

The Importance of Play: A Literature Review

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Introduction

In recent years there has been increased interest in how children are spending their time on a daily basis. Research suggests that the quality and quantity of play has declined over the past few decades while rates of childhood mental disorders (anxiety, depression, and suicide) have increased concurrently. Today children spend less time at parks and engage more in indoor play activities involving technology (Wridt, 2004). Our generation of children are less active. Recent changes in school policies regarding recess have sparked interest in the topic of play, what play means, and why play is important. When educational school policies are reducing recess time in schools, it sends a message about the value or the priority of play in regards to child development. As access to play is changing, it has become a focal point for parents, researchers and educators alike. This literature review explores the benefits of structured and unstructured play and impediments to play from a multidisciplinary perspective. Environmental factors out of the child's control may present as impediments or barriers to play. Particular attention is paid to vulnerable populations and issues that are associated with safe and appropriate play spaces for children.

“Play is often talked about as if it were a relief from serious learning. But for children, play is serious learning. Play is the work of childhood.”
- Fred Rogers

The U.N. General Assembly, Convention on the Rights of the Child, of (1959) Article 31 notes that “The child shall have full opportunity for play and recreation, which should be

directed to the same purposes as education; society and the public authorities shall endeavor to promote the enjoyment of this right.” Although not ratified by the United States, the importance and complexity of play have been a focus of the research community for decades and across disciplines. Sociologists have noted that play is ubiquitous and can be found across all societies with variation in form and prevalence (Choo, Xu & Haron, 2011; Cote & Bornstein, 2009; Gaskins, 2000; Whitebread et al., 2012). From a sociological perspective, play can shape the way an individual interacts with their social environment. More specifically, play can influence a child’s self-regulatory abilities, social competency, and self-esteem. Similarly, within the academic sphere, play serves a critical developmental function for learning and cognitive growth.

From a public health perspective, play is conceptualized as a valuable, safe, and low-risk way to increase levels of physical activity in children. This feature of play is significant because it not only encourages healthy physical development of motor skills, but it also promotes an active and healthy lifestyle.(Alexander, Frohlick, & Fusco, 2012). From a developmental perspective, Milteer, Ginsburg, and Milligan (2012) state that play is essential to the social, emotional, cognitive, and physical well-being of children beginning during infancy.

Psychologically speaking, play is a more complex concept and is multifaceted. The effects of play can vary depending on the type of play chosen and the individual characteristics of the child, along with characteristics of play partners (Lindsey & Colwell, 2013; Seja & Russ, 1999). Additionally, the research is clear that play can significantly impact the psychological development of a child. Levels of play have been associated with mental health outcomes such as attachment, feelings of self-efficacy, and disordered moods. In summary, play is a complex, multi-faceted, and critical component in a child’s developmental processes.

Types of Play

Play can be broken down into categories according to type of activity and level of structure. Pretend play and physical play are two main categories of play that will be discussed in this review, and the differences between structured and unstructured play, as well as the differences between adult-directed and child-directed play, will be explained.

Structured play is any type of activity or game that is organized by a set of rules or expectations. These include things like card games, board games, and sports activities. The main goal in these types of activities is to follow directions and meet preset objectives. Conversely, child-directed play, also known as free play, is more about a child's autonomy, control, and choice.

Child-directed play has a voluntary and spontaneous nature. It refers to play in which children are free to spontaneously choose play activities and whom they play with without intervention from an adult (Gmitrova & Gmitrov, 2003). This type of unstructured play allows children to control events, relationships as well as affect outcomes (Bolig, Fernie, & Klem, 1986). In guided play, there is a loose structure but children still have significant autonomy (Ceglowski, 1997).

Pretend play, most simply, is defined as a symbolic behavior in which an object or person is treated as if it were something else (Fein, 1989). Pretend play is used at a young age to help initiate and sustain social relationships with peers (Eckerman, 1996; Gottman, 1983). Inclusive in the definition of pretend play is the idea of fantasy play and socio-dramatic play. These concepts include the use of objects and narration in the acting out of complex narrative sequences (Smilansky, 1968).

Physical play includes an activity in which the body is used. Physical activity play can be broken down into three types of play: rhythmic stereotypies, exercise play, and rough-and-

tumble play. Rhythmic stereotypies are the gross motor movements characteristic of infant play, and include behaviors such as kicking and rocking for no apparent purpose. Exercise play is defined as play that involves gross locomotor movements, and can begin towards the end of the first year. This kind of play can be independent or social. Rough-and-tumble play is defined as play that involves vigorous behaviors such as kicking, tumbling, and wrestling that might be perceived as aggressive if not for the playful context. This kind of play is inherently social. Early instances of rough-and-tumble play often involve parents, especially fathers.

