



A Guide to Collecting Play-Related Impact Data

The Play Evaluation Toolkit

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1. About this guide

The aim of this guide is to help charities delivering play-related interventions decide what to measure, when to measure it, who should provide the information and which data-collection method to use. Play-related interventions include open or freely chosen play, structured or facilitated play, access to play spaces, and the provision of toys, games or other materials that enable children to play. Making these decisions can be difficult because play takes place across a wide range of settings, including the home, schools and nurseries, community settings, hospitals and specialist or clinical provision. This guide is designed specifically for charities and community organisations providing ordinary, non-clinical play opportunities. This may involve providing a space in which children can play, making toys and games available within a centre, running regular or one-off play sessions, or providing toys and games for children to take home.

These forms of provision differ in how often children take part, how long they are exposed to the play opportunity, how structured the activity is and how much of the resulting play practitioners can observe. This creates a challenge for charities wanting to measure their impact. This guide takes organisations through the steps needed to decide what it is realistic and useful to measure, and which approach is most appropriate for their provision. It does not suggest that all play organisations should use the same survey, measure the same outcomes or collect information at the same points. Instead, it provides a practical way of matching the type of provision to the outcomes that are relevant and to data-collection methods that are realistic within everyday delivery.

2. Why measuring play is different

Measuring the impact of play-related interventions presents a particular challenge. Play interventions vary considerably in what they provide, how they are delivered and how children experience them (Stagnitti, 2004; Whitebread et al., 2017). An intervention might involve giving a child a toy or game to take home, providing toys and materials within a community centre, offering open or freely chosen play, or running more structured and facilitated play activities. The amount of exposure children have to these opportunities also varies. Some children may take part once, others occasionally, and others regularly over a sustained period (Johnstone et al., 2018). In some settings practitioners can directly observe children playing, while in others, particularly where toys and games are taken home, the resulting play takes place outside the organisation and cannot be directly observed (Stagnitti, 2004).

These differences matter because they affect both what can reasonably be expected to change and how that change can be measured. Different forms of play are associated with different outcomes, and some outcomes are only likely to develop through repeated or sustained opportunities to play (Whitebread et al., 2017; Johnstone et al., 2018). A pre- and post-measure may therefore be appropriate for some interventions but not for others. In one-off or less intensive provision, observation, end-of-session feedback or parent/carer reporting may provide more useful evidence. Age also affects how data can be collected. Younger children may not be able to complete outcome questionnaires reliably, meaning that parents, carers or practitioners will often provide the information instead (Stagnitti, 2004).

The starting point for measurement should therefore be the structure of the play intervention. Organisations should first consider what kind of play they provide, how often children experience it, for how long, and whether the play can be observed. These factors determine which outcomes it is realistic to measure, and which data-collection method is most appropriate.

3. Defining a play intervention: what types of play

Before deciding what to measure, it is useful to be clear about the types of play that children experience through your intervention. Play is a broad term and can include very different activities (Whitebread et al., 2017). The research reviewed for the Outcomes Framework for Play includes object and toy play, constructive play, pretend and imaginative play, loose-parts play, social and cooperative play, physical play, rough-and-tumble and risky play, and games or rule-based play (Whitebread et al., 2017; Gibson et al., 2017; Brussoni et al., 2015; Ness and Farenga, 2016; Jin and Moran, 2023).

These types of play are not mutually exclusive (Sandseter et al., 2022). Children will often move between them or combine several types within the same play experience (Sandseter et al., 2022). A child using building blocks, for example, may explore how the pieces fit together, construct something, use what they have built within an imaginary story and involve another child in the play (Ness and Farenga, 2016; Sandseter et al., 2022). The purpose of the categories is therefore not to put every activity into a single box, but to identify the main forms of play that an intervention enables. Table 1 summarises the main types of play represented in the evidence reviewed.

Table 1 – Common types of play

Type of play	What this can look like
Object/toy and exploratory play	Handling, moving, combining, testing and experimenting with toys, objects or materials to find out what they do and how they can be used (Whitebread et al., 2017).
Constructive play	Building, making or changing things using blocks, bricks, construction sets, planks or other materials (Ness and Farenga, 2016).
Pretend, symbolic and imaginative play	Inventing characters, roles, situations or stories, or using an object or action to represent something else (Stagnitti, 2004; Whitebread et al., 2017).
Loose-parts/open-ended play	Child-directed play using materials without one predetermined use, such as boxes, fabric, recycled materials, natural materials or moveable objects (Gibson et al., 2017; Al-Mansour, 2018).
Social/cooperative play	Playing with other children through shared activity, cooperation, negotiation or joint problem-solving (Whitebread et al., 2017; Trawick-Smith et al., 2023).

