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My favourite part was learning different ways to play: qualitatively evaluating a socially prescribed creative play programme

Paige E. Davis [a], [*], Matthew Reason [a], Miranda Thain [b]

[a] *York St John University, United Kingdom*
[b] *Theatre Hullabaloo, United Kingdom*

ABSTRACT

Objectives: Social prescription is classically thought of as an initiative for older people. This qualitative study aimed to evaluate the first socially prescribed creative play programme for families of 0-3-year-old children in the UK, examining the experience of the parents throughout the stages of the programme.
Study design: The evaluation ran longitudinally over 5 weeks using interviews, field notes, and questionnaire data.
Methods: The evaluation was carried out over 5 weeks in 2022 using intervention leaders' and researcher's field notes, nine parent semi-structured interviews, and 17 parent questionnaires on their experiences. Data were analysed using inductive interpretive thematic analysis.
Results: After analysis of the corpus of data, three themes that interacted with each other were identified: *Support Systems that Parents Trust*, *Calming in Chaos*, and *Practical Parenting Utility*. Parents said that they were more likely to sign up for the programme when they trusted the recommender and the organisation running the programme. They found the socially prescribed group more relaxed and calm than other groups, and their daily lives. The knowledge about health behaviours and modelling of play were the main take-home skills reported.
Conclusion: In order for parents to be receptive to practical parenting knowledge the SP aimed to foster, parents must first establish trust in a calming atmosphere. Social links and child development were the key factors parents identified linking to well-being. This research could inform public health policy on social prescription for families.

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Introduction

Play experiences in infancy and early childhood relate to social, cognitive and emotional development[1–4] attachment security,[5] and behavioural outcomes.[6] Parents are typically the most involved and important influence in their child's play, having potential to scaffold imagination activities which work to extend their children's pretence.[1,7] Even with the gains linked to early parent-child play interactions, and the deficits that are associated with high-risk parent play behaviours,[1–3] the accessibility of free longitudinal play interventions to those more disadvantaged or high-risk parents seems to be lacking in the United Kingdom (UK).[6] One way that formalised play programmes can be brought to disadvantaged parents of infants and young children 0-3-years in the UK is through social prescribing (SP).[8,9]

Play programmes and groups are not a new idea. The Sure Start local programmes established between 1999 and 2003 demonstrated positive longitudinal outcomes for health and well-being using an integrated approach to family support.[10,11] These programmes were aimed at families with children up to the age of 4 living in disadvantaged areas. Similar to the social prescribing model, the aim was to bring together early education, childcare, health services and family support to communities.[10,12] With the disbandment of the programmes, there has been no centralised adoption of creative play pedagogies as an intervention to support families and reduce pressure on other services.

* Corresponding author. Department of Psychology, University of Leeds, LS29JT, United Kingdom. Tel.: +44 07542098888.
E-mail address: p.e.davis@leeds.ac.uk (P.E. Davis).

This study aimed to evaluate the first SP creative play programme that we know of in the UK. The programme ran in one of the most deprived wards in North England. The intervention incorporated elements of play education and was aimed at 0-30-month-old children as these would be families that were most impacted by the pandemic. Research questions were devised to qualitatively evaluate the experiences of the parents at all stages of the programme.

Research questions were as follows:

1) What is driving initial and continued participation in a SP creative play programme?
2) Do the parents see the play programme as improving well-being/quality of life for them and their children?

Methods

Participants

Participants arrived through two referral pathways consistent with the NHS England's recommendations for SP.[13] Either referral from a health worker/identified stakeholder, or self-referral. Participants consisted of nine parents who took part in semi-structured interviews, and 17 parents completing a questionnaire during the final session. For a breakdown of attendance see Table 1.