Parent -Child Play is play that engages child and parent/caregiver. Play can help build bonds with family members thus developing social and emotional ties. By participating in play, the child and parent engage in a different relationship allowing the parents to “listen” to the child as the child guides and directs the interaction (Milteer et al., 2012).

Benefits of Play

Social and Emotional Benefits of Play

Play has the potential to incite various positive emotional and social benefits for children including the development of emotional expressiveness, emotional knowledge, and emotional regulation. Lindsey and Colwell (2013) suggest that play influences a child’s ability to effectively navigate the emotional world, an ability which they term affective social competence. As a theoretical concept, affective social competence is defined as the ability to effectively send and receive social messages while appropriately interpreting affect. The development of higher levels of affective social competence is dependent upon pro-social emotional expressiveness, emotional knowledge, and emotional regulation (Lindsey & Colwell, 2013). These skills of emotional regulation are imperative to the maintenance of positive mental health (Gross &

Munoz, 1995) as they impact the way a child interfaces with his or her world. In other words, play helps a child enhance skills in self-regulation and increases empathy which are essential skills in building relationships and fostering belonging (Stanford Prevention Research Center, 2007; Hirsh-Pasek, Golinkoff, Berk & Singer, 2009).

Related to the increase in affective management, play helps shape the way a child lives in and understands the social environment. Play is a time when children learn how to manipulate objects, interact with others to foster development socially and emotionally, as well as learn the concepts of reciprocity and cause and effect (Driscoll & Easterbrooks, 2007; Ginsburg, 2007; Tsao, 2002). Participation in child-directed play helps children learn conflict management, self-advocacy skills, negotiation, and sharing (Band & Weisz, 1998; Hurwitz, 2002). These skills are crucial components in learning how to work in groups and cooperate. Not only does play enhance a child's emotional regulation and social competency, so too does play offer the opportunity to improve resiliency and self-esteem (Hurwitz, 2002).

Cognitive Benefits of Play

Brain development is rapid during infancy and early childhood, and cognitive development is sensitive to environmental influences at this time (Marshall, 2011). Play is a significant vehicle for cognitive development in childhood. In general, play has been linked to the attainment of language skills, mathematics readiness, later academic achievement in math, and overall improved cognitive functioning (Bergen, 2002). Additionally, when children recount their play experiences through narrative, this can enhance a child's literacy skills (Grugeon, 2005). Generally speaking, play can also impact attention and focus. Walker, Chang, Powell, Simonoff, and Grantham-McGregor (2006) found that children and adolescents who engaged in weekly play demonstrated reduced attention problems. Another study found that levels of

attention disorders were negatively correlated with the amount of time children spent playing outside (Kuo & Taylor, 2004). Significantly, different kinds of play, such as pretend play and physical play, influence cognitive development in different ways.

A variety of cognitive strategies, such as negotiation, problem-solving, and goal seeking, are used during pretend play and allow children to develop skills they will use throughout their lifetimes. Pretend play involves language, cognition, sensorimotor skills, and emotion; the integration of these skills promotes synaptic connections and thus enhances cognitive growth (Bergen 2002). In a broad sense, pretend play can improve a child's general fund of knowledge (Sutherland & Friedman, 2013). More specifically, high-quality pretend play has been associated with an increased ability to adopt various perspectives leading to the subsequent development of abstract and complex thought processes (Bergen, 2002).

Pretend play requires more advanced mental representation, as children have to maintain their understanding of reality but also hold on to false premises. Leslie (1987) argues that because of this, pretense is linked to the development of theory of mind or the ability to understand one's own cognitions and thought processes. Pretending also helps children to understand pretense in others. This meta-representation begins to develop towards the end of infancy and develops further in the preschool years (Leslie, 1987). Pretend play has been associated with improved reasoning abilities and problem solving skills (Lillard et al., 2013). For example, in children, it has been linked to an improved ability to solve logical syllogisms (Singer & Singer, 1992). Additionally, Tachibana et al. (2012) found that engaging in pretend play with a parent increased levels of fluid intelligence, as demonstrated through skills such as logical thinking and ability to solve novel problems. Pretend play may not be crucial for the

development of such cognitive skills, but it is likely one way to enhance these abilities (Lillard et al., 2013).

The link between physical play and cognitive development is more tenuous. Moreover, the dearth of research is concentrated primarily on adult populations. Nevertheless, a closer examination of the cognitive benefits of physical play is warranted. Theoretically speaking physical play increases levels of arousal and increased arousal can result in better performance on cognitive tasks (Tomproski & Ellis, 1986). Further, the nature of physical play can lead to feelings of well-being and mastery which has implications for cognitive development (Pellegrini & Smith, 1998b). Physical play used as breaks during cognitive tasks may allow for increased attention when returning to the task and thus improved performance (Pellegrini & Smith, 1998b).

