' view, the facilities were too limited.

> "*No, they do not really mix with the public, and here is not a playground that you can say 'go to the park' … here on the terrain.*" (Participant 4)

> *"They play here on the field next to the rugby field and… um… just in the street ... We have a cricket pitch and a rugby field, and if they ride their bikes, they ride around in circles."* (Participant 5)

> *"And here is not a playground … here on the premises; it's a limitation."* (Participant 7)

> *"I think it [a play facility] will be nice for them ... maybe one should think about creating something like this on the field."* (Participant 9)

The participants emphasised the importance of suitable outdoor play areas for the children in their care. They proposed several improvements in terms of the existing play facilities, seeing that the children spent most of their free time on the premises of the child and youth care centre. These proposals ranged from acquiring new equipment to the establishment of new play areas:

> *"We have enough activities. The only thing I would like to recommend is a football goalpost because I know all the kids love football."* (Participant 1)

> *"It would be nice if there were more places … um like I said there is the field that's open and we've got the swimming pool in summer…but…but …um it would be nice if we have other places where it was more organised like maybe a tennis court or … volley ball courts …"* (Participants 8)

> *"You know, I think it would be nice for the children to have a ... an area where they can play ... um ... with a seesaw ... because here is not really a play area for them ... with equipment and such things."* (Participant 2)

> *"I will say … um … a play park will be ideal for me … where children can play on a slide and … swings … and maybe something like a ... a volleyball net that they set up permanently where the children can play. It would be ideal for me … if they can have such things for the children."* (Participant 3)

Some participants were however not in favour of establishing a specific play area with equipment on the premises of the child and youth care centre. Their concerns centred on ensuring the safety of the children, especially with the large number of children being cared for in the child and youth care centre. These participants voiced the following opinions:

> *"You know, for me it is dangerous because they [children] are on the swings and the next one falls off or that one does something ... I'm not going to suggest a park ... because it's just not good for me."* (Participant 1)

> *"Play areas with the swings and that stuff … I feel … um… that it might work here but the kids… get hurt … um… you know, when they play. ... because remember, [there are] 250 children who would like to play on the equipment ... I do not think a playground is going to be such a good thing ... and at this stage I think the play they [engage in] here is also sufficient."* (Participant 5)

> *"In a perfect world, it would have worked well but it is hard because we're working with 200+ children here ... and it is not that one does not see that opportunity, there is just so much time in the day … and people will not … you will not be able to [manage] everything."* (Participant 6)

Participants reacted with mixed feelings with regard to establishing a well-equipped play area on the premises of the child and youth care centre. Some participants expressed the opinion that play facilities on the premises of the child and youth care centre would be good for the children. Outdoor activities allow children the opportunity to engage in physical

activities such as running, jumping and swinging and enhance the blood flow to the brain (Burriss & Burriss, 2011:3). Others were concerned about the safety hazards that a well-equipped facility on the premises could entail as for the caregivers, it would be a challenge to look after a large number of children in these play areas. In this regard, Veitch et al. (2007:390) note that safety concerns of parents have a strong influence on children's outdoor play.

As indicated by Participant 4 above, it appeared that the children in their care did not freely visit play areas outside the premises of the child and youth care centre. The participants' views on public play areas will be presented in the next sub-theme.

- **Sub-theme 5.2: Caregivers' views on public play areas**

Some participants indicated that they would occasionally take the children to public play areas. They mentioned the following in this regard:

> *"We take them to parks where they play on the swings or stuff like that … They enjoy it to go out a little bit." (*Participant 4)

> *"We take them … um … for a picnic or we take them to a swimming pool where they can swim and do outdoor physical activities."* (Participant 3)

> *"We actually organise outings over weekends … and then we go on different outings, like ice skating or … um… swimming or it depends on where you go and then the house mother [caregiver] organises that … so there are times where you go outside [the premises of the child and youth care centre]."* (Participant 8)

Play areas outside the child and youth care centre were pointed out as public play areas. Participants reported that public play areas are occasionally visited. These visits took place under supervision of the caregivers. Davey and Lundy (2011:5) state that a lack of adult supervision might be a reason why children do not utilise public play areas. Parents become fearful for their children's safety when they leave the home on their own (Singer et al., 2009:288).

Some participants mentioned safety aspects related to play areas outside the child and youth care centre. They stated the following about safety in public play areas:

> *"Public play areas … I feel that there must always be supervision. Not only you, you know, it must be a safe area because you want your children to be safe. You do not want to take them to an unsafe place."* (Participant 1)

> *"Personally, I feel that, because we work with other people's children, I'm not in favour of play areas outside the premises ... I'm more careful in that regard because they are not our children."* (Participant 6)

> *"In the [public] park … it is not safe. I am scared to go for a walk with the children [in public areas]."* (Participant 7)

Three participants emphasised their concerns over the safety in the public play area outside the child and youth care centre for both the children and the caregivers. As parents and caregivers are concerned about unsafe play, this factor might influence the amount of time spent playing outdoors (Gray, 2011:446; Veitch et al., 2007:390). The concern raised by Participant 6 is related to the caregivers' responsibility for children in alternative care. According to the Children's Act 38 of 2005, a caregiver refers to the person who literally cares for a child. Caregivers' responsibilities relate to every aspect of the children's daily care (Swanzen & Jadrijevic, 2014:132); thus, including play. This concern was also evident in sub-theme 4.2, where it was indicated that the caregivers were acutely aware of their responsibility towards the children in their care. The participants' views on safety related to play areas will be discussed in the next section.

- **Sub-theme 5.3: Safety concerns related to play areas**

The participants provided their opinions on safety concerning the play areas on the premises of the child and youth care centre as well as public play areas.

Play areas within the child and youth care centre

Participants indicated that the play areas within the child and youth care centre were areas at the individual houses, in the streets and on an open field on the premises. These play areas would thus be regarded as informal play areas (Aarts et al., 2012:10). As pointed out by participants, the children's safety in the child and youth care centre was a priority for them.

