

Play matters for children in distress - What to do in places of care

Policy Brief

The Masidlale Study

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September 2023



Global south transdisciplinary knowledge generation on high risk, high need, adaptation and high performance

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Help for Children in Need



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1. Purpose of Masidlale brief overview

The Masidlale¹ study² found that intentional play enables positive developmental outcomes for children in distress. The Masidlale Practitioner/Policy Brief provides (i) an accessible introduction to the rich findings and suggestions in the comprehensive project report³, and (ii) guidelines to practitioners/decision-makers to use insights on play to promote positive development. The Masidlale Practitioner/Policy Brief needs to be read against the background of the full Masidlale Project Report.

The Masidlale-study measured children's developmental outcomes in two places of residential care in the presence and absence of intentional play.⁴ One of the places of care had participated in training to implement a play programme intentionally with children who had been previously maltreated, and the other did not.

The Masidlale-study was conducted at two residential care homes in Gqeberha, South Africa, in 2021 and 2022. The study participants consisted of 26 care role-players (Directors, Social Workers, an Auxiliary Social Worker, and Child and Youth Care Workers) and 59 children, consisting of 29 girls and 30 boys between the 8–12-year age range. Care role-players participated in on-line interviews and children completed mixed method measures to investigate health (height and weight), social (socio-emotional and prosocial behaviour), self/personal (emotional regulation and hope), and education (academic performance) outcomes of each participating child. Figure 1.1 outlines the Masidlale-study.

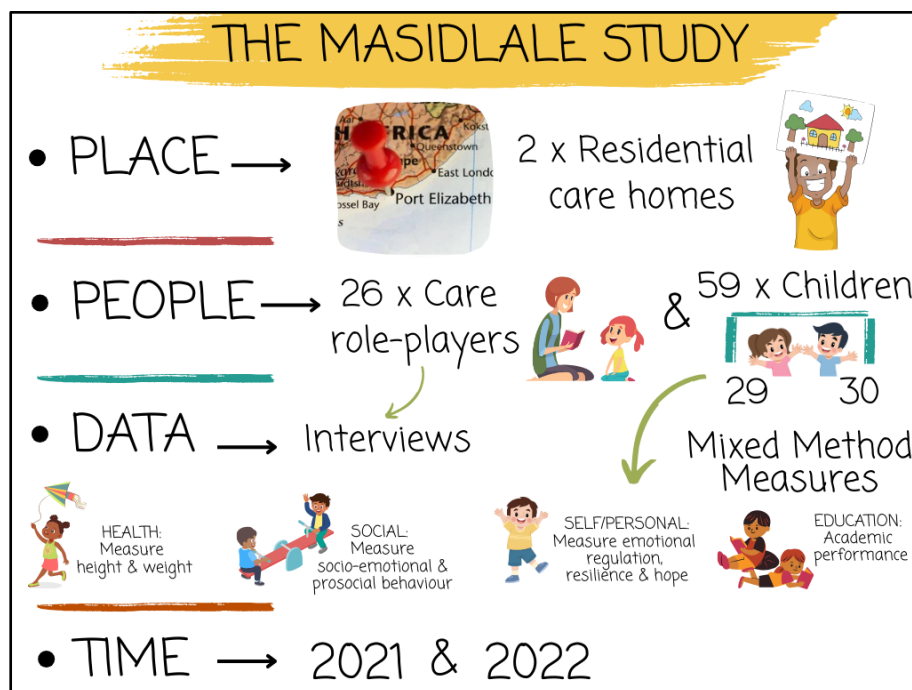


Figure 1.1: Masidlale-study outline.

¹ The isiXhosa phrase means 'Let's play'.

