

PERSPECTIVES

Playing for health? Revisiting health promotion to examine the emerging public health position on children's play

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SUMMARY

Concerns over dwindling play opportunities for children have recently become a preoccupation for health promotion in western industrialized countries. The emerging discussions of play seem to be shaped by the urgency to address the children's obesity epidemic and by societal concerns around risk. Accordingly, the promotion of play from within the field appears to have adopted the following principles: (i) particular forms of play are critical for increasing children's levels of physical activity; and (ii) play should be limited to activities that are not risky. In this article, we argue that these emerging principles may begin to re-shape children's play: play is predominantly instrumentalized as a means to promote children's physical health, which may result in a reduction of possibilities

for children to play freely and a restriction of the kinds of play designated as appropriate for physical health. We argue that within this context some of the social and emotional elements of health and well-being that children gain through diverse forms of playing are neglected. This has implications for health promotion because it suggests a narrowing of the conception of health that was originally advocated for within the field. Additionally, this reveals a curious paradox; despite the urgency to promote physical activity through play, this position may limit the range of opportunities for children to freely engage in play, in effect reducing their activity levels. We propose an example that promotes play for children and better aligns with the conception of health as outlined in the Ottawa Charter.

Key words: critical perspectives; physical activity; child health; health promotion discourse

INTRODUCTION

The vision of health elaborated in the Ottawa Charter (WHO, 1986) centred on a 'concept emphasizing social and personal resources, as well as physical capacities'. This marked an important turn in public health signalling a move away from a primary focus on physical health and lifestyles to a vision that, while still promoting physical health, newly emphasized the importance of the 'social, mental and behavioural domains' [(Breslow, 1999), p. 1032]. Health was envisioned to be more than just the prevention of illness, and the potential for creating health

was seen to exist in all places in which people 'learn, work, play and love' (WHO, 1986). This 'new' conception thus attached value to the day-to-day life experiences of enjoyment, pleasure and well-being as relevant contributors to health. This is particularly pertinent for children precisely because the elements of pleasure and enjoyment that are often part of children's play activities are important contributors to their overall health and well-being (Ginsburg, 2007).

Recently, discussions around children's play have begun to enter public health actions targeting children's health. Indeed, it seems an interest in play is beginning to emerge in these

fields, one which emphasizes: (i) the promotion of children's play (i.e. active play) as critical, primarily for increasing children's physical activity; and (ii) increased efforts to promote structured active play for children, in which the control of risk is paramount. We believe that this may be cause for concern, and therefore in this paper we problematize public health's emerging position on children's play. First, we suggest that such a position demonstrates a narrowing of the conception of health (i.e. when children's play is instrumentalized for health, it appears to be promoted primarily for children's *physical* health). This seems to neglect the importance of play for children's social and emotional health. Second, we suggest that the emphasis on risk avoidance in children's play may limit the diversity of children's play experiences and, moreover, it may sideline the potential benefits that exposure to some elements of risk in play activities have for children's health and well-being.

We argue that overall this emerging position on play may be neglecting some of the fundamental characteristics of play such as pleasure, freedom, creativity, adventure and risk. This is significant, since these characteristics are deemed particularly critical for children's social, psychological and physical well-being (Gill, 2007, 2010; Ginsburg, 2007; Gordon, 2009). Indeed, the broader health benefits of playing seem to align precisely with the conception of health as outlined in the Ottawa Charter (WHO, 1986). Play (i.e. without explicit physical health goal or risk-regulation) may well exemplify the kind of activity that has the potential to promote health in more holistic and comprehensive ways. We conclude with an example of play promotion for children that we consider to be more in line with the Ottawa Charter's conception of health promotion.

This conceptual paper represents the analytical starting point for a larger research project we are conducting that involves a critical discourse analysis of public health documents addressing children's play. Here, we present the main arguments and analytical findings that are further being developed in our research project.

BENEFITS OF PLAY

Although there is no formal definition of play [designated free-play ('Free-play' refers to play

that is intrinsically motivated with limited adult intervention (Santer *et al.*, 2007) and is used in contrast to increasingly dominant forms of play that are pre-structured and adult-guided.]), many researchers suggest that playing involves an activity that is pleasurable and enjoyable, unstructured and intrinsically motivated and is spontaneously pursued for its own sake without promise of external rewards (Huizinga, 1949; Caillois, 1961; Csikszentmihaly and Bennett, 1971; Garvey, 1977; Sutton-Smith, 1997; Pellegrini and Smith, 1998; Malaby, 2007; Santer *et al.*, 2007; Statler *et al.*, 2011). Play is considered imaginative and creative, concerned with process not outcome, is often uncertain and ambiguous, and has few formal rules or constraints. In contrast with more structured or regulated forms of playing (e.g. adult-organized activities, supervised play) which are often based on *a priori* rules and fewer options, playing *freely* provides children with greater opportunity to use their imagination, be creative and experiment with unfamiliar and challenging activities and roles in their environments (Smith and Pellegrini, 2005).