Intervention structure

Parents attended a morning, mid-morning, or afternoon creative play session lasting 1 h for 5 Fridays in spring 2022. All three sessions were designed by the organisation and facilitator, a child music practitioner with a clear, yet flexible structure. The more informal and less structured morning 'drop in' session began in a downstairs creative play space consisting of sensory and imaginary play installations and moved to an upstairs space after the first 20 min. In the upstairs space, play stations with age-appropriate toys, books and sensory activities were set out. Families were free to engage with and choose activities mapping on to a Vygotskian ethos.[14]

The mid-morning and afternoon sessions were more structured 'Sing and Play' sessions held in the upstairs play space, beginning with 15 min of singing and movement where parents could join in or explore the room with their child. This was followed by 'independent creative play' time when parents were offered a hot drink. Each session culminated with gentle live music played on the flute and ukulele, sensory lights, bubbles, lullabies and a goodbye song.

Data

Data were gathered in four different ways. These were through; 1) practitioner field notes, 2) researcher field notes, 3) parent interviews, and 4) parent experience questionnaires.

Intervention practitioner field notes

Each week the intervention practitioner reflected on her practice and took notes on the different occurrences. Notes were compiled in a word document and shared with the main researcher.

Researcher field notes

The researcher attended 3 days of sessions on the first, the third, and the final Fridays throughout the 5-week run. The researcher carried a notebook and took notes throughout the sessions. The researcher brought her 2-year-old child to every session gaining rapport while authentically engaging in the play sessions.

Parent interviews

On the first Friday of the programme, the researcher introduced herself and informed parents that they could have an interview about their experiences if they chose. Interviews were done on the third and fifth Friday in sessions while parents played with their children. The researcher recorded conversations in her notebook rather than on a dictaphone to ensure comfort and engagement from the parents and to preserve the anonymity of the children and parents in the room. Participants were asked 5 questions which were curated to help answer the research questions directly: 1) *What made you want to come initially?* 2) *Do you play differently at home than you do here? How?* 3) *Why do you think play is important? Do you think it is important for yourself and your child?* 4) *Are there particular things you look forward to when coming here?* 5) *What is one of your favourite things about the sessions? How could they be improved?* Afterwards, parents were debriefed about the purpose of the interview.

Parent experience questionnaires

On the final day of the programme, all parents present were given the option to take part in a questionnaire. The first 15 questions were quantitative and thus not used for this analysis. The final questions consisted of two open-ended questions asked about their favourite part of the SP programme and whether it differed from other programmes.

Thematic analysis

On account of the exploratory nature of the SP play programme itself, as well as the smaller number of participants, researchers analysed the data gathered through qualitative analysis. Thus, the four measures used to gather data were synthesised. Researcher and practitioner field notes were used to better understand parent interviews and questionnaires while parent interviews and questionnaires offered insights into field notes. All data from the four data sets were then analysed in an inductive interpretive thematic analysis.[16,17] Braun and Clarke's[16,17] six-step approach was taken in order to answer the research questions. The researcher familiarised herself with the four synthesised modalities of data collection by reading and reviewing the corpus of data. This was followed by

Table 1
Number of parents attending during each session week.

Number of parents attending per session per week	Week 1 4th March 2022	Week 2 11th March 2022	Week 3 18th of March 2022	Week 4 1st of April 2022
Session 1	3	3	2	4
Session 2	5	4	4	6
Session 3	4	4	7	7
Total	12	11	13	17

Note: Session 1 ran from 9:30—10:30 and had five parents signed up, session 2 from 11:15—12:15, and had eight parents signed up, and session 3 from 13:00—14:00 with nine parents signed up. In week 4 an extra parent came on account of the school holidays. This was a 5-week programme, however week 4 of 5 was not held as the practitioner was ill.

initial coding and subsequently labelling the codes. Next, the researcher generated the initial themes by clustering codes. At this stage, the researcher assessed the themes and checked that they fit into the wider corpus of data. Themes were then named and refined. A second researcher was consulted while refining the themes. The themes were then written up.

