

## **From playground to patient: reflections on a traditional games project in a paediatric hospital**

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### **Abstract:**

This article describes an innovative, but little-known Australian project, which took place in 1990. *Tops, Tales and Granny's False Teeth* was an initiative to introduce children's own play culture into the Royal Children's Hospital, Melbourne in the form of an interactive exhibition of children's traditional playground games. While play was valued in the hospital for its therapeutic role, children's own play culture, with its child-initiated rituals and rules, was somewhat different. Throughout the project, the exhibition staff witnessed connections being made between children and their own play culture and the unexpected benefits this had for the patients' wellbeing. The day-to-day happenings in the exhibition were documented, and this detailed documentation reveals, so many years later, the effect of this pioneering project on those involved and prompts reflection on its relevance to children in hospital today. Is there a place for children's own play culture in today's paediatric hospitals?

**Keywords:** play in hospital; play therapy; children's traditional games, children's culture

### **The role of play in children's hospitals**

#### **A Few of 'Our Boys'**

I confess I am drawn to the rowdy, boisterous natures that would convert the ward into a football-ground did not authority prevail upon them to modify their transports. 'Nurse, you always have the rowdiest ward,' says the doctor, after encouraging them by a spirited round of playing catches, during which the balls fly around the beds amid a chorus of boy voices that never seem to belong to sick children...

The big ward on the upper flat has been well chosen for the lads; it has more sunshine than any other, and looks out with all its windows on to two public schools...so the sick boys can look out upon their old playfellows...It is no uncommon thing to see boys in the street below gesticulating to the children in the ward, or even holding conversations with them through the open windows. (Jennings Carmichael, 1891/1991], pp. 31, 32)

This description of lively play in a children's hospital was written by Sister Grace Jennings Carmichael, one of Melbourne's earliest formally trained children's nurses, who worked in the Melbourne Hospital for Sick Children, now the Royal Children's Hospital, during 1888-90. Her descriptions of everyday life in the hospital were based on notes written during her days and nights in the wards, caring for children from Melbourne's slum areas who were suffering from diseases like diphtheria, tuberculosis of the hip or the dreaded typhoid. The extracts reveal a tolerant, and even playful, attitude to the children playing games on the ward and their unorthodox way of keeping in touch with their friends, and an acceptance that this is part of their normal lives, even when ill or suffering.

Children's hospitals, and the facilities they provide for their young patients, have changed profoundly since Sister Jennings Carmichael wrote so fondly of the children in her care, and there has long been an acceptance of the need to adopt a 'whole-child' approach to the treatment of children in hospital:

For the last 20 years, due mainly to an increased knowledge of child development and psychology, there has been a shift in focus from disease-oriented to patient-oriented paediatric care. The realisation that, in order to reduce the possible traumatic effects of hospitalisation, the child's emotional, developmental and social needs should be met, has brought about extended visiting hours, possibilities for parent participation, and a general humanising of the hospital environment.

One of the most vital needs of the child is the need to play. It is through play that the child grows, develops his physical and mental skills, and learns to cope with the physical world and with his own feelings. (Langley, 1976, p. iii)

Acceptance of play as a normal activity, and a right, for children in hospital now underpins the work of play therapists worldwide and influences the planning of hospital policy and practice (Ure, 1993; AWCH, 2002). One of Australia's leading advocacy organisations, the Association for the Wellbeing of Children in Healthcare, has produced policy papers on the care of children in hospital, in which play has an important therapeutic role: 'Play for children in hospital introduces some normality into the child's day within the unfamiliar hospital environment. It can provide an opportunity for peer interaction and reduce the degree of developmental regression that some children may experience during hospitalisation. (AWCH, 2002, p. 3)

Play is also seen as having a functional role in the treatment of paediatric patients. In addition to aiding normality, play can reduce stress and anxiety, speed recovery and rehabilitation, facilitate communication, act as an outlet for the expression of feelings, help children regain their confidence and self esteem, aid in assessment and diagnosis and help to prepare children for hospitalisation or surgery. (Save the Children, 1989, pp. 11-13; Gillis, 1989; NAHPS, 2013)

These concepts of play have grown out of many long years of research and professional practice in the area of paediatric health care. They have been formulated to promote the wellbeing of children in hospital and assist the adults who are responsible for their care – it is an admirable and practical view of children's play from a professional adult perspective.

