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How affective is therapeutic play in supporting the emotional and social development of children from diverse backgrounds and what are the implications for inclusive practice?

This essay will explore the effectiveness of therapeutic play in supporting children's emotional and social development and will examine its role in meeting the needs of a diverse group of children, including culture, disability, neurodiversity, language differences and socio-economic challenges. Furthermore, it will consider the implications for inclusive practice within child-focused services.

According to Brown and Vaughan (2009), play is powerful and fundamental to overall development, including social skills, flexibility, cognition, creativity, problem-solving and emotional regulation. They argue that play is especially important during difficult times, as it helps individuals prepare for unforeseen circumstances, seek new solutions, and maintain a positive outlook. They discuss neuroscience, biology, psychology, social science, and personal stories, and suggest that play may be one of the most significant and essential activities for human development. Therapeutic play is particularly suitable for children because they naturally express how they feel through play including their fears and worries. Therefore, it supports their developmental capabilities (Koukourikos, 2015; Godino-láñez, 2020).

Inclusive practice is essential for ensuring that all children, regardless of age, gender, ability, culture, ethnicity, language, or socioeconomic status, can meaningfully participate in educational and therapeutic play environments that support their needs. Furthermore, it requires that childcare services, environments, and interactions are carefully designed and implemented by primary caregivers, practitioners, and other professionals who understand each child's individual needs, so that learning, participation, and social-emotional well-being are genuinely supported. This approach fosters a sense of belonging and connection, rather than segregation or isolation. Children have the right to participate fully without discrimination based on their unique differences, and this participation should be facilitated

thoughtfully, with care and consideration. Play should serve as a foundational tool for supporting inclusion because it allows children to express themselves, learn, and feel part of the group. Inclusive play also values the diverse ways children communicate, therefore promoting equity, respect, and social justice (Beekhuizen et al., 2025; Crawford, 2014; Kangas, 2023).

To begin one should understand the different definitions of play to differentiate therapeutic play and its place within child development. Therefore, to engage in general or *free play* correctly, children must be allowed to independently and voluntarily choose an activity without adults taking control. They should also let children direct the course of their play without interfering. Real play is not pursued for achievement; children are not seeking praise, rewards, or better grades—they are simply seeking enjoyment. Therefore, play is an unstructured and open-ended activity in which adults do not impose goals or outcomes. Instead, they provide a supportive environment that allows children to explore their creativity and imagination, making rules as they go. Additionally, play is innately spontaneous and joyful leading to better outcomes physically, emotionally, socially and academically (Lee, et al. 2020; Hewes, 2014). However, Blunkett and Rogers (2015) submitted evidence highlighting limitations on children with additional learning needs accessing and engaging well in this kind of play – particularly in the outdoor environments. From surveyed parents, 92% felt the play opportunities were non-inclusive resulting in their disabled children missing out; 95% felt they required specialist support to find ways for playful experiences with their disabled child (Sense, 2015).

On the other hand, *play-based* learning is an educational approach suggesting that, while children engage in play experiences and explore the world around them through hands-on activities, their curiosity, creativity, and interests create pathways for learning concepts, developing skills, and building knowledge in playful ways (Weisberg, et al. 2013; Whitebread, 2012). The challenge here is that most educational settings do not allow

children sufficient time, space or autonomy to play well due to the structure, control and curriculum pressures. Dallimore (2025) identifies what children say about play in Wales, and they believe it is fundamental for their sense of happiness, their development and their social interactions. They want time, space and freedom to simply play. While Wales continues to prioritise the voices of the children and young people concerning play; girls, disabled children and ethnic minority children still feel unheard. Additionally, Roshan, et al. (2024) suggests that play has an important role in a child's development, and therefore should be protected by adults, and in particular, the primary care givers, educators and health care professionals of a child.

