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FOCUS ON PLAY

N° 129

An Introduction to Play and its Future

By Maureen O'Hagan

In this edition of OMEP UK Updates we focus on play in various settings

Inside :

3 **Establishing a Play-based Curriculum for Children with Autism in Nigeria**
By Diana Seach

6 **Free Play for all Ages**
By Chris Taylor

8 **Play in Hospital**
By *Norma Jun-Tai*

10 **Superheroes and Gunplay in Classrooms and Settings: Will Boys Be Boys?**
By Lynda Germaney & Lucy Whentringhame

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It is not very easy to define play as it falls into three different professional categories, which in turn have three underpinning philosophies. In turn some of these may overlap and others may be quite distinct. The three areas of play are as follows:

1. Learning through play, whereby the play situations are devised by the adult so that through the play activity the child is able to achieve a particular learning outcome. These situations are most commonly found in early years settings such as nurseries, pre-schools, nursery schools etc.

2. Play that is spontaneous, unscheduled, and enables the child to problem solve, have private spaces, recognizing, encountering and overcoming risks etc. Free Play is described by Play England as: "children choosing what they want to do, how they want to do it and when to stop and try something else. Free play has no external goals set by adults and has no adult imposed curriculum. Although adults usually provide the space and resources for free play and might be involved the child takes the lead and the adults respond to cues from the child." (Santer, Griffiths with Goodall, 2007). This type of play is commonly found in adventure playgrounds, playschemes, out of school clubs etc.

3. The third type of play is therapeutic play where a child is able to play out their problems, both physical and psychological, through play. This type of play is most commonly found within the field of Hospital Play and play therapy.

All of the above types of play are featured in this edition of the Update and, from each article, it is easy to see the similarities and differences between each type. What is very clear from the articles is the importance of play for our children whether this is for their learning, for their personal pleasure and development, or to enable them to cope with difficult physical or psychological situations. As Hughes (2001) points out in relation to free play, "Play is a very personal experience. For some it is dolls and fights,

for others it is climbing and skipping. It is what children do when adults are not there, or what children do when the adults are perceived as honorary children".

With each type of play mentioned above there are different types of qualifications for the staff who are involved in the play. For example early years practitioners are predominantly dealing with learning through play and have qualifications from the early years sector. Spontaneous and unscheduled play tends to be in the field of the Playworker whose qualifications will be based upon the playwork philosophies and will cover the birth to 16 years age groups. For the area of therapeutic play there are Hospital Play Specialist qualifications and child psychotherapists who deal with individual children. It is unusual to find workers who have qualifications in more than one of these fields and this can lead to a lack of understanding about the different philosophies which underpin the different types of play.

'Play is a very personal experience..... It is what children do when adults are not there, or what children do when the adults are perceived as honorary children'

At present day, there appears to be two areas within society which are diverting children away from play:

Firstly, there is the idea that After School/Extended Day facilities must be based on academic activities and homework. This is often to satisfy both school and parents who are both concerned with the child and the school doing well in SATs tests. The erosion of the free play factor within the After School/Extended Day facilities is very worrying as many children need the opportunity to not only undertake physical activities but also to play freely with other children or on their own. This time should be relaxing and enjoyable for them and not be spent as an extension of the school day or called a Homework Club.

Secondly, there appears to be an obsession with society in general and parents in particular, about children's safety, which requires all day to day activities for children to be exciting but totally free from risk. Tim Gill (2007) has produced a very interesting document in which he demonstrates how opportunities for children are being curtailed by safety regulations and how some of these regulations are counter - productive in terms of protecting children. Gill points out that risk taking can build children's character and personality resulting in them being adventurous, entrepreneurial and enabling them to develop resilience and self-reliance. He also points out that £200-£300 million has been spent on playground safety, mostly on rubber surfacing, which "would have saved the lives of one or two children!. The same period saw perhaps 1,300 child pedestrians killed and around 40,000 seriously injured, most in streets close to their homes" (Gill 2007 p29). He questions the raison d'etre behind certain safety decision that have been made.

The message which Gill and other researchers gives us is that like adults, children need time to 'chill out' and care must be taken to enable them to have this time by ensuring that they have time to play.

