PLAY STIMULATION - CASE STUDY

AIMS

Play stimulation work contributes towards the following 2003-2006 PSA targets: Improving social and emotional development, and Improving learning.

With regard to PSA targets 2005 - 2008, play stimulation contributes to Objective I, target 1 - “Improve children’s communication, social and emotional development...”

In terms of the Every Child Matters framework, play stimulation work contributes to 'Be Healthy', 'Enjoy & Achieve' and 'Make a Positive Contribution'.

INTRODUCTION

Play stimulation work so far has been undertaken by the Nursery Nurses within the team. The purpose of play stimulation can be to aid the child’s speech and language development, physical development or it can focus on the parent-child interaction. Play stimulation can be designed to show and teach parents how to play with their children, as some parents simply don’t know how to. In these cases the children are often sat in front of the TV and there is no interaction taking place. In other cases the play work can be centred on the child and encouraging the child to play in a certain way to stimulate the presenting developmental issue.

It is important to differentiate play stimulation work from play therapy. Although they both use similar techniques, play therapy is usually provided by a qualified play therapist with a background in psychology, social work, or other Early Years related disciplines. The definition of play therapy as defined by the BAPT (British Association of Play Therapists) is:

“A mode of therapy that helps children to explore their feelings, to express themselves and to make sense of their life experiences. It helps children modify their behaviours, clarify their self-concept and build healthy relationships. In Play Therapy, children enter into a dynamic
relationship with the therapist that enables them to express, explore and make sense of their difficult and painful experiences. It helps children find healthier ways of communicating, develop fulfilling relationships, increase resiliency and facilitate emotional literacy.”

Therefore the purposes of play therapy differ from play stimulation work, as described above. Because play stimulation can cover any number of issues it is important to identify what importance play itself has on a child’s development.

Play has been defined as:

“an essential part of every child’s life and vital to the processes of human development. It provides the mechanism for children to explore the world around them and the medium through which skills are developed and practiced. It is essential for physical, emotional and spiritual growth, intellectual and educational development, and acquiring social and behavioural skills.”

This definition has been devised by the National Voluntary Council for Children’s Play, and is underpinned firmly by the UN Rights of the Child.

The play stimulation work that this case study is about is relating to the physical development of a child, and how play stimulation can help in cases where a developmental delay occurs. This is also the first play stimulation case that has been taken on by a Community Parent.

**RATIONALE**

A review of play stimulation related literature has shown that:

- Given the space and resources, children promote their physical development through play that draws upon their fine and gross motor skills. They build their own muscle strength and can develop habits and interests that build upon a firm basis for healthy activity. (CPIS factsheet - [www.ncb.org.uk](http://www.ncb.org.uk))

- Economically disadvantaged children who participated in structured and unstructured play sessions demonstrated significant increases
in the areas of imaginative play behaviour, positive emotionality, concentration, social interaction, cooperation, verbal fluency, flexibility and originality, imaginativeness of stories, and verbal IQ. (Shmukler & Naveh, 1985)

- Play stimulates infants to use their bodies and senses. It helps develop thinking and intelligence. Parents can also stimulate their infants in more specific ways. They can do this by playing games geared to stimulate specific areas of development. Play time should be a part of every baby's daily schedule. (www.parenting-ed.org)

- Play has intrinsic value, testified by its contribution to all aspects of childhood development. First, and perhaps most evidently, play has a function in physical development. These skills and reflexes include not only basic muscle strengthening and hand-eye coordination, but more elaborate and sophisticated kinaesthetic activity. (Play: A Justification Article; by Dorian M. Needham)

**METHODOLOGY**

Interviews were conducted with Sarah the Community Parent, and the mum of the child that Sarah was doing play stimulation with. A short questionnaire was also given to Marie the Health Visitor who referred the family to play stimulation. Copies of the interview questions can be found in the appendix.

**FINDINGS**

Marie, a health visitor, is Sarah's supervisor/mentor for the play stimulation work that she has been doing. Marie felt her support was important to Sarah as she had never done this sort of work before.

The family that Sarah has been working with have 4 children, and they are all very demanding. Three of them are under the age of 3 (as at the time of writing - October 2005). The 18 month old child was Marie’s main concern, as he exhibited a 6 month delay in locomotion (he could not
walk), hearing and language. Marie found the family very receptive, so she suggested play stimulation.