Children's own play culture, on the other hand, with its child-initiated rituals, adaptations, irreverence and rules, is somewhat different – it is a rich subculture which has been passed down from child to child over countless generations, largely by oral transmission, to the children of today. The games, rhymes, riddles and jokes adults remember from their own school days are all part of the dynamic culture of children's play. Is there a place for this kind of lively, unruly play in a modern paediatric hospital, and how would it affect existing therapeutic play programs, medical processes and, most importantly, the patients themselves? Surprisingly, some insight may be gained by looking back at a little-known Australian project from 1990.

### **Tops, Tales and Granny's False Teeth**

A century after Sister Jennings Carmichael sat writing her notes in the darkened wards, an innovative project to bring children's own play culture to the patients in the Royal Children's Hospital, Melbourne began. It took the form of an interactive exhibition of children's traditional games. Called *Tops, Tales and Granny's False Teeth*<sup>1</sup>, the exhibition was based at the hospital for one month during April 1990. As it was a highly unusual, if not unique, approach to children's wellbeing, the day-to-day happenings in the exhibition were recorded in both written and visual

form. That documentation brings to life this imaginative project so many years later, and offers a chance to reflect on its relevance to the wellbeing of children in hospitals today.

*Tops, Tales and Granny's False Teeth* began as a relatively modest idea to have a display of toys from different countries, and became instead a remarkable project to introduce children's own culture into one of Australia's leading paediatric hospitals. The project was planned and carried out by an innovative group of people led by Australian writer, folklorist and childhood consultant Dr. June Factor, with the support of a number of organisations, including the Royal Children's Hospital Foundation, the Australian Centre at the University of Melbourne and Melbourne's first Children's Museum. The aim of the exhibition was to 'act as a bridge between the lives of children inside and outside the hospital, and also between children, their parents and hospital staff – all of whom share in common the play practices and traditional lore of childhood' (Factor, 1989). It would also provide a much-needed distraction from the clinical environment of the wards and an interesting and unusual experience for patients, visitors and staff at the hospital, at a time when two of the most popular places to visit were the shop and the canteen.

## **Elements of the project**

### ***The exhibition***

There were four separate but related elements to the project. The first was the interactive exhibition space – the heart of the project. In 1990, the Royal Children's Hospital was still occupying its old building<sup>2</sup>, and had a disused lecture room in an area undergoing extensive renovation (Figure 1). This was the site for the installation. Mary Featherston, one of Australia's foremost interactive exhibition designers, was presented with the challenge of transforming a bare, ugly, concrete space with no ceiling – merely an open metal grid with visible wires, cables and ducts – into a pleasant, welcoming, comfortable space suitable for children, some of whom were very ill or with impaired movement.

Plain calico panels were hung around the walls and giant red and yellow balloons covered the ceiling, softening the sounds in the room in contrast to the noisy hospital corridors (Figure 2). The seating was large, square cushions which could be stacked, placed together or moved apart when children in wheelchairs came to visit.

The room contained a number of traditional games common to children in many parts of the world – Marbles, Jacks<sup>3</sup>, string games (also known as Cat's Cradle), spinning tops, cup and ball, paper and pencil games and a 'making' table. There was also a reading and storytelling corner with a supply of books donated by publishers, and a listening post with a selection of audiotapes, where children could sit and become completely absorbed in listening to stories or songs through headphones.

