factsheet

Children's Play Information Service

national children's bureau

Play in Hospital

Play in hospital is not a new concept. Reports by Platt (1959), the World Organisation for Early Childhood Education (OMEP) (1966), the Department of Health and Social Security Expert Group on Play (1976) and the Department of Health (1991) all made clear recommendations that play should be provided in the hospital setting in order to maintain the emotional well-being of the child.

The first hospital play schemes were established in 1957 at St Bartholomew's and St Thomas' Hospital in London followed by the Brook Hospital in London in 1963, which was the first of many Save the Children Fund play schemes. Whilst a child's need for play has not changed since then, the way play is now used and delivered in hospital has changed. Play in hospital is no longer viewed as a useful way to relieve boredom and pass the time in a pleasurable way, although these are both still key elements in relieving fear and anxiety in a strange and unfamiliar setting.

The need for play is recognised as being particularly important in a hospital environment where the child is exposed to strange sights, sounds and smells. A successful, well-run play programme needs to:

- increase the child's ability to cope with a hospital admission
- facilitate appropriate channels of communication between the child, the family and relevant health care professionals
- create an environment where stress and anxiety are reduced
- provide the child with the means with which to cope with diagnosis, illness and treatment, and so ultimately regain control of the situation
- reduce developmental regression
- promote confidence, self esteem and independence
- assist in the assessment and diagnosis of illness
- offer the child coping strategies for managing pain and invasive procedures
- prepare the child and family for medical and surgical procedures.

The skilful use of play can assist and hasten recovery and provide the child with a safe outlet to express his or her fears and fantasies. Through play, the child is given an opportunity to assimilate new experiences. For example, when having a blood test the child can be given an appropriate explanation using play and helped

to understand why blood taken does not need to be replaced.

The use of focused and therapeutic play interventions, assist the child and family to understand the illness, the treatment and the management of pain. This is achieved in the following ways:

Normal play enables the child or young person to relax as s/he finds comfort in familiar toys and activities. This is essential, especially in the case of emergency admissions where a disturbance of normal routine and lack of preparation for the event can cause both long and short-term emotional distress. The use of play enables the continuation of physical, emotional, social and intellectual development, and helps to minimise the loss or regression of skills. Through the use of normal play, important observations are made and communicated to the paediatric team to contribute to their assessment and diagnosis.

Preparation for procedures offers the child and family the means to understand, accept and co-operate with treatment. The importance of co-operation should not be underestimated. The co-operation of children undergoing blood tests, for example, enables the procedure to be carried out quickly and efficiently. When a child fights and struggles through fear, several attempts to take blood may be required. This is not only time consuming for the doctor, it is also deeply traumatic for both child and parent.

The child needs plenty of time and opportunity to assimilate what is fearful or unknown. There are various resources, which can be used to prepare a child for different hospital procedures, including:

- dolls
- teddies
- story books
- photographs
- medical equipment
- role play

Distraction therapy involves a range of techniques, which acknowledges that the child may be frightened during a procedure and offers a means of coping whilst the procedure is taking place. Successful distraction therapy enables the child to feel positive about their treatment and empowers them to take control. There are various methods involved including:

- bubbles
- singing
- stories
- interactive books
- guided imagery, which involves the child using his/her imagination to construe a situation, i.e., walking on the beach, swimming with dolphins etc. and then talking about it during the procedure. It is completely led and controlled by the child but facilitated by a trained adult whose role is to support the imagery, i.e, “what can you see on your left”, `what sounds can you hear’ etc, but not to interfere or make suggestions. This technique can be used to support a frightened child or young person during any procedure that requires them to keep still. It can be carried out in

most locations even a busy Accident & Emergency department
- visualisation: The child will decide on a subject they want to visualise i.e, a happy occasion, pet dog etc. Here the child just needs to concentrate on the image in their mind's eye but does not have to discuss it with anyone. This technique is useful during a procedure where talking is difficult, i.e, dental extraction, radiotherapy, CT or MRI scanning etc.

Post procedural play can be used to identify fears and misconceptions following a procedure. This form of play is pertinent for emergency admissions and a sensitive approach is required which involves returning the child to the point of admission and filling in any gaps s/he has. For example, when children have major misconceptions about why they were admitted or what 'things' were done to them such as intravenous lines, emergency surgery etc, post procedural play enables them to work through these events and move towards recovery. It is not unusual for adults to externalise or re-create experiences in order to be able to assimilate them. There should be no exception for a child who experiences hospitalisation.

Individual referrals are requested by various members of the multi-disciplinary team and can include children and young people who are needle phobic, newly diagnosed diabetics, have eating problems, headaches or pain with no obvious cause, or children with chronic illness who are being cared for at home. A range of therapeutic activities is used depending on the individual needs of the child. Referrals usually involve the setting of agreed aims and objectives with the child coming back to the hospital for specific play sessions. Some referrals will take place in the child's home. The number of visits will depend on the nature of the problem.