A relatively large body of research in the field of childhood education and development has established the importance of diverse forms of playing for early learning [see (Cheng and Johnson, 2010)]. This research suggests that some forms of playing are important for academic learning, particularly for the development of language skills and understanding mathematical concepts, but also for learning social skills, for making friends and learning to negotiate with peers (Hirsh-Pasek and Golinkoff, 2008; Roskos *et al.*, 2010). Furthermore, research conducted in the field of occupational therapy has demonstrated the benefits of play for children's skill development (Rodger and Ziviani, 1999; Sturgess, 2002; Stagnitti, 2004). Indeed, this research has shown that both free and structured forms of play are critical in therapeutic settings with children to promote motor skills, sensory processing and perceptual abilities, for fostering cognitive and language development, while also being valued simply as an end in itself for children's well-being.

Another large body of research has specifically investigated the psychological benefits of free play during childhood (Hart, 2002; Elkind, 2007; Pellis and Pellis, 2007). For example, responding to debates around whether children should have time for play at school, some research has suggested that opportunities for

children to play freely, especially during recess, are critical for their creative development and for their social and emotional well-being (Brown, 2009; Ramstetter *et al.*, 2010). As play theorist Brian Sutton-Smith (Sutton-Smith, 1997) has suggested, a principle value of play remains that 'play for children, quite simply makes children happier'(p. 32).

Importantly, some researchers have found that the social, emotional, cognitive and physical benefits that children appear to gain from playing freely early in life come from engaging in play that is less supervised, less structured, more adventurous and that includes elements of challenge and risk (Hart, 2002; Gill, 2007; Sandseter, 2009; Sandseter and Kennair, 2011). A case in point for the critical role of play for children's health and well-being (i.e. physical, cognitive, emotional and social) is that it has been declared a fundamental right of every child by the Office of the United Nation's High Commissioner for Human Rights (1990).

DWINDLING OPPORTUNITIES FOR PLAY

While a growing body of research across a range of academic fields (e.g. psychology, childhood development, physical education, occupational therapy, evolutionary biology) has pointed to the benefits and important role that play has for children's life experiences (Cheng and Johnson, 2010), some literature has also pointed to the perception that children's free play is becoming a thing of the past, particularly for children living in western industrialized societies (O'Brien and Smith, 2002; Sturgess, 2002; Burdette and Whitaker, 2005a; Frohlich *et al.*, *in press*; Ginsburg, 2007). For example, in their research on parents' views of children's free play, Veitch *et al.* (Veitch *et al.*, 2006) found that there are currently fewer opportunities for children to play freely outdoors due to parents' fears about unsupervised play. Similarly, Carver *et al.* (Carver *et al.*, 2008), who examined neighbourhood safety and active play possibilities, found that despite opportunities for active play in neighbourhoods, many children, especially those living in western industrialized cities, can increasingly be labelled 'indoor children' and are becoming what has been called a 'backseat generation' [(Karsten, 2005), p. 284] because

they are driven from one supervised and adult-structured activity to another.

Karsten (Karsten, 2005) has examined the historical changes in children's mobility in the city of Amsterdam, in the Netherlands between the 1950s and 2005. She explored what she called children's 'shrinking territory' (p. 276) occurring due to changes in their freedom of movement. She found that public space in the city had been 'transformed from a space that belongs to children ... into one meant for adults and accompanied children only' (p. 287). While Karsten (Karsten, 2005) acknowledges that contemporary societies can offer new activities and possibilities for children's play, she argues that the 'supervised culture' of childhood and children's play is now 'more focused in terms of time, space and activity' (p. 289). As a result, children are exposed to less diversity in their play as they 'meet a smaller number and variety of children' (p. 289) and social interactions are more limited. Similar conclusions have been drawn from research conducted on children's play in other western industrialized countries (Burdette and Whitaker, 2005a; Ginsburg, 2007; MacDougall *et al.*, 2009).