Physical/active play	Running, jumping, climbing, balancing, throwing, catching and other forms of movement-based play (Whitebread et al., 2017; Johnstone et al., 2018).
Rough-and-tumble/risky play	Play involving chasing, wrestling, play fighting, height, speed, challenge, uncertainty or other forms of managed risk (Whitebread et al., 2017; Brussoni et al., 2015).
Games/rule-based play	Play organised around agreed or understood rules, including board games, playground games and other games played with others (Whitebread et al., 2017).

Who the child plays with is a separate part of the play experience. Play may be solitary, involve two children playing together, take place within a larger peer group, or involve a sibling, parent, carer or practitioner. The same type of play can therefore take place in different social configurations (Howe et al., 2022; Trawick-Smith et al., 2026).

Pretend play, for example, may happen alone, with another child or with a parent or carer. Toy play may similarly be solitary or shared (Fein and Diamond, 1974; Ivory and McCollum, 1999; Howe et al., 2022).

This distinction can be important for evaluation. Playing with another person creates opportunities for interaction, communication, negotiation and shared activity that are not present in solitary play (Howe et al., 2022; Jin and Moran, 2023; Trawick-Smith et al., 2023). This does not mean that shared play should automatically be considered better than solitary play. It means that who the child plays with is another feature of the intervention that may help explain the outcomes observed.

For example, a charity may provide a toy for a child to take home, where the child then regularly plays with it together with a parent or carer. The organisation has provided the toy, but the play itself is taking place away from the service and cannot usually be observed directly. An evaluation therefore needs to establish whether the toy was actually used, how often and over what period, what type of play it enabled, and whether the child usually played alone or with someone else (McLoyd, 1983; Howe et al., 2022; Sandseter et al., 2022). If a parent or carer plays with the child, their involvement forms part of the play experience and may be relevant to outcomes

involving communication or social interaction (Fein and Diamond, 1974; Howe et al., 2022). The parent or carer may also be the main person able to report what happened at home. This means that evaluating take-home provision requires information about the play that followed the provision of the toy, rather than simply recording that the toy was distributed.

Other terms describe how or where play happens rather than a separate type of activity. Free or self-directed play describes play in which children have substantial choice over what they do and how they do it (Whitebread et al., 2017). It may include physical, constructive, imaginative, social or other forms of play. Outdoor play similarly describes the setting. Outdoor spaces can enable physical play, risky play, loose-parts play, imaginative play and social play, often within the same session (Bento and Dias, 2017; Brussoni et al., 2015; Dankiw et al., 2020).

Toys, games and other play materials can also enable several different forms of play (McLoyd, 1983; Ness and Farenga, 2016; Howe et al., 2022; Sandseter et al., 2022). The important question for an organisation is therefore not simply what toy, game, equipment or space it provides, but what children are able to do with it. Identifying the main types of play and who children usually play with provides the starting point for deciding which outcomes are relevant to measure.

4. Measuring play and play outcomes

The outcomes you measure should reflect the types of play children actually experience through your intervention. Different forms of play can support several outcomes at the same time, while some outcomes are more relevant to particular forms of play than others. The evidence reviewed, for example, links constructive play with spatial and problem-solving skills (Ness and Farenga, 2016; Chen et al., 2025), pretend play with self-regulation and social competence (Slot et al., 2017; Kalkusch et al., 2022; Smits-van der Nat et al., 2024), loose-parts play with cognitive, social and

emotional development (Gibson et al., 2017), and active play with physical and motor development (Johnstone et al., 2018).

Who the child plays with also needs to be considered. The same type of play can create different opportunities depending on whether it is solitary or shared with a peer, sibling, parent or other adult (Howe et al., 2022; Fein and Diamond, 1974; Ivory and McCollum, 1999). Constructive play undertaken alone, for example, may provide opportunities for problem-solving and creativity (Ness and Farenga, 2016; Al-Mansour, 2018). If the same activity is undertaken with another child or an adult, it may also involve communication, cooperation and negotiation (Howe et al., 2022; Jin and Moran, 2023). The research reviewed includes solitary toy play, sibling and friend dyads, child–adult toy play and peer/group play (Robinson and Jackson, 1985; Howe et al., 2022; Fein and Diamond, 1974; Trawick-Smith et al., 2023), demonstrating why the social configuration should be considered alongside the type of play.