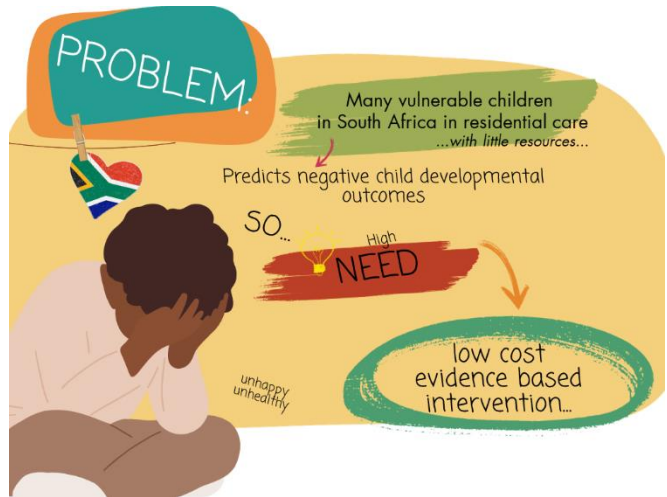
² The Terre des Hommes-funded study was conducted in a research partnership with the Centre for the Study of Resilience, University of Pretoria, the Oosterland Child and Youth Care Centre and the MTR Smit Children's Haven between April 2021 and January 2023.

³ Masidlale-Study Report: See section 1. Executive summary on pages 1-6.

⁴ In the Masidlale-study, intentional play refers to strategies to deliberately create opportunities for children to play every day.

2. What was the problem studied in the Masidlale-study?⁵

The Masidlale literature and policy reviews point to the high frequency globally of children in need of support given the multiple risk factors that cause children to be vulnerable to negative development. These reviews suggest that the severity of global challenges points to numbers of children in distress remaining high and the need for customised care spaces (including residential care) being a constant. Support-practices in residential care may be unable to absorb and nurture children who arrive with multiple adaptive problems. Thus, evidence is needed on effective low-threshold interventions that promote positive childhood development. Such interventions can be institutionalised to form part of everyday practices in these care spaces.



In terms of the *rationale of play for child development*, both policies and literature voice the acknowledge the value of play to promote positive child development. Whereas policies foreground the rights and responsibilities associated with delivering play opportunities, literature assists provides evidence on child developmental theory, and knowledge on the breadth and depth of positive developmental outcome play affords.

Thus, in spaces of child-care, play opportunities *for all* children provided by everyday caregivers – *rather than* singular play therapy *for some* individual children by scarce professionals – may be a ‘low hanging fruit’ option to graft onto as developmental support intervention. Insights may inform funders of residential care (be they at levels of government, faith-based organisations, non-governmental organisations or international development agencies) in future policy and practice development of implementable plans.

Worldwide, there is a challenge of an ever-growing population of children in distress. This is caused by, amongst other disruptions, war and conflict, forced migration and displacement, poverty, famine, and pandemics. The high need of vast numbers of children globally means high vulnerability – with many children predicted not to develop optimally. More and more, around the world, families and extended kin-networks are not able to absorb and take care of children who need assistance. Consequently children may be placed in government-run, NGO or privatised places of care. Resource constraints tax the capability of such institutions to implement costly services to support child development. Places of care prioritise the primary care of children: food, clothing, housing with adequate shelter and water. Stretched resources also often lead to understaffing and undertraining, not to mention a lack of resources for interventions focussed on promoting positive, holistic development.⁶ It therefore does not come as a surprise that negative child developmental outcomes are expected for children in distress may have.

The question arises: How can positive development of children in distress be promoted in low-cost ways?

⁵ Masidlale-Study Report: See section 3. A review of play care and support strategies, pages 9-16.

⁶ Masidlale-Study Report: See Appendix B.1 Outline Of Developmental Theories, pages 172-174.

Certain developmental outcomes are expected from children during specific childhood phases and ages. A child's developmental outcomes can be measured by comparing these to established expected outcomes. Holistic child developmental outcomes include health outcomes (children's physical growth – height, weight and waist circumference); social outcomes (how children initiate and respond to others, albeit peers or adults, and how well children function in relationships); psychological outcomes (how children recognise and manage their own emotions, and how manageable children think challenges in their lives are), and education outcomes (what children think about their academic competence and how they achieve academically).

Figure 2.1 summarises expected health, socio-emotional and learning outcomes during middle childhood.