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Establishing a Play-based Curriculum for Children with Autism in Nigeria

By Diana Seach

N° 130

Knowledge and understanding of autism and related conditions is still very limited in most African countries. South Africa has led most other African countries in developing such services whilst the rest of Africa still looks to the UK and America, desperately seeking any information about interventions and treatments. Despite a lack of medical support and access to appropriate services and education there are many individuals who are beginning to make a real difference to the lives of children and their families.

Having established my work as an education and family consultant in Interactive Play in the UK I received a request to help set up an early intervention centre in an area of Lagos called Surulere. The two women who had begun this centre had been working as behavioural therapists with children but they both felt that establishing early educational programmes specific to the needs of children with autism would provide much better educational outcomes and raise opportunities for their inclusion in mainstream schools. My interactive play approach to working with children who have autism and Asperger's syndrome follows a developmental social-pragmatic model which emphasises the growth of social communication through mediated learning. It also recognises how the motivation for learning is developed via the establishment of a positive interactive relationship. Play becomes the primary means for helping children to develop skills in communication, supporting their emotional well-being and creating meaning from their experiences.

"there are many individuals who are beginning to make a real difference to the lives of children and their families"

My arrival in August 2007 was just a week after the completion of the renovation of the building. They had four children, three children with autism from the same family and a boy with cerebral palsy. In addition to the manager and the director there were five staff members who I had been asked to train, to develop their knowledge of autism and help them establish educational programmes for the children based on the principles of interactive play. Apart from an office table and chair there was no other furniture or resources for teaching and very irregular electricity. They did have a generator but being the rainy season and not hav-

However, I think they were rather surprised by my daily provision of empty plastic water bottles which we cut in half to make funnels and buckets, filled with sand, stones, shells and water to make shakers, or lined them up as skittles. I wanted the staff to see how they could use any objects to help the children develop different concepts and that learning is not a passive experience involving picture cards, pencils and paper. We collected shells from the beach so that they could learn 'big' and 'small'; made lines with them that were 'long' or 'short' and used them to count or make patterns with.

Following the week of staff training, the second week of my visit was an opportunity to meet with parents and work with staff to establish the educational programmes for the children. I also met Okey-Martins Nwokolo, a psychologist who developed an interest in working with children with autism after training in America. He now runs an organisation called Autism Associates in Nigeria which advocates the need for much greater awareness of autism in his country. In an article he wrote in an Irish newspaper in 2007, he says that "the worst hit are the millions of families in rural areas where there are hardly any schools for children, much less facilities for the disabled ones. Exorcism is the common treatment and mothers are blamed for their children's autism. Because there is no welfare programme in Nigeria in terms of funding for education and professional services needed by these children, the entire burden is on the parents. The few affluent ones prefer to send their children to the US or the UK or hire therapists from these countries to work in the home with their children one-to-one."

"Exorcism is the common treatment and mothers are blamed for their children's autism"

For me this again highlighted the need to place my work within a multicultural context and this was how at the Start Right Centre we established Active Learning™. The skills we wanted the children to develop were based on five key areas: Task Activities; Sensory Activities; Physical Activities; Play Activities and Self-Help Activities. Encompassing these key areas are the principles and practice of Interactive Play; Communication, Interaction, Relationships and Well-being.

Activities were planned for the children that ensured that they had opportunities to learn through one-to one sessions and group sessions. We started the day with singing and playing games together. With the children and staff engaged in this together the atmosphere changed to having an excitement for learning. With the days becoming more structured, so their engagement in learning increased. Whilst all their teaching was in English I was thrilled to see counting activities and 'Heads, Shoulder, Knees and Toes' sung in Yoruba. I wanted the staff to consider how many of the activities could incorporate more culturally relevant activities, such as dancing, music and cooking and I look forward to seeing these when I return.

By the end of the second week we introduced two new children to the Centre and the tables and chairs arrived! I regularly receive updates about the children and emails from the parents expressing their relief that their children are happy and making good progress.

Those professionals working with children who have autism are making a considerable effort to support parents and to raise awareness of the special educational needs of these children. In looking to the UK and the USA for support in doing this it is vital that our response involves offering relevant training to both teaching and health professionals. Getting information to communities in the rural areas is a greater task. As Okey-Martins Nwokolo points out, there are a few professionals working with parents and children who are highly motivated and enthusiastic but they still lack the skills needed to help this growing population and empower parents to seek the services they need.