A large colourful display of traditional playthings from the Australian Children's Folklore Collection<sup>4</sup>, with some additional toys donated by the embassies of several countries, was set up along one wall (Figure 3). These precious items were protected behind acrylic sheets – a 'looking-at' display which eventually proved to be as popular among some of the hospital staff as the 'playing-with' games were with the children. In a sense, the exhibition was an extension of the playrooms found in children's hospitals, and it had many of the attributes that were recommended at the time:

The environment needs to be made as welcoming as possible, with toys, books, music and equipment available which reflect different cultures...(Hogg, 1990, p. 15)

The environment was flexible and easily adapted to accommodate visitors with different physical capabilities. Initially, it was thought that the exhibition space would be mostly used by

fully ambulant patients, their families and visitors to the hospital. The number of children who visited in wheelchairs, trolleys or attached to drip machines, drawn by the promise of a new but culturally familiar experience, far surpassed our expectations:

A group of children from 3W (Orthopaedic Ward) visited the exhibition. We had 5 wheelchairs, 1 trolley and 1 ambulant patient in the space - had to move some cushions to allow for free movement. (TTGFT Diary<sup>5</sup>, Monday, 2 April 1990)

Almost everything was moveable – tables or trolleys with a lip around the edge allowed children in wheelchairs to play with spinning tops, jacks and marbles at a raised level, and the cushions could be quickly spread out for the audience when a puppet show was beginning. This was a neutral, non-threatening space where people could forget, for a while, the reasons why they were in the hospital. Patients and their families could play games, read books, listen to stories or just relax away from the clinical environment of the wards.

The combination of fabric, soft furnishings, carpet and cushions had a softening effect on the space, and people liked to sit and play games on the floor. In this soft space full of interesting things to explore, a two year-old boy crawled for the first time since the accident which sent him to hospital and interrupted his motor skills development:

Great excitement because L, a two-year-old who was hit by a car, crawled for the first time since the accident. Mum was delighted by the soft carpet and soft furnishings, which were so appropriate to encourage her son to crawl and walk...

Today I learned again how very important it is to let children do things for themselves – especially in a hospital. In L's case, the aim was to encourage him to crawl instead of shuffling along on his bottom, so we let him go and get the things he wanted (which was everything!) and throw them around. He covered quite a lot of ground with great results! (TTGFT Diary, Tuesday, 17 April 1990)

L and his mother returned to the exhibition several times, and his movement and use of his limbs continued to improve to such an extent that a video of his achievements, made as part of the documentation of the project, was borrowed by the hospital's Physiotherapy Department to show to the staff. (TTGFT Diary, Tuesday, 24 April 1990)

While it is usual for children to be sent home from hospital as soon as possible, we found there was a great need among the longer-term patients and their families to have somewhere away from the wards where they could relax, to talk and think about the ordinary things of life. The exhibition, full of lively, positive, active play was welcomed by everyone as 'a safe environment where the children could move around freely' (TTGFT Evaluation, 1990). Also, for a child in hospital things seem to be always changing – staff rosters, tests and treatment, patients being admitted, others leaving – so the exhibition became something in the children's lives that was constant and continuing – albeit for only a month. One boy had a chapter of a serial read to him each day, and we also had 'regular' children who visited often, picking up where they had left off the day before.

### ***Play baskets***

The second component of the project was developed in collaboration with the hospital's Play Specialists, with the aim of including children who were restricted to the wards. A number of 'play baskets', one for each ward, were filled with games and playthings similar to those in the exhibition space (Figure 4). In this way the children who were confined to bed upstairs on the wards, or otherwise unable to visit the exhibition, could share the play experiences being enjoyed by the children below. The play baskets were managed by the Play Specialists, who documented their use on the wards:

The baskets were a brilliant idea – the jacks and O-Tedama<sup>6</sup> being the most-used items – closely followed by the string. Parents used the jacks a lot, sometimes very grudgingly giving them to their children to play with!! The string was mainly used by girls (from 8-13 years approx.) and they taught me several new tricks. This also became a great ‘ice-breaker’ with several of the more reserved girls on the ward. Parents would also use the string a lot, prompting many ‘I remember when...’ stories. (TTGFT Evaluation, 1990)

Collaboration with the Play Specialists was critical to the success of the project, as they regularly brought children down to the exhibition as well as sharing the games in the play baskets with parents and children on the wards.