Marie feels that providing the staff are being appropriately supervised, and regularly feedback to the referee, play stimulation could be expanded and utilised within the wider team.

**Interview with Sarah**

The interview with Sarah has been summarised as follows:

- Sarah feels that although no formal or specific training needs to be undertaken to provide play stimulation if you already know how to work with children - some child development knowledge is necessary to allow you to distinguish what is developmentally normal and what isn’t at what age.
- A mentor was useful to discuss the case and receive feedback, especially as Marie had the child development knowledge necessary for this case.
- Sarah’s role as a Community Parent proved valuable in establishing the family’s trust, as they already knew her.
- Some of the advantages and disadvantages of doing play stimulation work within the child’s home that Sarah has identified can be summarised as follows:
  
  **Advantages:**
  - children are in their own environment, therefore more likely to feel relaxed.
  - parents are more likely to attend than if they had to take the child somewhere else for the sessions.

  **Disadvantages:**
  - if other siblings are present it is difficult to focus on one child. In this case Sarah had to involve both children in her work.
  - parental input can be a disadvantage and have a negative affect on the child (e.g. parent saying in front of child “he won’t play with that”, “he doesn’t like that game” etc.)

- Sarah found this work very rewarding as the play stimulation achieved the desired outcome, and she was accepted by the parents and the children.
If Sarah did not support this child, the Nursery Nurses would have undertaken play stimulation in this case, but they may not have been able to dedicate as much time to the case. If the child didn’t start walking he would have been referred to the child development centre.

Sarah feels play stimulation is needed in the community and should be made available to more families in the area. If it is to be expanded and adopted by the wider team some training might be needed.

The full write up of the interview can be found in Appendix 2.

Interview with the Parent

The interview conducted with the parent has been summarised as follows:

- Mum had no knowledge about play stimulation so didn’t know what to expect. Her original concern was about what it would involve, and how much of her time it would take up.
- She felt at ease with Sarah as she already knew her, and liked it that the play work took place in her home.
- She noticed changes with the children after the first session - they could sit still and concentrate for longer.
- Sarah helped her potty train the child and get him into nursery, she also supported her through breastfeeding, gave advice relating to other children and provided emotional support through listening visits.
- Mum would recommend play stimulation to other parents as the children really enjoy it, but she has found Sarah a great support in other areas too.
- Her husband wasn’t too sure about the idea of play stimulation at first as he didn’t like to think their children needed help. However, once he saw the positive effects it was having on the children he changed his mind about it.

The full interview can be found in Appendix 3.
DISCUSSION/CONCLUSION

Play stimulation work can currently be provided by all the Nursery Nurses within the team. This case study looked at the first play stimulation case taken on by a Community Parent. The case was referred to her by a Health Visitor, with the aims to encourage the child to walk.

The interview with Sarah, the Community Parent, has identified that although she feels that anyone who knows how to work with children could do play stimulation work, there is a need for some child development training before it can be extended to other team members, as well as availability of a mentor for guidance.

Sarah found that being a Community Parent proved to be an advantage in this case, as well as her ability to support mum in other areas. With regards to providing play therapy within the child’s own home, she has identified the following advantages - the child is more likely to feel relaxed, and parents are more likely to ‘attend’. The disadvantages can be - the presence of other siblings, and parental ‘interference’.

The interview with the mum has confirmed Sarah’s thoughts on the benefits of her being a Community Parent. Mum also appreciated all the extra support that Sarah was able to give her on top of her play work with the children; in particular providing breastfeeding support and a listening ear.

The parents would recommend play stimulation to others, as they have seen the positive effects it has had on their children - not just in meeting it’s original aim, but also in improving the children’s concentration levels, behaviour, and their preparedness to attend nursery.
APPENDIX 2 – Interview with Sarah, the Community Parent

I always thought play stimulation was a good idea after seeing something about it on TV. I think play stimulation in general encourages children to do things they wouldn’t normally do. They learn how to play and also learn about things through play.

To be able to do play stimulation I don’t think you need to do a lot of training. It’s just knowing how to play, which I learned through my own children. I haven’t done any formal training courses myself apart from one training day on working with children whose parents are divorcing or separating using aspects of play therapy. I do think though that some training in child development is necessary, so that you know what is physiologically and psychologically normal and expected of a child at what age. In terms of the Sure Start team, I think anyone from the Early Years team can easily do play stimulation, as well as Nursery Nurses and Health Visitors.