Work with siblings should be established practice in any hospital play scheme, as it is understood that when a child is admitted, the whole family unit can be affected. Siblings, depending on their age, developmental level, emotional maturity and previous experience of hospital may adapt to the hospitalisation of a brother or sister without any difficulty. However, for some children this may be traumatic. They may resent the sick child and the time their parents spend caring for him or her, particularly in the case of long term or chronic illness. Sensing parental worries, they may show signs of jealousy or anxiety. Their behaviour may alter. They may regress or feel guilty that they have caused their sibling's illness (when they wished their brother/sister would go away), or they may worry that they too will become ill and be forced to undergo painful procedures. They may also miss their sibling.

To help siblings to work through their feelings and make sense of the changed family circumstances and environment, they are encouraged, whenever possible, to play in hospital with the ill child or to have their own time in the playroom. Depending on the child, play may be guided or non-

directive. Provision of play in hospital for siblings helps to reduce parental anxiety as many parents try to balance the needs of the sick child and those of the children left at home.

The importance of play

The hospital play specialist, employed in a variety of paediatric settings, is specifically trained to enable the sick child to assimilate and absorb the hospital situation into a more manageable and positive experience. Play services can be found in acute paediatric wards, burns units, Accident & Emergency departments, day surgery wards and specialist areas such as cancer. Today it is widely recognised that hospital play services run by qualified play specialists add value to the paediatric setting by enhancing the environment in which children are enabled to make choices and participate in their own health care. There are many facets to a child's play and development. The play specialist empowers children and young people to find appropriate play activities and techniques that help them to turn a hospital admission into a positive experience. For example, a teenager with a head injury will require many forms of play and social opportunities in order to rebuild confidence and self esteem, especially if the body image has been altered. The choice of activities and their participation in making decisions is key to the recovery process as they begin to regain some autonomy. A three-year-old confined to a traction bed will be frustrated by the sudden loss of mobility but an activity that can compensate for the physical loss such as a rolled up newspaper and balloon, not only releases emotions in a positive way but also limits the regression of upper body strength and hand/eye coordination.

Play in its many forms is an essential component in the development of the whole child and must continue in sickness as well as in health.

There are 1,756 registered, qualified play specialists in the UK with 14 colleges approved to deliver the Edexcel Professional Diploma in Specialised Play for Sick Children and Young People. This is a post qualification course set at a level 4, with most candidates having a professional background in nursing, teaching, art therapy, nursery nursing etc.

Resources

Carroll, J. (1998) *Introduction to Therapeutic Play.* Blackwell Science.

Children and Young People's Unit (2002) *Learning to Listen.* DfES Publications.

Department of Health (1991) *The Welfare of Children and Young People in Hospital.* DoH.

Department of Health (2002) *National Service Framework for Children: Getting the right start.* DoH.

Department of Health and Social Security (1976) *Expert Group on Play.* DHSS.

Hogg, C. and Cooper, C. (2004) *Meeting the Needs of Children and Young People Undergoing Surgery.* Action for Sick Children.

Lansdown, R (1996) *Children in Hospital.* Oxford University Press.

McMahon, L (1993) *The Handbook of Play Therapy.* Routledge.

Maras, P (ed) (2003) *Hospital Play: Snapshots of Good Practice*. HPSET.

National Association of Hospital Play Staff (2003) *Guidelines for Professional Practice* Website- www.nahps.org.uk

Platt, H (1959) *Welfare of Children in Hospital.* HMSO.

Sylva, K (1993) '*Play in hospital: when and why it's effective', Current Paediatrics,* 3, pp 247-249.

Organisations

Action for Sick Children
Office 3, Abbey Business Centre,
Keats Lane
Earl Shilton
Leicestershire LE9 7DQ.
01455 854 600
http://www.actionforsickchildren.org

Hospital Play Staff Education Trust
Administrator, HPSET
PO Box 1153
Postwick
Norwich
NR13 5WQ
http://www.hpset.org.uk

National Association of Hospital Play Staff
Fladgate
Forty Green
Beaconsfield
Bucks
HP9 1XS
http://www.nahps.org.uk

Written by Norma Jun-Tai, December 2004.

The Children's Play Information Service produces factsheets and student reading lists on a variety of play topics, and can also provide customised reading lists in response to individual requests.

Children's Play Information Service
National Children's Bureau
8 Wakley Street
London EC1V 7QE
Tel: 020 7843 6303/6026
Fax: 020 7843 6007
Email: cpis@ncb.org.uk
http://www.ncb.org.uk/cpis

The Children's Play Information Service is funded by the Department for Culture, Media and Sport (DCMS) and the BIG Lottery Fund through Play England, and forms part of the National Children's Bureau Library and Information Service.

© National Children's Bureau 2005.
Reprinted 2006, 2008.