### ***Reading and storytelling***

Children’s books donated by publishers provided the third element to the project – reading was considered very important for the children. In a hospital ward, where there is a lot happening and very little privacy, reading books allows children to engage deeply with the story and suspend reality for a while, whenever they need to. Books and stories were also a good way to involve younger children and those not able to play the games. The children’s books were read eagerly by all ages and used every day by the volunteer storytellers.

The books were particularly welcome to a family of seven children from country Victoria, who were discovered waiting patiently in a small room. The children had been spending long hours at the hospital, just waiting around while their parents were with their baby brother in Intensive Care: ‘We waited for five hours on Monday. We got so bored that we rearranged the furniture’ (McKinty, TTGFT Notes for Report, April 1990). These children were sharing the family’s anxiety and needed to relieve the tension and boredom of waiting. They visited the exhibition at every opportunity, and spent many hours playing games or lying on the soft cushions, reading book after book. We developed a kind of library service for them, where they borrowed books overnight to take back to their temporary accommodation. By the time they went home they seemed like old friends.

Storytelling was a popular activity in the exhibition and on the wards, and there were numerous requests from the Play Specialists or Charge Nurses for someone to visit a particular patient who needed company or special attention. The volunteers read stories to children in bed, in intensive care and, in one case, to a girl in a coma.

Puppets were also used in storytelling. They allowed the volunteers to engage with the patients in a completely different way, and finger puppets enabled a hospital play worker to reach a girl who was previously quite withdrawn and uncommunicative (TTGFT Diary, Friday 20 April 1990). *The Very Hungry Caterpillar* was a special favourite, particularly when coordinator Dorothy Rickards<sup>7</sup> brought her specially-made transforming puppet into the exhibition and presented the story, with educator June Epstein<sup>8</sup> reading, to an enthralled audience of patients, family members and visitors (Figure 5). The caterpillar puppet was a great favourite among the volunteer storytellers. Children also made simple puppets from materials available in the exhibition space to take back to their wards.

The day-to-day running of the exhibition was shared by two co-ordinators. Volunteers from the Storytelling Guild of Victoria, the Country Women’s Association and tertiary colleges, plus a few interested individuals, were rostered over the month to read stories and play games in the exhibition and up on the wards. Children’s writers came in to read their books to enthralled listeners and Amy Saunders<sup>9</sup>, an Aboriginal ‘explainer’, who was particularly skilled in sharing string games, visited children on the wards. The total number of volunteer helpers who played games, told

stories, cuddled babies, sang songs, talked with parents and presented puppet shows was 140 – truly a ‘goodwill’ project.

### ***Collecting***

The fourth element of the project was a ‘collecting’ component. During the month-long project games, rhymes, riddles and jokes were collected from patients, parents, medical staff and visitors and written down on collection sheets, to be added to existing material in the Australian Children’s Folklore Collection. Among the verbal lore collected were skipping rhymes, counting-out rhymes, ‘Doctor, Doctor’ jokes and riddles:

Doctor, Doctor, I feel like a pair of curtains.  
Pull yourself together man!

Doctor, Doctor, I’ve only got 59 seconds to live.  
Hang on. I’ll be with you in a minute!

Q. What’s the difference between snot and brussels sprouts?  
A. You can’t get children to eat brussels sprouts.  
(*Rhymes and games*, 1990)

Adolescent slang terms, like ‘skinnners’<sup>10</sup>, ‘Marios’<sup>11</sup> and ‘skegs’<sup>12</sup>, and their meanings, were documented, together with games descriptions, including different versions of Marbles, a Jacks game from Uruguay and a game called ‘Thornimat’, after the boys who made it up. ‘Thornimat’ was created in the exhibition by three patients and adapted for playing upstairs on the ward. Based on ice hockey, it was played with coloured plastic discs and ‘frog cups’, the small round plastic containers with lids used by Cystic Fibrosis patients for collecting sputum.