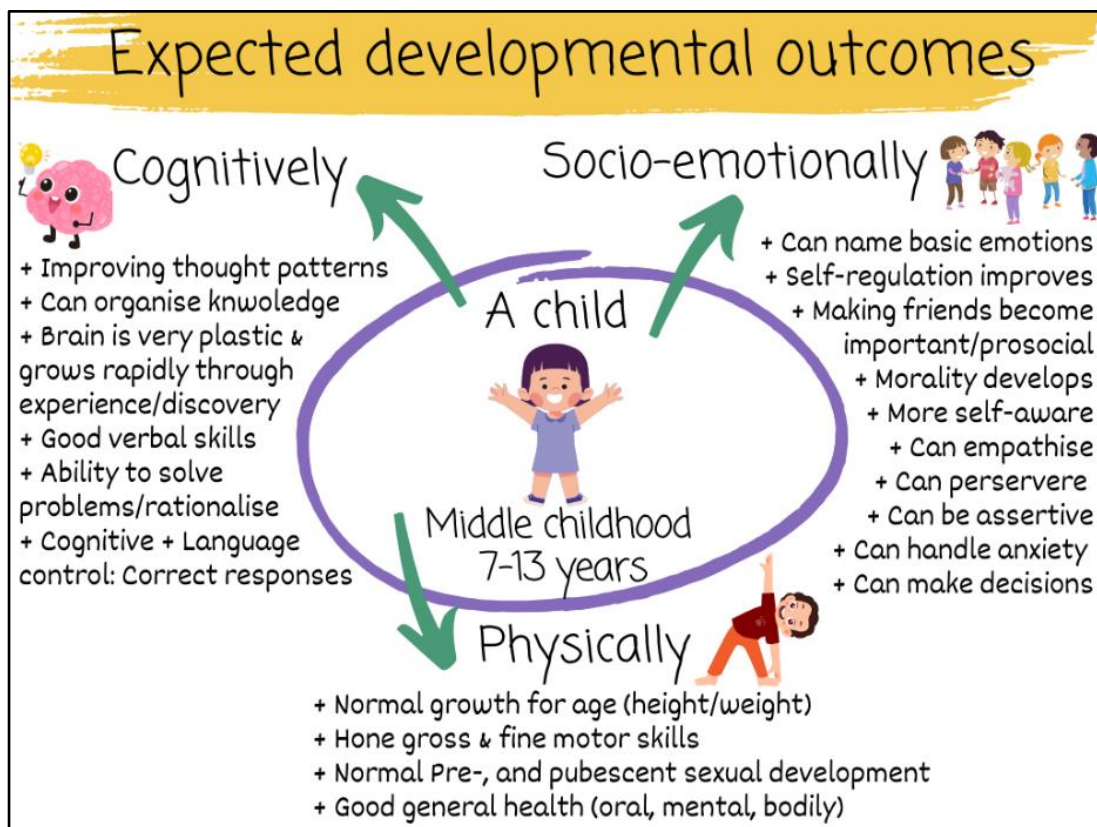


Figure 2.1: Summary of expected developmental outcomes for middle childhood

Physical health development is expected at various ages. This means that a child of a particular age's physical attributes is expected to fall within specific age- and gender-appropriate parameters. This is viewed as positive physical development. The opposite is also true. When a child's physical attributes do not fall within their age- and gender-appropriate parameters, there is negative physical development. Likewise, certain *social and emotional wellbeing outcomes* (attributes and abilities) are expected at various ages. *Education outcomes* indicate what a child should know at a particular age, what they should be able to do or value, and how they should react to a learning instruction.

3. One evidence-based solution to promote positive development for children in distress⁷



The Masidlale-study⁸ shows that *daily play* is a low-cost, evidence-based intervention that promote positive developmental outcomes for children in distress.

Play happens in spaces where children live – with or without intervention. Even in the absence of training caregivers understand the value of play for child development. Caregivers in both the Masidlale-study sites valued play as a signature element of childhood and understood that play promotes child development across age and gender profiles. In terms of resources, all participating

caregivers knew that a team is required to implement play and that children play with and without adult-supervision (adult- and child-directed play). Caregivers knew that any space is a potential play space and that they can use a range of materials already available in a given space as play toys and play apparatus.

However, the *benefits* to the development of children in distress *when trained caregivers deliberately focuses resources* (time, staff, space, materials) on daily one-hour play sessions was *significant*.

⁷ Masidlale-Study Report: See section 6. Comparing developmental outcomes, pages 46-76.

⁸ Refer to page 3 of this Brief for Masidlale-study details.



3.1 Child development with daily play

Where a place of care intentionally implemented opportunities for daily play, children in distress benefitted in terms of their health-, social-, self/ personal-, and education development.