Some play interventions provide toys, games or other materials that enable children to play. These should not be treated as outcomes in themselves. The relevant question is what types of play the resource enables and which outcomes that play could reasonably support. Building blocks, for example, may be used for exploratory and constructive play (Ness and Farenga, 2016). Figures or dolls may enable pretend or social play (McLoyd, 1983; Howe et al., 2022), while a game played with another person may combine rule-based and social play. The same toy may also be used differently by different children, so outcomes should not simply be assigned to products according to what they are designed to do. Studies within the review show that the structure of toys and materials, and who children use them with, can influence the resulting play (McLoyd, 1983; Fein and Diamond, 1974; Ivory and McCollum, 1999; Howe et al., 2022).

A separate Play Outcomes Framework is provided as part of the wider Play Evaluation Toolkit. It identifies seven areas in which play can contribute to children's development: social interaction and competence; self-regulation; cognitive development and problem-solving; communication and language; creativity and imagination; physical and motor development; and emotional wellbeing.

These outcomes are evidence-led rather than speculative. The framework was developed through a rapid review of 36 studies and reviews of play and child development. Outcomes measured across the literature were identified, compared and grouped into recurring developmental domains. The indicators within each outcome were then developed from the behaviours, abilities and changes measured in that literature.

Organisations should therefore select the outcomes that have a clear relationship to the play children experience rather than attempting to measure all seven. A useful way to do this is to identify the main types of play from Table 1 and then consider who children normally play with. Table 2 summarises the outcome areas most clearly relevant to each type of play in the evidence reviewed. It is intended as a guide to outcome selection, not as a claim that a particular form of play will necessarily produce a particular outcome.

Table 2 – Types of play and potentially relevant outcomes

Type of play	Social interaction and competence	Self-regulation	Cognitive development and problem-solving	Communication and language	Creativity and imagination	Physical and motor development	Emotional wellbeing
Object/toy and exploratory play	✓*		✓	✓*	✓		
Constructive play	✓*		✓	✓*	✓		
Pretend, symbolic and	✓	✓	✓	✓	✓		✓

imaginative play							
Loose-parts/open-ended play	✓		✓		✓		✓
Social/cooperative play	✓	✓	✓	✓			
Physical/active play						✓	✓
Rough-and-tumble/risky play	✓					✓	✓
Games/rule-based play	✓	✓	✓	✓*			

NOTE: A tick indicates that the reviewed evidence provides a reasonable basis for considering the outcome. An asterisk indicates an outcome that depends particularly on the social configuration of the play. For example, object or constructive play undertaken alone does not necessarily provide opportunities for social interaction or communication, whereas the same play undertaken with a parent, sibling or peer may do so. The 36-paper set contains particularly clear evidence for pretend play, toy/object play, loose-parts play, constructive play and active/risky play; games and rule-based play are represented more strongly in the broader play reviews than in the individual studies.

5. Data collection

The most appropriate way to collect data depends on how the play intervention is delivered. The main considerations are whether provision is one-off, fixed or ongoing; how much exposure children actually have; whether the play takes place within the service or elsewhere; and whether practitioners are able to observe it directly. These factors determine whether outcome data can reasonably be collected at one point, before and after participation, or at repeated intervals, and whether the information is best provided by a parent/carer, practitioner or through routine monitoring.

The toolkit includes a set of practical data-collection tools in the appendices: a parent/carer outcome questionnaire, a practitioner observation and outcome-recording tool, an end-of-session feedback tool, a play-experience recording tool and a monitoring tool. The outcome tools are linked directly to the indicators in Outcomes Framework for Play, so organisations can select the indicators that are relevant to the

types of play they provide rather than use a single standard measure for every intervention.

Table 3 summarises the main intervention structures and the data-collection approaches most suited to each.