‘Frog cups’ is one example of the hospital slang collected from adolescent patients by folklorist Heather Russell<sup>13</sup> during the project. In her report, *The Subculture of a Children’s Hospital*, she wrote:

During the *Tops, Tales and Granny’s False Teeth* exhibition, some time was spent investigating whether children create a subculture of their own within the hospital context. Stuck in a formal institution like a hospital, children are denied their familiar friends and peer group with whom they muck around, joke and play. But children’s need to play and establish a common bond with other children is enormous, so it is highly likely that even in such restricted and often traumatic circumstances like a hospital, children will still play and joke with each other...

The subculture that existed on these wards was expressed mainly in the form of slang. Children made up their own words, phrases and abbreviations for drugs, treatments or equipment and passed them on to other patients...[Some of the nurses] agreed that a common language or slang runs between patients and nursing staff. The nurses pick up slang terms from the children, and the children pick up and modify technical and medical terms used by the nurses. Some slang is made up by the nurses specifically to help children understand and agree to undergo certain treatments...

Grasping the language of their illness and turning it into slang helps kids gain some control over their situation. Many children, some from a very early age, develop an extraordinary understanding of the treatments, drugs, routines and protocol of the hospital. Some of them then use this to exert some influence over their lives.

(Russell, 1990b, pp. 1, 2)

Russell then went on to described the ‘three tries’ rule, where a child will let a doctor have three tries at getting an intravenous drip into his arm, and after the third (failed) try say, ‘That’s your

third, you're out!' The children called the treatment room the 'torture room' – sometimes, perhaps, with good reason (Russell, 1990b, p. 2).

The use of jokes and other humour is one of the ways children cope with the clinical processes and procedures of a hospital:

Humor plays a major role in positively affecting the dispositions of children who are ill. Those who work with children in health care facilities value the power of humor to offset arduous medical treatment and the uncertainty that accompanies illness. Humor provides opportunities for hospitalized children to experience normalcy through joy and laughter... (Klein (2003), p. 5)

Russell also collected copies of 'The Incredible Times', a newsletter produced by patients in the Adolescent Ward. The pages contain rhymes, jokes, limericks, cartoons, puzzles and a page for hospital autographs. Among the puzzles is a Word Search, with the title 'Cystic Fibrosis' and fifty-eight related words, like 'court needle', 'nebulise', 'pipercillin' and 'friends' to find among the letters in the grid. One contributor wrote a report on his visit to the first National Transplant Games, and with the clear eye of adolescence he describes a memorable moment: 'Afterwards we all went to St. Kevin's College, where we were meant to have a barbecue, but we had cold meats and salads instead. The food was awful and no-one enjoyed it at all!' (*Jokes, Limericks and Cartoons*, 1990).

### **Children's traditional games in a hospital**

Games like Marbles, Jacks, top spinning and string games are part of the play traditions of the schoolyard. School playgrounds are among the few remaining places where children's own culture and traditional play can thrive, given the right conditions – it is here that friendships are made and lost. Children in hospital are remote from their familiar play environments, some for a long time and others for regular, shorter periods, so they miss out on the day-to-day happenings among their peers – the latest craze or 'in' joke, the games, lively banter and shared secrets that are part of the culture of childhood. The boys described by Sister Grace Jennings Carmichael at the beginning of this article were fortunate, in a non-medical sense, because their ward overlooked their school playgrounds and they still had daily contact with their friends, albeit conversations carried on by shouting through the open windows.

The gaining of new skills and play knowledge is an important consideration for children in hospital, particularly long-term patients who are in danger of returning to school with their play repertoire seriously depleted due to their long absence from the playground. The games, tricks and skills that the children learned through *Tops, Tales and Granny's False Teeth* were valuable resources to have when they rejoined their friends. Instead of returning to school feeling out of touch with the culture of the playground, they were able to bring something new from hospital to share – a string figure, a rhyme, riddle or joke or the knowledge of how to make a friendship bracelet from coloured threads.