For toddlers specifically, cognitive stimulation during play with mothers and fathers is associated with positive outcomes in both the short and long-term (Cook, Roggman, & Boyce, 2011). Mother-child play interactions are linked directly to children's language abilities; these language abilities then affect later reading abilities. Cognitively stimulating play with residential biological fathers at this age has been linked to academic outcomes in the fifth grade. In families where a biological father is not a resident, only mother-child play predicted these outcomes. When a biological residential father was present, early stimulating play with mothers predicted later academic achievement. This relationship was mediated by the child's early development at age three. The relationship for fathers was only partially mediated (Cook et al., 2011) Pretend play peaks between ages three and five (Lillard et al., 2013). Though pretend play begins at an early age, the importance of this kind of play for cognitive development extends through the primary school years (Bergen 2002).

Gender has an indirect influence on the cognitive benefits of pretend play. Females in early childhood tend to show higher language competence than their male peers. Since language competence is a predictor of symbolic play, it may help explain early gender differences. Mothers also engage in more symbolic play with children who demonstrate higher language competence (Bornstein, Haynes, O'Reilly, & Painter, 1996). Bjorklund and Brown (1998) hypothesized that males have greater experience with play activities that involve hand-eye coordination and movement in complicated spatial configurations, and that this plays a role in their greater spatial cognitive abilities later on. More research needs to be done in order to determine whether types of physical play performed by children of different genders directly impact their spatial cognition.

Physical Benefits of Play

Physical play offers children a valuable opportunity to develop their motor skills and is beneficial to their health in a variety of other ways. Many of the physical benefits of play are a result of the physical activity involved. Several physical activity guidelines for children recommend that children engage in 60 minutes of moderate physical activity each day (Ridgers, Stratten, Fairclough, & Twisk, 2007). Studies indicate that playtime can provide 5-40% of recommended physical activity for children (Ridgers, Stratton, & Fairclough, 2006). Physical activity and good nutrition contribute to healthy bone development. Physical play varies significantly across age groups and gender. While play in general peaks in childhood and then declines, physical activity play follows a slightly different trend. There are multiple peaks in physical activity over time, reflecting different kinds of physical play.

Exercise play can begin towards the end of the first year. Parent-infant physical play peaks at approximately four years of age. Exercise play increases for children as they approach

and enter the preschool years, peaks around age four or five years, and declines after that point (Pellegrini & Smith, 1998b). Physical play is one way to increase physical activity levels of young children, and increased physical activity has been linked by low- to high- quality evidence to improved outcomes in adiposity, motor skill development, and cardiometabolic health for preschoolers (Timmons et al. 2012). Exercise play specifically might help to shape muscle fibers and contribute to strength and endurance (Pellegrini & Smith, 1998b).

Rough-and-tumble play with peers peaks at some point between seven and eleven years of age, just prior to adolescence (Pellegrini & Smith, 1998b). Rough-and-tumble play is one form of physical activity for school aged children, and a higher level of physical activity during these years has well-established health benefits for children (Timmons et al. 2012).

There are no significant gender differences in physical play (rhythmic stereotypies) for infants (Pellegrini & Smith, 1998b), but significant gender differences emerge later on and increase through adolescence. For example, there are significant gender differences in the frequency of both physical activity generally and physical play specifically for children. Nearly half of girls (48%), compared to 26% of boys, do not exercise vigorously on a regular basis (Burris & Burris, 2011). Cross-culturally, males engage in exercise play and rough-and-tumble play more frequently than females do, both with parents and with peers (Pellegrini & Smith, 1998b).

There are both biological and environmental factors that may play a role in gender differences for physical play (Thomas & French, 1985). Hormonal differences may play a role in rough-and-tumble play differences specifically, as prenatal exposures to higher levels of androgens predispose males toward physical activity and rough-and-tumble play (Pellegrini & Smith, 1998a). In addition, rate of maturation seems to interact with gender as an influence on

physical activity. Females tend to be more physically mature and less physically active than males (Pellegrini & Smith, 1998b).

Females also react differently than males to the more aggressive physical contact inherent in rough-and-tumble play and are more likely to withdraw from those situations (Pellegrini & Smith, 1998b). Differences in play by gender may influence gender differences in terms of motor skill development. For example, parents of both genders tend to engage in more physical play with their sons than with their daughters (Tamis-LeMonda, Shannon, Cabrera, & Lamb, 2004), and this kind of play emphasizes the development of gross motor skills as opposed to fine motor skills. Females are more closely supervised by parents and teachers, and this may also inhibit more physical behavior (Pellegrini & Smith, 1998a). More research needs to be done on differences between ethnic and racial groups when it comes to the physical benefits of play.

