

Playing in Tune: Playwork Interventions with two five year old autistic children - collaborative study carried out by Play Association of Tower Hamlets & Mindbuilders, Tower Hamlets.

Abstract

The aim of this study is to document an explorative enquiry into the impact and effectiveness of playwork interventions with two autistic children. The study was conducted in the form of a qualitative case study. Two children were selected for the study, both aged 5, both diagnosed with ASD (Autistic Spectrum Disorder) and both with very little or no verbal speech. Both children were from Bengali backgrounds, living in Tower Hamlets, east London. One a boy and one a girl. Each child was offered four hour long play sessions, a week apart, over the period of one month. The play sessions took place in the child's home, with other family members present. Two playworkers went to each session, one to take the primary play role and one to observe. As you will see, due to the needs of the siblings of the second child, both playworkers were involved in these play sessions. The parents of both children were invited to join in when they chose to. Those involved in carrying out the study, the three playworkers from PATH and the Director of Mindbuilders have a long and varied experience of working in playful ways with autistic children. The belief of those involved is that access to play, playful interactions and playful relationships with autistic children lead to increased understanding, communication and wellbeing for the child and their whole family. It is crucial to our approach that these playful interactions and relationships put the child's own play at the centre of the process, without adult imposition, 'adulteration', coercion or teaching. Our aim in this study is not to maintain that you must have a great deal of experience to do this work or be highly qualified - in fact sometimes unplayful or very rigid experience can impede the play process, however experienced or qualified the person may be. When working with children our learning continues endlessly and so we propose an attitude of playful curiosity based on established theory and reflective practice. It is not our aim to impose a rigid working practice or a set of hard and fast techniques. Rather it is our aim to advocate not only for the autistic child's right to play but for the adults working with them to engage their own playful nature, be inspired by their own playfulness as well as that of the child's and so offer the child plenty of opportunities for play and playful interaction.

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1) Introduction

Play belongs to children - it is their language, their world and however much the Peter Pan in the adult yearns for their own lost playhood, it will always belong exclusively to children. Playworkers therefore have the huge privilege and weighty responsibility of facilitating play and playful experiences, of advocating and acting for the child's right to play. Article 31 of the UN Convention of the Rights of the Child may set the Right to Play out in hard legislation, but the reality of children's lives often means that they experience and suffer from much play deprivation (Hughes, 2001). Whilst traffic, roads and lack of child and play centred planning accounts for much of this, we also see adult perceptions of what play is and what play is not imposed on children's lives. Adult planned and imposed activities are not play. Adult designed and structured workshops and agendas are not play, however well meaning. 'Play based learning' and play based therapies and treatments are not play - they are adult forays into the child's play world to try and meet adult agendas. In some contexts these agendas may be very important, but let us be very clear that they are still not play. Adults have various terms like *aims*, *outcomes*, *learning objectives* that we may place great importance on. From the play perspective they are irrelevant and have no meaning at all for children who are or who need to be immersed in their own play experiences. So those of us who are Playworkers and work with play have a duty to study and learn and develop the literature on play and its significance for children so that we can continue to safeguard and facilitate play. It is an even weightier responsibility when working with the play needs of disabled children, especially those who do not communicate as their non-disabled peers might do. What we hope to describe here is a playwork intervention with two autistic children, where the aim is simply and profoundly to put the child's own play process at the heart of the work. We will be drawing on Playwork Theory, Developmental Theory and some cognitive and psychodynamic theory pertinent to working with autistic children to illustrate our approach. We have also referred to some of the literature from the field of autism research. We hope that this and in particular the autobiographical material shapes and informs our work and approach.

2) Let the child direct the play - Sessions 1;5&6

The most significant premise for our approach is drawn from the Playwork Principles (see appendix 1) which state clearly that play is a “biological, psychological and social necessity” (Playwork Principles Scrutiny Group, 2005). What then is the nature of play? How do we define it? And how do we know if we are allowing and facilitating play or blocking or closing it down? The principles tell us that play is “*freely chosen, personally directed, intrinsically motivated*” (ibid). Let us reflect on that sentence again because it is deeply significant. It means that play is what children do when adults are not directing or teaching or organising them. The Playwork Principles also tell us that at times Playworkers do intervene and that these interventions are based on sound, up to date theory and supported and regulated by reflective practice (Hughes, 2002). Sometimes a playworker plans an intervention to support the play and not “adulterate” (Else & Sturrock, 1998) it with their own instincts, ideas and interests. From the first sessions with each child (sessions 1 & 5) and indeed throughout the 8 sessions, the Playworker seeks to work from this premise. In section 14 we will discuss the impingement of agendas into the play and how the Playworker noticed and worked with this.

We may not be always able to determine the motivations behind certain play - both Nasseem and Suheila engaged in play that might be hard to understand from our own perspectives. For example what is the point of going round and round the living room rug head first as in Nasseem’s case (see session 1) or sidling round the edges of the room looking at people in Suheila’s case (see session 6). We can look to two very important theorists and practitioners to help us understand the significance of this play for these two children, as well as issues of sensory perception, see section 5 below.

Donald Winnicott, paediatrician and psychoanalyst saw play as a primarily creative process and experience, leading to self-individuation. He describes it so eloquently when he writes, “It is in playing and only in playing that the individual child or adult is able to be creative and to use the whole personality, and it is only in being creative that the individual discovers the self.” (Winnicott, 1971: 54).

From this perspective we start to see how crucial the opportunities for freely chosen, personally directed and intrinsically motivated play are, particularly for children who are having the kinds of difficulties with perception, communication and relating that autistic children experience.

This approach is also supported by the writing and practice of Virginia Axline, pioneer of Play Therapy. She describes how she sees the non-directive stance of the practitioner as more than just a technique but as a “basic philosophy of human capacities which stresses the ability within the individual to be self-directive” (1969: 26).