BAPT (2024) defines *therapeutic play* as a semi-structured play used to support individuals coping with stressful situations, such as children and young people who have experienced family instability, poverty, or other adversity. Furthermore, interventions include developmentally supportive activities that assist with emotional well-being and does not require accredited Play Therapist status. Consequently parents, teachers and health professionals can foster therapeutic play interventions within their settings, which has been shown to reduce anxiety and stress supporting emotional regulation following difficult situations. This indicates its value as a psychosocial intervention (Topal, et al. 2025). Additionally, therapeutic play could include activities such as drawing, role play, and storytelling allowing children to express themselves to process a negative experience for example acting out roles or scenarios, making autonomous decisions and narrative construction all of which provides opportunity for self-awareness and healthy self-esteem while they dramatise, draw and reflect on their emotional state (Veraksa, et al. 2025).

However, it is vital practitioners are aware that they are not conducting therapy with the child, they are not addressing deeper psychological or emotional problems but merely supporting the child by encouraging them with ways to manage or cope with their difficult

circumstance. A trained therapist such as a Counselor, Play Therapist or Psychologist would intervene for more in depth treatment (BAPT, 2024).

Therapeutic play has its limitations though. Unlike general play/free play which is child-led, freely chosen and uninterrupted; therapeutic play must be facilitated by an adult guiding the process which reduces spontaneity limiting the child's natural exploration. However, many nurses who have used it explain the benefits of patient distraction from pain or worry, however it could be ineffective if the adult is untrained or lacks time and resources, which according to clinical studies, nurses have heavy workloads resulting in medical care taking priority, because there is insufficient time. They also felt they needed more managerial support and extra staff to implement therapeutic play well (Koller, 2009; Lakonen, 2023). Moreover, therapeutic play often requires dedicated spaces, materials, and training. Financial burdens in schools or healthcare facilities can limit access to adequate training, play resources, and spaces. Therefore, budgetary restrictions may result in fewer or lower-quality therapeutic play activities or untrained practitioners (Veraksa et al., 2025; Chokshi & Thakur, 2023).

On the other hand, therapeutic play can be adapted for different needs and contexts. Another qualitative study with mixed methods identified the improvement of coping and expression when hospitalised children engaged in therapeutic play. Children felt supported by the care team when undergoing distressing procedures. This study included 524 sessions delivered to 351 children aged 3 months to 6 years and they were offered play stimulation by trainee psychologists. An observational tool called Mental Status Examination Scale (MSE-S) created for the study measured the outcome. It was concluded that play stimulation impacted the behavior and attitude of children but changeable depending on who is delivering for example primary caregivers or trainees (Bharuchi and Rasheed, 2024). Therefore, although one is not required to be a trained therapist to carry out therapeutic play, it is suggested that therapeutic play is intentionally used by trained staff such as nurses,

specialists and other health professionals to achieve the right outcomes. However, research studies on nurses still continue to suggest that integrating therapeutic play needs training and planning, only then is it linked to improvement (Universa Medicina, 2025).

Another study looked at children undergoing chemotherapy; they found that therapeutic play reduced fear, anxiety and stress. Children were able to communicate their feelings, and it decreased distress while promoting more positive emotional experiences throughout their treatment. This supports children who may otherwise not have access to emotional support in medical environments (Topal et al. 2025).

Vygotsky (1896–1934) regarded play as a leading factor in childhood development, particularly for self-regulation. He viewed play as a supported activity that enables children to develop higher psychological skills, including emotional regulation, symbolic thinking, and social interaction. These processes are central to therapeutic play. Adults provide scaffolding for emotional skills through Vygotsky's Zone of Proximal Development (ZPD). The ZPD is the gap between what a child can do independently and what they can achieve with guidance or support from a more knowledgeable person, such as the adult facilitating therapeutic play. Learning is most effective within this zone because the child is challenged yet supported (Bredikyte & Brandisauskiene, 2023).

This concept is especially important in therapeutic play, where the adult guides and facilitates without taking control. Within the child's ZPD, the adult supports emotional expression that the child cannot yet manage alone, such as identifying feelings, naming emotions, or acting out difficult experiences. Over time, the child internalises these skills and learns to regulate emotions independently which suggests Vygotsky's theory is effective. For example, a child may feel too anxious to discuss a procedure they are having at the hospital, but through guided role play, the nurse can help the child express fear using dolls, storytelling or drawing, allowing the child to develop coping strategies that would be inaccessible without that nurse's support (Bredikyte & Brandisauskiene, 2023).