3.1.1 Health developmental outcomes



In the case of the Masidlale-study, health outcomes were defined as a child’s physical changes measured in terms of height, as well as the increase or decrease of a child’s weight and/or waist circumference. In the residential care space with intentional play, it was found that the sitting height, standing height and weight measurements of participating middle childhood children who had opportunities for daily play fell within the expected positive physical developmental outcome parameters.

3.1.2 Social developmental outcomes



In the case of the Masidlale-study, social development was defined as competence to establish and maintain social relationships with peers, caregivers and adults. When middle childhood children had opportunities for daily play, they believed in their ability to socialise by using necessary competence to mix well with others.

Children who had opportunities for daily play acted in prosocial ways – behaving in ways that enabled them to reach out to others, establish strong relationships and maintain positive relationships.

In addition, the children who had opportunities for daily play showed a robust sense of belonging, meaning that they felt part of the group and space where they lived – feeling safe and secure in their relationships.

When children had opportunities for daily play, they believed that they had social support from their peers, caregivers and other adults – they could draw on an extended web of people to help them if they face a challenge or want to share a triumph.

During middle childhood a certain level of dependence and independence is expected from children. The middle childhood children who had opportunities for everyday play showed a healthy balance between when to expect, and depend on support from others, and situations that called for them to act with autonomy.

3.1.3 Self/Personal developmental outcomes



In the case of the Masidlale-study, self/personal development includes emotional regulation (understanding, adapting and self-managing emotions, especially during challenges); how children feel about themselves, how satisfied children are with their lives, and whether children have a sense of purpose.

When middle childhood children had opportunities for daily play their resilience was consistently high, and higher than their comparison group. The children were able to easily adapt to new, changing or challenging situations and were able to make plans in stressful situations.

When children were afforded playtime every day, they believed that they know, and are able to manage their emotions. They believed they had power to make decisions regarding their own growth. They were clever at solving problems they face. Children had hope and were optimistic about their future endeavours, believing in positive outcomes.

3.1.4 Education developmental outcomes

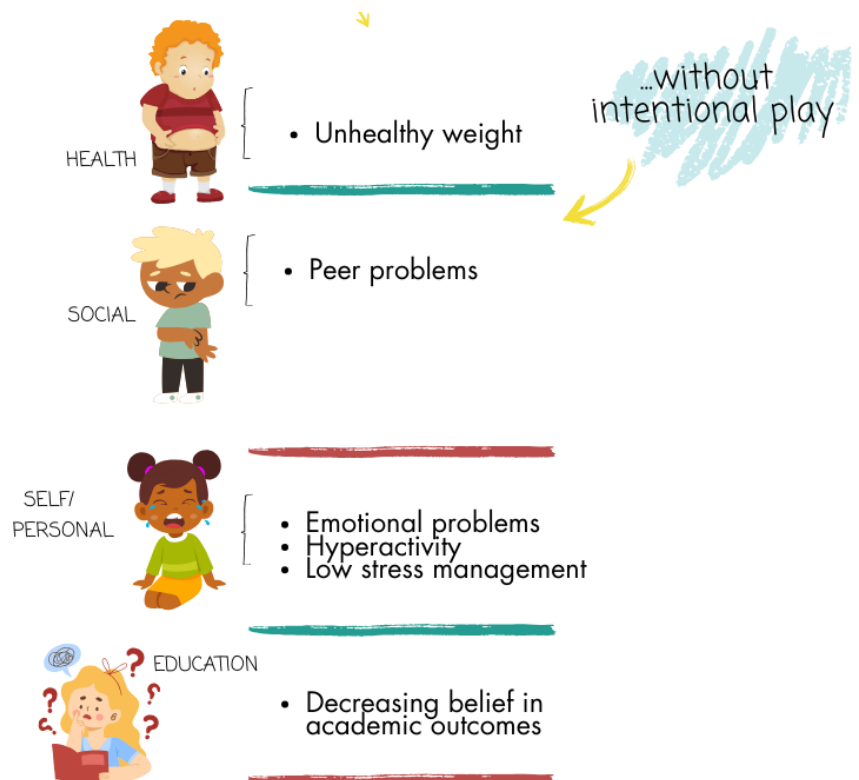


In the case of the Masidlale-study education outcomes, were defined as children’s academic achievement, as well as their belief in their academic competence.