Positive Mental Health Outcomes

Previous sections of this review have outlined the social and emotional benefits for children who engage in play. Intimately linked with the social and emotional benefits are the positive mental health outcomes associated with amount and quality of play. In the broadest sense, play may be linked with an increased stress tolerance, increased affective stability, and improved mental health outcomes. Creswell et al. (2005) reports that children who are able to engage in self-directed play may develop a “sense of self” which has been linked to an increased capacity for coping with stress. Regarding pretend play, it is posited that play can influence a child’s affective understanding (Moore & Russ, 2008). Research indicates that children who engaged in more imaginative or fantasy play score higher on measures of affective stability, have a greater ability to express their emotions, and have higher self-reported levels of empathy (Niec & Russ, 2002; Seja & Russ 1999). An improved capacity for affective stability and better

communication has the potential to equip children with better coping skills. Play can identify how a child is coping with stress both positively and negatively (Bolig et al., 1986).

The American Academy of Pediatrics deems physical play so critically important that it recommends children participate in at least 60 minutes of playtime each day; to support this recommendation, they call upon, in part, the link between increases in depression and anxiety associated with the decline of unstructured playtime (Ginsburg, American Academy of Pediatrics, 2010).

In both adult and child populations, physical play or exercise has been associated with lowered levels of depression and anxiety and improved self-esteem. For example, Taylor, Sallis, and Needle (1985) report that moderate physical recreation activities reduce the symptoms of mild or moderate depression and anxiety through improved self-image, social skills, and mental health. Additionally, Anderson et al. (1997) suggest physical activity can result in positive changes in self-concept and self-esteem.

Play is a natural tool for children to develop resiliency as they learn to cooperate, overcome challenges, and negotiate with others (Lester & Russell, 2008). In adolescence, play appears to serve an important role as a protective factor against depression and suicide. A national school based study found that participation in sports reduced the odds of teen depression by 25% (Babiss & Gangwisch, 2009). Longitudinally, these results are consistent as other research has concluded that adolescents who participate in physical activities have fewer depressive symptoms than those who do not (Jerstad, Boutelle, Ness, & Stice, 2010).

To conclude, the literature supports that play has positive benefits to mental health and wellbeing. In addition to increasing a child's self-esteem and self-confidence, it also provides a sense of independence and achievement, which is linked to the development of resiliency and

coping mechanisms of stress. Further, engagement in play leads to the development of social confidence and relationships, which will assist in the development and maintenance of future relationships.

Risk Factors Associated with Play Deprivation

As previously asserted, play is an essential factor in positive social-emotional, cognitive, physical, and psychological wellbeing and development in children. Conversely, research has demonstrated that a lack of play can have substantial effects on development (Ginsburg, 2007; Milteer et al., 2012). According to McCulloch (2008), “we are forcing our young people to grow up too quickly and not giving them the spaces and experiences they require to be safe and confident. We are creating a generation under stress” (p.2). Implicit in this statement is that children who experience less physical activity suffer from more symptoms of psychological distress (Chief Medical Officer, 2004). Play is an opportunity for a child to work through stress, whether that is negative or positive (Newstead, 2010; Bolig et al., 1986).

Beyond the social and psychological impact, play deprivation has significant cognitive and physical consequences. The alternative for play is a sedentary lifestyle. Faber-Taylor, Kuo, and Sullivan (2001) found that when activities were performed in green, outdoor spaces children with diagnosed Attention Deficit Hyperactivity Disorder exhibited less symptoms. According to the Alliance for Childhood (2010), the decline of playtime has affected all areas of childhood development but the biggest impact has been seen on the decline of health and increased childhood obesity rates. According to 2007 National Survey of Children’s Health data, Florida ranks 35th out of 50 states for children who are considered either overweight or obese, with prevalence rate of 33%. Children ages 10 – 17, who lived in a neighborhood without access to parks or playgrounds had 26% higher adjusted odds of obesity than children who had access

(Singh, Siahpush & Kogan, 2010). While the data does not causally link obesity and a lack of play, there are potential negative consequences for children who do not engage in active play including increased hours playing video games, watching television, and listening to music which can be isolative (and sedentary) activities (Milteer et al., 2012). The sedentary generation is at risk for shorter life span than their parents (KaBOOM, 2009, pg.8). Childhood obesity cannot be overcome by encouraging healthy eating and physical activity; it must involve active play (Alliance for Children, 2010).

Play deprivation can also lead to isolation and fewer opportunities for social interaction. Research indicates that youth who have few friends or who are defined as socially isolated are at risk of adverse outcomes throughout the life span (Gest, 1997; Hartup & Stevens, 1997). For example, preschoolers through fourth graders who were identified as socially isolated were more likely to be rated by teachers as depressed and anxious than their non-socially withdrawn peers (Gazelle & Ladd, 2003; Laursen, Bukowski, Kaisa, & Jari-Erik, 2007; Rubin & Mills, 1998). Further, in third through sixth graders, socially isolated youth were more likely to be classified by teachers as disruptive or oppositional (Masten, Morison, & Pellegrini, 1985). In summary, play is a time for children to explore their world and learn. Without play, the physical and mental health of children will likely be negatively affected.