I look forward to receiving correspondence regarding any aspects related to this article. More information is available on the website: *www.autism-smile.co.uk*

About the Author:

Diana Seach is an education and family consultant in interactive play for children with autism. She runs training workshops for professionals and parents to promote the value of play and creativity and how they impact positively on children's communication, emotional well-being and learning potential. She also runs the home-based s m i l e programme to support families in using an interactive play approach to enhance communication and build relationships. Diana has been developing this work abroad in Kuwait, Egypt, Australia, New Zealand and Nigeria, where she was involved in starting a centre for children with autism based on the principles of interactive play. Diana is also a Senior Lecturer in Early Years and Special Educational Needs at the University of Chichester. Her book, Interactive Play for Children with Autism was shortlisted for the NASEN/TES Academic book award in 2007.

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N° 131 Free Play for all Ages

The value of play for the early years children in terms of the playwork definition

By Chris Taylor

Playwork involves working with children and young people aged 5–15 years in a diversity of informal play settings. This can include school-based play centres, park rangers in parks and urban housing estates, holiday playschemes and adventure playgrounds. Playworkers seek to provide play environments and opportunities for children and young people and to advocate for more play provision.

The playwork principles (2006) state that:

"All children and young people need to play. The impulse to play is innate. Play is a biological, psychological and social necessity, and is fundamental to the healthy development and well being of individuals and communities.

Play is a process that is freely chosen, personally directed and intrinsically motivated. That is children and young people determine and control the content and intent of their play, by following their own instincts ideas and interests, in their own way, for their own reasons.

Playworkers choose an intervention style that enables children and young people to extend their play. All playworker intervention must balance risk with the developmental benefit and well being of children."

In a nutshell, the child chooses, freely when and how to play. This is seen as a biological drive, essential to health and well being. The implication for the role of the playwork is being high on response and low on intervention.

The Early Years Foundation Stage (EYFS) (to be introduced in Sept 2008), seeks to lay a secure foundation for the future of learning – "one in which children are stretched, but not pushed beyond their capabilities, so that they can continue to enjoy learning". There are six learning goals: personal and emotional development; communication; language and literacy; problem solving reasoning and numeracy; knowledge and understanding of the world; and physical and creative development.

All these areas must be delivered through planned purposeful play, with a balance of adult-led and child-initiated activities." Elsewhere it is suggested that "ongoing observational assessment inform planning for each child's continuing development through play based activities."

Playworkers would argue that purposeless, child-initiated play, free from adult orchestration, inevitably has significant developmental outcomes.

Bob Hughes (2006), a playworker and play theo-

rist , has identified 16 play types including creative, dramatic, exploratory, fantasy, locomotor, mastery, object, role, rough and tumble social, socio- dramatic, symbolic, deep (extremely risky) and recapitulative (ritual) play. Their very description indicates a relevance to the social, physical, intellectual, creative and emotional development and outcomes of the Foundation Stage.

It is of concern to many playworkers that the encroachment of a target-driven educational discourse on the early years, will impair the child's capacity to play – and in effect might have results, quite the opposite of those intended.

This certainly seems supported by a reading of the works of Winnicott (1992) on playing. Britain's first child psychiatrist, and renowned psychoanalytic theorist, he sees playing as a developmental achievement, as well as a form of therapy and healing. Once the child can play s/he has the capacity to resolve emotional difficulties through playing.

For Winnicott, the first playground lies between the mother and the baby, and playing is initiated by the spontaneous gesture of the child, responded to by the mother, layer upon layer, interaction upon interaction, she gradually and sensitively introduces her own playing. Through this way of relating inner and outer worlds, in a transitional space created by and resting between the mother and the baby, the child develops the capacity for relating within the family, nursery, school, community and the outside world.

Winnicott's most famous contribution is his 'discovery' of the transitional object – the famous teddy bear (comfort blanket, or whatever the child chooses). This is three things at once; the mother – representation of her – and an actual object i.e. bear! The transitional object withstands attack; is respected as special, and never challenged (who would dream of calling the comfort blanket a dirty rag! or not search for it when lost?) and when the child is ready – it is eventually given up.