When children had opportunities for daily play, they showed higher average scholastic academic achievement from one year to the next. In addition, the children believed in their own ability to achieve academically – indicating a belief that their time doing homework and studying will be reflected in their academic achievement.

3.2 Child development without daily play

Where a residential care setting did not implement daily play, children showed negative developmental outcomes regarding their health-, social-, self/personal-, and educational development.



3.2.1 Health developmental outcomes

Considering the overview of positive health development in section 3.2.1 Figure 2.1, the residential care space without intentional play, participation in the Masidlale-study, showed children having unhealthy weight gain. Not only was the children's weight gain, from one year to the next, outside research suggested norms. Their weight was also higher than the comparison group who had opportunities for daily play.



3.2.2 Social developmental outcomes

Figure 2.1 provides an overview of positive social development during middle childhood. When middle childhood children participating in the Masidlale-study did not have the opportunity to play daily, results showed children having problems with their peers. The children struggled to initiate and engage socially with children of their own age. There was evidence of peer conflict and an overall inability to relate well with friends.

When compared to the social developmental outcomes of the comparison group and from one year to the next, the social competence of children who did not have intentional daily play was below what is expected for children during middle childhood.



3.2.3 Self/Personal developmental outcomes

Considering the overview of self/personal development in Figure 2.1, the residential care space without intentional play, showed children experiencing a range of emotional challenges.

Children had trouble recognising, understanding and managing their emotions. Additionally, children were more hyperactive than expected for their age.

Middle childhood children in a residential care space without intentional play also showed a low ability to manage stress.

In the Masidlale-study the emotional competence of children without intentional play opportunities was both below what is expected from middle childhood, and also lower than that of children in the comparison group who had intentional daily play.



3.2.4 Education outcomes

An overview of education outcomes is provided in Figure 2.1. Given this framework for development it was apparent that children in the residential care space without intentional play did not believe in their own academic abilities.

Children were pessimistic about their learning and intellectual abilities.

Although the academic achievement of the children in this space increased from one year to the next, their belief in their own academic competence remained low.



3.3 An outlier group

The Masidlale-study showed that amongst children in distress, 10-year-old boys (whether they received intentional play or not) require additional support to address barriers to their positive development.

This age-group of boys tended to feel that they were abandoned and that they did not belong anywhere – that they do not have a place in the world.

This group of boys indicated that they did not think they have choices or control in their lives. They were pessimistic about their futures and did not have confidence in their ability to cope with challenges.

In addition, this group of boys had trouble managing their emotions, especially anger, frustration and hopelessness.

It does not come as a surprise that their limited sense of agency, low socio-emotional regulation and high levels of feeling hopeless translated into anti-social behaviour. In this regard this group of boys struggled to relate to their peers and had feelings of rebelliousness.

To counter the negative developmental outcomes found amongst the 10-year-old boys, it is advisable to consider play strategies that may create opportunities to buffer against these challenges and strengthen socio-emotional competence of the boys. In this regard play activities may be used to strengthen the following competences of 10-year-old boys: experiencing of success in a task, strengthening trust amongst peers, forging social cohesion and a sense of belonging, practicing problem-solving skills, building hopefulness to counter hopelessness, and regulating emotions.

Below are links to free resources to frame the planning and implementing of additional support to this outlier group.

Play to support 10-year old boys:

- Experience success in a task [Play ideas](#)
- Strengthen trust amongst peers [Play ideas](#)
- Forge social cohesion and belonging [Play ideas](#)
- Practice problem-solving skills [Play ideas](#)
- Regulation emotions [Play ideas](#)
- Countering hopelessness [Play ideas](#)

4. Actions: how can policymakers use play to promote child development



To maximise the Masidlale findings, decision-makers (be they at levels of government, faith-based organisations, non-governmental organisations or international development agencies) may craft strategic resourcing decisions to foreground quality in everyday play in implementable ways. Whereas the the Masidlale-study policy review provides *insight into the importance of resourcing* that promotes human capital development, infrastructure

and materials and financial needs, the Masidlale-study literature review affords insight into the resourcing of residential care spaces⁹.

To assist decision-makers to implement suggested strategies the Masidlale Brief concludes with a Resource List. Here the resources are organised around core themes that provide links to free, open access resources that are easily available to use.