The games, rhymes, riddles, jokes and other activities that form the richness and diversity of children's traditional play are a fundamental part of childhood and remain in the memory for a long time. Several adult visitors to the exhibition were pleased that they still remembered some of their childhood games: 'I'm surprised I still know how to do it – it's been 30 years!'<sup>14</sup> To child: 'Bet you didn't know I could do that, did you!' (McKinty, TTGFT Notes, April 1990). This reaction and interaction make these types of games particularly suitable in situations where parents and children are forced to spend an extended period of time together in an unfamiliar environment. Boredom is often an unexpected and unwelcome consequence of illness or injury:

Parents who accompany their children throughout their period of hospitalisation often find it very difficult when it comes to devoting all their time exclusively to one child without the interruptions normally provided by the daily chores. (Save the Children, 1989, 5)

If the child also has some knowledge of the game there is an immediate, and sometimes unexpected, connection between parent and child – sometimes the parent is surprised that the child knows the game, sometimes the look of amazement will be on the face of the child. Either way, these games allow parents and children to relate in new ways and establish mutual experiences that can open the door to a deeper level of communication. At the very least, they provide a moment of fun and pleasure in a sometimes long drawn-out day.

Medical staff and students, as well as other people who were in the hospital to work, not play, were drawn to the exhibition and the opportunities for fun and challenges it provided. Sometimes there was an unlikely combination of players, as noted in the diary on the fourth day of the exhibition:

OUR FIRST MARBLES TOURNAMENT! Five fifth year medical students called in to look, and started a marbles game. Then two workmen and two painters [who were doing renovation work in the hospital] came in to look and joined in. Then they moved on to the diablo<sup>15</sup>. They stayed for about an hour and a half. Much laughing. (TTGFT Diary, 4 April 1990)

After this first visit, one of the painters became a regular visitor to the exhibition – he arrived rather sheepishly each day to use the diablo. He was determined to master it!

The traditional games of childhood are played in similar ways throughout the world, although elements of a game may vary depending on where it is played. Members of the hospital staff and other visitors of different cultural backgrounds were delighted to find activities and objects they recognised among the games and toys on display. Some shared their own versions of the games and brought in toys to add to the shelves. Upstairs, on one of the wards, a Play Specialist watched a parent demonstrate how she played a jacks game with chopsticks and a ball, using play materials from the ‘play baskets’:

The baskets were very useful and children found some activities that they already knew so they could teach them to other children. There were some different games which they enjoyed learning. One day a large group of children and staff sat in the hall with the basket and played the games. A Vietnamese mother taught the children to do the chopsticks game.’ (TTGFT Evaluation, 1990)

The games and playthings were easily adapted to different ages and abilities (Figure 6). Children too young to play the actual games enjoyed simply playing with the materials, which were unusual, tactile and had interesting shapes and sounds. Older patients often learned how to play a new game, make a string figure or gain some kind of new skill, which helped to raise their confidence and self-esteem, in some cases quite markedly. The following diary extract concerns a group of children from the Psychiatric Ward who were visiting the exhibition:

When they first entered the exhibition they just stood there – only a couple of children started to look around the different activities (the younger ones). The rest seemed reluctant to do anything and there were no smiling faces. We talked to them and told them about the games, and one girl, about 15, asked what the little bean-bags were for. I showed her, and we started a game of O-Tedama. She soon relaxed as she moved through the stages of the game and it got harder. She was smiling and talking as we played, and when I looked around almost everyone was involved with the activities. [One girl] had picked up the knucklebones (real, not plastic) and was smiling as she threw them up and caught them on the back of her hand. She played by herself and was absorbed in the game – didn’t ask anyone else to play, just kept going. There were quite a



number of people with her on the red carpet, all playing different games. (TTGFT Diary, Thursday, 26 April 1990)

The play activities also allowed children to exercise control, freedom of choice and self-expression in an environment where these are often taken away from them. A good example is the making of the beautifully rebellious paper ‘fortune tellers’ or ‘chatterboxes’. This is a game where children fold a paper shape with numbered flaps, which are chosen at random by another player. Under the flaps there are often rude messages for unsuspecting medical staff or parents who are asked, quite innocently, ‘Do you want to play?’ This game enables the reversal of the power relationship that exists between a child and the adults in the hospital:

Play programs provide one of the few opportunities for a hospitalised child to make choices, to say ‘no’ and control part of his environment. (Hicks & Groves, 1982, p. 4)

