



Hospital play

Playing is central to children's physical, social and emotional health and wellbeing. Through play, children develop resilience and flexibility which contributes to their overall wellbeing.

To children themselves, playing is one of the most important aspects of their lives<sup>1</sup> – they value time, freedom and quality places to play.

The wellbeing of children and young people who are patients in hospital or community settings such as children's hospices, can be supported by the provision of play. Play and appropriate therapeutic play strategies should be embedded within the child's care plan and seen as a vital and routine part of a child's admission.

As play is vital to a child's healthy growth and development it is acknowledged that when children undergo medical and surgical procedures, ensuring access to play is maintained carries even greater significance.

The National Association of Health Play Specialists (NAHPS) sees the following as important pointers for supporting the child when utilising play in any health care setting (when it is facilitated by a qualified and registered health play specialist). Play:

- creates an environment where stress and anxiety is reduced
- helps the child regain confidence and self-esteem
- provides an outlet for feelings of anger and frustration
- helps the child understand treatment and illness, as through play children are able to effectively learn the sensory and concrete information they need to prepare for hospital procedures and treatment

- aids in assessment and diagnoses
- speeds recovery and rehabilitation.

Illness in children may impact on their play behaviour, particularly if there is a long period of illness or if they need to undergo treatment in hospital. The need to play continues during illness; however, some aspects of hospitalisation, such as an unfamiliar setting, separation from family and friends and frightening procedures may cause stress and anxiety for children.

Children with chronic illnesses may receive treatment as outpatients, and make frequent visits over long periods of time, in community settings such as hospices. Their continued need to play should be provided for. Illnesses and conditions such as asthma, diabetes or eczema may result in children experiencing social and emotional difficulties as a consequence of missing time from social situations such as school and play and recreational activity.

Through play children experience a range of emotions including frustration, determination, achievement, disappointment and confidence, and through practice, can learn how to manage these feelings<sup>2</sup>. Play is widely agreed to be the natural mechanism through which children better understand their thoughts and feelings and 'prevent or resolve psychological challenges and learn to manage relationships and conflicts through a natural, self-guided,

self-healing process'<sup>3</sup>. Play can be a way for children to make sense of what is happening to them. It can be a means of 'playing out' material in a way that is restorative and healing<sup>4</sup>.

## Health play specialist

Health play specialists, as fully integrated members of the health professional teams support the play process to enable sick children to adapt to the health care setting and become more participative in the care they are receiving.

Health play specialists support children and families to better understand illness and treatment through a number of play interventions:

Normalising play helps children to relax through experiencing familiar play opportunities. A health play specialist will use this type of intervention both on a one-to-one basis and through the provision of group activities in a playroom or other play space.

Preparatory play supports children and families to understand and accept treatment. Providing resources, which support, for instance, role play with medical equipment or puppets will help children co-operate with upcoming treatment. A co-operative child is more likely to have a more positive experience, as procedures are likely to be carried out quickly and without overwhelming fear.

Distraction and diversionary techniques contribute towards helping children to develop a coping strategy during a procedure or treatment. Some traditional methods include the use of bubbles, singing, stories and books. Health play specialists might also support children through the use of guided imagery. This involves asking the child to imagine a fun or pleasant situation. During treatment, the hospital play specialist will ask questions (such as 'What can you hear?' or 'What's that in front of you?') to support the child to be in control of the imagery. This technique is useful when the treatment requires the child to remain still.



The visualisation technique can also be used, in particular, when speaking is difficult. A child is supported prior to treatment to think about a pleasant situation then during treatment, the child is supported to concentrate on that image.

Post-procedural support and play is particularly important following an unexpected or emergency procedure and for working through any misconceptions and misunderstandings when preparation has taken place. The health play specialist will sensitively engage with the child and the health professional team to identify any fears or misunderstandings they may have.

Through ensuring free access to a range of resources (such as sand, play dough, building blocks and art materials), either in a play room or at bedside, the hospital play specialist

provides the opportunity for children to explore difficult issues at their own pace and with materials of their choice. Being allowed to create something and destroy it or tear it up can support children to face fear and anger without explicitly discussing these feelings.<sup>5</sup>

Pre-admission programme support allows the health play specialist to build a relationship of trust with a child who has an imminent planned procedure. The child is provided with a suitable description of the treatment planned and allowed to ask questions and raise concerns. The hospital play specialist, usually working with a member of the health professional team, will work with the child to identify how they might work together to make the treatment more manageable. This allows the child to gain a level of control over the procedure and the hospital play specialist can gently explain what is expected of the child during it. When a hospital play specialist engages with a child prior to treatment, they are often seen as a trusted member of the team and are sometimes present during procedures to make the child feel more at ease.