4.1 Staff employment

Investment to employ caregiver-staff in key roles to implement play opportunities intentionally promotes the positive development of children in distress. To institutionalise everyday play as routine activity requires a leader and an effective team.

It makes sense to prioritise the appointment of a Play Coordinator to oversee team efforts to implement play opportunities. In the Masidlale-study the presence of an appointed Play Coordinator was found to be beneficial to implement, coordinate, monitor and evaluate, as well as sustain daily play practices.

It is the role and responsibility of a Play Coordinator to oversee the way in which a place of care creates opportunities for daily play by (i) coordinating a team of caregivers who ensure that children play daily, (ii) organise training of caregiver staff to understand the value of daily play for child development, (iii) develop and use a timetable to schedule slots for daily play, and (iv) facilitate regular meetings with the caregiver team to consult on progress. Decisionmakers can recruit new or redeploy current staff for a portfolio as

⁹ Masidlale-Study Report: See Appendices B [p. 130] and C [p. 175] for a literature- and policy review.

Play Coordinator. A Play Coordinator is knowledgeable regarding the value of play for child development; champions the implementation of everyday play for children in distress; collaborates with caregiver providers (inside- and outside the care place) to ensure quality delivery of play opportunities; demonstrates active interest in how children and staff engage in play opportunities; and monitors the quality of play in order to address barriers and build on successes in implementation practices.

A team is necessary to provide play as institutional priority. To ensure that play opportunities occur every day, in safe and supervised ways that include an array of ages and developmental phases implies resourcing decisions regarding available human capital (social workers, auxiliary social workers, child and youth care workers, cleaning/cooking and maintenance staff).

4.2 Training of caregiver staff

Investment in caregiver-staff training regarding the value of play for child development enables the positive development of children in distress.

The Masidlale-study gave evidence of the benefits for positive development of children in distress when caregivers receive training regarding intentional play. A multitude of open access resources exist to guide practitioners on programmes of to implement daily play with accompanying activities and examples of scheduling (Refer to the Resource List).

Caregivers who had received training on play practices:

- (i) Could explain the 'science' underpinning play as a child-friendly 'way of being' for children to develop holistically;
- (ii) Had an evidence-based manual as resource to refer to and which helped them make play-related decisions to enable positive development (how to make the most of available spaces and materials, recommending play-activities to children that align with holistic development);
- (iii) Were confident to be creative and spontaneous in creating play opportunities and were resourceful and innovative to use what is available to play (materials borrowed from libraries or schools, self-made from locally sourced objects, or newly purchased);
- (iv) Increased daily dosage of play-time to an hour a day (and more hours of play over weekends and holidays);
- (v) Institutionalised everyday play with structures of (a) play-leadership (Play Coordinator) and teamwork, clearly defining roles and responsibilities of how to implement daily one-hour play sessions; (b) weekly team meetings to monitor and evaluate the implementation of daily play.

Prioritising investment in the training of a Play Coordinator (see next section) is advisable. A Play Coordinator leads a team of caregivers who are responsible to oversee the provision of daily play opportunities. As such a Play Coordinator needs to be a knowledgeable champion on the value of play for child development. A Play Coordinator is also well-positioned to initiate team-training regarding play-related knowledge.

In the absence of funds to resource formalised training, decision-makers may opt to *invest in clusters of care spaces hosting self-study groups* where socially connected Play Coordinators form a community of play-practitioners to study, discuss and learn about play together as peers. This community of play-practitioners could draw on available open access resources in the Resource List.

A Play Coordinator can follow the same principle to organise an in-house community of play-practitioners. The Play Coordinator can advise caregiver staff on a sequence of readings from the Resource List to develop their understanding of the value of play for child development. The Play Coordinator may also use weekly team meetings to select one resource for discussion and learning to build the capacity of caregiver staff on specific play-related topics.

decision-makers may also consider training costs related to procuring experts to train staff on existing evidence-based play programmes; resourcing spaces, IT-infrastructure, materials and refreshments needed for training sessions, incentivising training to make it more attractive to staff, and acquiring resource materials for a play-resource library.