> *"Our children in the children's home are very lucky ... they have the freedom of the premises where they can move around. It is not like in the public [play areas] where children cannot go out in the streets because it's dangerous in the streets. Here our children have the freedom to play and to … be a child."* (Participant 3)

> *"Well … it's safe here … because everything is enclosed … you can actually let them [the children] walk outside and not be afraid of where they are … But yeah, I think the safety factor here is … is different to maybe outside … because they are sort of protected here … so they could play in the street."* (Participant 7)

> *"Yes, they play everywhere. They play here in the road, put their cricket wickets out and play, over there another one plays rugby and then there at the pool there is also a big lawn where they play, and here next to the house … is also a big lawn where they play rugby in the afternoons."* (Participant 6)

"There is no crime on our streets. We are in a secure complex and I do not believe there is crime that we should be afraid of." (Participant 7)

"When they [the children] ask to go and play there on the field at the top, I let them go … they are safe; here they are always safe." (Participant 4)

"There is a field where they can play rugby … or play ball. So, there are places where they can play. … I prefer … the smaller ones … to play … where I can see them, so if you are busy doing something you can just check out the window or go outside so that you've got contact with them all the time." (Participant 8)

The participants viewed the play areas within the child and youth care centre as safe. Swanzen and Jadrijevic (2014:138) state that children explore and learn through play in a safe environment. On the other hand, children are less likely to play in areas when parents have fears about the safety of their children (Gray, 2011:446; Veitch et al., 2007:390).

As the participants perceived the play areas at the child and youth care centre as safe, they allowed the children to play freely on the premises. This positively contributes to children's outdoor play activities. Outdoor play enhances a sense of well-being, thus there has been a growing concern that children increasingly spend minimal time playing outdoors (Howard & McInnes, 2013:78). Despite the apparent decrease in both indoor and outdoor play (Singer et al., 2009:285), the research findings reveal that the participants were in favour of outdoor play activities within the safe environment of the child and youth care centre.

Public play areas

In contrast to their views on play areas within the grounds of the child and youth care centre, participants expressed their concerns over the safety of the children in public play areas. Public play areas refer to play spaces in local neighbourhoods such as local parks, playgrounds and sport grounds (Veitch et al., 2007:410). Participants shared the following views:

"I will say … not all of them are safe … um… safe in the sense that children can be stolen and molested in such public areas. So, for me it is safer to keep my children at home and let them play at home." (Participant 3)

"We go out ... and we go and eat in the park ... but it just becomes unsafe because it is me, an older woman, sitting with these kids. How do I protect them?" (Participant 7)

Participants were of the view that play areas outside the child and youth care centre are not safe due to high crime levels. This aspect was also noted in sub-theme 5.2, where participants expressed a concern regarding the safety of public play areas. Parents' concerns over the safety of their children is a factor that often prevent children from playing

in public play areas (Gray, 2011:446; Veitch et al., 2007:390). Many children are not permitted to play outdoors in the neighbourhood because of safety concerns (Ginsburg, 2007:182). The vulnerability of women and children was prominent in the above findings. As evident from the statements by the two participants, children's physiological development and maturity levels require that their caregivers take responsibility for keeping them safe (Swanzen & Jadrijevic, 2014:131).

The participants were asked to give advice to other parents or caregivers in terms of children's play. Their suggestions are presented in the next theme.

3.7.2.6 Theme 6: Participants' advice on play

The participants made several suggestions with regards to children's play. As indicated in the sub-themes in this section, their suggestions reflected a positive attitude towards children's play.

- **Sub-theme 6.1: Encourage children's play**

The participants were in favour of providing children with opportunities to play. The made the following suggestions to parents and other caregivers:

> *"Children should play as much as possible because children must remain children as long as they can ... it is very important to me."* (Participant 1)

> *"Children should have more time to play but unfortunately ... there is not really much time in our setting ... because there are so many other things ..."* (Participant 2)

> *"Let your children play … they grow up too quickly. Let them still be children."* (Participant 4)

> *"I say a child should play as long as he really wants to play... um ... well, I say the more they can play the better for them. … play is very, very important to me."* (Participant 5)

> *"Here at home they have to feel free to play ... the school is doing … education."* (Participant 3)

> *"The time that he [a child] has for playing, I think, is much too short. ... They have to spend much more time on play than what they are afforded these days."* (Participant 9)

> *"I think if you really care and care and care, then… um… will you make sure that children play."* (Participant 7)

Participants' viewpoints were that children should be allowed more time to play, especially in the context of the child and youth care centre. Their views support that of Goldstein (2012:5)

who states that it is important that adults facilitate play and that there are sufficient areas where children can play. Children are naturally inclined to play, and they will engage in play whenever they have time to do so (Gray, 2011:443); however, children grow up in a world that differs from previous generations (Little, 2013:1). In current times, it appears that factors such as a hurried lifestyle, a focus on academic and sport achievements, safety concerns, the spatial effects of poverty and parent's views of play have resulted in a decline in children's play (Burriss & Burriss, 2011:5; Gray, 2011:447; Landreth, 2012:8; Fischer et al., 2011:311, Patel, 2012:107 and Veitch et al., 2007:390). This seems to be the case especially with free play.

- **Sub-theme 6.2: Allow free play, but provide guidance**

The participants strongly advised that children should be provided with more opportunities for free play. Free play or child-centred play implies that play is directed by the child, rather than by adults (Fischer et al., 2008:305). The following quotes reflect their views:

> *"A child must play. I will not tell him what to play, he must play ... they have to play what they want to play."* (Participant 5)

> *"I think it is important to sometimes leave children to just play. It is good for their imagination to make plans and to decide for themselves how [they] want the game to proceed."* (Participant 6)

> *"You just have to be in the background ... they must learn to sort out their own problems."* (Participant 1)

Some participants suggested that an adult should however be available to provide guidance for children's play. They stated:

> *"They do their own thing and sometimes I will guide them to show them what to do and in which order to do it."* (Participant 8)

> *"I think it is really very important that one should give guidelines for them; to tell them how to do it [play]."* (Participant 7)

Participants suggested that children should be permitted to play freely. This kind of play develops children's cognitive, socio-emotional and physical functioning, which is not always apparent in structured play (Burriss & Burriss, 2011:4). Structured play usually has an educational purpose (Fischer et al., 2008:305-306). According to the participants, the role of the parents or caregivers should be to provide guidance. The participants' views are in agreement with that of Undiyaundeye (2013:516) who states that adults can facilitate play by giving guidance instead of dominating the play.

