

The Impact of a Playwork Project on a Group of Children in a Romanian Paediatric Hospital

Part 1: Introduction

It has long been accepted that children learn and develop through their play. In the modern world there are many instances where the potential for that process to take place is severely limited. The role of a playworker is to recreate the conditions that enable the play process to achieve its full impact.

This presentation is about playworkers doing that job in the most extreme circumstances imaginable. The presentation is about children's play - it's about the impact of play on child development - it's about the role of the therapeutic playworker in that process. It's about work with abandoned and abused children in Romania. It's also about a research project that studied the impact of therapeutic playwork on a particular group of those abandoned children - and finally it's about a number of significant ethical issues that were raised both during and after the research.

Part 2: Monkeys Without Play

I will summarise some of the more important principles of Therapeutic Playwork in a moment, but first I need to mention a series of highly relevant experiments. Between 1959 and 1972 Harry Harlow conducted a series of experiments under the general title 'Monkeys Without Play'. These were largely intended to examine attachment theory. Harlow removed baby monkeys from their mothers at birth, and reared them in isolation, using 'surrogate' mothers made of wood, wire, cloth, etc. Not surprisingly he found that monkeys reared in isolation grew into extremely disturbed adults, unable to mate, easily bullied, and incapable of meaningful social contact.

However, in later experiments he found that when the baby monkeys were able to play with other baby monkeys for a short period each day, they grew into healthy, well-adjusted adults. Suomi & Harlow (1972) came to two conclusions of relevance to play & playwork:

- no play makes for a very socially disturbed monkey
- the presence of a younger monkey engaging in age-specific play can enable the damaged monkey to recover - these he termed 'therapist monkeys'

Part 3: Children Without Play

Several years ago my wife and I became involved in the White Rose Initiative - a Leeds based charity working in Romania. In 1999, WRI employed the first Romanian playworker (Edit Bus) to work with a group of abandoned children in the paediatric hospital in Sighisoara. This was a direct result of the new Director's (Dr. Puscas) awareness of Harlow's research. WRI brought Edit to Leeds, where she undertook a tailor-made Playwork training course, involving work at Leeds General Infirmary and Ebor Gardens Nursery, and daily reflective tutorials. Edit returned to Romania in October 1999.

Now, a word of warning: the video footage I'll be showing is upsetting for some people. I make no apology for that. This is real life for these children. However, the video footage is also a record of progress - a story with a largely optimistic outcome.

The children on the video have spent most of their lives tied in the same cot, in the same hospital ward. Their nappies were changed no more than once a day. When sick they were sometimes treated with shared needles. It is common for such children to be HIV+, and as soon as they contract AIDS, they die. They range in age between 18 months and 12 years old. It's very unusual to see a child cry or reach out to be held. The silence is the thing that strikes you. It's quite chilling, and quite a contrast to paediatric wards in UK hospitals. It is the result of the children knowing that no-one comes when they cry.

Part 4: What is Playwork?.

Before showing the (remaining) video footage, I need to explain what therapeutic playwork is: Playwork is rooted in an understanding that children learn and develop through their play, and that the nature of modern life often works against that process.

Playwork is a generic term for a profession that encompasses those occupations where the medium of play is used as the major mechanism for redressing aspects of developmental imbalance.

Therapeutic Playwork: (derived from Else 2001)

- involves identifying & removing barriers to the play process
 - involves enriching the child's play environment (Portchmouth 1969)
 - accepts that children will choose when and where to be playful (Sutton-Smith 1997)
 - takes the agenda of each individual child as its starting point (Fisher 2002)
 - relies on sensitive assessments of the child's play cues (Donald 1991)
 - requires cultural competence on the part of the playworker
 - depends on the creation of a trusting relationship between playworker and child, where the child comes to feel safe and secure not only in their play environment, but also in the wider world
- These are all apparent in the following video footage

Part 5: Leeds Met Research Project

So finally, we come to the research project itself. This was a examination of the impact of the Therapeutic Playwork project on the lives of the children. During the first year of the WRI project two researchers from Leeds Metropolitan University spent more than 500 hours working at the hospital. We used a combination of research methods to identify developmental changes in the children: (i.e. research diaries, participant and non-participant observation, and our own play development assessment tool). From the start reflective diaries were completed in line with the Tavistock Model (Greig & Taylor 1999). This encourages the researcher to interact with the subjects, and record the behaviours and feelings of all the participants (including the researcher herself). The diaries provided a rich source of data for the later assessments.