4.3 Champion and resource the use of quality play spaces and materials

Systemic support for the value of daily play to promote positive child development is beneficial in the childcare sector. When policymakers, funders, Non-Profit Organisations and development agencies *craft strategic visions* related to children in distress, it is beneficial to foreground everyday play as core consideration.

Knowledge from the Masidlale-study literature and policy reviews provides evidence that may capacitate decisionmakers to formulate frameworks to resource quality everyday play.

From the Masidlale-study the rationale to resource everyday play is evident. Play opportunities create pathways for children to develop holistically. Through play children are able to become confident in who they are, believe that their learning and development is important and trust in the significance of key adults in their lives. *Investing in everyday play is thus an investment in the health and wellbeing of children in distress.*

Policy outlines the core personal and social learning and development principles that is important to support the holistic health and wellbeing of all children – and even more so for children who have experienced maltreatment, displacement, poverty and trauma, i.e. children in distress.

Text box 1: Play spaces and materials



Safety: Children should be able to play freely without the fear or danger of injury or any kind of harm associated with unsafe play spaces and/or materials.



Accessibility: Children should be able to easily access play space and the materials needed for quality play. Play spaces should be in easy reachable proximity to the children and staff. Materials should not be difficult to attain, use or understand.



Sensory integration: The play space and materials should lend themselves to sensory integration. This means that the play space and material should engage a child's five senses.



Inviting & Challenging: The play spaces and materials should invite and challenge the child. There should be some kind of development whilst playing in the space or with the materials. It should also be age- and gender-appropriate.



Inclusivity: The play spaces and the materials should be accessible to all children. It can not be exclusive to a specific group of children, excluding, for instance, children with disabilities or children of a certain height and weight.



Supervision: A qualified adult should always supervise children playing in designated play spaces and with chosen materials. This adult should ensure the safety and quality of play. And monitor whether the play is conducted according to the planned timetable the Play Coordinator and the team set out.



Recycled material: Resource constraints result in fewer resources for toys and play materials. Luckily, recycled materials can be used creatively to support quality play.

Text box 2: Developmental themes and principles underpinning child development¹⁰

I am a competent person



- I am a competent person who actively creates my own identity and my own understanding of the world.
- I am unique and have a unique life story.
- I flourish when attention is paid to equality of opportunities where I can participate to develop my own potential.
- I am sensitive to individual and group differences and must be educated in ways that help me to celebrate differences

My learning and development are important



- I am curious, energetic and active, and I learn by taking up opportunities to make meaning about the world around me.
- Appropriate local and indigenous knowledge and skills are resources that can be used to promote socially, culturally and linguistically sensitive learning environments for me.
- Play and hands-on (active) experiences enhance my learning and development.
- A comprehensive ECD learning programme for quality and equality of opportunities pays attention to:
 - my developmental domains (social, emotional, cognitive, physical – with a focus on health and nutrition);
 - the content areas (languages and mathematics); and
 - my strong links with my family and later, my links to schooling.

I need strong connections with adults



- Parents and families, in their different forms, play a central role in my overall development.
- I benefit from a close and loving relationship with an adult.
- Adults have the responsibility for the protection and promotion of my rights regardless of my age, background, ethnicity, ability and gender.

¹⁰ [Department of Basic Education & UNICEF](#)

The Masidlale-study shows activities (with associated materials) required for free play – which may occur in- and outdoors. Free play supports positive child development in fun, child-friendly ways. *Investing in spaces and materials that enable everyday free play is an investment in positive child development.*





Text Box 3: Indoor and outdoor free play activities¹¹

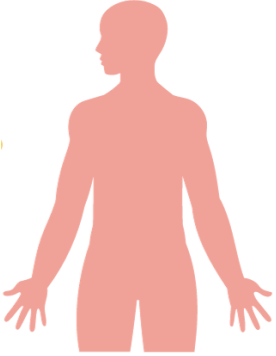
FREE PLAY INSIDE	FREE PLAY OUTSIDE
 <p>Free art (painting, drawing, modelling) Tearing, cutting Pasting Block area Fine motor activities (Pencil grip activities, tongs, tweezers, puzzles, threading, weaving, dressing frames, etc.) Sand box Fantasy play Book area Discover area (interest table, matching/sorting cards, sensory activities) Music area Writing area Block area</p>	 <p>Water (and mud) play Sand play Sensory play Fantasy play Gross motor play (Climbing, swinging, balancing)</p> <p>Block play Ball play Wheel toys Construction</p> <p>Gardening Caring for animals Outside art activities</p>