Impediments & Challenges

Not all children have the same opportunity or ability to engage in play. Children faced with poverty, or with additional family stressors such as parent incarceration, having teen parents (or older parents/grandparents) may be at risk for reduced opportunities for play. The following

section will look in-depth at the macro and micro factors that may be contributing to play deprivation and disparities, including challenges at the community, educational, and family levels.

Impediments at the Community Level

Perception of Safety. Safety concerns have become a pressing issue for parents and has caused decline in outdoor play due to both perceived and actual safety threats (Brockman, Jago, & Fox 2011). Brockman et al. (2011) found that children, specifically girls, reported bullying to be a barrier to play in parks. Children said that their parent's fears of strangers, teenagers, neighborhood safety and traffic prevented outdoor play (Brockman et al, 2011). A longitudinal study by Datar, Nicosia, and Shier (2013) found that parent's perception of neighborhood safety strongly influenced the amount of time that children spent in physical activity and television viewing. When parents felt they lived in an unsafe neighborhood, children spent less time being physically active. Woolley, Pattacini, and Somerset Ward (2013) point out that parents are now raising children in a "culture of fear" fuelled by the media with negative images, concerns about safety of children, stories of litigation, physical hazards and other dangers. The culture of fear results in children not being allowed to go far from home or even being allowed to go outside when unsupervised (Woolley, 2013).

Access to Safe Outdoor Spaces. Access to safe outdoor play (public spaces) is a primary issue for communities. According to a KaBOOM! poll conducted by Harris Interactive (2009), 59% of the parents (and 69% of parents living in lower SES neighborhoods) polled reported having no play spaces within walking distance of their home. According to the Center for Disease Control's State Indicator Report on Physical Activity (2010) approximately one in four children have

access to a park within half a mile from their home in Florida (25.6%). Many communities are built without sidewalks, bike paths, or crosswalks.

City funding is primarily responsible for the construction and maintenance of parks. When the economy of a city takes a down turn, parks and park upkeep are among the first things cut from city budgets (Wridt 2004). This means that free, safe, and well maintained play areas can be non-existent for children; this particularly affects those living in low income areas. The alternative to safe parks for low income children is community centers which can provide extracurricular after school programming. In addition to community centers, there are nonprofit organizations within the community such as the Police Athletic League, YMCA, and Coaching Corps that offers children from lower socioeconomic backgrounds the opportunity to participate in sports at low or no cost. If available, these programs have limited space and are tied to city budgets and are in danger of being cut when a city needs to balance its budget (Wridt, 2004).

Privatization of Play. The combination of the decreased freedom of children to play outside, the culture of fear, and lack of quality local play spaces has resulted in the increase in pay-to-play spaces (Brown & Patte, 2013). These are play spaces for children that are supervised and have become a growing business sector in the United States marketing to middle and upper class families (Brown & Patte, 2013). These businesses include children's gyms and padded indoor play grounds which offer parents the security of a supervised and safe play space and also have classes that offer parent child bonding (such as mommy and me) and sports skill development for children as young as age three. However, the safety of this type of play is only available to those who can afford it.

When children outgrow pay-to-play spaces, there is a trend in parents paying to have their children participate in extracurricular activities both in and out of school. This is in part due

to the increasing pressure on parents to provide multiple enriching opportunities for their children to become engaged in verse free play (Ginsburg, 2007). In a recent survey by The National Federation of State High Schools Association (2009), schools in 33 states were found to currently use some form of pay-to-play for their extracurricular activities.

Cultural Considerations. More children are growing up in a sedentary culture and spend time “playing” with computers and video games (Stanford Research Center, 2007). In a recent study on the use of children’s time, Hofferth (2009) identified that children are engaging in more structured activities such as art or sports while time spent in unstructured play has decreased. The focus on structured activities reduces the amount of time spent in free or imaginative play potentially having a negative impact on developmental outcomes. Similarly, sedentary lifestyles have serious consequences for a community’s health, education, and development (KaBOOM! National Campaign for Play, 2009).

Hofferth (2009) found racial differences related to children’s use of time. She concluded that access to resources, religious values, and values associated with economic success were factors in the racial/ethnic differences in play. For example, Black and Hispanic children were found to spend fewer hours playing sports and participating in outdoor activities and watched approximately two hours per week more of television than their white peers. She also found that Black children spent about two more hours attending religious services, and that Black and Hispanic children spent more time studying but less time reading for pleasure.