The playthings in the exhibition were carefully chosen for the possibilities they offered to children who were physically incapacitated. One of the most successful toys, and the one that delighted all who used it, was a large pump-action spinning top on a stand. It produced a musical ‘hum’ when it rotated fast enough, and the challenge for most people – adults and children alike – was to ‘make it sing’:

The pump-action top has been very popular. It’s very colourful and spins on cue for even very young children, and has been particularly pleasing and rewarding for patients who have limited mobility [or strength] in their hands or arms – just one push of the plunger sets the top spinning. If someone makes the top spin fast enough to produce the three musical notes, they’re usually asked to do it again and again. (TTGFT Diary, Thursday, 26 April 1990)

One of the most insightful reflections on the value of children’s own play culture in a hospital came from one of the Play Specialists. When asked, on the last day of the exhibition, what our visit had meant to her, she said that it had broadened the scope of activities she would be using with patients, but, more than that, it had made her realise that these games mean something special to children:

They come from *within* the child. They’re not just games, but something basic that children understand. They’re simple, and it’s this simplicity that makes them so important. In the hospital we try to keep up with the latest toys so the children won’t feel as if they’re missing out, but the traditional games seem to *connect* with the children in a way that the others don’t. (TTGFT Diary, Friday, 27 April 1990)

After the exhibition, Heather Russell wrote a brief list of her observations and thoughts on the experience. In addition to comments on traditional play, Russell had this to say about the connections made through this type of play:

The games in *Tops, Tales and Granny’s False Teeth* are perfect bedside games. The materials are cheap to buy, easy to store. The games can be played alone as the child learns the skills involved and practises them to perfection, e.g. mastering a string figure or practising throwing up and catching a jack. But best of all, they draw in other playmates – parent, child, nurse, aunts, uncles, cleaners, domestic staff, even doctors can’t resist a quick go at Marbles. These games are universally known across generations, across cultures and across the hierarchy of the hospital. They can reduce what is probably the most hierarchical institution to a common level of understanding. (Russell, 1990a. p. 2)

## Summary

*Tops, Tales and Granny’s False Teeth* was an intensive, month-long project which showed that it is possible to positively affect the wellbeing of children in hospital by introducing their own

play culture, games and storytelling into their daily lives. The anecdotal evidence is found in the comments, observations and descriptions by hospital staff, parents, patients, exhibition staff and volunteers, recorded in detail in the daily exhibition diary, evaluation reports and notes written as part of the documentation of the project.

Apart from the joy of shared play experiences, *Tops, Tales and Granny's False Teeth* provided a link between patients, their families, hospital staff at all levels, visitors and the exhibition staff. It was a bridge between the lives of the patients inside and outside the hospital and helped to provide a focus for the children and their families to relieve the tension of the long hours spent waiting. Having opportunities to make choices, follow their own interests, learn new skills, interact with other people and engage in their own culture positively affected the patients' wellbeing and their experience of being in hospital.

The exhibition space was informal, non-clinical, child-friendly and child-sized...the soft space was shown to encourage movement and exercise, and the playing of traditional games provided enjoyment, introduced new skills and raised self-esteem among the patients. Using the tactile games materials stimulated actions beneficial to the patients and exercised muscles, hand-eye coordination, concentration and memory. The materials were suitable for most ages and physical capabilities, and were also suitable for use on the wards (McKinty, 2010, p. 8).

In 1990, children in hospital had very little, if any, access to the everyday play opportunities enjoyed by other children. In 2013, as the new Royal Children's Hospital, Melbourne offers children and their families a two-storey aquarium, a 'bean bag cinema', interactive science and technology displays and award-winning outdoor spaces (RCH 2013), we face the well-documented problem of declining opportunities for children to spontaneously play the games enjoyed by previous generations (for example Beed Davey, 2012; Gray, 2011; Hall, 2010; Gill, 2008). The reasons why hospitalised children need to be able to connect with their own play culture remain as compelling in 2013 as in 1990.