When children engage in play they develop perceptual skills. The range of perceptual skills are crucial as foundation for future development and learning. *Investing in everyday play is thus an investment in the development of perceptual skills in children.*

¹¹ [Department of Basic Education & UNICEF](#)

Text box 4: Key perceptual skills to build during childhood¹²

Perceptual field	Perceptual skill	Description
Visual 	Visual perception	Acquiring and interpreting information through the eyes - accurate visual perception enables the learner to read, write and do mathematics.
	Visual discrimination	The ability to see similarities, differences and details of objects accurately.
	Visual memory	The ability to remember what the eyes have seen and the correct sequence in which things have been perceived.
Auditory 	Auditory perception	Acquiring and interpreting information through the ears - accurate auditory perception enables the learner to give meaning to what is heard.
	Auditory discrimination	The ability to hear similarities and differences in sounds.
	Auditory memory	The ability to remember what the ears have heard and the correct sequence in which sounds have been perceived.
Coordination 	Hand-eye co-ordination	The hands and eyes working together when performing a movement, e.g. throwing or catching a ball.
Figure and form 	Figure-ground perception	Being able to focus attention on a specific object or aspect while ignoring all other stimuli, the object of the attention is therefore in the foreground of the perceptual field while all the rest is in the background e.g., being able to read one word in a sentence.
	Form perception	The ability to recognise forms, shapes, symbols, letters, etc.

Perceptual field	Perceptual skill	Description
Body orientation 	Body image	regardless of position, size, background, e.g., can recognise a circle because of its unique shape. A complete awareness of one's own body, i.e., how it moves and how it functions.
	Laterality	Showing an awareness of each side of the body, e.g., which hand is waving.
	Dominance	Preferring to use one hand or side of the body, i.e., either right or left dominant.
	Crossing the mid-line	Being able to work across the vertical mid-line of the body, e.g., being able to draw a line from one side of the page to the other without changing the tool from one hand to the other.
	Spatial orientation	The ability to understand the space around the body, or the relationship between the object and the observer, e.g., the hat is on my head.

Decision-makers can develop policy that indicates resources (staff, knowledge, spaces and materials) needed to provide warm, supportive, supervised play with care for safety, inclusivity and appreciation for creativity and innovation. The Resource List offers a handy selection of open access information with detailed and practical ideas for each characteristic:

4.4 Resource List

The list of relevant resource links is included below to support the actions/steps to implement a low-cost, evidence-based, quality daily play programme.

Why Play?

- [Learning through play \(Short Read + Play ideas\)](#)

- [The power of play \(Video\)](#)

Inviting and challenging play activity ideas

- [Inviting & challenging play ideas](#)

- [UNICEF Play ideas](#)

- [Creative play ideas](#)

- [More play ideas](#)

Resources for early learning

- [Play ideas for educators](#)

- [Activity guides](#)

Using recycled materials for play

- [Make-your-own toys ideas](#)

- [Recycled fun ideas](#)

- [Do-it-yourself ideas](#)

Sensory integrated play

- [Sensory play ideas](#)
- [Sensory activity ideas](#)

Learning through play

- [Review on play \(Read\)](#)
- [Research on play \(Short read\)](#)
- [UNICEF on play \(Read\)](#)

Safe play spaces

- [Safe playground games](#)
- [Teaching playground safety ideas](#)
- [Safety tips for parents \(Short read\)](#)

Accessible play spaces

- [Benefits of outdoor play \(Short read\)](#)
- [Accessible play spaces ideas \(Read\)](#)
- [Inclusive play guidelines \(Read\)](#)

Training and Coordinating the appointment of play coordinators

- [Play Coordinator role description](#)

Making toys for quality play

- [Toy ideas](#)
- [Do-it-yourself toys](#)

Monitoring and evaluating administration resources

- [Basic principles \(Read\)](#)
- [Steps for monitoring \(Short read\)](#)

Cognitive development in childhood and the role of play

- [Cognitive development – Preschoolers \(Short read + Play ideas\)](#)
- [Cognitive development - School age \(Short read + Play ideas\)](#)