Here we have supported free play, where the child's initiative as an expression from within and communication in the outside world is paramount.

This capacity to symbolise, for one thing to stand in the place of another – as a word does for an object, must surely, form the basis of conceptual tasks such as reading, literacy, numeracy, knowledge and understanding, and personal creativity? Such playing is crucial for development, and cannot be 'taught' or imposed by a well meaning adult. It has to be provided for through a holding, rather than prescribing environment.

Both the writings of Winnicott and the research and beliefs underpinning playwork stress the importance of free playing. One that is freely chosen – between play types – rather than play activities, in an environment that facilitates play and is populated by adults, who want to respond in kind to the play gesture of the child – rather than impose by developmental decree or reference to attainment targets.

Playing in the earliest years is crucial to health and maturation. Playing is a developmental achievement, maturational process and form of self healing.

It is fundamental to the capacity to learn and enjoy education. The innate play drives of babies and young children must not be overlooked in the drive for economic supremacy through education.

It would be a terrible thing if children, for whom the Children's Plan (2007) seeks to provide new play spaces and adventure playgrounds, arrived there play-deprived owing to a lack of opportunities to play in their early years. It feels

"purposeless, child-initiated play, free from adult orchestration, inevitably has significant developmental outcomes"

of deep concern and irony to be advocating the need for free play in the early years. When I first started working in playwork the pre-school sector was a source of inspiration and admiration due to its recognition and provision for the unassailable rights of the child to play. It is crucial that there is free play throughout childhood; this is indeed the cornerstone of a foundation for life and for learning throughout it.

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N° 132 Play in Hospital

by Norma Jun-Tai

Play in hospital is not a new concept. Several earlier reports highlighted the damaging effects of hospitalisation when the child was removed from all that was familiar to them. The Platt Report, (1959) made 55 recommendations including the need for play to be organised under skilled supervision to reduce the negative effects of separation of mother and child, disturbance of routine and lack of training for doctors and nurses regarding the emotional and mental needs of children. In 1966, an OMEP working party concluded that unrestricted visiting and generous arrangements for play must be organised in hospital, whilst Susan Harvey, a Save the Children Fund adviser, stated that "deprived of play, the child is a prisoner, shut off from all that makes life real and meaningful". In writing this, Susan Harvey (1972) was expressing a view held by many educationalists and psychologists over the years.

The DHSS Expert Group on Play (1976) and Department of Health (1991) made clear recommendations that play be provided in the hospital setting in order to maintain the emotional well being of the child.

The first hospital play schemes were established in 1957 at St Bartholomew's and St Thomas' Hospital followed by The Brook Hospital in 1963. Since those early days, a child's need for play has not changed, however, the way it is now used and delivered in hospital has. Play in hospital is no longer viewed as a useful way to relieve boredom and pass the time in a pleasurable way, although both points are key elements in relieving fear and anxiety in a strange and unfamiliar setting.

In fact the need for play is even greater in a hospital environment where the child is exposed to strange sights, sounds and smells. This is now recognised by the National Service Framework for Children (2003) who advise that children visiting or staying in hospital have a basic need for play and recreation that should be met routinely in all hospital departments providing a service to children. The value of play in a child's development is recognised by experts and, for the child or adolescent in hospital, play has a very special significance. It is not a way of keeping them quiet or passing the time, it is part of the treatment they receive. Play is important, both in preparing children for what is going to happen and in providing ways for them to work through anxieties and fears and deal with their experiences in hospital.