To be sure, many of us have struggled with this idea during the course of our Playwork careers. It is hard to learn to stand back and let the child direct their own play, to trust in this process and as Rosenberg writes “don’t just do something, stand there” (Rosenberg, 2003: 92). We feel that we should be doing something or that others may be watching and judging us for not doing our jobs properly. The Playwork Principles remind us that the play process must come first (Playwork Principles Scrutiny Group, 2005) and Axline reminds us that “imposed activities do not foster self-initiative in anyone”. (1969: 148).

Let us clarify an important point around differentiating between letting the child direct their own play and lack of structure, boundaries & ‘containment’ (Bion, 1967) - they are not the same thing. The sessions are in one room (sometimes extended into the garden, in Nasseems’s case), for one hour. A pre-visit agreement is made that TV, mobiles; house phones will be off and that the absolute focus of the hour is the play session. Parents are asked to be present, to watch, video or join the session as they feel ready. Toys are kept to a minimum and flashy, beepy electronic toys are put away. The playworker is deeply interested and ready to notice, reflect upon and join in the child’s play. There are a few loose parts around to play with (see below). This is all structure. Most children need structure, especially those who have chaotic behaviours or lives. Eric Berne described structure as a human ‘hunger’ (1961) that we need to respond to. All the above points provide structure, and the attitude, focus, interest and delight of the Playworker is the foundation stone. The intention is that the child’s play *in itself* becomes the structure - a profound move, in Winnicott, Axline and

Playwork terms, towards self-individuation.

When we see children like Nasseem and Suheila, seemingly locked into stereotypical behaviours or doing things that people may find, frankly, odd or bizarre, we resist the impulse to try and get them to stop. They are trying to work something out, trying to communicate, as the Play literature, Winnicott and Axline tell us. How then do we proceed? How do we invite them to play and see if they are interested in having a playmate? Winnicott (1971) was passionate about what happened when playing individuals came together. In the next section we see how drawing on Developmental theory helps us play and connect with autistic children. See *Mirroring; Joining in the comfort zone; Play cues; Loose parts*

3) Mirroring - the building block of a relationship - Sessions 1;6;7

Mirroring describes how one person reflects what another is saying or doing. This is a crucial part of infant development and remains relevant to how human beings relate to each other throughout life - think of how satisfied and connected you feel when someone lets you know they have understood what you have said; how you feel. Winnicott, in his paper "Mirror-Role of Mother and Family in Child Development (1971) sets out the idea that to gain sense of self we must first be *seen* - really acknowledged. (NB: although Winnicott wrote about mothers in this paper, in applying his theory we are not limited to thinking that the mirroring function is solely carried out by mothers. It is not. A crucial part of interrelating is mirroring, which anyone who wants to connect and engage with someone can do for them.)

As infants, we know that we are seen and understood by how those around us respond to us facially i.e. if we see love, joy, interest we will perceive ourselves in that light - *how we see ourselves depends on how someone else sees us first.*

Researchers like Trevarthen (1980) and Stern (1998) have developed this further to talk about what they call *intersubjective relatedness* (person to person exchange) - or more simply joint attention. This joint attention or intersubjective relatedness, is created by close imitation; the mirroring that we see in sessions 1; 6&7 and at various points throughout the 8 sessions. But mirroring is not just technique or mimicking, as Stern writes,

“For there to be an intersubjective exchange about affect, [feelings] then, *strict imitation alone won't do* (my emphasis). In fact several processes must take place, First, the parent must be able to read the infant's feeling state from the infant's overt behaviour. Second, the parent must perform some behaviour that is not a strict imitation but nonetheless corresponds in some way to the infant's overt behaviour. Third, the infant must be able to read this corresponding parental response as having to do with the infant's own original feeling experience and not just imitating the infant's behaviour. It is only in the presence of these three conditions that feeling states within one person can be knowable to another and that they can both sense, without using language, that the transaction has occurred”. (1998: 139).

In summary, mirroring the child allows the child to feel very safe because you are showing them that you understand and accept them. In this context subtle variations and adaptations can be made to the play. The child accepts and enjoys these and integrates them into his/her own play, offering the one mirroring a new cue. As Nasseem's mum said of the sessions, “it was like he had a challenge that he could enjoy”. This is the basis of creating a mutual, reciprocal relationship. For a wonderful example of mirroring see session 1, where Penny mirrors Nasseem making a sound on the cardboard box and there follows a whole sequence of action and response with strong and clear communication. In the literature, Stern describes this sequence in theoretical terms which help us understand not only the key ingredients of mirroring, but its effect in creating communication, dialogue and relatedness,

“what is striking in these descriptions [of mirroring] is that mother [read playworker or interested other] is almost always working within the same modality as the infant. And in the leadings, followings, highlightings, and elaborations that make up her turn in the dialogue, she is generally performing close or loose imitations of the infant's immediate behaviour. If the infant vocalizes, the mother vocalizes back. Similarly, if the infant makes a face, the

mother makes a face. However, the dialogue does not remain a stereotypic boring sequence of repeats, back and forth, because the mother is constantly introducing modifying imitations (Kaye 1979; Uzgiris 1984) or providing a theme-and-variation format with slight changes in her contribution at each dialogic turn; for example, her vocalization may be slightly different each time (Stern 1977).

(Stern, 1998: 139-40).

See *Joining in the comfort zone*

4) Joining in the comfort zone - Sessions 5 & 6

This section is written by and outlines the work of Sibylle Janert, Director of Mindbuilders. This approach offers a playful, home based model which focuses first on establishing shared attention:

The Comfort Zone Model:

Adapted from Dr. Solomon's PLAY-Project™ materials

Comfort zone activities are repetitive movements/behaviours that are typical for children on the autistic spectrum and need thoughtful sensitive responses. They make the child feel safe and can be defined as 'what the child will do, when s/he can do whatever s/he wants', e.g.