PUBLIC HEALTH POSITION ON CHILDREN'S PLAY

Physically active play

The dwindling opportunities for children's play have invigorated research interest and a renewed focus on finding opportunities to resurrect children's free play (O'Brien and Smith, 2002; Burdette and Whitaker, 2005a; Brown, 2009). It is within these contexts that discussions of play and its benefits have entered public health activities targeting children's health. Particularly, increasing discussions around the importance of 'active' play have begun to emerge because of widespread concerns for childhood obesity in western industrialized nations and the belief that children's body weights may be tied to reduced opportunities to play (Harten *et al.*, 2008). Consequently, there has been increased motivation to promote play and advocate for more play spaces, such as playgrounds and parks, as 'prominent places for children to engage in regular bouts of physical activity' [(Potwarka *et al.*, 2008), p. 345].

Public health's concern for children's play has also led to an increase in research that seeks to identify and intervene on barriers to children's outdoor active play. All this attention has one main goal: to ensure increases in children's overall levels of physical activity. The new importance attributed play within public health can thus be viewed as primarily directed towards efforts aimed at reducing childhood obesity (Moody *et al.*, 2004; Lumeng *et al.*, 2006; Veitch *et al.*, 2006, 2010; Davis, 2007; de Vries *et al.*, 2007; Bringolf-Isler *et al.*, 2010; Floyd *et al.*, 2011; Kimbro *et al.*, 2011).

For example, Farley *et al.* (2008) emphasize the importance of designing 'activity promoting playgrounds' (p. 319) and suggest that it is critical to better understand the kinds of play spaces that are 'most effective at stimulating physical activity in children' (p. 319) if obesity among children is to be addressed. Floyd *et al.* (Floyd *et al.*, 2011) have also examined the association between playgrounds, park characteristics and levels of physical activity. They recommend that play modules promoting park-based physical activity be structured and tailored to different age groups in order to enhance the activity levels of all children. Children's play opportunities in these instances are conceived of as ways to promote physical activity and, consequently, play environments and playgrounds come to be seen as 'intervention sites for promoting physical activity among youth' [(Moody *et al.*, 2004), p. 438].

Within Canadian public health discourses, and equally observed in the American, Australian and UK public health discourses (Salmon *et al.*, 2005; Veitch *et al.*, 2008, 2010; Brockman *et al.*, 2011a; Floyd *et al.*, 2011), there is a specific emphasis being placed on the amount of time during which children should be engaged in physically active play, on the appropriate types of activities for children and the locations in which active play should take place. For instance, national public health agencies in both Australia and Canada have created recommendations for the number of minutes that children should be active each day (ADHA, 2004; PHAC, 2010). The Public Health Agency of Canada (Public Health Agency of Canada, 2011) suggests that children should engage in '60 min of physical activity every day: at home, at school, at play' in order to meet the standards for healthy childhood development. To achieve these goals parents are urged to limit

children's sedentary activities and 'balance the day with play' through increased physical activities (Government of Canada, 2011).

Emerging public health discourses, then, have begun to actively discuss and address children's play, and have done so in a way that explicitly considers play as a means for increasing children's physical activity. One prominent organization conducting and disseminating research on children's health and physical activity—*Active Healthy Kids Canada*—suggests that 'for our children, the direction to go and play more after school should be a welcome prescription for a healthy active life' (Active Healthy Kids, 2010). Underlying this prescription is the conviction that healthy play for children must be physically active play.

Problematic position?

The desire to promote physical activity through play is somewhat compelling given the concerns about children's health and the growing rates of childhood obesity. However, this public health position has several implications. First, when physical activity and health are considered the primary goals of children's play, playing essentially becomes an outcome-oriented physical health practice. This focus on play as a means of attaining particular health ends results in a discourse in which play is largely being instrumentalized: playing is re-shaped as a purpose-oriented activity to promote children's health. Such an understanding of play seems to run counter to the process-oriented, free and unstructured conceptualizations of play. Through the promotion of a goal-oriented play, public health efforts may potentially limit precisely those elements of play, such as pleasure, freedom and spontaneity that have been viewed as critical to the social, physical and emotional well-being of children. These are also elements that appear to be valued within more holistic conceptions of health.

Second, and more specifically, the emerging public health discussions of children's play are predominantly oriented towards activities that promote *physical* health; playing seems to be valued most highly if it aims to improve children's physical fitness. This emphasis on 'play for physical health', while ostensibly considered important from the perspective of preventing childhood obesity, nevertheless implies a narrowed conception of health. When the primary

focus of public health rests on the physical benefits of play, the social, psychological and emotional components of health, to which play also contributes, tend to be neglected.