Gender Considerations. Children, too, are aware of the expectations of gender norms on behavior and play. In fact, around the age of two, children can identify the difference between males and females, and between the ages of two and five, children develop a more sophisticated knowledge about gender norms (Martin, Wood, & Little, 2000; Ruble & Martin, 1998;

Thompson, 1975). Similarly, a 2003 study that examined three to eleven year old children's knowledge of gender norms and evaluation of violating them found that knowledge of gendered behavior increased with age (Blakemore, 2003). However, the evaluation of breaking gender norms varied by circumstance. For example, violating gender normative play with specific toys or occupations was not significantly devalued by children (Blakemore, 2003). However, boys who dressed like girls or wore feminine hairstyles were evaluated more negatively than girls who were physically more masculine (Blakemore, 2003). Regarding play specifically, girls who engaged in masculine play were more devalued than boys who engaged in more feminine play (Blakemore, 2003).

Gendered toys and rigid gender expectations of play have significant long term effects on the socialization process of children. Children are encouraged to engage in specific types of play based on their gender. Boys are expected to play with cars and trucks while girls are frequently encouraged to play with dolls and Barbies. A recent 2014 asserted that playing with Barbies emphasized gender stereotypes and sexualized and commoditized women's bodies (Sherman & Zurbriggen, 2014). If children believe that certain behaviors are inherently masculine or inherently feminine and the violation of these expectations is fundamentally negative, it is likely that they will limit themselves to certain activities involving play if those gender stereotypes are not challenged.

Impediments at the School Level

Policy Changes. Zygmunt-Fillwalk & Bilello (2005) reference a paradigm shift in the way the education system allocates time in schools. In the late 1980s, United States school districts began reducing or eliminating recess in order to increase instructional time in the classroom.

With the changes in school policy and demands on administrators to achieve higher student test scores, the importance of play has not been emphasized. Schools continue to cut recess to prepare for testing, take away recess as a form of punishment and struggle with discipline and monitoring in the recess areas (Robert Wood Johnson, 2010). Play has long lasting benefits throughout the lifespan that standardized testing does not promote. Recess gives children an opportunity to engage in unstructured free play and provides a break between cognitive tasks. Children can engage in pretend play and/or physical activity play during this time, the benefits of which have been discussed in previous sections (See Bogden & Vega-Matos, 2000; Jarrett 2002; Pellegrini, Huberty, & Jones, 1995; Robert Wood Johnson Foundation, 2010).

Despite the clear benefits of play, time allocated for play has diminished for even the youngest of students. Kindergartners are now faced with meeting academic standards that were previously imposed on first and second grade students (Miller & Almon, 2009). Changes in school policy disproportionately affect under-resourced school districts due to the efforts to reduce academic achievement gaps (Miltner et al., 2012). According to a report by the National Center for Education Statistics (2006), schools with high minority and high poverty rates are more likely to have reduced recess time compared to schools in affluent suburban areas. In fact, 28% of schools with the highest poverty rates had no recess at all (Miltner & Ginsburg, 2011). This reduction in recess time is due to the increase in instructional time needed to meet the standards of the No Child Left Behind Act of 2001 (U.S. Department of Education, 2002).

In summary, “schools can provide children with positive experiences that are associated with either success or pleasure,” and playtime is an opportunity for both success and pleasure in children’s own terms within the school day (Hickling, 2013, p.76).

Impediments at the Family Level

Ginsburg (2007) cited multiple factors reducing the amount of play time for children including changes in the family structure, a fast-paced lifestyle, and an increased focus on academic and extracurricular activities. The landscape of American families and community has shifted away from nuclear families and cohesive neighborhoods. Many children are currently being raised in households with two working parents, single parent households, and also being raised by grandparents. Further, in today's society, neighbors may not know one another and do not supervise one another's children as they play on the street, so the responsibility for supervising play fall solely to the parent, again limiting children's outside play time (Milteer et al., 2012).

In 2006, Bianchi, Robinson, and Milkie found that mothers are spending at least as much time with their children today as they did 40 years ago. In 2004, Milkie had found that parents expressed feelings of regret for not spending enough time with children in national survey responses and that this regret manifests in feelings of parental guilt. Bianchi et al. (2006) also point out that social norms and expectations have changed leading to more investments in child-rearing and with the decrease in the number of children per household, parents face increased pressure to get it right for their child (Milkie et al., 2004). With the influence of parental guilt and the increased pressure to spend more time playing with Zchildren, the result may be less time for unstructured play. Sandra Hofferth (2009, p.27) asserts that "parents make activity decisions based upon anticipation of consequences, symbolic as well as physical" and that these decisions are an expression of their values. Kenneth Ginsburg (2007 , p.183) asserts that play should ideally involve parents but should remain child-directed in order to maintain the benefits of children practicing "decision-making skills, mov[ing] at their own pace, discover[ing] their own areas of interest, and ultimately engag[ing] fully in the passions they wish to pursue. In

addition to investing time with children, parents are encouraged to provide their children with weekly organized activities which parents hope will contribute to the development of skills in their children that are critical to academic and economic success (Brink, 2011). The potential skills that can be developed include managing time, deferring gratification, and interacting with people from diverse backgrounds (Brink, 2011). Although the increase in parent-child play and extra-curricular activities is beneficial to children's development in some ways, it also decreases the time children have to engage in and benefit from unstructured, child-directed free play.