- Lining up blocks, trains, cars, trucks, dolls
- Turning lights/water on and off
- Water play/flushing toilets/watching water
- Watching blinds/edges/ spinning things
- Licking, mouthing, smelling
- Watching the same videos
- Playing on the computer
- Holding objects in his/her hands, esp. Thomas train
- Humming/making noises
- Flapping hands/a ribbon

Comfort zone model

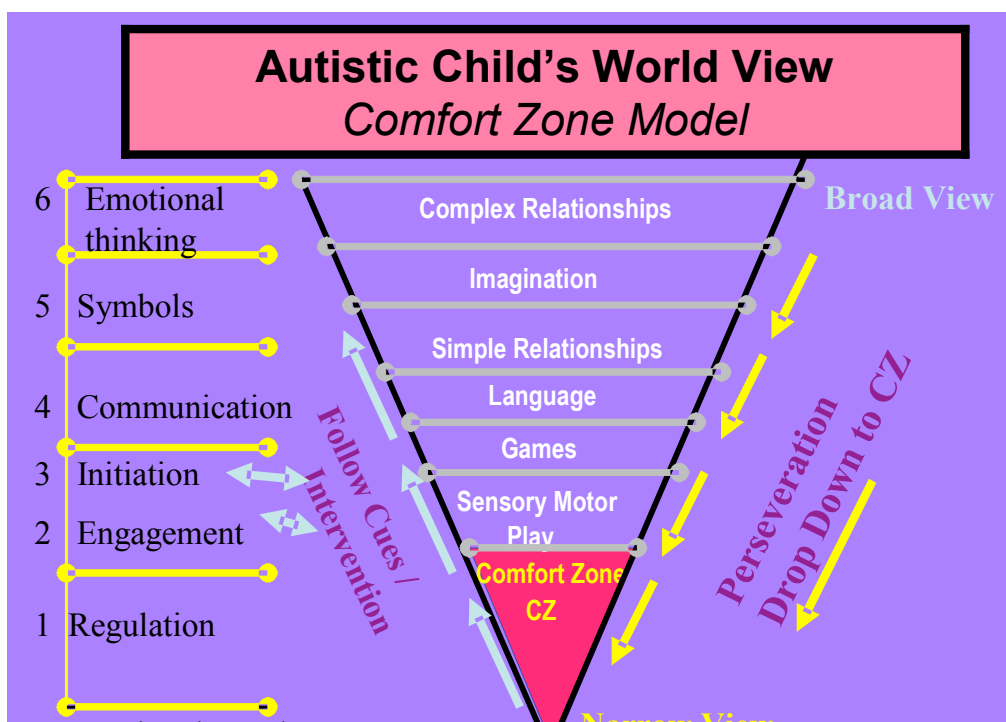
Adapted from Dr. Solomon's PLAY-Project™ materials

- Repetitive, restrictive behaviours make it seem as if child doesn't want to be part of our world.
- These perseverative/stereotypical 'autistic' behaviours are not 'bad'.
- They are a form of comfort the child uses to make himself feel safe and regulated in what feels to him like an anxiety-provoking world.
- They may become habits & keep the child isolated.
- 'Joining' these 'autistic behaviours' helps engagement (Functional Developmental Level 2 –FDL – see figure below).
- As the child's world view enlarges, these 'autistic behaviours' will diminish naturally.

Comfort zone activities are not 'bad' and a child should be allowed to withdraw to his comfort zone at times in order to calm down, when s/he has felt overwhelmed by a sense of 'too-much-ness', which can be due to strong emotions, over-stimulation, or boredom and not knowing what to do next. But we then want to join him there and gently WOO him out and back into human relationships and engaging with another person emotionally.

A child's comfort zone activities will get less as he moves up the developmental ladder and becomes more emotionally engaged and able to communicate with other people.

If we try to stop a child in their comfort zone activities, these will in fact increase, because he will become more anxious and therefore more insistent on tuning out and withdrawing into his comfort zone away from human interaction and emotional communication.



The Comfort Zone model can be used to plan **play sequences** to engage the child.

1. Start *engagement* with **sensory motor play**
2. Turn the play into **games**
3. Add salient **language**
4. Eventually introduce **imagination**
5. And thereby establish **simple relationships** (FDL 1-4)
6. Leading to more **complex relationships** (FDL 5 & 6)

PLAY- Techniques:

Adapted from Dr. Solomon's PLAY-Project™ materials

Dr. Solomon's PLAY Techniques are graded according to functional developmental levels so as to help parents and professionals

- to be more resourceful and to feel less helpless with their child's autistic behaviours
- to expand the child's alertness and awareness
- to improve the child's capacity to take the initiative and become more flexible
- to increase the numbers and complexity of 'circles of communication'
- to encourage the child's ability to solve problems
- to play more joyfully by 'going for AFFECT' (feelings), so that all can have FUN together!

Dr. Solomon says that 'The way you know that you are playing at the right level, is when everyone is having a good time!'

When playing together everyone in the family can join in and enjoy having fun with each other. Lots of laughing encourages shared attention, engagement, initiating and talking, so the child is helped to function at FDL4!