- **Sub-theme 6.3: Expose children to different forms of play**

The participants advised that parents and caregivers should allow children to engage in a variety of play forms. They mentioned the following in this regard:

> *"Games like computer games ... TV games ... it must be there because our children, today's children are much more technologically aware. But yes, I think there must be a balance and think they should be able to learn to play and interact with each other because it teaches them to socialise."* (Participant 2).

> *"One has to play ball with them to let them experience what it is like catching a ball. ... In my opinion, the technology can be somewhat set aside. They must learn about technology, it's also very important. But they must also be a child."* (Participant 3)

> *"[There should be] some time for outdoor play, because it is unhealthy to always stay indoors."* (Participant 7)

> *"I think it's very important that they play outside just to breathe in the fresh air and the… um… just to run and play and jump so that they can experience more things."* (Participant 9)

Participants suggested that children should be exposed to different forms of play; highlighting the benefits of play such as learning social skills and being exposed to different experiences. Goldstein (2012:5) emphasises the value of support by adults and the provision of appropriate play spaces in letting children experience the benefits of play (Goldstein, 2012:5). Two participants recognised the value of exposing children to technology but believed that it should not prevent children from engaging in other play forms. Likewise, Louw and Louw (2014b:278) mention that children are being increasingly exposed to electronic media such as computer games and the internet. Video and computer games, also referred to as "space invaders" by Smith et al. (2011:244), may enhance eye-hand coordination as well as pro-social skills; however, some video games portray aggressive fantasy themes which might have an addictive effect, especially in boys between the ages of nine and 15 years. Such an addictive effect could have negative consequences, and for example lead to social isolation, exposure to aggression and poor school performance (Berk, 2013:634; Louw & Louw, 2014b:278, Santrock, 2009:273).

- **Sub-theme 6.4: Make time to play with children**

Participants advised that parents and caregivers should make time to play with children. They acknowledged that adults often have busy schedules that could limit the time available to play with children.

"We [caregivers] have a lot of responsibilities and one has other things to do ... yes, I think one has to make time [to play with the children] ... maybe you have to make more time." (Participant 2)

"Especially with homework and things … there isn't a lot of time in … in a day. I think it is important that you get involved with your kids irrespective of what it is … whether it's play or just … um … you know being with them when they go ice skating or doing something." (Participant 8)

The participants suggested that, as adults have many other responsibilities, they should intentionally make time available to play with children. Goldstein (2012:5) advises adults to support children's play, as the benefits of play could help children to grow into healthy and productive members of society. When parents are aware of the benefits of play, they are more likely to engage with their children in play and this can be to the advantage of children (Lin & Yawkey, 2014:108). The participants' suggestions indicate their awareness of the benefits of play and being involved in children's play.

3.8 SUMMARY

This chapter focused on the research methodology, the ethical considerations underpinning the research, and the research findings related to caregivers' views on play and play areas. The study was conducted in the context of a child and youth care centre. Six themes were identified during data analysis; focusing on the participants views on play, types of play that children engage in, and the benefits of play. They also pointed out factors that in their experience influenced children's play, as well as the availability of and safety concerns related to play areas. Participants' advice focused on the promotion of children's play. Developmental systems theory, which formed the theoretical framework of the study, relates well to the interpretation of the findings, as it was evident that children's play could enhance the well-being of the children as well as their functioning in the home and the wider social environment.

The researcher will discuss the key findings of the study as well as the conclusions and recommendations in the next chapter.

CHAPTER 4

KEY FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

4.1 INTRODUCTION

Play is seen as an integral part of childhood and a right of children. Play holds many benefits for children and could enhance their holistic development and their well-being. Despite the benefits of play, research studies indicate that children engage in less free play in favour of more structured activities aimed at academic performance and activities determined by the adults in children's lives.

Adults' views on play have a significant influence on the extent and nature of children's play as well as on the utilisation of play areas. This study aimed to explore the views of caregivers of children in a child and youth care centre, on play and play areas. This chapter presents the key findings and conclusions of the study as well as recommendations for practice and research. Furthermore, the researcher will indicate how the objectives of the research have been accomplished and the research question answered.

4.2 KEY FINDINGS AND CONCLUSIONS

The goal of this study was to explore and describe the views of caregivers at a child and youth care centre on play and play areas. In this section, the key findings and conclusions of the study are presented.

4.2.1   The participants' views on play

The participants, who were caregivers of children in a child and youth care centre, were well informed about the characteristics of play as a spontaneous and enjoyable activity, a way of communication and interaction, and an inherent part of childhood. The views of participants were consistent with the literature describing the nature of childhood play. Furthermore, the participants valued the importance of children engaging in different forms of play, such as active play, inactive play and fantasy play.

The participants encouraged children's play and suggested that children should be exposed to different forms of play. They showed insight into the fact that children enjoyed different forms of play, and that active play forms were more often enjoyed by boys. They associated unstructured, child-initiated and fantasy play with the development of leadership, creativity and decision-making skills. They indicated that at times, adults needed to provide structure

or guidance for children's play to help them to learn to positively interact with other children. Guidance by adults should, however, not interfere with children's play.

The participants recognised that engagement in play was beneficial for children. They believed play contributes to the overall development of children, and specifically pointed to the physical, socio-emotional and cognitive benefits that play might have for children.

The literature indicates that parents or caregivers who have a positive view of play and who recognise the benefits of play are more likely to allow children to engage in child-centred play. This aspect is significant in light of the fact that child-centred play tends to decline in modern society. Caregivers of children in child and youth care centres, who acknowledge the importance of play during childhood, can play a significant role in providing opportunities for children to play. Within the context of group care, caregivers can also play an important role in providing guidance and structure to children, however, without dominating the children's play.

Children in alternative care experience the negative effects of prior trauma and of removal from the care of their parents. As a result, these children are often regarded as a most vulnerable group. Although the literature indicates that specific play forms cannot be directly linked to specific benefits of play, engagement in different play forms can be an important medium to support their development and their physical, socio-emotional and cognitive functioning, including their ability for problem-solving and decision making.

In the context of the child and youth care centre, play can also enhance the interaction between the caregivers and the children in their care. This might be of importance where caregivers take care of a number of children in a context of limited time and multiple responsibilities.