Table 3 – Intervention type and data collection

Intervention	Data-collection methods	Explanation
Take-home toy or game provision	Parent/carer questionnaire; parent/carer interview; play-experience record; monitoring	The organisation provides a toy or game but does not usually observe the resulting play. Parent/carer follow-up is therefore needed to understand whether and how it was used, who the child played with and any relevant changes observed.
One-off or ad hoc play provision	Practitioner observation; end-of-session feedback; play-experience record; attendance monitoring	Exposure is brief or irregular. The strongest evidence is usually about the play experience itself and immediately observable behaviours rather than developmental change over time.
Open-access or variable-attendance play provision	Practitioner observation; play-experience record; parent/carer questionnaire for regular users; attendance monitoring	Children may have access over a long period but attend at very different frequencies. Outcome measurement is most useful for children with sufficient repeated participation, so monitoring actual attendance is important.
Regular ongoing play provision	Parent/carer questionnaire at planned intervals; repeated practitioner observation; play-experience record; monitoring	Children take part repeatedly over time and practitioners may be able to observe change. Because there may be no natural end point, measurement is usually better at planned intervals than through a simple pre/post design.
Fixed play programme	Parent/carer pre/post questionnaire; practitioner observation; play-experience record; attendance monitoring	The intervention has a defined start, end and expected dose, making it easier to establish exposure and measure change before and after participation.
Combined centre-based and take-home provision	Practitioner observation; parent/carer questionnaire; play-experience record; monitoring	Some play is observed directly and some happens at home. Practitioner evidence about centre-based play therefore needs to be combined with parent/carer evidence about home play.

Appendices- Data-collection tools

The appendices provide five practical data-collection tools: a parent/carer outcome questionnaire, a practitioner observation and outcome-recording tool, an end-of-session feedback tool, a play-experience recording tool and a monitoring tool. The tools are designed for the different types of play provision described in Table 3 and can be used once, before and after an intervention, or at repeated points where appropriate.

The questions and observation items are developed directly from the indicators in the Outcomes Framework for Play. This means that the wording used in the tools stays as close as possible to what the indicator is intended to measure. For example, the indicator “The child can share toys or play materials with others” might become the parent question “Have you observed your child sharing toys or play materials with others?” Another indicator, “The child can wait and take turns during shared play”, might become “How often have you observed your child waiting and taking turns during shared play?”, answered on a scale from 1 = Never to 7 = All the time.

This provides a simple quality check when developing the tools. There should be a clear link between the outcome, the indicator and the question being asked. Keeping that link visible reduces the risk of changing what is being measured when an indicator is turned into a survey question or observation item. This follows the approach to measurement validity set out by Adcock and Collier (2001).

Appendix 1 – Parent/carer outcome questionnaire

Use this survey where a parent or carer is well placed to observe the child's play, particularly where a toy or game is used at home. It can be used once after a period of play, before and after an intervention, or at repeated points during ongoing provision. The survey deliberately collects a small core of information. It first establishes whether and how the child has played, then measures a limited number of relevant outcomes from the Outcomes Framework for Play. Other outcomes can be explored through parent/carer interviews or other qualitative methods where they are important to the intervention.

1. Has your child played with the toy or game? [Yes / No]
2. How often has your child played with it? [Scale: 1–7, 1 = Never, 7 = Every day or almost every day]
3. Who has your child mainly played with? [Alone / Parent or carer / Sibling / Other child or children / A mixture]
4. If your child has played with other people, have you observed them sharing toys or play materials with others? [Yes / No / Not applicable]
5. How often have you observed your child continuing to play or trying again when something becomes difficult? [Scale: 1–7, 1 = Never, 7 = All the time]
6. To what extent have you observed your child managing their emotional reactions during play? [Scale: 1–7, 1 = Not at all, 7 = To a very great extent]
7. How often have you observed your child trying a different approach when their first attempt does not work? [Scale: 1–7, 1 = Never, 7 = All the time]
8. Have you observed your child inventing pretend roles or characters during play? [Yes / No]
9. How often have you observed your child extending or changing a play idea as their play develops? [Scale: 1–7, 1 = Never, 7 = All the time]
10. How often does your child appear happy or show enjoyment during play? [Scale: 1–7, 1 = Never, 7 = All the time]

11. To what extent does your child appear confident during play? [Scale: 1–7, 1 = Not at all, 7 = To a very great extent]

Appendix 2 – Practitioner observation and outcome-recording tool

Use this tool where practitioners or playworkers can observe children playing directly. It can be completed once, at repeated points, or before and after a defined period of regular participation.