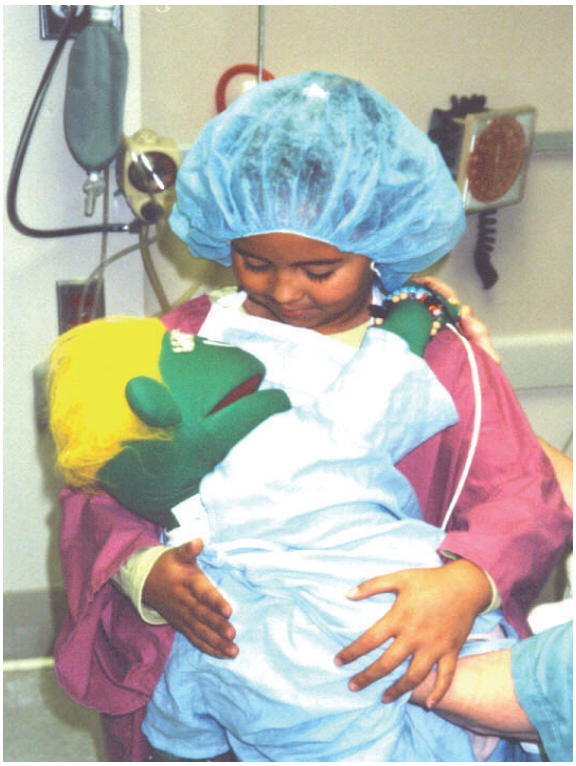
Therefore, a successful, well run play programme can:

- Increase the child's ability to cope with a hospital admission
- Facilitate appropriate channels of communication between the child, the family and relevant health care professionals
- Create an environment where stress and anxiety are reduced
- Provide the child with the means with which to cope with diagnosis, illness and treatment, which ultimately, gives control back to the child or young person
- Reduce developmental regression and therefore, promote confidence, self esteem and independence

- Assist in the assessment and diagnosis of illness
- Offer the child coping strategies for managing pain and invasive procedures
- Prepare the child and family for medical and surgical procedures using terms that can be understood by all.

The use of focused and therapeutic play interventions assist the child and family to understand the illness, treatment and management of pain and this is achieved in the following ways:

Normal Play enables the child or young person to relax as s/he finds comfort in familiar toys and activities. This is essential, especially in the case of emergency admissions where a disturbance of normal routine and lack of preparation for the event can cause emotional distress both long and short term. The use of play enables the continuation of physical, emotional, social and intellectual development, as a result, the loss or regression of skills is minimised. Through the use of normal play, important observations can take place, which contribute to assessment and diagnosis when communicated to the paediatric multi disciplinary team.



Preparation for Procedures offers the child and family a means of understanding, accepting and cooperating with treatment. This last point should not be underestimated as it is known that the cooperation of children undergoing blood tests, for example, enables the procedure to be carried out quickly and efficiently, whereas with the child who fights and struggles through fear, the first attempt may be unsuccessful which subsequently requires further attempts. Whilst this is time consuming for the doctor, it is deeply traumatic for the child and parent. To truly assimilate something fearful or unknown, the child requires opportunities to come back to it in his/her own time. When considering the efficacy of preparing children for procedures, a review on current perspectives would suggest that it is now more common practice as health professionals generally recognise that a child's understanding can be enhanced by appropriate information. Eiser and Hanson (1989) point out that knowledge and not cognitive development is significant in determining children's understanding of health and illness.

Rushforth (1999) suggests that for the hospitalised child, enhanced information of their condition can reduce fear or their pain experience. In addition, this creates the potential for the child to become an active participant in the decision making surrounding their care. To prepare children for procedures is not only good practice but an acknowledgement of their rights to be kept informed as highlighted in The Children Act 1989 (Department of Health 1992). Whilst Article 12 of the UN Convention on the Rights of the Child clearly states "the child's right to express an opinion and to have that opinion taken into account, in any matter or procedure affecting the child" (UNICEF 2002).

Distraction Therapy involves a range of techniques, which acknowledges that the child may be frightened during a procedure but offers a means of coping whilst the procedure is taking place. Successful distraction therapy enables the child to feel positive about their treatment and empowers them to take control.

Post Procedural Play can be used to identify fears and misconceptions following a procedure. This form of play is pertinent for emergency admissions and a sensitive approach is required which involves returning the child to the point of admission and filling in any gaps he or she has. When children have major misconceptions about why they were admitted or what 'things' were done to them, post procedural play enables them to work through these events.

Individual Referrals are requested by various members of the multi disciplinary team and can include children and young people who are needle phobic, newly diagnosed diabetics, children with eating problems, headaches or pain with no obvious cause or children with chronic illness being cared for at home. Here, a range of therapeutic activities are used depending on the individual needs of the child. Referrals usually involve the child coming back to the hospital for specific play sessions with agreed aims and objectives set. The number of visits will depend on the nature of the problem.