The researchers worked as participant observers, i.e. as playworkers. Playworkers are ideally suited to participant observation, since playwork takes it for granted that 'there is a low adult to child approach ratio' (Hughes 1996), i.e. playwork is very much in line with Corsaro's (1985) 'reactive strategy' which suggests research with children should take place in the space between behaving like a child and acting like an adult. This was supplemented later in the project with rotated peer observation - one hour on, one hour off.

In February, April and August 2000 we assessed the children using a specially designed play development assessment tool. The different time frames enabled the identification of developmental changes in the children. A degree of 'triangulation' was achieved through the two researchers assessing the children independently. The assessment tool was a derivation of a system developed by myself (Brown 2003a) for use on children's playgrounds. Under eleven general headings, the system groups a series of specific questions that serve to identify what happens when children play.

The original approach was reworked to produce an assessment sheet, containing 154 questions relating to the Sighisoara setting. For example:

- to what extent is there evidence of self-initiation of activities?
- to what extent is the child trying unusual combinations of behaviour?
- to what extent is there evidence of the child acquiring technical prowess?
- to what extent are actions given different meaning during play?

All 154 assessments were recorded using a scale of 1 to 7. This approach has similarities to that used by Ofsted in connection with the inspection of schools. Different meanings were associated with the points on the scale, as follows:

1 2 3 4 5 6 7

never - very rarely - rarely - sometimes - often - very often - always

Early in the project we took the decision to concentrate on just five of the children, for reasons of time, resources, etc. In some cases, the changes were dramatic, providing strong evidence of the power of play as a therapeutic and developmental agent. The evidence shows a speed of 'recovery' that was quite unexpected, and casts doubt on the 'ages and stages' view of play development, as seen in the work of Piaget, Parten, Sheridan, etc., and led to our general conclusion:

THE CHILDREN'S DEVELOPMENTAL PROGRESS WAS CLEARLY IDENTIFIABLE, AND APPARENTLY
MADE POSSIBLE THROUGH THEIR EXPERIENCE OF THE THERAPEUTIC PLAYWORK PROJECT

The remaining video footage provides graphic evidence of what the project meant to individual children.

Note to the Reader: At this point the presentation notes don't make sense unless you can see the video footage. I recommend reading one or other of the articles written by myself and Sophie Webb (2003 and 2005)

Part 6: Ethical Issues

To round the Presentation off, I want to pose a number of challenging questions about this research study:

- **WORKING WITH ABUSERS:**
We witnessed chronic abuse of vulnerable children on a daily basis, e.g. the children had to be untied every morning, because the nurses tied them up over night.
Should that abuse have been challenged on every single occasion?
- **INFORMED CONSENT:**
Consent was given by the Romanian hospital authorities.
How realistic is it to assume that they fully understand the implications of granting that consent? Is it possible that consent was only granted because I am a doctor from the wealthy west?
- **CONSENT BY THIRD PARTIES:**
The hospital authorities gave consent for the research to be conducted, and subsequently for the findings to be published, including the use of photographic images.
How meaningful is consent when it is given by those responsible for abuse?
- **ANONYMITY:**
When writing up the research, names were changed to preserve anonymity. Subsequently, one of the children has said he would rather have been named.
When would he be old enough, or have enough life experience, to make such a judgement?
- **DESTRUCTION OF SENSITIVE RESEARCH DATA:**
We regularly use the video footage during conference presentations, and as a teaching aid.
Should this research data have been destroyed once the project was completed?

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