1. Did the child play with other children during the observation period? [Yes / No]
2. Did the child share toys or play materials with others? [Yes / No / Not applicable]
3. How often did the child wait and take turns during shared play? [Scale: 1–7, 1 = Never, 7 = All the time]
4. How often did the child continue playing or try again when something became difficult? [Scale: 1–7, 1 = Never, 7 = All the time]
5. To what extent did the child manage their emotional reactions during play? [Scale: 1–7, 1 = Not at all, 7 = To a very great extent]
6. How often did the child work out how to achieve a goal using the objects or materials available? [Scale: 1–7, 1 = Never, 7 = All the time]
7. How often did the child try a different approach when their first attempt did not work? [Scale: 1–7, 1 = Never, 7 = All the time]
8. Did the child invent pretend roles, characters or situations? [Yes / No]
9. How often did the child extend or change a play idea as the activity developed? [Scale: 1–7, 1 = Never, 7 = All the time]
10. How often did the child communicate with other people during play? [Scale: 1–7, 1 = Never, 7 = All the time]
11. How often did the child appear happy or show enjoyment during play? [Scale: 1–7, 1 = Never, 7 = All the time]

12. To what extent did the child appear confident during play? [Scale: 1–7, 1 = Not at all, 7 = To a very great extent]
13. Where physical play was involved, to what extent did the child show control of their movements? [Scale: 1–7, 1 = Not at all, 7 = To a very great extent / Not applicable]

Appendix 3 – End-of-session feedback tool

Use this tool for one-off, ad hoc or short play sessions where there is not enough exposure to make a meaningful assessment of developmental change. It focuses on what happened during the session and the child's immediate experience of play.

1. Did the child engage in play during the session? [Yes / No]
2. Approximately how much of the session did the child spend playing? [Very little / Some / Most / Almost all]
3. Did the child play mainly alone or with other people? [Alone / One other child / Group of children / Parent or carer / Practitioner or other adult / Mixed]
4. What was the main type of play? [Object/toy and exploratory / Constructive / Pretend or imaginative / Loose-parts or open-ended / Social or cooperative / Physical or active / Rough-and-tumble or risky / Games or rule-based]
5. Did the child use toys, games or other play materials? [Yes / No]
6. How engaged did the child appear in the play? [Scale: 1–7, 1 = Not at all, 7 = Very highly]
7. How often did the child appear happy or show enjoyment? [Scale: 1–7, 1 = Never, 7 = All the time]
8. Did the child continue or try again when something became difficult? [Yes / No / Not observed]
9. Did the child introduce, develop or change their own play ideas? [Yes / No / Not observed]

10. Did the child interact with other people as part of the play? [Yes / No / Not applicable]
11. Is there anything particularly important about the child's play during this session that should be recorded? [Open text]

Appendix 4 – Play-experience recording tool

Use this tool to record what play actually took place. It can be completed by a practitioner where play is directly observed or adapted for parent/carer reporting where play takes place at home.

1. Date of play: [Date]
2. Where did the play take place? [Home / Community centre / Playground or outdoor space / School or nursery / Other]
3. What toys, games, equipment or materials were used? [Open text]
4. What was the main type of play? [Object/toy and exploratory / Constructive / Pretend or imaginative / Loose-parts or open-ended / Social or cooperative / Physical or active / Rough-and-tumble or risky / Games or rule-based]
5. Were any other types of play observed? [Select all that apply]
6. Who did the child play with? [Alone / One other child / Group of children / Parent or carer / Sibling or family member / Practitioner or other adult / Mixed]
7. Approximately how long did the child play? [Minutes / Hours]
8. Was the play mainly child-led or adult-led? [Child-led / Mostly child-led / Mixed / Mostly adult-led / Adult-led]
9. How engaged was the child? [Scale: 1–7, 1 = Not at all, 7 = Very highly]
10. Did the child return to the same toy, game or play activity more than once? [Yes / No / Unknown]
11. Did the play change or develop during the period observed? [Yes / No]
12. Briefly describe anything important about how the child used the toy, game, space or materials. [Open text]

Appendix 5 – Monitoring tool

Use this tool to record the routine delivery information that organisations are likely to report to a funder. It should be completed alongside normal service delivery and can also be used to interpret outcome findings by showing the level and type of exposure children received.