*Tops, Tales and Granny's False Teeth* was an indirect approach to treating the child, which dealt with the *whole* child and the family, and as such, the experiences it provided could be considered to have real therapeutic value and ongoing benefits for the wellbeing of children in hospital. The project had a remarkable effect on the hospital for a relatively short time, although its influence on some of the individuals involved was permanent. Perhaps this might be a good time to reflect on the experience of this project from the past and what it might offer for the wellbeing of children in hospital today.

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## Notes

<sup>1</sup> 'Tops' refers to spinning tops, 'Tales' refers to storytelling and 'Granny's False Teeth' is one of the steps in playing Jacks with knucklebones. When the bones are picked up they are placed between the fingers of the other hand, where they look like 'granny's false teeth'.

<sup>2</sup> The Royal Children's Hospital (RCH) is now a new, \$1 billion facility, built next-door to the old hospital. The new RCH was officially opened by Her Majesty the Queen in late October 2011.

<sup>3</sup> Several kinds of jacks from different countries were available: knucklebones, metal 'star' jacks, chopsticks and bean-bags.

<sup>4</sup> The Australian Children's Folklore Collection (ACFC) was co-founded in 1979 by June Factor and Gwenda Davey, and has grown to be one of the largest and most significant collections of children's folklore in the world. At the time of *Tops, Tales & Granny's False Teeth* it was housed in the University of Melbourne Archive. In 1999 June Factor donated the ACFC to Museum Victoria and in 2004 the Collection was placed on the prestigious UNESCO Australian *Memory of the World* Register.

<sup>5</sup> During the *Tops, Tales & Granny's False Teeth* exhibition a daily diary was kept with observations, personal thoughts, information and notes about interactions contributed by exhibition staff and volunteers. Most of the entries were written by the exhibition co-ordinators, Judy McKinty and Dorothy Rickards.

<sup>6</sup> O-Tedama is the name of a traditional Japanese version of Jacks, played with 6 small fabric bean-bags.

<sup>7</sup> Dorothy Rickards was an author and lecturer in drama and puppetry at the Melbourne College of Advanced Education, Institute of Early Childhood Development. She wrote several books and plays for children and was a co-editor of the *Big Dipper* series with June Epstein, June Factor and Gwendda McKay.

<sup>8</sup> June Epstein was a musician, author, teacher and academic. She was senior lecturer of music at the Melbourne College of Advanced Education, Institute of Early Childhood Development, and had a long association as a musician and writer with the Australian Broadcasting Commission (ABC).

<sup>9</sup> Amy Saunders was an 'explainer' in the Children's Museum's 'You're IT!' exhibition of traditional children's play and a member of the singing group Tiddas.

<sup>10</sup> 'Skinners' – like punks – people who don't have pubic hair.

<sup>11</sup> 'Marios' – people who wear their hair with lots of gel.

<sup>12</sup> 'Skegs' – surfies.

<sup>13</sup> At the time of *Tops, Tales & Granny's False Teeth* Heather Russell was a folklorist conducting research into children's play. In 1986 her ethnographic study of children's relationships in a Melbourne primary school playground, titled *Play and Friendships in a Multi-Cultural Playground*, was published by Australian Children's Folklore Publications.

<sup>14</sup> This remark was made by a mother who was playing Jacks with sheep's knucklebones.

<sup>15</sup> A diabolo is a spinning toy shaped like two cones joined together. It is balanced on a string held between two sticks, and is sometimes used by jugglers and street performers.

## AUTHOR'S BIOGRAPHICAL NOTE:

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*From Playground to Patient: reflections on a traditional games project  
in a paediatric hospital*  
Judy McKinty

IMAGES



Figure 1. The lecture room before transformation. (Photo credit: McKinty, 1990)



Figure 2. An area of the exhibition space. (Photo credit: Featherston, 1990)



Figure 3. The display of traditional playthings. (Photo credit: McKinty, 1990)



Figure 4. One of the 'play baskets' of games. (Photo credit: McKinty, 1990)



Figure 5. Storytelling with puppets. (Photo credit: McKinty, 1990)



Figure 6. Playing Marbles on the mat. (Photo credit: Russell, 1990)