Adapted from Dr. Solomon's PLAY - project materials, quoted from Mindbuilders Play Manual, Sybille Janert, 2008

5) Sensory Perceptual Difficulties in Autism & Protective Behaviours-

Sessions 1;2&5;6

Bogdashina (2003) reviews the evidence and the research around the role sensory perceptual problems play in autism. She lists the most commonly reported sensory experiences as, "hypersensitivity and/ or hyposensitivity; disturbance and/or fascination by certain stimuli; inconsistency of perception; fragmented perception;

distorted perception; sensory agnosia (difficulty interpreting a sense); delayed perception; sensory overload.” (52)

From this perspective stereotypical or challenging behaviours and communication difficulties have *underlying causes* in sensory perceptual difficulties and so these behaviours may serve important protective purposes for autistic people. Therefore behaviours neuro-typical people may find odd or bizarre make perfect sense from an autistic perspective of trying to manage these sensory difficulties, which may be extremely intense; distressing; terrifying or painful. This is amply supported by the extensive work of Donna Williams (1992; 1994; 1996). In “Nobody Nowhere” (1992) she describes the meaning of certain behaviours in her world, for example “switching lights on and off- the pleasure of sensation which almost all touch denies; the ordering of objects and symbols - creating order and thereby making this symbolic representation of ‘the world’ more comprehensible; head banging - provides security and release, and thereby decreases built up inner anxiety and tension, thereby decreasing fear”. (181-6)

Another example from the literature is the autistic boy who strips naked several times a day, in the middle of school or after school club, or the shopping centre. He could be viewed as simply refusing to keep his clothes on; wilful, stubborn and challenging. He could be pinned down, forcibly dressed and then restrained as his ‘wilful stubbornness’ escalates into a massive ‘tantrum’. This scenario is sadly familiar, maybe to readers as well. Let us reconsider this boy then, as experiencing hypertactility. The clothes ‘hurt’ (Jackson, 2002) in a way that neuro-typical people may find hard to imagine. Trying to imagine, trying to understand the nature of this hypersensitivity to touch helps those around him see his behaviour in the context of sensory dysfunction and the boy can be helped from this perspective rather than punished.

Bogdashina (2003) proposes a detailed and thorough assessment tool, “Sensory Profile Checklist Revised” (185) which can help us to consider an individual child’s sensory difficulties across seven identified sense areas. If so many self injurious, rageful or aggressive behaviours are attempts at protection from the effects of sensory dysfunction then, as Bogdashina states, “Autistic people must be protected from painful stimuli” (ibid: 175). We can then work at altering the environment to decrease sensory pollution for the autistic child, for example, replacing certain kinds of lightbulbs; using or avoiding particular colours or textures; being aware of the amount of stimuli in a room or area.

Let’s look again at Nasseem and Suheila with this in mind - in session 1 Nasseem goes round and round the living room rug forehead first. Is he seeking deep pressure as a response to hypotactility i.e. the sensory channel is not open enough,

thus depriving the brain of stimulation, (Delacato, 1974) or is he experiencing hyperhearing and sensory overload from all the new people in the room, the conversations, the movement? In sessions 1&2 we also see Nasseem focusing very closely and intently on words and logos. We can think about this as a response to hypovisual experience i.e. he is trying to compensate for the deficit in visual stimulation. Careful observation of play cues, curiosity and reflective practice can help us get nearer understanding his perspective and individual experience. If we remember Winnicott and Axline, we are also considering that his play is his way of making sense of his world and his place in it.

In session 5 we see Suheila playing with chopped up parsley from the fridge, again a sensitivity to tactile stimulus. In subsequent sessions she showed much hypovisual sensitiviyy i.e. twiddling her fingers, intense looking and perimeter hugging. Autobiographical writers such as Williams (1992; 1994; 1996) Grandin (1996a); Shore (1961) and O'Neill (1999) have shared their personal experiences of autism, and can help us understand how to take some of these general principles and apply them to the needs of individual children in a way that seeks to limit their distress and increase shared understanding and communication. As O'Neill (1999) writes, "Learning how the senses of each individual with autism function is a crucial key towards understanding this person."

Our tools for this are *Play cues, Mirroring and Joining in the comfort zone.*

6)Play cues - Sessions 1;3;6&8

"the child produces an action, which may be very obvious or very subtle. This action we call the **play cue**. The play cue comes from the thoughts of the child, their internal world, into the physical world in the expectation of getting a response. A play cue may be a facial expression, body language, vocalised sound or physical action that communicates the child or young person's wish to invite others to play. For instance, in very young children, the play cue may be to drop an object from the hand for someone else to pick up and pass back. Still later it may be a spoken request."

(Else & Sturrock, 2008, www.ludemos.co.uk)

Children (and adults) offer play cues, to invite the other person to play. It is our job as Playworkers and those working with play to look out for and respond to these; to read the cues. As Else & Sturrock describe, a play cue may not be

obvious. Shame or fear or shyness may mean that sometimes children mask these play cues with what can seem to be bizarre, rude or disruptive behaviour. Reading behaviour as communication leads to opportunities to respond to the child and become playmates. Autistic children may present us with particularly surprising or challenging behaviours that take some thought and time to understand as play cues. There are several examples of this in the 8 sessions. Sessions 1 & 6 demonstrate how picking up and responding to the child's play cues opened up more play, more interaction, more communication. Session 3 shows how as adults we have completely different ideas about play from the children we are hoping to support. Nasseem's mum gave him a saucepan of water, for water play. He immediately tipped it out onto the pale white paving stones. She was initially disappointed and not encouraging of this. He however, was enjoying the dark pattern on the stones and had a plan to drive his trike through the water and make patterns. The Playworker noticed this and commented on it to him - he gained confidence and continued with this play, making eye contact and letting the adults know that he found his patterns 'nice'.

In session 6, when both playworkers were engaged with the three children in the household, one worker was able to focus on Suheila and respond to her cues. She gave plenty of play cues with her eyes, making eye contact, deep gazing, then moving close to rub noses or cheeks. Noticing and responding to her behaviours as play cues mean that the workers and Suheila are able allow the flow of the play and the play can develop.