1. Organisation / project name [Open text]
2. Reporting period [Dates]
3. Type of provision [Toy/game provided to take home / Toy library or lending / Centre-based toys and play / Open-access play / Fixed play programme / Other]
4. Setting [Home / Community centre / Adventure playground or outdoor space / School or nursery / Other]
5. Toys, games or play resources provided [Open text/category]
6. Number of toys/games/resources distributed or made available [Number]
7. Number of children reached [Number]
8. Number of families/households reached, where relevant [Number]
9. Age group(s) reached [Age bands]
10. Was provision one-off, fixed or ongoing? [One-off / Fixed / Ongoing]
11. Number of play sessions delivered, where relevant [Number]
12. Number of attendances, where relevant [Number]
13. Typical frequency of participation [One-off / Occasional / Weekly / Several times a week / Other]
14. Typical length of a play session or period of use, where known [Minutes/hours]
15. Main types of play enabled [Object/toy and exploratory / Constructive / Pretend or imaginative / Loose-parts/open-ended / Social/cooperative / Physical/active / Rough-and-tumble/risky / Games/rule-based / Mixed]

Appendix 6 – GDPR, Consent, and Evaluation Ethics

1. What information can a charity collect?

A charity delivering a service can collect personal information where it has a clear reason for doing so and an appropriate lawful basis. In the UK, the main rules are contained in the UK GDPR and the Data Protection Act 2018, as subsequently amended. Being a charity does not create a general right to collect information about children or families. The organisation needs to be able to explain what information it needs, why it needs it and how it will be used.

This can include information needed to deliver a service effectively and safely. Depending on the service, a charity may need information about who is receiving support, their age, attendance, contact details, relevant needs and any information required to manage risk or safeguarding. A charity may also have a legitimate reason to collect information to monitor its provision and understand whether it is achieving its intended outcomes. The lawful basis should be identified according to the purpose for which the information is being collected. Consent is only one possible lawful basis. Others include legal obligation, vital interests, public task, recognised legitimate interest and legitimate interests.

Safeguarding illustrates why consent is not always the appropriate basis. Current UK GDPR provisions include a recognised legitimate interest for safeguarding a vulnerable individual, which includes children. Other lawful bases may also apply depending on the circumstances. Where special-category information is involved, additional conditions under data protection law may also need to be met. Data protection law should not be treated as a reason not to share information where this is necessary to safeguard a child.

2. Who is the data controller?

The organisation that decides why personal information is being collected and the main purposes for which it will be used will normally be the data controller for that processing. A charity that decides to collect information from the children and families using its service will therefore normally be the controller for that information.

Controllers have responsibility for complying with data protection law and being able to demonstrate that compliance.

This distinction is important because the same organisation does not have to occupy the same role in every situation. An organisation that merely processes data on another organisation's instructions may be a processor, while two organisations that jointly determine the purposes and means of processing may be joint controllers. The question is therefore who is making the substantive decisions about what personal information is collected and why.

3. The main data-protection principles

Whatever lawful basis is used, seven principles sit at the centre of the UK GDPR:

1. Lawfulness, fairness and transparency: have a lawful reason for collecting and using the information and be clear with people about what you are doing.
2. Purpose limitation: collect information for a defined purpose and do not simply reuse it for unrelated purposes.
3. Data minimisation: collect only the information you actually need.
4. Accuracy: take reasonable steps to ensure that information is accurate where this matters.
5. Storage limitation: do not retain identifiable information for longer than you need it.

6. Integrity and confidentiality: keep information appropriately secure.
7. Accountability: be able to demonstrate that you have considered and followed these requirements.

For evaluation, data minimisation is particularly important. Before including information in a survey or monitoring form, ask whether it is actually needed to answer the evaluation question.

4. Applying this to play evaluation

Most of the tools in this toolkit do not require detailed identifying information. For example, a parent/carer completing a survey about a child's play at home does not normally need to provide the child's name, address or full date of birth. An age band, information about the play experience and responses to selected outcome questions may be sufficient.

Where there is no need to connect a survey response back to an individual child, the survey can be designed to be anonymous. If information is genuinely anonymous, so that an individual cannot reasonably be identified from it, it falls outside the scope of UK GDPR. Care is still needed with small groups or combinations of information that could indirectly identify a child.