4.2.2 Participants' views on factors affecting children's play

The research findings indicate that there were factors that had an influence on the extent and the forms of play that the children in the participants' care engaged in. The main factor identified by the participants related to the daily routines of the children and the caregivers. The participants indicated that the children's daily routine involving school work and other after-school responsibilities left little time for play, especially during the school week. The participants wished to become more involved in play with the children, however they indicated that they themselves had full programmes, which did not allow for sufficient time to be more involved in play with the children. Some participants mentioned that their age would only allow them to become involved in more inactive forms of play such as board games.

It seems that for some participants, their role of caregiving for vulnerable children in alternative care resulted in more supervised play for the children. They were highly aware of the fact that they cared for other parents' children, of the vulnerability of children exposed to trauma, and of their responsibility for ensuring the well-being and safety of the children in their care. In this regard, caregiving in a child and youth care center is characterised by multiple responsibilities and high demands made on the caregivers. It is furthermore recognised that caregivers of children in alternative care take on the role of parents and are responsible for all aspects involved in the child's daily life. It might be that the extent and type of play that children engage in are affected by the caregivers' awareness of the fact that they are responsible for the safety and well-being of other people's children.

The participants appreciated the fact that the individual characteristics of children would have an influence on the play forms they preferred. For example, they observed that boys preferred more active and outdoor play forms, whereas girls often preferred more inactive forms of play and indoor play.

In a setting where they cared for children from different socio-cultural backgrounds, some participants observed that children tended to engage in play and games that they learned in their family homes. The participants observed that children would teach these games to one another and most of the participants agreed that different socio-cultural backgrounds did not prevent the children in the child and youth care centre from playing together.

In line with literature, it seems that the extent and type of play that children in the child and youth care centre engaged in were mostly affected by full daily routines; leaving them with less time for play. However, literature also indicates that caregivers or parents who value play tend to encourage play and provide opportunities for children to engage in play. In this study, the caregivers appreciated the importance of childhood play, as well as different play preferences of different children. The positive attitude towards play could contribute to a conducive care environment in which the children in the child and youth care centre could enjoy the various benefits of play.

4.2.3 Participants' view on play areas within the child and youth care centre

The participants believed that children should be exposed to indoor and outdoor play. Most of the participants held the opinion that the outdoor play facilities in the child and centre were too limited, given the fact that the children, due to safety and practical concerns, generally played on the grounds of the child and youth care centre. Some participants therefore suggested that there should be an improvement of the outdoor play facilities in the child and

youth care centre; ranging from providing play equipment in existing play areas to establishing new play areas.

Some participants, however, warned against the establishment of well-equipped play areas at the child and youth care centre. Their main concern centered around the perception that it would be difficult to supervise the large number of children at a communal play area. In the child and youth care centre, the demands of caring for a group of children were seen to be a challenge in terms of supervising children's play.

Although some participants indicated that they would at times take the children in their care to public play areas in the surrounding community, others were not in favour of this due to a concern for the safety of the children. In this regard, the responsibility of caring for other parents' children was also a consideration in deciding to make use of public play areas.

Although there were play areas on the grounds of the child and youth care centre, some participants indicated that these areas were not sufficiently equipped. In situations where children are mostly restricted to play within the environment of the child and youth care centre, a lack of play equipment was regarded as a limitation by some of the participants. However, others were concerned that more advanced play equipment might pose a risk to the physical safety of children and would require more direct supervision by caregivers. This would pose an additional responsibility for the caregivers, who are already challenged by numerous tasks.

4.2.4 Safety concerns regarding public play areas

The participants' concerns over the safety of the children in their care played a role in their views on play areas within the child and youth care centre, as well as on those in the wider community. Most of the participants believed that the secluded area of the child and youth care centre provided a safe space where the children could play. The children could therefore freely play in the streets and open areas on the grounds of the child and youth care centre, and smaller children could play in areas around the homes, where the caregivers could keep an eye on them.

In contrast, a concern over the safety of the children in public play areas resulted in the participants generally not being in favour of taking the children to play areas in the surrounding neighbourhood. Caregivers indicated that they would have to closely supervise the children in public play areas and were concerned about their ability to protect children against the crime that is prevalent in society.

If parents or caregivers have safety concerns related to play areas, children will be less likely to be allowed to play in those areas. As a result, many children are prevented from playing in outdoor neighbourhood areas. With children being cared for in a child and youth care centre, caregivers might even be more cautious about the safety of "other people's children."

4.2.5 Participants' suggestions in terms of children's play

The participants generally had a positive view of play and the benefits that play could have for children. They advised that children should be provided with sufficient opportunities for play, especially in current times when opportunities for play tend to be limited and there is a decline in children's play.

The participants were in favour of providing children with ample opportunities for free play, where play is initiated by the child rather than by adults. It was suggested that adults should, however, also provide guidance to children in teaching them how to play. The participants advised that children should be exposed to different forms of play in order to obtain the benefits related to a variety of play forms. Exposure to different play forms could bring a balance in terms of children's recreation at a time when there is a tendency towards electronic games.

Some participants highlighted the importance of caregivers engaging in children's play. Although acknowledging the demands of their caregiving responsibilities, they suggested that caregivers should purposefully plan a specific time for interacting with children in play.

It is to the children's advantage when caregivers value the role and benefits of play. In such a situation, caregivers are more likely to allow children to engage in child-centered play, as well as provide opportunities for different forms of play. Free, unstructured play has many benefits that are not necessarily associated with structured play forms that usually have an educational purpose. Furthermore, parents or caregivers who support childhood play are more likely to seek or create adequate play spaces for children. A positive attitude towards play could contribute to play opportunities, despite challenges such as the hurried lifestyle of parents or caregivers, and socio-economic aspects such as poverty or poorly equipped play areas. Parents or caregivers who value the role of play are also more likely to engage with their children during play activities, which further enhances the benefits of play.