The very last session, session 8, is a good example of a Playworker, once a relationship is established, putting out her own play cue. Jo offered the feather boa, twice, to Suheila, who made it very clear that she had no interest in playing with it at all. Jo had reflected that this might be an interesting loose part - soft, long feathery and it might lead on from the scarf play Suheila had loved in the 2 previous sessions. But Suheila did not love it and Jo's cue was rejected. The point is if we don't try we will never know. The Playworker has an intention to understand, enjoy and join the play and the child can sense this, a moment or incident of misattunement will not ruin all the wonderful play that has already happened. There is richness and trying things out and not being afraid to get them wrong. Moreover, this lets the child know that no-one is expected to be perfect.

7) Loose parts & Play Types - Sessions 1;2;6&7

Loose Parts (Nicholson, 1971) is a Playwork term for the bit and pieces, usually not traditional toys, that are offered or left lying around to be used for play. “Loose Parts refers to the recognised need for play environments to contain any number and combination of loose materials, which children can move around, manipulate, use as props, and use to change the environment. They are a formidable ingredient for enabling children to engage in play”. (Hughes, 2001: 229). Putting together Loose Parts has infinite possibilities. They can be chosen using the Play Types and the Playwork menu (see below), the child’s likes and dislikes and your own imagination as frames of reference. In the context of individual play sessions in the home it is probably worth having very few loose parts, to focus on the play and the interactions. With Nasseem the only loose part we introduced were the cardboard boxes, which we asked the family to provide, rather than us bring them and be seen as the only source of what is playful. Nasseem then used everyday objects around him in playful ways i.e. the saucepan, a pot of pencils, water, soil. In the sessions with Suheila the only loose part we introduced was not planned - this was Jo’s large scarf in session 6, which Jo was wearing and took off to play with. The other Loose Part, the blanket, was the family’s own, which we asked to use. We did not buy any equipment or resources or even deliberately plan to bring any. This probably facilitated the play, rather than impeded it.

Play Types & the Playwork menu (Hughes 1996; 2001) refer to the 16 Play Types identified from play literature. Working with them is also important in understanding and assessing **play deprivation** (see below) What was so interesting about Suheila’s sessions was that the majority of her play did *not* involve objects, Loose Parts or toys. Some environments could look at this and say that she is not playing, but as we see from the sessions this is not the case. Referring specifically to session 7 we observe the way Suheila uses the space around her for her play, she plays with spatial awareness and having another person in this space, sharing it with them. It is actually very sophisticated play. In terms of Play Types we could identify this as locomotor play; communication play with elements of creative and exploratory play. Working with the Play Types informs our interventions, and, working on the premise that “each of them is of equal importance in helping the

child to access information and experience” (ibid: 229) we can use them as an assessment tool to establish any **play deprivation** the children we work with are experiencing.

8) Play deprivation - working in response to level of play deprivation -Sessions 5 & 6

Hughes (2001) gives us the basis for thinking about play deprivation, “by analysing the child’s home context from the perspective of the child’s own experience of playing in it, the playworker can more accurately facilitate a type of play that child is being deprived of”. (47-48). The same approach can be applied to any play environment, to assess the kind of play available to children.

There is a risk of play deprivation for many children - however the risk for disabled children is much higher. They are often reliant on others to take them out or gain them access to play opportunities; they are not always welcome or included in play provision; children who do not communicate verbally or have communication difficulties cannot voice their needs or preferences. As we see from looking specifically at sessions 5 & 6 we also see that siblings of disabled children are also vulnerable to secondary play deprivation i.e. the effect of having a disabled sibling and how that impacts the family. We have to be realistic about what it takes to meet the play needs of play deprived children. Clearly, in session 5, it was not possible for one playworker to meet the needs of all three children, and as a result Suheila was not getting the concentrated focus and interactive play that she needed. This was why, after reflecting on the level of play deprivation, we took the decision for both playworkers to be involved in the session. This may well have funding/resources implications for offering this service for some families. However, we cannot stress enough that rather like an unfinished course of antibiotics or coming into a film fifteen minutes before the end, the impact of the play will be horribly diminished if the play does not happen at the right intensity for the child. There is also an important investment in supporting a family’s play resources as a whole - they hopefully will not need playworkers indefinitely but will continue merrily on their own playful path.

9) Touch & physicality; rough & tumble as crucial brain circuit & play type - Sessions 2 3;6&7

The use of touch can be a contentious issue when working with children. Many schools and play environments introduced non-contact policies in response to incidents of real or perceived threat. There is no doubt that those working with children must have CRB checks; regular-up -to date Child Protection training and work to best practice guidelines around appropriate touch. Workers must always consider the use of touch very carefully in reflective practice and obviously touch must not be used to gratify a workers own needs, whether these are touch needs, emotional needs or for sexual gratification. Disabled and learning disabled children are at more risk of abuse than their non-disabled peers (NSPCC website 'protecting disabled children, accessed 28/03/08) and this vulnerability requires us to work with heightened awareness. It is even more tragic therefore, when safe and appropriate touch is withdrawn from children because of fears of predatory adults - children are also at risk from a life starved of safe, appropriate physical affection. There is ample evidence in the field of affective neurobiology to support this: Sunderland (2006); Panksepp (1998); Schore (2001)); Gerhardt (2004) to cite well known and respected researchers and authors.

Before working with touch with autistic children it is necessary to consider the issues around hypersensitivity and hyposensitivity (Delacato, 1974; Bogdashina 2003) - see section 5 above. We must observe, reflect and respond with even more care and acuity so that any touch is not experienced by the child as intolerable or unpleasant. As the sessions with Nasseem and Suheila illustrate, the key factor is to recognise and follow the child's cues and let them lead the play and set the tone. The child her or himself will teach us their own meaning of what is safe for them.