Gender norms. Historically, American boys have been ushered into contact team sports because of parental beliefs that boys require a more physical outlet for their rough and tumble behavior whereas girls have been deemed less aggressive and frailer needing safer play that is also an outlet for their maternal instincts (Lever, 1976). Thus, there are certain play behaviors that are deemed masculine and others deemed feminine. When children violate these expected behaviors, adults are likely to label and stereotype them. Sandnabba and Ahlberg (1999) surveyed 224 parents of five year olds and asked them to predict the future adult behavior of children who violated gender norms. The results indicated that boys who displayed more feminine play behaviors were evaluated more negatively than girls who engaged in more masculine play behaviors. Moreover, children who challenged gender expectations were thought by the majority of parents to be less psychologically adjusted and more likely to become homosexual (Sandnabba & Ahlberg, 1999).

Challenges for Vulnerable Populations

Children of Teen Mothers. As mentioned previously, family structure can have an impact on play for children. In 2012, more than 305,000 babies were born to teen mothers between the ages of 15 and 19 (US Department of Health and Human Services, 2014). Children of teen parents

experience play impediments for a variety of reasons. Teen parents may lack understanding of the importance of play or may not engage in sufficient play that is age appropriate with their children. Researchers found that teen mothers were typically knowledgeable about developmental abilities however their knowledge of play and social development was significantly lower than their knowledge of cognitive, social and motor development (Tamis-Lemonda, Shannon & Spellman, 2002). Another study found that older mothers provided more age appropriate play materials compared to their teen-mother counterparts (King & Fullard, 1982).

Children with Grandparent Guardians. In 2010, 2.7 million grandparents were primary caretakers of one or more of their grandchildren (US Census, 2012). Children parented by grandparents face unique challenges. One study found that custodial grandchildren faced more psychological issues and demonstrate less pro-social behavior compared to children raised by their biological parents (Smith & Palmieri, 2007). Youth raised by grandparents are also at higher risk for delinquent behavior and greater academic difficulties than their peers (Edwards & Daire, 2006; Rogers & Henkin, 2000). Similarly, teachers have more negative perceptions of youth raised by grandparents. Edwards (2006) found that teachers rated custodial grandchildren as having significantly more emotional and behavioral problems than children in the custody of their parents. Research also consistently indicates that grandparents can suffer stress, depression, and negative physical health consequences exaggerated by their caretaking responsibilities (Hayslip & Kaminski, 2005). While the research on grandparents raising children is vast, there is little to no research specific to the relationship of play and custodial grandchildren. However, the above listed factors can influence the ability for grandparents to provide adequate or appropriate supervision during play time.

Children of Incarcerated Parents. In the United States, approximately 1.5 million children experience the incarceration of a parent in state or federal prison; 10 million children live with a parent who has experienced criminal justice supervision at some point during the child's life (Bouchet, 2008). Children of incarcerated parents are some of our nation's most at-risk individuals and face incredible obstacles including poverty, environments in which violence and substance abuse are prevalent, few educational opportunities, and home lives characterized by traumatic disruptions (Bush- Baskette & Patino, 2004). While the effects of parental incarceration and play have been under researched, the inability for a child to visit an incarcerated parent often affects the opportunity for play interactions to occur. This can impact social and attachment delays and limit positive outcomes associated with parent-child play. Further, depending on where children live while their parent is incarcerated (e.g. foster care home), multiple living arrangements place them at greater risk of isolation and reduced opportunities for childhood experiences involving free play.

Children Living in Poverty. As mentioned previously, children living in low-income neighborhoods are disproportionately affected by safety concerns, changes in school policies, and budget cuts that affect the maintenance of safe community play spaces. More than 15 million children in the United States younger than 18 years live in poverty (U.S. Census Bureau., 2010). Children living in poverty have less access to age-appropriate extracurricular activities and are deprived of the benefits of safe and creative playtime (Ginsburg 2007). Further, housing issues may affect access to safe outdoor play spaces for families living in poverty in both metropolitan and rural areas(Bartlett, 1997). For example, housing tends to be on heavily trafficked streets or in multi-family housing that has tenant parking instead of yard space.

Families lacking transportation, resources for outings or who live in unsafe neighborhoods may be isolated inside their home and this may be the only environment that a young child experiences (Bartlett, 1997). This affects developmental opportunities such as safe experimentation with autonomy, trust and separation from parents. If the home is crowded or unsafe it can compound the levels of stress of parents (Bartlett, 1997). Milteer et al. (2012) point out that children living in poor communities that are unsafe due to violence and environmental dangers often cannot play outside unless they are highly supervised for protection. Further limiting outdoor play for children in poverty is a lack of resources such as community centers, parks, and supervised playgrounds.