As we stated above, research in the fields of psychology and childhood development have suggested that playing freely (both inactively and actively) increases the possibility for children to be creative and to discover and experience adventure through their play. Not acknowledging this is potentially troubling, since it fails to account for the fact that activities during which children engage freely and creatively in 'simply pleasurable' play, even if it is less active, may significantly contribute to children's psychological, emotional and social well-being.

Controlling for risk in children's play

Within the fields of health promotion and public health, children's active outdoor play is generally accepted as beneficial for their health because it is viewed as having the potential to increase physical activity and to prevent health problems associated with obesity and sedentary behaviours. Yet, within this same discourse outdoor play activities seem to be laden with fears about child safety and with societal preoccupations with risk more generally in children's lives (Gill, 2007, 2010; Brockman *et al.*, 2011b).

For instance, one study by Jago *et al.* (Jago *et al.*, 2009), which investigated parents' willingness to allow their 10- and 11-year-old children to engage in outdoor physical play activities without adult supervision, found that parents were hesitant due to a number of fears: lack of appropriate space for their children to play in urban environments, their children's lack of friends nearby, perceived crime, older children. Generally parents were afraid of 'the way society is' (p. 474) today. Parents dealt with their perception of these risks by limiting their child's playtime, restricting activities to the proximity of the home and supervising their child's activity. Similarly, research conducted by Veitch *et al.* (Veitch *et al.*, 2006), O'Brien and Smith (O'Brien and Smith, 2002) and Carver *et al.* (Carver *et al.*, 2008) found that parents curtailed their children's independent play due to 'fear of an uncertain world' [(O'Brien and Smith, 2002), p. 124]. Acknowledging these changing societal attitudes, *Active Healthy Kids Canada* also writes that 'concerns about safety

have had a profound impact on physical activity levels' (*Active Healthy Kids*, 2010) and that safety concerns cannot be ignored as barriers to the promotion of children's active play.

Aligning with this research, public health institutions appear to also be concerned with the perceived risks involved in children's play (Veitch *et al.*, 2006, 2008; Farley *et al.*, 2007; Carver *et al.*, 2008; Jago *et al.*, 2009). For example, in their research Jago *et al.* (Jago *et al.*, 2009) acknowledge that although increasing supervision does not 'build children's capacity to be independently active' (p. 475), responding to parental concerns about play and risks would require interventions to ensure and facilitate outdoor activities for children that are perceived as safe. Jago *et al.* (Jago *et al.*, 2009) conclude that parents' fears can be relieved by 'providing structured, supervised locations in which children can be physically active' (p. 475).

In attempts to address the perceived risks in children's play, public health research and practice has also highlighted and issued precautions about risky play activities (Gill, 2007; Child Safety Link, 2009; Health Canada, 2011). For example, *Active Healthy Kids Canada* suggests that 'families, child care centres, schools and community settings need to provide safe, supervised yet unstructured play spaces for active play where children and their peers can engage in physical activity of their own design' (*Active Healthy Kids*, 2010). Related recommendations for children's safe play urge parents to 'ensure there is access to safe, local places to play outside' and that children should be closely supervised when using playground equipment and to 'make sure the playground has handrails and barriers to prevent falls and no sharp objects or spaces where your child's head could get stuck' (*ParticipACTION*, 2011).

Public health efforts to diminish the perceived risks in children's play have also tended to support the safety standardization of playgrounds. In an examination of outdoor play spaces for children, Herrington and Nicholls (Herrington and Nicholls, 2007) outline the tendency for industrial safety standards (typically used for electrical devices, natural gas production, etc.) to be applied to the design and construction of playgrounds and play equipment. Although the authors express concern that safety standardizations may in effect 'institutionalize caution' by offering 'security in exchange for lowering expectation, limiting growth and preventing

experimentation and change' [(Herrington and Nicholls, 2007), p. 129], overwhelmingly, they report that the desire for physical safety remains paramount for public health organizations. Indeed, the Public Health Agency of Canada has supported these playground safety standards, suggesting that 'promoting safer environments is believed to be easier than changing behaviour and therefore will likely be more effective in further reducing the incidence of injuries' [(Herrington and Nicholls, 2007), p. 131].

Problematic position?