Working with Siblings should be established practice in any hospital play scheme, as it is understood that when a child is admitted, the whole family unit can be altered. Siblings, depending on their age, developmental level, emotional maturity and previous experience of hospital may adapt to the hospitalisation of a brother or sister without any difficulty. However, for some children this may be traumatic. They may come to resent the sick child and the time their parents spend caring for him/her particularly in the case of long term or chronic illness. They may show signs of jealousy or anxiety, sensing parental worries. Their behaviour may alter; they may regress or feel guilty that they have caused the illness (when they wished their brother/sister would go away), they may become fearful that they too will become ill and have to undergo painful procedures. They may also miss their sibling.

To help siblings make sense of the changed family circumstances and environment, whenever possible, they are encouraged to play in hospital with the ill child or have their own time in the play room where they can work through their feelings. Depending on the individual, play may be guided or a non-directive approach taken. Provision of play in hospital for siblings helps to reduce parental anxiety as many parents balance the needs of the sick child and those children left at home.

"hospital play services run by qualified play specialists add value to the paediatric setting by enhancing the environment in which children are enabled to make choices and participate in their own health

Play in hospital does not happen by chance. It is the Hospital Play Specialist, employed in a variety of paediatric settings, who is specifically trained to enable the sick child to assimilate and absorb the hospital situation into a more manageable and positive experience. Play services can be found in acute paediatric wards, burns units, A&E departments, day surgery wards and specialist areas such as cancer. Today it is widely recognised that hospital play services run by qualified play specialists add value to the paediatric setting by enhancing the environment in which children are enabled to make choices and participate in their own health care.

Superheroes and Gunplay in Classrooms and Settings: Will Boys Be Boys?

By Lynda Germaney & Lucy Whentringhame

N° 132

As part of historic tradition storytellers have related tales from ancient times, of heroes, of myths and monsters, of victor and vanquished. Even today thanks to television and cinema, the names of Hercules, Perseus, Perseus, Jason and Beowolf remain familiar to us. Bauer & Dettore (in Howe, 2006) have suggested that young children feel small and helpless and, perhaps, modern day

superheroes - as represented by the media - have an enduring appeal because they are larger than life, strong, powerful and courageous.

Bandura's social learning theory (1993) is cited as demonstrating that, because children imitate visual images, particularly of those with status, they will inevitably be influenced by media violence. Research has identified that 82% of children's television programmes contained violence and that superhero shows in particular can contain 31 violent scenes an hour (Waters in Howe, 2006). Although there have been more recent attempts to restrict the incidence of violence in children's programmes, particularly before the 'watershed' at 9 pm, they are still subjected to 'real-life' violence in news programmes and to emotionally difficult situations in the 'soaps'.

Holland (2003) identified a 'hidden curriculum' which discouraged children from using gun and superhero play and described settings which espoused a zero tolerance approach, even though there was no such formal policy. Observations and anecdotal evidence in other settings revealed that children, when they know they have been seen by practitioners, will often convert their 'gun' into, say, a mobile phone or remote control. Evidently, children prefer to dissemble rather than show confidence about their choice of play. Holland's research led to recommendations on how to support gun play to extend creativity and imagination. However, in many settings, this type of play was restricted to outside areas and was still seen as noisy and aggressive.

Others have identified that an increasing feminisation of the early years classroom has led practitioners to discourage traditional forms of boys' play, including active games like superhero play (Connolly 2004, Drudy et al 2005). Through concerns about the development of aggression, there is evidence that a predominantly female early years workforce may have discouraged boys in particular from emulating superheroes. The DCSF has now issued guidance on gender and play in the EYFS, accepting that sometimes practitioners are challenged by the kinds of play that boys enjoy, which can appear noisy and aggressive, and that they may find 'the chosen play of boys more difficult to understand and value than that of girls' (DfCFS 2007, p16). Many practitioners question, in particular, the value of the type of media-influenced boys' play which may involve special powers or weapons. According to DCSF, adults can find this type of play particularly challenging and have a natural instinct to stop it. This is not necessary as long as practitioners help the boys to understand and respect the rights of other children and to take responsibility for the resources and the environment. By knowing about the various characters in popular culture, practitioners could also join in as a 'play partner' and take the children's learning further.