The benefits of play can be interpreted in accordance with the developmental systems theory (DST), which proposes that enhancing the developmental assets of children could support their development and enhance resilience in children. This aspect is noteworthy in terms of children in a child and youth care centre who, due to their exposure to trauma, are

regarded as a vulnerable group. In terms of DST, play could enhance three levels of resources that support resilience in children:

- within-child factors, such as the development of physical, socio-emotional and cognitive skills,
- within-home factors, such as the relationship and engagement between the caregiver and children, and
- outside-home factors, such as prosocial and academic skills that could enhance children's functioning within the school and peer group.

4.3 RECOMMENDATIONS

Based on the key findings and conclusions, the researcher suggests the following recommendations for different role players involved in the care and well-being of children being cared for in a child and youth care centre.

4.3.1 Recommendations for caregivers and staff in child and youth care centres

- Caregivers and other staff members in child and youth care centres should have knowledge of the role and value of childhood play. This is especially important in the context of alternative care settings, as play could be regarded as internal and external assets that can help children to develop optimally. Play might be considered as one of the trauma mitigation strategies for traumatised children in child and youth care centres.

- Social workers should develop awareness programmes for caregivers and other staff members of child and youth care centres on the benefits of childhood play.

- The management and staff of child and youth care centres should implement programmes that include opportunities for children to engage in different forms of play that could benefit their physical, cognitive and socio-emotional development. Play should include a balance between different play forms such as child-centred and fantasy play, active and inactive play forms, indoor and outdoor play, as well as electronic play media. To support them in this task, caregivers in child and youth care centres could develop a timetable to structure supervision over children's play to overcome challenges of supervising children's play amidst numerous other caregiving tasks.

- The management and staff should continuously evaluate existing play areas in child and youth care centres, in terms of suitable and safe equipment for children of different age groups.

4.3.2 Recommendations to local authorities and municipalities

- Local municipalities should be leading the development of minimum standard requirements for safety in public play areas. Municipalities should conduct a safety assessment in all public play areas in their district to identify and manage safety risks.

- The provision of safe public play areas should form part of the children's right to play. Safety risk at public play areas could be mitigated by municipalities appointing security officers at the play areas.

- Local municipalities can organise community events which educate parents and other adults on the importance of outdoor play and the safety of children and their caregivers in public play areas.

4.3.3 Recommendations for future research

- Based on the value of play for children in child and youth care centres as well as the specific characteristics of the care context, it is recommended that social workers conduct studies on play and play areas in various child and youth care centres.

- The researcher recommends that future social work research on child and youth care centres should focus on the children's views on play and play areas.

- Future research should include larger study samples, representing more diversity in terms of the gender and the socio-economic context in which children develop.

- Welfare organisations and municipalities can conduct large scale quantitative studies on play and play areas, for example by means of surveys.

4.4 ACCOMPLISHMENT OF THE GOAL AND OBJECTIVES OF THE STUDY

The goal of the study was to explore and describe the views of caregivers at a child and youth care centre on play and play areas. Five objectives were formulated in order to achieve the goal of the study. The achievement of the goal and objectives of the study are subsequently indicated.

Objective 1: To theoretically contextualise the role of play in the life of children in middle childhood

The objective was achieved by means of the literature review that included information on play and play areas. Furthermore, the benefits of play, factors that affect childhood play,

children in middle childhood, and the context of the child and youth care centre were discussed. The literature review was presented in Chapter 2.

Objective 2: To explore caregivers' views on play in the life of children in middle childhood in their care

Data on caregivers' views on play in the life of children in middle childhood were collected by means of semi-structured interviews with the participants, who were caregivers in a child and youth care centre. Themes that emerged from the data analysis indicated that the participants generally had a positive view on play and the benefits of play for children. The above objective was thereby achieved.

Objective 3: To explore whether caregivers engage in play with children in their care

This objective was achieved through presenting the empirical findings on caregivers' engagement in play with children in their care. The caregivers' demanding schedules and the children's busy routines were identified as factors that limited their involvement in children's play, whereas older caregivers found it challenging to be involved in children's physical play. However, caregivers were generally in favour of engaging in play with the children in their care.

Objective 4: To explore caregivers' views on the availability, nature and utilisation of public play areas in the living environment

The objective was achieved through exploring caregivers' views on play areas on the grounds of the child and youth care centre as well as public play areas in the neighbourhood. The research findings indicated that children in the child and youth care centre mostly play on the premises of the child and youth care centre, although these play areas were regarded by some participants as not being sufficiently equipped. Participants were generally not in favour of public play areas in the neighbourhood due to concerns over the safety of the children.

Objective 5: To reach conclusions and make practical recommendations on the value of play in the context of the CYCC

Conclusions and recommendations based on the findings of the study were presented in points 4.2 and 4.3 of this chapter. Recommendations were made for social workers and the management and staff of child and youth care centres, municipalities, and for future research; thereby achieving the above objective.

The achievement of the objectives stated for the study, implies that the goal of the study has been accomplished and that the research question and sub-questions of the study, were answered. The research question that guided the study was:

- What are the views of caregivers at a child and youth care centre of play and play areas?

The sub-questions stated for the study were as follows:

- What are the views of caregivers on the value of play for children?

- What are the views of caregivers on the availability, the nature and the utilisation of public play areas in their living environment?

4.5 CONCLUDING REMARKS

The views of caregivers or parents on play and play areas have a significant influence on the nature and extent of children's play. The goal of the study was to explore the views of caregivers at a child and youth care centre on play and play areas for the children in their care. The research findings indicated that the participants in this study were aware of the nature and value of childhood play and actively supported play opportunities for the children in their care. Considering the developmental benefits of play, caregivers who support childhood play can greatly contribute to the overall psychosocial functioning and well-being of the children in their care. It is thus recommended that caregivers of children in child and youth care centres be aware of the importance of play for children and of their role in promoting play among this vulnerable group.

REFERENCE LIST

Aarts, M.J., De Vries, S.I., Van Oers, H.A. & Schuit, A.J., 2012. Outdoor play among children in relation to neighborhood characteristics: a cross-sectional neighborhood observation study. *International Journal of Behavioral Nutrition and Physical Activity*, 9(1):1-11.

African Union, 1999. *Charter on the Rights and Welfare of the Child.* Ethiopia: Addis Ababa.

Allain, L., Cocker, C., Hinds, O., Naluwaga, E. & Babondock, A. 2011. What's important for looked after children? The views of young people leaving care. In Cocker, C. & Allain, L. (Eds). *Advanced social work with children and families*. Exeter: Learning Matters.