Efforts to reduce risks in children's play and to advocate for safe forms of playing are evidently intended to benefit children, and we do not aim to criticize these intentions. However, we propose that the over emphasis on risk avoidance and safety standardization may contribute to the over-regulation of childhood by placing limits on the ways in which children play (Gill, 2007). In the worst case, some have suggested that this may produce a generation of children who are less able to cope with the unpredictability of the world they are being protected from (Hart, 2002; Ball *et al.*, 2008; Gill, 2010; Pellis *et al.*, 2010). Indeed, Ball (Ball, 2004) and Herrington and Nicholls (Herrington and Nicholls, 2007) have argued that some of the safety standards applied to playgrounds are based on overestimations of risk and injury. Ball (Ball, 2004) argues that standardizing play spaces and playgrounds according to risk minimization regulations may actually come 'at the expense of other fundamental objectives such as the right to play, the need for interesting and challenging play environments, and the opportunity for children to learn about risk in a reasonably safe environment' [(Ball, 2004), p. 661].

Hart (Hart, 2002), who investigated the history of planning for children's play in New York city, also highlighted this increasingly common tendency, suggesting that 'what began as a concern for safety has become a paranoid attempt to create no-risk environments' (p. 144). Moreover, he argues that the focus on playground safety has in some cases come at the expense of interesting and challenging play equipment (Hart, 2002).

In Norway, Fjørtoft and Sageie (Fjørtoft and Sageie, 2000) have explored the importance of diverse natural landscapes for children's play. They suggest that outdoor play areas that have

the highest controls for safety tend to also offer the lowest level of challenge for children. One young child quoted in their article asserts: 'climbing rocks is more fun than climbing trees but climbing trees is more fun than the boring playground equipment' (p. 83). This child's statement exemplifies their argument that playing in diverse ways in natural landscapes (*not* standardized for safety) is important for promoting children's sense of inventiveness, creativity, and the possibility of discovery and excitement in their play (Fjørtoft and Sageie, 2000). Sandseter's (Sandseter, 2009) research into the characteristics of risky play for children in Norway has also illustrated that part of the reason children engage in risky play is to experience the 'excitement and the joy of mastering a risky and potentially dangerous situation, and the thrill of being on the dangerous edge' (p. 7). In addition to the emotionally salient experiences that children gain through play, Sandseter (Sandseter, 2009) suggests that it is also precisely through explorative and risky play that children become familiar with the boundaries of their environments and are able to learn how to handle the risks they encounter. The opportunity to master risk and negotiate boundaries are also skills that are particularly relevant for childhood and for later navigating the world as adults (Sandseter, 2009).

We suggest that if public health's concerns about risk reduction and their efforts to standardize play and playgrounds in the interests of safety come to dominate public health agendas, this may leave less room for children to experience the same degree of excitement, challenge and pleasure in their play, qualities which have been established as important contributors to children's well-being. Furthermore, over-structuring play and standardizing playgrounds for safety may mean that children are less exposed to even minimal risk and thus may not have the opportunity to gain some important life skills related to risks and challenges in play (Hart, 2002).

While the public health efforts to reduce risk may be aimed at preventing physical injuries, raising risk avoidance and safety standardizations above other considerations may strip play of some of the characteristics inherent in freer and less regulated forms of play (i.e. those including adventure, unpredictability, elements of risk, etc.). This, we suggest, may limit children's abilities to creatively, confidently (and ironically more safely) approach future challenges.

DISCUSSION

In this paper, we have outlined an emerging public health position on children's play. This position emphasizes the physical health benefits of active play while highlighting the need for risk prevention. We argue that this position may be problematic for several reasons. First, we argue that it indicates a narrowed conception of health because it focuses primarily on children's physical health. This is problematic because it minimizes the relevance of children's emotional and social well-being to which other characteristics of playing (i.e. adventurous, creative) can contribute. Second, we consider the tendency to over-emphasize safety standardization in play problematic. This not only limits the possibility for children to experience the social and emotional benefits of less regulated play, but it also limits the benefits that explorative and risky play can have for children, as they navigate the boundaries of their environments. Taken together, we consider it a potential concern that a focus on play that is necessarily physically active and explicitly controlled for risk may curtail some of the richness in children's play experiences, as well as the social and emotional elements of health and well-being to which less goal-directed and regulated play can contribute.

Additionally, in our examination of the public health position on play, we observed that a physical activity paradox seems to emerge. Despite urgent desires to increase children's physical activity levels through play, what this position omits is the possibility that playing more freely (i.e. in less regulated and goal-directed ways) can in fact provide other significant occasions for children to be active. Indeed, urging all play activities to be explicitly physically active in prescribed ways, while also standardizing play for safety, may have the consequence of reducing the range of opportunities that children have to engage in spontaneous active play; the forms of active play that may emerge when play is not *intended* to be physical nor *directed* towards physical health. In effect, we suggest that the promotion of play 'for physical health and safety' may paradoxically result in a reduction of children's overall opportunities to be physically active in their play.