I was asked to take on this case by the family’s health visitor. As this was my first play stimulation case, the health visitor acted as my mentor and met with me following each session with the family. She was very valuable to me as she was someone to feed back to, but also because of her health background she had the knowledge of child development and was able to point things out that I wasn’t aware of.

The purpose of the play work was to get the family’s 18 month old son to walk, as developmentally he should have been walking by 12 months. The family were very positive at this suggestion as they really wanted to get their child to walk. I also feel that me being a community parent played an important part in the family accepting me, as when I was first introduced to them by the Health Visitor we realised that we knew each other as our children used to go to the same school. I think if I was a stranger they may have been a bit more reluctant.

At the beginning of play work the child wasn’t very verbal and was very clingy to his mum. It was a bit difficult to work with him, but once he got to know me he was fine. As the weeks went on our relationship continued to get better, and all the children started to excitedly wait for me every week.

The play stimulation in this case took place within the child’s home. There is a disadvantage in this, and that is if other siblings are about it’s difficult to focus on one child. Also the parent’s input can be a disadvantage, and comments like “He won’t play with that”, “He won’t like that [toy/activity]” etc., can have a negative effect on child’s engagement by restricting his/her freedom during play, or telling them what they should or shouldn’t enjoy doing.
The benefits are though that they do remain in their own environment as sometimes children will act very differently when out of their home. Some parents are also less likely to attend sessions if they have to take the child somewhere else. With the home visits you go to them and it increases attendance rate.

In this case the parent’s presence was a big help. The child’s dad especially played an important role as the child would let dad get him up to his feet, whilst the child wasn’t willing to let me do that. Mum was also very helpful in providing him with prompts and encouragement in his attempts to stand up.

The best achievement of this work has been the success in getting the child to walk. It was great to see all the hard work pay off. I was also so pleased that the children took to me and were excited when waiting for me to come. It was heart warming.

If I hadn’t undertaken play stimulation in this case, the child would have continued to be supported by either the Health Visitor or the Nursery Nurse, but they may not have been able to dedicate as much time to the case. If they failed in getting the child to walk, he would have been referred on to the child development centre. Without any intervention from us I don’t think the child would have progressed as well.

I think anyone can do play stimulation, they just have to be committed to it and really want to do it. If it is to be expanded and adopted by the wider team some training might be needed. But I do feel play stimulation is badly needed in the area, and it needs to be made available to more families, not just to help children but to help parents too.
APPENDIX 3 – Interview with the Parents

Play stimulation was suggested to me by my health visitor, Marie. It was because my youngest son (Child A) wasn’t walking. Marie told me Sarah would come to do it and would bring toys that would help.

I knew Sarah cos our kids go to school together. I thought it was a good idea – anything to get Child A to walk. I wondered though what it would involve, how many times she would be coming and how much of my time it would take up. But, she does it only once per week and she let me choose the day and time.

I might have had some worries if I didn’t know Sarah, but I knew she was nice. And I like that she does it here. It’s better at home, they are more relaxed.

I didn’t know what to expect from play stimulation, cos I didn’t know much about it, but she’s done some good work with him. I never thought it would involve Child B (her older son) either. But he’s learnt to make things, use paintbrush. It’s prepared him for nursery. They had picnics here with Sarah and they really enjoyed it. They made a card for her to thank her. They do a lot of creative things with her, and she has a laugh with them, and brings different toys which they really like.

I noticed changes from the first session. They sit still and concentrate longer. Before when I tried to get them to do stuff they wouldn’t take any notice of me. I’ve always tried to do things with them, same as what Sarah does, but they are more interested now.

Sarah has been a great support. She’s got Child 1 potty trained and into school nursery. She came with me to nursery for support, and will check up on him. She supported me when I was breastfeeding, gave me advice on bullying cos my daughter is being bullied at school. She has listened to me and my problems a lot cos I get very sensitive and emotional. She’s just been a great support. There hasn’t been anything I didn’t like. She’s been fantastic.

I would definitely recommend play stimulation to other parents cos kids really enjoy it, but she has also been very supportive to me cos I get very emotional. She has helped me a lot. My husband was a bit iffy at first, but will now come in and sit with her and have a laugh too.

The feeling he had at first was ‘why do our kids need it?’ ‘why do they need help?’ ‘they’re fine as they are’. I think I felt that at first too, but it was mostly him. After a few sessions he saw it was alright, and now he joins in too and has a laugh.