Where an organisation needs to connect responses over time, for example to compare a parent's answers before and after a period of play, it may use a participant code instead of the child's name. This is pseudonymisation rather than anonymisation. If the code can be linked back to the child using information held by the organisation, the data remains personal data and the UK GDPR continues to apply.

This means that service-delivery data and evaluation data do not necessarily need to contain the same information. A charity may need a child's name and parent contact details internally to deliver its service safely. The evaluation dataset may require only a participant code, an age band and responses to the outcome questions.

5. What information does a funder or donor need?

A funder or donor will normally have a programme interest in knowing whether the provision it supports is reaching the intended population and producing useful results. This does not mean that it needs individual-level personal data.

For example, an organisation providing toys through charities may need monitoring information such as the number of toys distributed, the number and broad age range of children reached, the types of provision supported and, where relevant, numbers of play sessions or attendances. Evaluation findings can similarly be reported as aggregated results, such as the proportion of parents reporting particular changes or a summary of themes emerging from interviews.

Where the donor only receives aggregated or genuinely anonymous monitoring and evaluation information, it does not need children's names or other directly identifying information simply because it funded or supplied the intervention.

Legitimate interests may provide a lawful basis where an organisation does need to process personal information for evaluation, but this is not automatic. The organisation must identify the legitimate interest, show that processing the information is necessary and consider this against the rights and interests of the people concerned. Extra care is required where children's information is involved. A practical model for the type of provision covered by this toolkit is therefore:

delivery charity collects the information it needs → individual-level evaluation data remain with the charity where possible → funder receives aggregated monitoring and evaluation findings.

6. External evaluation

Commissioning an external evaluator does not automatically transfer responsibility for data protection to the evaluator. The respective roles depend on who decides why and how the personal information will be processed.

If a charity determines the purpose of the evaluation and the information that needs to be collected, and an evaluator processes that information only on the charity's instructions, the charity may be the controller and the evaluator a processor. If the evaluator independently determines the purposes and means of particular processing, it may act as a controller for that activity. Organisations can also be joint controllers where they genuinely make those decisions together.

These roles should be established before identifiable or pseudonymised evaluation data are collected or transferred. Where an evaluator acts as a processor, the controller also has responsibilities around appointing that processor and putting appropriate contractual arrangements in place.

7. Consent and evaluation ethics

The tools in this toolkit do not involve children being interviewed directly. The principal outcome survey is completed by a parent or carer, while practitioner tools record observations made during play provision. This reduces the consent requirements associated with direct research with children, but it does not remove them entirely.

Where structured observations are recorded about an identifiable or pseudonymised child specifically for evaluation, parents or carers should be informed that this is taking place and how the information will be used. The organisation should also apply the lawful basis and participation arrangements it has agreed for the evaluation.

Pseudonymised observations remain personal data where the organisation can reconnect them to an individual child.

If an organisation chooses to add direct child surveys, interviews or focus groups, it should introduce an appropriate child-participation process. This should include age-appropriate information for the child, consideration of their competence, parental permission where required, the child's own agreement to participate, and a clear right for the child to decline or stop.

8. Basic ethical principles for evaluation

The evaluations covered by this toolkit should follow a small number of practical principles:

- participation in surveys and interviews should be voluntary;
- people should understand what they are being asked to do and why;
- only information that is needed for the evaluation should be collected;
- questions should not be unnecessarily intrusive;
- participants should know how their information will be used;
- confidentiality should be protected as far as possible;
- findings should normally be reported without identifying individual children or families;
- organisations should have a clear procedure for responding to safeguarding concerns that emerge during evaluation.

Confidentiality should not be promised without qualification. If an identifiable participant discloses information indicating that a child or another person may be at risk of harm, the organisation may need to respond in accordance with its safeguarding procedures. Participants should be told about this limitation where it is relevant.

Anonymous surveys present a slightly different issue. If an organisation genuinely cannot identify the respondent, it may also be unable to act on a safeguarding disclosure made through the survey. Anonymous surveys should therefore avoid encouraging detailed disclosures about safeguarding concerns and should provide a separate, identifiable route through which a parent or carer can ask for help or raise a concern.

For the forms of play evaluation covered by this toolkit, the overall approach should be proportionate. Most of the information required can be collected through routine monitoring, short parent/carers surveys and practitioner observation without collecting extensive personal information or conducting direct research with children. Keeping evaluation simple, voluntary and limited to the information genuinely needed reduces both the data-protection burden and the ethical risks.

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