Sunderland (2006) identifies what she calls two main systems within the right or lower brain - the *Calm System* which involves the circuits for caring and nurturing; social bonding; playfulness and the exploratory urge as being associated with opioids and oxytocin, which give us feelings of wellbeing and security.

The *Alarm Sytem*, also located in the right or lower brain, is associated with the

rage, fear and separation distress circuits of the brain and involves adrenaline and cortisol. All these brain chemicals can actually influence the architecture of the brain and predispose children to stress; anxiety and depression in the case of the *Alarm System* or a sense of wellbeing, confidence and a belief in a benign world in the case of the *Calm System*.

The left brain or higher brain which is unformed in infants and develops during childhood is responsible for rational thinking, impulse control, self & social awareness and creativity.

What this means in practice in this work is that distress and rage can be understood in terms of corrosive brain chemicals which can be alleviated by activating the *Calm System* through, primarily, a calm, safe regulating other who uses a soothing tone of voice and/or safe touch.

We can also understand those wonderful brain chemicals, opiates and oxytocin as not only mitigating against the effects of stress chemicals and stressful experiences but actually as building blocks for emotional regulation; social interaction and relationships and cognitive functioning. In the 8 sessions observed for this paper we see both children offering and responding to physical contact. Children who have little or no verbal language are even more reliant on the physical, non verbal means of communication. In session 2&3 we see much physical and rough and tumble play (a crucial part of the play brain circuit as well as a Play Type (Hughes 1996). Nasseem was willing to get into the box and experiment with this physical rough and tumble play. He loved being whizzed round the room. Penny gave him this experience and when she judged him to be comfortable with this she added variety and change to the game by tipping him out. He laughed and giggled and wriggled and Penny tried some gentle rough and tumble, touching his feet and toes. Nasseem responded with more laughter and giggles. Penny then built on this to do 'spaghetti legs', which Nasseem found hilarious. As Nasseem grew into this play Penny could be more physical and when Nasseem's brother joined in, the living room rug became alive with belly laughter and safe, very happy rough and tumble play.

Suheila, a child who did not use any verbal language, was understandably very physical. She explored and communicated and expressed herself using her body - see sessions 5-8. In sessions 6&7 she established a relationship with us through

physical contact, the gaze, the nose and cheek rubbing and hugs being of profound significance for her. It was crucial that we responded to this. Without this response from us we believe her play and interaction with us would not have developed and grown.

We always have to check out how comfortable children are with touch and respect their boundaries. We have to consider the environment we are in and how many other adults are around. There is a huge, Atlantic sized difference to engaging in close physical contact and play with your colleague and the child's parents present to engaging in it alone in a secluded room or space with the child. Good practice tells us, for the child's safety and wellbeing as well as our own professional boundaries, not to work with children where we cannot be seen by colleague and/or parents. This is, again, about structure, containment, managing our professional boundaries (as mentioned in section 1) and adding the structure to an environment that makes it safe to facilitate this kind of play. As neurobiology tells us, the consequences of *not* facilitating this kind of play are very dire.

See Sensory Perceptual Difficulties in Autism; Play cues; Sharing positive experiences; Managing frustration

10) Managing feelings - Sessions 2;4 & 7

Both children experienced frustration, anger and some distress at points throughout the sessions. In section 9 above we outlined some of the neurobiological thinking and strategies for interacting with children when their *Alarm Systems* (Sunderland 2006) are activated. In sessions 2 & 4 we see Nasseem and Penny actually staying within the context of the play and using his play to resolve his distress and frustration. Sunderland also illustrates how using play and distraction can support children with managing and learning to manage frustration and distress, "Distraction is a wonderful, often under-used technique. It activates the SEEKING system in your child's lower brain and makes him feel curious and interested in something. It can naturally override the brain's RAGE or DISTRESS systems. It also triggers a high level of dopamine, which reduces stress and triggers interest and motivation." (2006: 125)

In Session 7 we see Suheila fighting with her little sister and hitting out in rage and frustration, here Pam and Jo offered them an alternative - loud hand clapping with someone else as a means to express themselves.

With both children during these times of frustration, rage or distress the Playworkers offered verbal explanations and named feelings and some of the processes that they saw happening for the children. This is based on several strands of theory. Firstly, even though these children use little or no verbal speech we cannot assume that they do not understand (Sinason, 1992). It is only when verbal speech is used and the reactions observed that we can start to guess at how much a person understands. Also, understanding can be fluid, so on some days someone might understand more and on others, under stress, they may become “meaning blind” (Williams 1992). As with relating to anyone we always need to think about how clear our language is and whether we are communicating effectively.

Sunderland (2006) makes it clear that when in rage or distress, words are not enough and safe touch may be needed to help regulate a child, “words alone, however, will not strongly release these wonderful chemicals [calming oxytocin and opioids]” (125). What is also important is that there is a big difference between bombarding an autistic child with complicated sentences and then reacting with anger and shaming them when they do not respond or using a warm, calm tone that expresses your intention to help them regulate their feelings and to genuinely understand them. In the context of hypersensitivity discussed in section 5, it may be that the child needs help to get to their safe place e.g. going under a blanket or cushions, under a table or a certain spot on the sofa. Suheila for example, when touch was not acceptable, used her protective behaviours of perimeter hugging, perhaps to feel safer.

Both Nasseem and Suheila responded positively to this approach in the play sessions. Nasseem’s mum reported him using more words and speaking more and Suheila responded with nods and head shakes to verbal interactions and also showed us she had understood by her responses e.g. picking up Bombay Mix in session 5.