Children with Disabilities. In 2010, 5.2 million school-aged children were reported to have some type of disability, with 2.6 million children classified as severely disabled (Brault, 2012). Despite the differences in play and play interactions for children with disabilities, play is still an important part of development. Due to the unique nature of a child's disability, they may experience cognitive, communicative, physical and social limitations to play (Childress, 2011). Depending on the disability, the child may engage in play differently and may have different needs attached to certain types of play. Because of barriers relating to access, physical/limited mobility, community/social attitudes, administrative issues, recreation programs are not widely available for youth with disabilities (Howard & Peniston, 2002; Schleine, Ray, & Green, 1997; Shank, Coyle, Boyd & Kinney, 1996; Stanford Prevention Research Center, 2007).

Initiatives

This literature review has carefully detailed the social-emotional, cognitive, and physical benefits of play as well as the potential consequences of play deprivation. The impediments to play have also been briefly outlined. However, an important supplement to this review is the inclusion of approaches and community initiatives that have shown some promise.

Originating in New York City, “Play Streets” were developed to create a safe place for children without front yards to play without fear of traffic concerns. The play streets were organized by the Transportation Alternatives (T.A.) along with Alliance for Health and Harvest Home Farmer’s Market. These play streets offer several health and social benefits and are strongly advocated for within low-income neighborhoods where children are at high risk of obesity and diabetes and lack safe outdoor play spaces. These play streets are specific streets within certain neighborhoods that shut down once a week and are open to foot traffic only. Some activities are highly structured and can include soccer and yoga while others are more casual such as pick-up sports games, jump rope, chalk drawing and other activities. In a survey of children over the age of ten who participated in Play Streets, 64% said if it had not been for the Play Street, they would have spent that time engaged in a sedentary activity. These streets allow neighbors to socialize and develop relationships. As a result of the play streets, this study found 84% of local residents reported feeling that the neighborhood was safer with a Play Street, The majority of local residents (92%) shared about Play Street with their friends and neighbors and 82% felt it was “important” or “very important” to have a Play Street near their home. Occasionally, play streets are combined with farmers markets where kids can play and parents can shop for fresh produce. Play streets can be used to combat several issues in local communities such as childhood obesity, shortage of safe and affordable play programs and other

local issues such as limited access to parks and open play spaces (Transportation Alternatives, 2011).

Ridgers, Knowles, & Sayers (2012) found that “when given the choice, children prefer unstructured settings, choosing to play and enjoying play in natural environments and/or with natural elements” (p. 49). In response to this preference of children to include nature in play there have been a number of initiatives such as forest schools and adventure playgrounds that allow children to experience a wide range of developmental learning environments that allow children to connect with nature and create their own play environments.

In an effort to stem childhood obesity, the Healthy Jacksonville Childhood Obesity Prevention Coalition (HJCOPC) created a plan that coordinates the community to take action (2013). A Youth Advisory Council was created by HJCOPC to increase healthy eating and active lifestyles of Duval county youth. The advisory council is charged with implementing a Map of play initiative that provides ratings of play spaces in Jacksonville for safety, cleanliness, amenities and hours of operation. Recommendations for improvements will be provided to community leaders. This initiative is currently ongoing.

Another local initiative is the development of Community—Built Playground projects to address the issue of neighborhoods that have many children but no places to play outside. Within Jacksonville, KaBoom! has given grants to a number of local nonprofit agencies that allow them to build child designed playgrounds using the KaBoom! process. This process includes 1) partnering with local organizations that help to lead, organize and raise funds 2) soliciting the input of children within the community, 3) working with a community panel to narrow the designs and develop a final plan, and 4) encouraging the community to help build the playground to increase ownership and encourage upkeep. Among the projects in Jacksonville

are a playground in the Mayfair and Oakland Terrace Apartments in partnership with Ability Housing, at YMCA Tiger Academy in partnership with YMCA and the latest project at Sable Palm Apartments in partnership with Community Connections and Florida State College at Jacksonville.

Conclusion

Play should not be optional, it is vital to the health and wellbeing of the child. It is also linked the health of communities. This review of the literature has highlighted issues that are associated with impediments to safe and appropriate play spaces for children. The benefits of play are at risk of being devalued and not available. It is critical to elevate the dialogue around play to ensure that access to play does not become a privilege but rather a developmental right for children. Free play/child directed play offers the child an opportunity to communicate, create and implement a world/game of their own. This is key to a child's social emotional, physical, cognitive and psychological development and will continue to benefit them long into adulthood. More information is needed to better understand how our local community talks about and facilitates play for children. Having information about the local facilities and spaces that are available for play, their quality, and accessibility will help guide the development or evaluation of local community initiatives promoting unstructured play opportunities.

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