Sibling support is an important aspect of health play practice. Siblings will sometimes face the hospitalisation or treatment of a brother or sister with some level of difficulty. They may resent the attention their sick sibling receives, worry that they may too get ill and they may miss having them around. As health play specialists have knowledge and experience of the importance of play with all children, they are well placed to support siblings. This support may occur in free play sessions in the hospital playroom or through one-to-one sessions where children can explore their feelings and concerns. Sibling support is facilitated well in a children's hospice, where groups are used to bring together children who are sharing the same experiences as well as one-to-one work.





## The importance of the playroom

Hospital playrooms are incredibly important. The most obvious benefits are the availability of a range of opportunities, resources and space for children to engage with one another, cope with the stress of their illness or hospital stay and have fun. Equally important is the strong message a hospital playroom conveys. The presence of and access to a hospital playroom suggests that children have permission to play. It recognises that time and space for play are vitally needed and contributes to children realising their right to play as enshrined in Article 31 of the United Nations Convention on the Rights of the Child (UNCRC).

## Outdoor space

Access to outdoor play spaces can be incredibly important to sick children as it can provide a solace from unfamiliar and sometimes unsettling hospital wards.

Outdoor spaces provide contact with nature, which can be an effective component in:

- coping with and reducing anxiety and stress
- strategies to reduce aggression
- increasing concentration levels in children
- healthy cognitive development of children
- increased sense of wellbeing and mental health<sup>6</sup>.

## Preserving relationships with friends and family

One of the difficulties that hospitalised children and those who are chronically ill face is maintaining social relationships that are important to them.

The UNCRC states that all children have the right to play, friendship and information. For

older children, the internet plays an important role in helping them to realise these rights. However, recent surveys<sup>7</sup> with hospitals with paediatric wards suggest that access to the internet is severely restricted in these settings. In its General Comment No. 17 on Article 31 of the UNCRC, the Committee on the Rights of the Child, though concerned that children may potentially come to risk through abuse of the Internet, recognises that access to the Internet and social media contributes to the realisation of play and leisure rights.

*'The General Comment No 17 sees children in institutions such as hospitals as needing particular attention with regards to realising their right to play. States should adopt measures to ensure that all such institutions guarantee both spaces and opportunities for children to associate with their peers in the community, to play and to participate in games, physical exercise, cultural and artistic life. Such measures should not be restricted to compulsory or organized activities; safe and stimulating environments are needed for children to engage in free play and recreation. Wherever possible, children should be afforded these opportunities*

*within local communities. Children living in institutions for significant periods of time also require appropriate literature, periodicals and access to the Internet, as well as support to enable them to make use of such resources. Availability of time, appropriate space, adequate resources and equipment, trained and motivated staff and provision of dedicated budgets are needed to create the necessary environments to ensure that every child living in an institution can realize his or her rights under article 31.'*

Children in hospital or receiving treatment for long term illnesses face particular challenges including separation from family and peers, new and unfamiliar environments, disruption to routines and discomfort and pain<sup>8</sup>. Playing is essential to the health and happiness of children and it should be given priority when children are ill. All children staying in hospital or receiving long term health care should have daily access to a health play specialist - a trusted advocate who, through the provision of a rich play environment<sup>9</sup> will ensure that children receive time, space and permission to realise their right to play.

## References

<sup>1</sup> International Play Association (2010) *IPA Global Consultations on Children's Right to Play Report*.

<sup>2</sup> Sutton-Smith, B. (2003) Play as a Parody of Emotional Vulnerability. In: Little, D. E. (ed) *Play and Educational Theory and Practice: Play and Culture Studies*, Vol.5. Westport, CT: Praeger Publishers.

<sup>3</sup> United Nations Committee on the Rights of the Child (2013) *General comment No. 17 (2013) on the right of the child to rest, leisure, play, recreational activities, cultural life and the arts (art. 31)*. Geneva: Committee on the Rights of the Child.

<sup>4</sup> Sturrock, G. and Else, P. (1998) The Playground as therapeutic space: playwork as healing. In: proceedings of the IPA/USA Triennial National Conference, Play in a Changing Society: Research, Design, Application. Colorado, USA, June 1998.

<sup>5</sup> Hubbock, C. (2009) *Play for Sick Children: Play Specialists in Hospitals and Beyond*. London and Philadelphia: Jessica Kingsley Publishers.

<sup>6</sup> Bird W. (2007) *Natural Thinking: Investigating the links between the natural environment, biodiversity and mental health* (1<sup>st</sup> edition). London: RSPB.

<sup>7</sup> Rees T., Brooks R. and Webb E. (2013) 'Internet access for inpatients' (letter), *Archives of Disease in Childhood*. Available at: <http://adc.bmj.com/content/early/2013/06/12/archdischild-2013-304453.full.html> [Accessed 9 December 2013].

<sup>8</sup> Howard, J. and McInness, K. (2013) *The Essence of Play A practice companion for professionals working with children and young people*. London: Routledge.

<sup>9</sup> Welsh Government (2014) *Wales – A Play Friendly Country*. Cardiff: Welsh Government Crown Copyright.



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