There is concern that boys are underachieving in the National Data from the Profile Scores, 2004-2006 (DfCFS 2007). This suggests that practitioners need to look at their own attitudes and their relationships with each of the children. Instead of quietening the boys down, practitioners should "utilise boys' fascinations and learning preferences…" (DCFS, 2007). When children are making up stories, for example about superheroes, practitioners can begin by talking using story language, providing a beginning, middle and end. This could be moved on by the practitioner scribing the story that the child tells and reading it aloud at story time, maybe even using props to act it out (Islington, Holland 2003, Paley 1984). The next stage might be to encourage the child to write the story down in pictures (storyboard) and later use words (emergent writing). Research by Howe (2006) found that play with superhero toys influenced boys' physical and imaginative play and stimulated more character, fiction (media-related), family, occupational and explorative role play. So, instead of breaking guns up, asking the children questions (such as: Who are you shooting? Why? What happens next? How will it end?) will enable them to think through their play and encourage creativity, problem solving and the thinking about the consequences of their actions, all within the safe limits of their setting.

Being accepting of all children's play does not just build relationships with adults; it can also improve their relationships with other children, offering opportunities for discussion and debate. When children are engaged in superhero play, there is often a lot to organise. They must decide on roles, events, consequences, revival of "shot" people, what to do with captured enemies, etc. The play must be "purposeful and structured, organised from the onset with everyone given a character or role to carry out." (Islington, p4). This organisation encour-

Iraqi Children Playing

-ages the children to develop life skills such as negotiation, cause and effect and rule making, as well as providing them with powerful images and leading them to having respect for each other – another Early Learning Goal (DfES 2007).

When children act out situations in a play scenario, it is often because they are trying to make sense of what has happened. Hyder (2004) describes how children from refugee families use play as a restorative process to heal traumatic experience in their lives. It is virtually impossible for any child to be brought up without being exposed to guns in some shape or form; they may, for example, have computer games, go paint-balling, or have water pistols. Children cannot avoid news stories of wars around the world. Indeed, they may have experienced war at first hand in their former homelands. They may be told that our troops are 'heroes'. These are confusing messages and they may need to play to investigate and understand them. After all, "they will only be able to play to the limits of their knowledge and experience" (*Rich 2003).*

Practitioners must feel confident in what they are doing and should "trust the children's imagination, ideas and self expression" (DfCFS, 2007). But this is not a matter to be rushed or changed overnight. Parents may need to be consulted about the changes and given explanations, as many may feel worried about violent or aggressive behaviour. However, allowing children to play with guns and superhero play can promote independent learning, creativity, negotiating skills, emotional well-being and good relationships between the children and between them and the staff. As long as practitioners help children to understand and respect the rights of other children, it can "enhance every aspect of their learning development" (DfCFS 2007).

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...and, finally, from our colleagues at *Children Webmag*.....

On 1 April 2008 ***Children Webmag*** publishes its 100th edition at *www.childrenwebmag.com*. Since its first publication in January 2000, ***Children Webmag*** has been a ground-breaking format for a magazine about child care and issues concerning children and young people. Devoted to promoting high standards of professionalism and to disseminating knowledge and research in this field, more than 1500 articles have been published and, eight years on, ***Children Webmag*** has become a unique free international resource for all those working with children and in child care. Because it is electronic, it is accessible people around the world, and because all the material is archived, it remains available for reference. ***Children Webmag*** has always argued for greater importance to be given to childhood and to the care and upbringing of children and young people. It campaigns for higher standards of child care, for social pedagogy, for the creation of a child care profession, for better international links between people working with children and young people, and for an end to physical punishment for children.

The 100th edition is a bumper issue, with more than 60 articles. For example: Charles Pragnell criticises current adoption practice; Sir William Utting movingly recalls his time in hospital as a three-year-old; Susanna Dawson writes of the job satisfaction in childminding and Professor Ewan Anderson analyses residential care standards. Professors Chris Payne and Soeren Hegstrup raise concerns about restraint and holding. David Kidney MP writes about consulting children and young people and Dr Suncica Macura-Milovanović writes about Roma children in Serbia.

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