Reflexivity statement

One of the key considerations of the thematic analysis is the notion of reflexivity and how our own social positions inform our approach to the study. The first author who was the main researcher is a mother of two young children, one of whom was the age of the children attending the SP programme. The second author is a parent of two teenagers, and the third author is a parent of a young child as well as the developer of the programme with 22 years of experience working through creative approaches with families. We have thematically analysed the data in that we take a stance that creative play programmes are beneficial for parents and children.

Results

The analysis generated three themes. These themes were identified as *Support Systems that Parents Trust, Calming in Chaos,* and *Practical Utility.* Themes acted back on each other and intertwined to strengthen the programme as a whole.

Support Systems that Parents Trust

The first theme related to communication between and within groups of parents in two ways; 1) how parental learning about the creative play intervention was through a trusted source recommended by friends, family and the community. For example, parent #2 explained, *"I was recommended by a friend. It's a bit daunting so a friend's referral is what I needed."* 2) The second way encompassed how parents spoke to each other about their own parenting experiences within the sessions as trusted insiders. Questionnaire #9 describes, *"My favourite part was learning different ways to play with my baby and meeting new parents going through the same thing."* In other words, interactions were perceived as meaningful and authentic in part because they were experienced with others going through the same things. A large part of the group dynamics in all three sessions was a sense of other parents, and the session leader, being insiders and therefore trusted. These observations and reports were all indicative of parents having a secure and reliable support system as a key factor in parents' experiences with the SP creative play programme.

Calming in Chaos

The second theme was more focused on the quality of the SP intervention itself. It encompassed how parents felt calm and at ease while attending the creative play intervention. First, it reflected the reports of a calm, relaxed, low-pressure environment where parents were not expected to perform to a standard. This often contrasted with playgroups parents had previously attended (if they had attended other groups). For example, questionnaire #17 reports the group was *"Not overwhelming like other groups. Not as chaotic."* The second part of this theme revolved around the complexity of parents' lives and how the calm gave them a break from the grind of being a parent. The child-centeredness along with the personalised, intimate nature of the groups seemed to be key in building this feeling of being comfortable and at peace. Parent #1 notes, *"I Wash up at home. Here I get coffee done and I play with him. More breathing space. Forget about housework that needs to be done."*

Practical Parenting Utility

The third theme encompassed the wealth of practical parenting advantages that families were gaining by attending the programme. These advantages could be retained and utilised by the parents long after the SP play programme had finished. The parenting advantages that were observed and reported came in a few different forms and examples can be found in Table 2; 1) positive child development, as parent #9 says, *"Before we started this he would have never gone more than a hand's width away. I see it has changed him."* 2) Social support and practical knowledge exchange, as explained by parent #6, *"Talking to another parent about your experiences going back to work. Little things like sharing information about childcare vouchers can make a big difference."* And 3) modelling of appropriate play behaviours like *"Getting new ideas for play"* as questionnaire #3 states. In terms of development, parents noticed a positive change in their children's behaviour from the first to the fifth week of the play programme. Although this could simply be growing up, it could also have been skills gained. Another benefit which afforded the parents some practical utility was that of forming new social networks. This was acknowledged as a positive aspect of fostering well-being by most of the parents. Finally, the overt and covert play modelling was another take-home skill gained by parents.

Please note that there are supporting materials with further information and extracts supporting the three themes.

Discussion

Parents in this evaluation experienced the SP creative play programme as different from a playgroup. Families were referred through trusted contacts and once they began saw it as a safe calm

Table 2
List of topics discussed between parents and practitioner.