Aligned with Vygotsky's theory, therapeutic play can therefore reduce emotional symptoms and promote emotional well-being and resilience by providing targeted adult support. Furthermore, the symbolic and communitive roles within the guided play encourage a child to express their feelings, such as sadness or frustration, or their worries and fears safely when verbal expression is limited for example if English is their second language (Naranjo, 2021). Moreover, it supports the caregiver as they identify and understand the children's internal experiences but without talking to them directly about the situation, merely enabling emotional communication to take place (Medical Forum Monthly, 2025).

Researchers and teachers worked together on a project to develop a guided play environment in a multicultural preschool context in Sweden; the main language was Swedish across these settings, and it was identified that immigrant and linguistically diverse children were supported in the participation of bilingual development, social literacy and cultural learning through therapeutic play activities such as pretend play. The guided play enabled children with limited shared language to socially engage, learn and interact with other children and therefore, encouraging them to integrate into new cultural environments. The goal of the project was to support the teaching staff in the design of guided play activities that would benefit the children by strengthening the language environment they are learning in every day. All the preschools that took part were based in low-socioeconomic communities, with high unemployment and many immigrant families. Challenges included limited education, poor literacy and very little use of the Swedish language – Swedish being an additional language for most of these children (Cekaite & Simonsson, 2023).

The guided play experiences encouraged the children in creativity, initiative and respect for their peers and teachers. They were experiencing inclusivity as they participated in therapeutic play activities because they were being supported to express themselves freely, make choices and take part; they were being heard and listened to. However, although it was acknowledged as an effective way to support communication, especially those with

limited language, the study found that the children's engagement in guided play was a gradual development and it was essential that teacher support was sensitive. It was important they scaffolded play by planning around the children's interests including engaging with them by asking open-ended questions (Cekaite & Simonsson, 2023).

Cultural sensitivity is vital in therapeutic play, where children may come from numerous cultural backgrounds, and inclusive adaptations should be carefully considered. Children interpret play, language, social norms, and the symbolic meanings of play objects differently, depending on their own culture and identity. Play scenarios should be designed respectfully to reflect the cultural and linguistic backgrounds of all children, ensuring that no child feels excluded. For example, the teacher should consider whether the play reflects the child's identity, traditions, and home language. This is especially important in diverse early learning settings to support meaningful engagement. If therapeutic play does not acknowledge these differences, immigrant children are less likely to engage or feel a sense of belonging, and they may not participate fully because the play does not align with their norms. Therefore, being sensitive to cultural diversity in play helps reduce barriers and provides strong support for children's emotional and social well-being (Kangas et al., 2023).

Practical strategies for cultural sensitivity in therapeutic play involve providing relevant materials that affirm the child's culture and reinforce a sense of belonging within the setting. Practitioners should plan these sessions intentionally, ensuring that stories, symbols, music, costumes, and other materials reflect the cultural backgrounds and languages of the children. While this can be costly and challenging on limited budgets, improvisation can also be effective, for example, children might bring a traditional game, a doll, or kitchen utensils from home, and parents could provide labels in their home language to support understanding, participation, and communication. Involving families in play planning further values their expertise and helps create experiences that feel relevant and authentic for each child. The key message is that the child is acknowledged and respected, and their unique

differences are validated. By reflecting on their own cultural assumptions and biases, practitioners can scaffold play in ways that genuinely affirm cultural diversity (Cekaite & Simonsson, 2023; Harris et al., 2025; Kangas, 2023).

Another qualitative study identifies nurses who have used symbolic interaction to examine how therapeutic play enables inclusivity for patients, helping children to express their internal state. These play sessions were carried out 20 times with 6 children aged 3 to 10 years, examined and corresponding to one case. The study showed that dramatic therapeutic play took 4 interconnected steps that included building a bond, exploring experiences, acting them out through play, and ending the play. They also showed how children express their personal experiences through imagination, why exploration is significant for improving their situations and releasing emotions, and how cognitive skills develop throughout the process. However, with limited time and resources, it was suggested it is hard to do this well (Koukourikos et al. 2015).