The sessions with Nasseem also raised an important issue about working with children from bilingual families. As his mum was with us she was able to tell us when he was using Bengali or responding to Bengali, which we see in session 2, when he asked Penny “Shesh?” i.e. finished? It has been our experience that families and workers are sometimes advised to only use English with autistic children to support their speech. Each case is different and there may be times when this is genuinely helpful. Let this be done with great caution however, for to alienate a child from their mother tongue and all the shared cultural meaning, heritage and understanding that goes with that is a very serious and potentially damaging course of action. Disabled children have a right to their culture and language and a right to play with it, just like their non disabled peers. Working with a family member who can translate and explain words; learning some words of the child’s language ourselves as workers can go a long way towards bringing the child’s whole self into the play process and the deep benefits that go with that.

11)“You know when you’re playing at the right level when everyone’s having a good time” - the crucial role of shared positive experiences - Sessions 3 &8

Dr Solomon uses one of my absolute all time favourite evaluation tools to reflect on play sessions with autistic children, “You know when you’re playing at the right level when everyone’s having a good time.” (quoted in Janert, 2008) Looking at sessions 3 & 8, interestingly the penultimate or last in the four of the series offered to each child (perhaps once everyone had got really used to each other and playing this way) we see that everyone in the room was having fun. At the beginning of each set of four sessions there was no deliberate intention for this to happen, nor would we necessarily have believed that could happen by the fourth session together. In both cases, the family members and the playworkers were united in a great deal of laughter, fun and enjoyment of each other and their play. When we consider how much stress, guilt and worry many parents of autistic children face and how much worry and pressure many of their siblings also face, this is incredibly important and can provide children and families with ways of being together that strengthen their relationships and enrich their lives.

In the context of neurobiology, Gerhardt (2004) and Sunderland (2006), we see that these kinds of positive shared experiences give both children and adults a sense of wellbeing, diminish stress and for children provide the positive building blocks for the development of reasoning, reflection, creativity and awareness of self and others in the left or higher brain.

See Moods, feelings and atmospheres

12) Moods, feelings and atmospheres - Sessions 2 & 7

While section 11 may highlight the importance of when things are going very well, we would like to balance the picture and talk about when things are *not* going well. We would not like to give the impression that this is always an easy process and that we never find things hard, challenging or exasperating. There are two main ways we propose of working with this. There is no way we as workers can provide, calm, safe, secure regulation of a child's feelings without feeling at least some of that ourselves. So we have to check in with ourselves and see what we need in order to carry on. Sometimes a pause, sitting back for a while, taking a breath and refocusing helps us. Other times we may need to leave the room for a few minutes, go for a toilet break and regain our equilibrium. It is crucial that we meet our own needs first, before we start to consider someone else's.

The second point to consider is that children, particularly autistic children, who may not have the same access to verbal speech, may 'communicate by impact' (Sunderland, 2005) so we may literally end up feeling what they need us to feel. This is in fact, a bid for understanding on the child's part - 'I will make you feel what I feel so that you can understand me'. There are extremely useful tools drawn from psychodynamic theory that can help us think about this. The foundation premise is that as humans we project out to others what we cannot bear ourselves (Polster & Polster, 1974; Rycroft 1995). In very powerful feelings this can lead to one person actually feeling a big zap of what another person feels. In psychodynamic terms this is called "projective identification" (Jacobs, 1999) or more simply - communication by impact. As in session 7, sometimes when we find ourselves swamped or overwhelmed by confusion, frustration, rage, distress it is worth taking that step back, a few breaths and asking ourselves 'does the child need me to feel this to understand them?' If they do, asking ourselves this

question usually makes the feeling in us dissipate and we can begin to respond to their needs.

In session 2 we also see how the child's distress and anxiety can impact on adults and dramatically effect the atmosphere in a room. Penny worked with this by grounding herself and so was able to help Nasseem ground himself and move into the next sequence of his play.

13) Increasing the play network - Sessions 3,4 & 8

In sessions 3 & 4 we see Nasseem's brother, Suleiman joining in the play. He enjoys himself tremendously and also supported the development of this kind of play in the home. When we arrived for one session, the cardboard box was rather battered, as the two brothers had been playing with it during the week, which was fantastic. Suleiman also started to find important ways he could communicate and enjoy being with Nasseem, which met his own play needs at the same time. This is a very important point - it is vital that the sibling is genuinely enjoying him or herself and not just being drafted in as a carer or substitute for a playing adult. Let us not trample on another child's needs and play needs in an attempt to meet the needs of the autistic child!

The sessions with Suheila show us something about playworkers needing to respond to the level of play deprivation, as discussed above in section 8. Throughout the sessions with Suheila and her brother and sister we see the siblings gradually coming together to share their play space and even sharing some play sequences, such as session 6 where they, even briefly, played with mirroring and joining some of Suheila's sounds and movements. In session 8 we see their cousins joining in with some great play under the blanket. The presence of the cousins heightened the intensity of child-led play in the room and contributed the playful atmosphere which it seemed that Suheila enjoyed. She did not play directly with them, but she stayed in the room and also allowed herself to share their space and play with the swinging blanket. It is significant that Suheila laughed the most during this session than any of the other four. It is very possible that being around her playing peers, not just with adults, really helped her access her playfulness and be connected to a community of playing children.

It seems that sessions 3,4 & 8 demonstrate a very important point about not isolating autistic children but ensuring that they can access shared, inclusive play spaces.