Arnett, J. J. 2016. *Human Development: A cultural approach*. Second edition. Upper Saddle River: Pearson.

Atkiss, K., Moyer, M., Desai, M. & Roland, M. 2011. Positive Youth Development: An Integration of the Developmental Assets Theory and the Socio-Ecological Model. *American Journal of Health Education,* 42(3):171-180.

Azlina, W. & Zulkiflee, A.S. 2012. A pilot study: The impact of outdoor play spaces on kindergarten children. *Procedia-Social and Behavioral Sciences*, 38:275-283.

Babbie, E. 2007. *The Practice of Social Research*. 11th ed. New York: Thomson Learning Inc.

Berk, L.E. 2013. *Child development.* 9th ed. Boston: Pearson.

Botha, E. & Dunn, M., 2009. A board game as gestalt assessment tool for the child in middle childhood years. *South African Journal of Psychology*, 39(2):253-262.

Bringolf-Isler, B., Grize, L., Mäder, U., Ruch, N., Sennhauser, F.H. & Braun-Fahrländer, C., 2010. Built environment, parents' perception, and children's vigorous outdoor play. *Preventive Medicine*, *50*(5):251-256.

Burriss, K. & Burriss, L., 2011. Outdoor play and learning: Policy and practice. *International Journal of Education Policy and Leadership*, 6(8):1-12.

Burton, P., Ward, C.L., Artz, L. & Leoschut, L. 2016. *The Optimus study on child abuse, violence and neglect in South Africa.* Cape Town: The Centre for Justice and Crime Prevention.

Cameron, R.J. & Maginn, C. 2009. *Achieving positive outcomes for children in care*. London: SAGE Publications Inc.

Children's Act 38 of 2005 (Published in the Government Gazette, (33076) Pretoria: Government Printer).

Cocker, C. & Allain, L. 2013. *Social work with looked after children.* 2nd ed. London: SAGE Publications Ltd.

Couper, L. 2011. Putting play back into the playground. *Kairaranga*, 12(1):37-42.

Creswell, J.W. 2007. *Qualitative Inquiry and Research Design: Choosing among five approaches.* 2nd ed. London: SAGE Publications Inc.

Davey, C. & Lundy, L., 2011. Towards greater recognition of the right to play: An analysis of article 31 of the UNCRC. *Children & Society*, 25(1):3-14.

Department of Social Development. 2012. *The White Paper on Families in South Africa.* Department of Social Development, Republic of South Africa.

De Witt, M.W. 2012. *The young child in context: A thematic approach.* Pretoria: Van Schaik Publishers.

Eberle, S.G. 2011. Playing with the Multiple Intelligences: How Play Helps Them Grow. *American Journal of Play*, 4(1):19-51.

Fearn, M. & Howard, J. 2012. Play as a resource for children facing adversity: An exploration of indicative case studies. *Children & Society*, 26(6):456-468.

Fisher, K.R., Hirsh-Pasek, K., Golinkoff, R.M. & Gryfe, S.G. 2008. Conceptual split? Parents' and experts' perceptions of play in the 21st century. *Journal of Applied Developmental Psychology,* 29(4):305-316.

Fogle, L. M. & Mendez, J.L. 2006. Assessing the play beliefs of African American Mothers with pre-school children. *Early Childhood Research Quarterly,* 21(4):507-218.

Fouché, C.B. & Delport, C.S.L. 2011. Introduction to the research process. In De Vos, A.S., Strydom, H., Fouchè, C.B. & Delport, C.S.L. *Research at grassroots: For the social sciences and human service professions.* 4th ed. Pretoria: Van Schaik.

Fouché, C.B. & De Vos, A.S. 2011. Formal formulations. In De Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L. *Research at grassroots: For the social sciences and human service professions.* 4th ed. Pretoria: Van Schaik.

Fouché, C.B. & Schurink, W. 2011. Qualitative research designs. In De Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L. *Research at grassroots: For the social sciences and human service professions.* 4th ed. Pretoria: Van Schaik.

Friedman, R.C. & Downey, J.I., 2014. Sexual differentiation of childhood play: A contemporary psychoanalytic perspective. *Archives of Sexual Behaviour*, 43(1):197-211.

Ginsburg, K.R. 2007. *The Importance of Play in Promoting Healthy Child Development and Maintaining Strong Parent-Child Bonds. Pediatrics*, 119(1):182-191.

Glesne, C. 2006. *Becoming qualitative researchers: An introduction.* 3rd ed. Boston: Pearson Education.

Godfrey-Smith, P. 2000. Explanatory Symmetries, Preformation, and Developmental Systems Theory. *Philosophy of Science,* 67(Supplement):S322-S311.

Goldstein, J. 2012. Play in Children's Development, Health and Well-being. Available: http://www.ornes.nl/wp-content/uploads/2010/08/Play-in-children-s-development-health-and-well-being-feb-2012.pdf (Accessed 2014/03/15).

Gordon, G. 2014. Well played: the origins and future of playfulness. *American Journal of Play*, 6(2):234-266.

Gray, P. 2011. The decline of play and the rise of psychopathology in children and adolescents. *American Journal of Play*, 3(4):443-463.

Greeff, M. 2011. Information collection: interviewing. In De Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L. *Research at grass roots: For the social sciences and human service professions.* 4th ed. Pretoria: Van Schaik.

Greenfield, E.A. 2011. Developmental System Theory as a Conceptual Anchor for Generalist Curriculum on Human Behaviour and the Social Environment. *Social Work Education,* 30(5):529-540.

Greve, W., Thomsen, T. & Dehio, C. 2014. Does playing pay? The fitness-effect of free play during childhood. *Evolutionary Psychology*, 12(2):434-447.

Guest, A.M. 2013. Cultures of play during middle childhood: Interpretive perspectives from two distinct marginalized communities. *Sport, Education and Society*, *18*(2):167-183.

Gunes, G. & Tugrul, B. 2012. A play, tens of teachers and hundreds of their ideas about child who doesn't play. *Procedia-Social and Behavioural,* 47:2025-2030.

Hännikainen, M., Singer, E. & Van Oers, B. 2013. Promoting play for a better future. *European Childhood Education Research Journal*, 21(2):165-171.