On the other hand, with therapeutic play meaningfully improving a child's emotional health. A play space can feel safe allowing them to express their emotions regulating stress. Research carried out in 2025 through a randomized controlled trial looked at preschoolers after experiencing an earthquake. They discovered that structured therapeutic play created a pathway to significant reductions in anxiety and psychosocial stress when compared with the usual care they would receive from day to day. Children were able to cope and regulate better after processing a traumatic situation through guided play (Topal, 2025).

Recent research also identified evidence supporting the idea that pretend play which is theoretically embedded in Vygotsky's work is significantly linked with a child's social competence, which fundamentally involves emotional regulation, social interaction, and the consideration of perspective. These outcomes highlight Vygotsky's ideas and how they continue to be important for understanding the immediate effects of play and when guided correctly, the developmental potential too (Smits-van der Nat, et al. 2024). Furthermore,

empathy and perspective-taking are fundamental characteristics of social reasoning and understanding and this allows children to consider and regard other people's thoughts and feelings. Evidence suggests pretend play builds meaningful relationships including social skills involving communication, empathy, sharing ideas and conflict resolution. Children were able to learn to share and take turns (Chinekes, et al. 2013).

Moreover, applied therapeutic play including storytelling with children who have diagnosed attention deficit hyperactivity disorder (ADHD), which often means challenges with social skills, revealed significant progress in how they express themselves, self-control, responsibility and cooperation after the intervention. This is encouraging as it suggests therapeutic play can be a scaffolding through diverse child populations regarding social development, resulting in inclusive practice. However, there needs to be more research, because samples are small and there appears to be a lack in long term follow up (Karbasi Amel, et al. 2023).

On the other hand, therapeutic play is used in cases of autism too, and where many of these interventions are focused on social development, which are specific challenges autistic children face, practitioners and caregivers do struggle to decide on the best strategies for them. However, a review examined 388 studies challenging varied play-based interventions specifically designed to support autistic children aged 2-8 years with the aim of improving skills such as social and communication. Play was used in different ways, and the research was diverse by changing in structure, methods and theories, and there were positive effects (Gibson, et al. 2021).

One study revealed a parent-mediated play-based intervention and found that it was supportive to the child's social communication skills and language. They were able to use language better to interact with others. Furthermore, the same study identified a small meaningful effect on core autistic characteristics and therefore the severity of some communication challenges was reduced. Children benefited from developing increased

gestures, comments and word use throughout their play intersections. This suggests play contexts encourage autistic children to repeat communication behaviors in a fun, enjoyable environment (Deniz, et al. 2024).

Furthermore, family involvement and therapeutic play improve emotional support equity. Involving a parent not only improves academic outcomes for example reading, but it strengthens emotional support and the communication between child and parent, suggesting therapeutic play fosters emotional support in context of relationship building, resulting in these interventions becoming more accessible and meaningful for a child who may not have a strong emotional scaffolding. Additionally, it also supports the growing confidence of the caregiver and their skills (Xu, 2025; Armstrong, et al. 2021).

Another study identified a development in social play and engagement. It was reported that there was an improvement in skills that are foundational to every day social life where children learn to initiate and respond to others. Children were able to demonstrate a shared play routine, joint attention and reciprocated interactions, supporting the development of engagement and joint activities. This was often noticed in parent-child interactions highlighting the value of play to enhance not merely the skills but the quality of social interaction. Additionally, other reviews considered therapeutic play within educational settings and identified the benefits to social and communication development within natural environments where friendship interaction and social expectations are high and again demonstrated positive results such as sharing and turn-taking (Gibson, et al. 2021).

There were limitations however, as studies were small with over half being fewer than 10 participants. Although many positive effects were reported throughout these studies, the evidence isn't strong enough, and to definitively demonstrate that therapeutic play works to benefit an autistic child in areas of social and communication development, there needs to be more high quality and larger scale studies (Gibson, et al. 2021). Nonetheless, therapeutic play aligns directly with international and the United Kingdom's government policy

frameworks that prioritise inclusion, emotional well-being, and social development. The United Nations Convention on the Rights of the Child (UNCRC) specifically acknowledges the right of every child to not just rest, leisure, and cultural life, but also to play (Article 31); framing play not just as a developmental activity but as a fundamental right of childhood that must be protected and facilitated by policy and practice (United Nations, 1989). This underpins many national and global early years policies that view play as essential for holistic development, particularly for children with additional or complex needs such as autism.