Considering this paradox, as well as our concerns regarding the new health position on play, it is pertinent for us to offer an example which we believe has the potential to encourage

diversity in children's play and to promote children's overall physical, social and emotional health and well-being. In a recent United Nations Children's Fund report entitled 'The State of the World's Children 2012: Children in an Urban World' (UNICEF, 2012), the need for children's play spaces in urban environments is addressed. Increasing the number of public play spaces in urban settings is suggested as a means of providing children with a wide range of diverse benefits. The report states that:

... exposure to trees, water and other aspects of the natural landscape has positive impacts on children's physical, mental, social and spiritual health. Contact with nature has been found to restore children's ability to concentrate, which is the basis for improved cognition and psychological well-being. Measures that bring nature and its benefits to children include tree-planting programmes in urban neighbourhoods, incorporating green areas into municipal housing and using plants, sand and water in children's playgrounds. (p. 63)

In the report the Dutch *Woonerf* (trans. 'living street' or 'home zone') is proposed as a concrete practice, which we suggest might enhance a holistic health promoting space for children's play.

Originally introduced in the Netherlands, and later taken up as the *Home Zone* in the UK (Ben-Joseph, 1995; Gill, 2006), the *Woonerf* is a street design in which parts of a street are closed to traffic or traffic is reduced. The streets are often 'greened' with plants, grass or trees to be available for social uses, especially for children's play (Gill, 2006). Research conducted on *Woonerf* streets designs (Eubank-Ahrens, 1985; Hart, 2002; Karsten and Van Vliet, 2006) have found that the numbers of children playing outside was increased, that a greater diversity of play options for children became available (e.g. role and fantasy play, music, dancing, play with balls moving toys etc.), and that children made use of a diversity of objects for their play (e.g. street furniture). Another significant advantage of the *Woonerf* was the possibility of increased play interactions and communication between children from varied backgrounds (Eubank-Ahrens, 1985).

While the benefits of such street designs extend well beyond children's play and safety concerns, the *Woonerf* does provide a local outdoor space for children's active play which may alleviate concerns for parents who tend to

limit their children's outdoor play because of the imagined and real risks of playing in urban environments. As Gill (Gill, 2006) has suggested, the *Woonerf* or *Home Zone* concept awakens broader discussions about 'car-dependence, the meanings of "community" and "safety", social values, the relationship between local government and residents, and the balance ... between public and private space and between individual and collective well-being' (p. 100). Although this has been a brief introduction to the concept of the *Woonerf* street design, we believe that this kind of initiative could be key to promoting a wide range of health and social benefits for children through its ability to provide of a diversity of play opportunities, including the positive challenges of risk, social negotiation amongst peers, various forms of active play and the pleasures that go along with free, less regulated play.

Importantly, the social and health benefits gained through play in environments such as the *Woonerf* or *Home Zone* seem to align with the Ottawa Charter's conception of health and with some of its mandates for health promotion action (WHO, 2009). Indeed, the development of local environments to promote play through initiatives such as the *Woonerf* exemplifies health promotion's emphasis on creating health through supportive social and physical environments and settings in which 'people live, work and play' (Baum and Palmer, 2002). Furthermore, the reduction of traffic, the increase in green spaces and the promotion of children's local and social play, all of which are characteristics of *Woonerf* style streets, have the potential to enhance the quality of life of all residents of a community or neighbourhood. Such a community level initiative thus also aligns with the health promotion commitment to strengthening and empowering local communities (Laverack and Mohammadi, 2011).

CONCLUSION

In this paper, we have argued that there is a need to re-examine the emerging public health position promoting play for children. If public health and health promotion aim to create health in the places in which we 'live, work and play' (WHO, 1986), and if these fields advocate for a broader conception of health that goes beyond physical fitness (including social and

emotional well-being), then the benefits of pleasure, creativity, discovery and risk in play must also be attended to as important contributors to children's health and well-being. Recognizing these characteristics of play would necessitate a move away from the promotion of play from within the context of the obesity epidemic, where play is promoted explicitly to increase physical activity, and toward the promotion of a greater diversity in children's play, which can encompass a wider range of benefits for children's health and well-being.

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