14) Agendas - Session 7

In this session we see that during a play sequence Jo became preoccupied with 'shoulds' about how she thought she ought to be playing with Suheila; concentrating on 'getting' her to say more words. There can be so much pressure to perform in a way, to get results that other agencies or professionals will find definitive or conclusive. Paradoxically, this preoccupation with agenda broke the attunement between Jo and Suheila, and Suheila withdrew and wandered off, because Jo's focus and intense interest was no longer Suheila's play. Jo referred back to the Playwork Principles (see appendix 1). The third Playwork Principle tells us that the play process comes first and that this must be at the heart of all interventions. With this attitude restored in Jo both the relationship and the play could continue. And so we finish where we began, with the Playwork Principles, the play process and the child's right to play at the very core of the work, at every stage - from planning, to delivery, to reflective practice.

15) Conclusion

I found this conclusion difficult to write, to keep the concluding words true to the playwork principles and not focus on results, outcomes, target indicators and so on, all components of the adult agenda. Yet some things have to be qualified and we fail to advocate for play if as playworkers we do not explain and justify our work. Our aim then, in playwork terms, was to provide a playful space and playful opportunities for 2 autistic children and that the interventions chosen would be firmly rooted in the playwork principles and literature as well as relevant Developmental Theory. Our approach was to keep integrity for the child's play cues at the centre of the intervention as a whole and individual interventions within the 8 sessions. A core part of this integrity and learning to read play cues

came from informing our work with autism research and autobiographical literature.

My hope is that the 13 sections which make up the body of this paper can serve as informative, thought provoking, useful and applicable resources. Each section can be read as a self contained section or as part of the whole paper. Each section could also be developed further and readers may read the write ups of the sessions in the play journal and come up with some very different key or focal points to the ones we identified. To draw definitive and fixed conclusions from the play would be to do the impossible; to store water in cupped hands - and play is far too fluid and whimsical for that.

As I wrote the paper what emerged for me as profoundly important is that the level of play deprivation and the factors that lead to it are particularly significant for autistic children - that they are disabled not only by society's reaction to their autism but also by the lack of access to play provision.

The research on the *benefits* of play is well known and thankfully, widely accepted. For both Nasseem and Suheila and their respective families we saw many benefits. The play supplied the individual child with internal resources and strengthened their creativity, leading to further self individuation. The Functional Developmental Levels that Sibylle Janert from Mindbuilder's works with are useful here, as they can help us chart a child's progress and be quite specific about what we see change and develop for the child. For example we saw both children begin to expand into their next FDL - for Nasseem from a level 2-3 to a level 4 way of relating and for Suheila from a level 1 to a more level 2-3 ways of being.

The playwork intervention also increased their opportunities and capacities to communicate and interact with others. Delivering the intervention in the home with other family members present also increased the other family members' resources and capacities for playing and communicating with their autistic child/sibling/cousin. It seemed as if the family members also increased their enjoyment of each other; the amount of fun they could have together.

This playwork approach also offers a graceful route to understanding and responding to protective or comfort zone behaviours, an approach that respects the child's integrity and facilitates an increased understanding of the autistic child's experience.

These are all very significant points and not to be dismissed. However, it must be remembered that we did not set out to achieve this, rather these things are products of play. In fact, probably one of the reasons why these important points mentioned above did happen is that we *did not set out* to try and make them happen. Instead we focused with integrity, commitment and profound respect on each child's unique play needs and play experience.

And in the end, the concluding words are very simple: the playworker's job is to identify play deprivation and offer a compensatory experience - whatever reason that deprivation is due to. If we take care of the play deprivation and address it by providing high quality, well thought out play spaces and experiences, firmly grounded in Playwork Theory, then we can be confident that the play process itself will take care of the rest.

About the Playwork team:

Penny Wilson, Pamela Gilmore & Jo Moon have all worked together for many years, firstly at Chelsea Adventure Playground and then at the Play Association of Tower Hamlets, where Penny is the Inclusion Development Worker. She also works with groups in the States, to develop playwork there and has drawn and written a book on Winnicott for playworkers. Pamela, alongside her playwork, devises performance pieces and facilitates personal storytelling workshops in secondary schools in west London. Jo now works as an Integrative Child Psychotherapist at a therapeutic service in Hackney, east London, and was delighted to be asked to take part in and write this paper.

Sybille Janert, director of Mindbuilder's, Tower Hamlets, after many years of experience and expertise working with autistic children in various ways teamed up with PATH to develop playful ways of being with autistic children and the application of this approach in Tower Hamlets.

I would like to thank Penny Wilson for commissioning this paper PATH for funding the work.

I must also acknowledge our playwork colleague and friend Bekki Perriman for her knowledge, expertise and support with researching material on autism. Sincere thanks also to Cordelia Marks for her proofreading and feedback.

Jo Moon reserves the right to be known as the author of this work.

I would like to dedicate this paper to all the children and staff of Chelsea Adventure Playground in honour of the magical times we spent together. Never before or since have I known such a beautiful, free, alive & loving place.

Appendix 1

Playwork Principles

These Principles establish the professional and ethical framework for playwork and as such must be regarded as a whole. They describe what is unique about play and playwork, and provide the playwork perspective for working with children and young people. They are based on the recognition that children and young people's capacity for positive development will be enhanced if given access to the broadest range of environments and play opportunities.

1. 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.
2. 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.
3. The prime focus and essence of playwork is to support and facilitate the play process and this should inform the development of play policy, strategy, training and education.
4. For playworkers, the play process takes precedence and playworkers act as advocates for play when engaging with adult led agendas.
5. The role of the playworker is to support all children and young people in the creation of a space in which they can play.

6. The playworker's response to children and young people playing is based on a sound up to date knowledge of the play process, and reflective practice.
7. Playworkers recognise their own impact on the play space and also the impact of children and young people's play on the playworker.
8. 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.

The Playwork Principles are held in trust for the UK playwork profession by the Scrutiny Group that acted as an honest broker overseeing the consultations through which they were developed.

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