The government across England and Wales positions play as the foundation and key factor through which children learn emotional regulation, social skills, and communication, and it clearly states within their frameworks that practitioners must provide experiences that are inclusive, that ensures value and response to every unique child's world, their backgrounds and identities (Department for Education, UK, 2025; Welsh Gov, 2023). Similarly, Australia's Frameworks emphasise equity and inclusion under the Australian Government, requiring services to embed inclusive pedagogies and responsive play environments that support all children's participation regardless of culture, ability or language spoken at home (Australian Government Department of Education, 2022).

These policy priorities reflect principles like Universal Design for Learning (UDL), which guides educators to plan learning and by extension, guided play. Furthermore, it offers multiple means of engagement and expression so that diverse children can access learning and play experiences meaningfully. On the other hand, more research from practice is needed to know its full potential for inclusivity. Barriers to using UDL include the need for strong professional learning communities (Kelly, et al. 2022).

However, research does show that therapeutic play, when aligned with such frameworks, supports social-emotional outcomes for children from diverse backgrounds because it can be intentionally scaffolded, culturally responsive, and relationally grounded. For instance, in

Swedish early childhood settings as discussed in this essay, guided play designed around children's linguistic and cultural resources consistent with national curriculum expectations for inclusion, helped immigrant and multilingual children increase participation, communication, and peer engagement. This demonstrated how government curricula and therapeutic play practice can interconnect to strengthen inclusive outcomes (Cekaite & Simonsson, 2023; Kangas et al., 2023).

Moreover, policy frameworks such as Te Whariki (Aotearoa New Zealand's early childhood curriculum) clearly link play to strengthening identity, belonging and well-being, focusing on emotionally supportive relationships and culturally responsive practice. This policy context emphasises adult-child interactions that draw on family values and culture, aligning with research that shows family involvement in play promotes emotional security and strengthens social skills (Xu, 2025; Whitebread, 2012). These official frameworks provide structural supports and expectations for inclusive practice, showing that therapeutic play is not only pedagogically sound but also embedded in the professional and policy ethos of early childhood care and education (Ministry of Education (New Zealand), 2017).

However, the translation of policy into practice needs work because while government frameworks provide guidance and instruction to inclusive approaches, research has highlighted throughout this essay that practitioners often lack sufficient training, time, resources and support to fully realise these aims through therapeutic play. This gap could be reinforcing the need for policy implementation strategies such as more funded professional development; extra curriculum supports and better monitored quality standards to ensure that therapeutic play delivers the desired emotional and social outcomes as intended by national and international policy.

In conclusion, this essay has highlighted the vital role of play, and specifically therapeutic play in supporting children's social and emotional development, including those from diverse backgrounds. Vygotsky's Zone of Proximal Development has been explored, and it has

shown how adult scaffolding can guide children through meaningful social and emotional experiences during play.

Research consistently demonstrates that therapeutic play fosters emotional safety, a sense of belonging, and positive engagement for children with neurodiversity, cultural or language differences, and hospitalisation. Furthermore, play offers children an opportunity to express themselves openly and without the adult taking control. Moreover, when done well, it has potential to be adapted across contexts, reducing barriers to social and emotional support. Additionally, involving primary caregivers and encouraging family engagement throughout the therapeutic play process enhances access to support while strengthening relationships.

While challenges such as limited time, resources, spaces, and practitioner training can restrict implementation, the evidence powerfully supports the benefits of therapeutic play if done well. Although many studies have small sample sizes, suggesting the need for further large-scale research, the findings in this essay do demonstrate its value in promoting equity, well-being, and inclusive practice. Overall, therapeutic play is acknowledged in national and global policy as a powerful tool for fostering emotional, social, and cognitive development, ensuring that all children regardless of background have the opportunity to thrive, resulting in the best possible outcome for their lives.

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