Holborn, L. & Eddy, G. 2011. *First steps to healing the South African family.* Johannesburg: South African Institute of Race Relations.

Holt, N.L., Lee, H., Millar, C.A. & Spence, J.C. 2015. 'Eyes on where children play': a retrospective study of active free play. *Children's Geographies*, 13(1):73-88.

Howard, J. & McInnes, K. 2013. *The Essence of Play, A practice companion for professionals working with children and young people.* London: Routledge, Taylor & Francis Group.

Howard, J., Miles, G.E., Rees-Davies, L. & Bertenshaw, E.J. 2017. Play in Middle Childhood: Everyday Play Behaviour and Associated Emotions. *Children & Society,* 31(5):378-389.

Kendrick, A. 2012. What research tells us about residential childcare. In Davies, M. (Ed). *Social Work with children and families: Enhancing the lives of vulnerable people.* London: Palgrave Macmillan.

Kumar, R. 2011. *Research Methodology.* 3rd ed. London: SAGE Publications Inc.

Landreth, G. L. 2012. *Play Therapy: the art of the relationship.* New York: Brunner Routledge.

Lietz, C.A., Langer, C.L. & Furman, R. 2006. Establishing trustworthiness in qualitative research in social work: Implications from a study regarding spiritually. *Qualitative Social Work*, 5(4):441-458.

Lin, Y.C. & Yawkey, T. 2014. Parents' play beliefs and the relationship to children's social competence. *Education,* 135(1):107-114.

Little, H. 2013. Mother's beliefs about risks and risk-taking about children's outdoor play. *Journal of Adventure and Education and Outdoor Learning.* Available: http://dx.doi.org./10.1080/14729679.2013.842178. (Accessed 2014/03/14)

Louw, A. & Louw, D. 2014a. Early Childhood. In Louw, D. & Louw, A. *Child and adolescent development.* 2nd ed. Bloemfontein: Psychology Publications.

Louw, A. & Louw, D. 2014b. Middle Childhood. In Louw, D. & Louw, A. *Child and adolescent development.* 2nd ed. Bloemfontein: Psychology Publications.

Louw, D. & Louw, A. 2014c. Vulnerabilities, Resilience and Rights of Children. In Louw, D. & Louw, A. *Child and adolescent development.* 2nd ed. Bloemfontein: Psychology Publications.

Louw, D., Louw, A. & Kail, R. 2014. *Basic Concepts of Child and Adolescent Development.* In Louw, D. & Louw, A. *Child and adolescent development.* 2nd ed. Bloemfontein: Psychology Publications.

Martorell, G., Papalia, D.E. & Feldman, R.D. 2014. *A Child's World Infancy through Adolescence.* 13th ed. New York: McGraw Hill Education.

McAuley, C. & Davis, T. 2009. Emotional well-being and mental health of looked after children in England. *Child and Family Social Work,* 14(2):147-155.

Meinck, F., Cluver, L.D., Boyes, M.E. & Ndhlovu, L.D. 2015. Risk and protective factors for physical and emotional abuse victimisation amongst vulnerable children in South Africa. *Child Abuse Review*, *24*(3):182-197.

Millan, J. 2012. Birth on the Playground: Boys' Experiences Playing with Gender. *Indo-Pacific Journal of Phenomenology*, 12(1):1-11.

Murray, L., Tarren-Sweeney, M. & France, K. 2011. Foster carer perceptions of support and training in the context of high burden of care. *Child & Family Social Work*, 16(2):149-158.

Neuman, W.L. 2012. *Basics of Social Research.* 3rd ed. Whitewater: Pearson.

Patel, L. 2012. Poverty, gender and social protection: Child support grants in Soweto, South Africa. *Journal of Policy Practice,* 11(1-2):106-120.

Perumal, N. & Kasiram, M. 2014. Children's homes and foster care: challenging dominant discourses in South African social work practice. *Social Work/Maatskaplike Werk*, 44(2):159-169.

Rogers, S., Pelletier, C. & Clark, A., 2009. *Play and Outcomes for Children and Young People: Literature review to inform the national evaluation of play pathfinders and play builders.* London: Department for Children, Schools and Families.

Saldana, J. 2009. *The Coding Manual for Qualitative Researchers.* New York: SAGE Publications Inc.

Santrock, J.W. 2009. *Life-span development.* 12th ed. Boston: McGraw Hill.

Sayer, T. 2008. *Critical practice in working with children.* Hampshire: Palgrave Macmillan.

Singer, D.G., Singer, J.L., D'Agnostino, H. & DeLong, R. 2009. Children's Pastimes and Play in Sixteen Nations: Is Free-Play Declining? *American Journal of Play*, *1*(3):283-312.

Singh, A. & Gupta, D. 2011. Contexts of childhood and play: Exploring parental perceptions. *Childhood,* 19(2):235-250.

Schurink, W., Fouché, C.B. & De Vos, A.S. 2011. *Qualitative data analysis and interpretation.* In De Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L. *Research at grass roots: For the social sciences and human service professions.* 4th ed. Pretoria: Van Schaik.

Smith, M. 2012. Theory in residential care. In Davies.M. (Ed). *Social Work with children and families: Enhancing the lives of vulnerable people*. London: Palgrave Macmillan.

Smith, P.K., Cowie, H. & Blades, M. 2011. *Understanding Children's Development.* 5th ed. West Sussex: Trento.

Strydom, H. 2011a. Sampling and sampling methods*.* In De Vos, A.S., Strydom, H., Fouchè, C.B. & Delport, C.S.L. *Research at grass roots: For the social sciences and human service professions.* 3rd ed. Pretoria: Van Schaik

Strydom, H. 2011b. Ethical aspects of research in the social sciences and human service profession. In De Vos, A.S., Strydom, H., Fouchè, C.B. & Delport, C.S.L. *Research at grass roots: For the social sciences and human service professions.* 4th ed. Pretoria: Van Schaik.

Strydom, H. & Delport, C.S.L. 2011. Sampling and pilot study in qualitative research. In De Vos, A.S., Strydom, H., Fouchè, C.B. & Delport, C.S.L. *Research at grassroots: For the social sciences and human service professions.* 4th ed. Pretoria: Van Schaik.