	Week 1	Week 3	Week 5
Topics	Birth stories	Birth trauma	Milestones
	Postnatal services	Pregnancy loss	Crawling and walking
	Strategies to deal with anxiety	Neurodiversity and strategies to help	Physiotherapist coming to the house to assess baby
	Sleep behaviour	manage behaviours	Parent medical issues impacting baby
	Support systems	Healthy eating and feeding children in a healthier way	First versus second child
	Breastfeeding	Napping and nap schedules	Breastfeeding
	Teething	Travelling to see family with a baby	WhatsApp parent groups and communication
	Socialising children after lockdown	How to deal with sickness	Having children with special needs
	Medical conditions making it hard	Support systems and lack of support while a child is ill	Prenatal parent groups
	to care for a child	Return to work	
	How hard the beginning of parenthood seems		

Note: This is not an exhaustive list of topics spoken about during the sessions. Information has been taken from researcher and practitioner field notes.

space supporting their children's development and empowering them through conversations with other parents. Health behaviours were discussed and signposted through the facilitator and each session was child led and centred. Parents valued the SP play itself and believed that the programme was as much for them as it was for their children. The main issues identified were around referrals from healthcare professionals and stakeholders. The length of the programme could also be a variable which impacts parents as they gain more trust and become comfortable in the group.

Parents' perceptions of the trustworthiness of the prescribers and organisation were paramount in uptake of the SP play. Past research has found that in decision-making, such as attending a new play programme, trust is a key factor.[18] The lack of judgement on parenting practices could be of particular importance as it fostered a feeling of belonging and authenticity. Social pressures to be a "good" parent are stronger and can be particularly acute amongst parents from disadvantaged or marginalised backgrounds.[19] Thus, this feeling of belonging and connection could improve well-being.[20]

The calming that parents suggested as one of the unique aspects of this SP programme set it apart from non-SP "play groups". Perhaps the idea that these were bespoke holistic interventions or that the structure was predictable and child-centred could have added to this feel. SP programmes aim for a personalised experience.[12] Furthermore, it has been found that psychotherapeutic learning experiences for parents and children help parents to both build their own self-esteem and understand their child better.[21]

Knowledge exchange and the modelling of play behaviour and creative approaches to play were clear benefits for both parents and children attending the play programme. Parents engaged in self-disclosure and commiseration with the practitioner and other parents reducing loneliness, relieving stress and building interpersonal relationships.[22,23] Practitioners themselves are crucial in tone setting and relationship building between parents.[19] Parent and the practitioner engagement could be an informal way to distribute health behaviour information and signposting. The practitioner's modelling of play could also impact parent's own play skills as well as their children's future behaviour.[24]

There are some limitations to this evaluation. The data interpretation could be biased on account of the author's previous experiences as an upper-middle-class highly educated parent of two children. The use of four methods of assessing the group helped to increase the rigour of the analysis and potentially helped to avoid this bias, but this is unavoidable when analysing qualitatively. In future, having a second researcher who comes from a background more akin to the participants could mitigate this issue. Another issue was disadvantaged parents may have felt there were barriers to being involved with the study based on time intensity and rigour associated with qualitative methodology. Finally, some parents had never been to another play programme. This could be because their child is very young, COVID has stopped them from doing so, they don't feel comfortable or that they don't have money or time.

One issue identified previously in SP programmes was the lack of referrals from healthcare professionals.[25] For stakeholders to be effective prescribers, they must know about the programme and be invested in the referral.[26] Another issue mentioned in SP literature is the lack of an evidence base for SP initiatives.[25,27] Future research would be well placed to study the same programme quantitatively.

Overall, the evaluation adds another angle to literature looking at SP creative play for children 0—3 years and their families. Findings suggest the combination of trust, calm and non-judgment enabled families to take-home skills and knowledge for future play and well-being. From a public health policy angle, this could inform the SP agenda where families could be recommended by health professionals. There is a question of whether to spread or scale this intervention to create an evidence base for future SP creative play interventions. Along these lines, it would be beneficial to know how replicable a creative play offer is through different community organisations. This could be aided with a protocol for the replication of the current programme. Finally, creative play taster sessions for GPs and public health workers on SP and the arts might increase understanding of opportunities and barriers for this type of practice.

Author statements

Ethical approval

Ethical approval was obtained through a university ethics board; approval number 2205.

Competing interests

None declared.

Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.puhe.2024.01.032.

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