Swanzen, R. & Jadrijevic, T.I. 2014. The Child and Youth Care Worker's role in the health and safety of children. *African Journal for Physical Health Education, Recreation and Dance*, 20 (Supplement 2):131-140.

UN General Assembly. 1989. *Convention on the Rights of the Child*, 20 November 1989. Available: http://www.refworld.org/docid/3ae6b38f0.html (accessed 20 September 2015)

Undiyaundeye, F.A. 2013. How children learn through play. *Journal of Emerging Trends in Educational Research and Policy Studies*, *4*(3):514-516.

Van Wyngaard, D. 2009. *Kinderversorgers se emosionele belewenisse en hantering van kontakgrensversteurings: 'n Beskrywende studie.* [SI]: UNISA. (Magister Diaconiologiae Mini-Dissertation).

Veitch, J., Salmon, J. & Ball, K., 2007. Children's perceptions of the use of public open spaces for active free-play. *Children's Geographies*, 5(4):409-422.

Vimont, M.P. 2012. Developmental Systems Theory and Youth Assets: A Primer for the Social Work Researcher and Practitioner. *Child and Adolescent Social Work,* 29(6):449-514.

Visser, M. (Ed.) 2007. *Contextualizing community psychology in South Africa*. Pretoria: Van Schaik.

Ward, C. & Wessels, I. 2013. Rising to the challenge: Towards effective parenting programmes. In Berry, L., Biersteker, L., Dawes, A., Lake, L., & Smith, C. *South African Child Gauge.* University of Cape Town: Children's Institute.

Warner, L. & Parker, W.F. 2008. You're it!": Thoughts on play and learning in schools. *Horace,* 24(2):1-6.

Welman, C., Kruger, F. & Mitchell, B. 2012. *Research Methodology.* 3rd ed. Cape Town: Oxford University Press Southern Africa (Pty) Ltd.

Yin, R.K. 2014. *Case Study Research: Design and Methods.* 5th ed. Belmont, CA: SAGE Publication Inc.

Appendix A

Privaatsak/Private Bag xll
Lynn East
0039
Talitha Kumi str
East Lynne

Tel: (012) 800-4700
Faks/Fax: (012) 800-1443
www.jacarandachildren.co.za

NPO Reg. nr 001-649NPO
Art.21 Mpy./ Sec. 21 Co. Reg nr: 2001/016848/08

Jakaranda
Kinder en Gesinsorg Maatskappy
Child and Family Care Centre
Reg. Kinderhuis/Children's Home

06/05/2015

To whom it may concern:

We (Jakaranda Children's Home) hereby give Filicity van Rooyen permission to do her masters research at the Children's Home.

Kind regards,

Charlene Grobler

Head: Children's Affairs and MDDC

Jakaranda
Kinderhuis • Children's Home
Privaatsak / Private Bag X11
Lynn East, 0039
Tel: (012) 800-4700
Faks/Fax: (012) 800-1443

Appendix B

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 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?

Appendix C

Faculty of Humanities
Research Ethics Committee

5 February 2016

Dear Prof Lombard

Project:	**The views of caregivers at a children's home in Tshwane, on play and play areas**
Researcher:	**F van Rooyen**
Supervisor:	**Dr MP le Roux**
Department:	**Social Work and Criminology**
Reference number:	**12334899 (GW20151123HS) Group research**

Thank you for the response to the Committee's correspondence 4 December 2015.

The Research Ethics Committee notes that the above application forms part of a larger group research project. The Committee formally **approved** the application at an *ad hoc* meeting held 5 February 2016, data collection may therefore commence.

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. Should your actual research depart significantly from the proposed research, it will be necessary to apply for a new research approval and ethical clearance.

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

We wish you success with the project.

Sincerely

Prof. Karen Harris
Acting Chair: 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; Ms H Klopper; Dr C Panebianco-Warrens; Dr C Puttergill; Prof GM Spies; Dr Y Spies; Prof E Taljard; Ms KT Andrew (Committee Admin), Mr V Sithole (Committee Admin)

Appendix D

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities

Researcher:	**Filicity van Rooyen**
Degree:	**Master of Social Work (Play-based Intervention)**
Contact details:	**083 4568629**

INFORMED CONSENT: PARTICIPANT

Name of participant: ……………………………………………..

1. Title of the study

The views of caregivers at a child and youth care centre in Tshwane on play and play areas.

2. Purpose of the study

The goal of this study is to explore and describe the views of caregivers at a child and youth care centre on play and play areas.

3. Procedures

I will be requested to take part in a face-to-face interview with the researcher, Ms Filicity van Rooyen. The interview will last approximately 45 to 60 minutes and will be digitally recorded for the researcher to capture information correctly. The interview will focus on my views about play and play areas. All information will be handled confidentially and my responses will be anonymous in the final research report.

4. Risk factors

There are no risks foreseen in my participation in the research, as the interview will only focus on my views on the topic. If at any time I may experience emotional distress because of the interview, I can be referred for counselling to a registered psychologist. In such a case Ms Van Rooyen will arrange for the counselling.

5. Benefits of participation

I will not receive any compensation for participating in the study. However, my participation will provide valuable information that can be used to make recommendations regarding play and play areas for children.

6. Rights of the participant

I am aware that I will voluntarily participate in the research study and that I have the right to withdraw from the research at any time without any negative consequences for me.

7. Confidentiality

The researcher will record the interviews to accurately collect information. The recordings will be transcribed in a word document. No identifying details will appear on the transcription and only Ms Van Rooyen and her supervisor from the University of Pretoria will have access to the transcriptions. My information will be dealt with in a confidential manner, which means that my name and other identifying details will not be mentioned. If the information would be used for further research, the same measures to protect my confidentiality will apply.

In the case where I have any further questions regarding the research study, I can contact Ms Van Rooyen at the abovementioned telephone number.

I understand my rights as a research participant and give my permission to voluntarily participate in the research study. I understand what the research is about and why it is being done. I also know that the research information will be stored for 15 years at the Department of Social Work and Criminology, University of Pretoria, as stipulated in their policy.

I received a copy of this informed consent letter.

Participant: .... Date: ....

Researcher: .... Date: ....