What is Hospital Play.

Hospital Play:

• Aides normal / developmental Play - promoting growth and development by providing children / adolescents with a choice of a wide range of toys, games and creative activities. Choice is essential for restoring a sense of control in an otherwise clinical environment.

• Lessens anxiety – Play is used as a tool for children and adolescents to explore any fears or misunderstanding they may have relating to their illness/condition. Sharing fears and gaining information in this way helps lesson anxiety.
Types of Play:

- **Assessment and play:**
- Play staff carry out a comprehensive assessment of the child / adolescent to identify their play/recreational needs during their hospital admission. A play programme is provided for some children allowing them to reach targets and goals and cope with their hospital admission, treatments and procedures.
Types of Play:

- Diagnostic play
- Is provided by qualified Play Specialists and helps to gain an insight into a patients/families fears and understanding of relating to their illness or treatments. It helps alleviate fears and form coping strategies which help manage anxiety.
Types of Play:

• **Preparation:**
• **Play Specialists** prepare children and adolescents for treatments and procedures using equipment such as specialist dolls, books and a variety of other age-related resources.
Types of Play:

• Distraction:

• Play Specialists use a variety of methods and resources such as bubbles, puppets, books, music, guided imagery and other relaxation techniques to support the child / adolescent during treatments and procedures.
Types of Play:

Post procedural play: Children / adolescents need opportunities to express themselves freely. Discussing how they found a procedure or treatment helps patients work through fears or concerns and form ways of coping for future treatments and procedures. Play Specialists offer these opportunities through a variety of play techniques.
Types of Play:

- Bereavement play:
  Play Specialists support the dying child and siblings, using a range of techniques, allowing them to express fears and emotions relating to the end of treatment / dying. Activities may include memory boxes, hand and foot prints, creative and expressive arts, messy play, puppetry / storytelling and role play.
What do Hospital Play Specialists and Play Workers provide?

Play workers provide:

Creative, recreational and social activities which bring entertainment and fun into a potentially stressful environment.

Support for children / young people and their family members to adjust to the hospital environment. A reassuring experience to increase each individual child / adolescent's confidence, self-esteem and independence.

Play sessions to help children gain skills lost through regression or effects of illness and hospitalisation.
What do Hospital Play Specialists and Play Workers provide?

**Play Specialists:**
- Provide creative and social activities to assess patients' knowledge of their condition & treatments and measure anxiety levels.
- Preparation and Distraction for procedures and treatments
- Support so children & young people recognise and form their own coping strategies, which will enable them to cope with a hospital admission, treatments and procedures
Role of the play specialist continued

- Support and advice to parents / carers on appropriate play for sick or injured children / young people
- Play sessions to help children gain skills lost through regression or effects of illness and hospitalisation.
All our play staff are qualified:

• Play specialists hold a level 3 child care qualification plus a level 4 in Hospital Play Specialism and are registered as Play Specialists with HPSET (Hospital play specialist education trust)

• Play workers hold a level 3 child care qualification.

• The Department also has its own in-service training program to aide staff’s ongoing professional development.
Referral process

The Play Team are always happy to be contacted by other health professionals who wish to discuss a patient being referred to, or discharged from, Great Ormond Street Hospital. Please refer to the website for our Staff List and relevant play staff to contact (or alternatively if the referral isn’t urgent please leave a message on the Play Department Office EXT-8849.)

Parents as a tertiary care hospital, all children who attend Great Ormond Street Hospital must be referred via local hospital consultants, community paediatricians or, in exceptional circumstances, via a GP. To contact us to make a referral please email gos-tr.referrals@nhs.net or fax 020 7813 8310.
Adolescents

In recent years there has been far more emphasis on the unique needs of Adolescents. As a period of development of notable physical, social and emotional changes, which often leads to adolescents feeling confused and insecure it is important to remember that the impact of a hospital admission coupled with a greater understanding of the world and what the future may hold can lead to heightened anxiety levels within adolescents.
Adolescents

The NFS 2003 states “In particular, the needs of adolescents require careful consideration”. In general, adolescents prefer to be located alongside people their own age who are more likely to meet their need for social interaction and this makes it easier for staff to meet their needs for different forms of entertainment, education and additional privacy.
Adolescents

The NSF also calls for more focus on transition to adult services, and planned transition programmes, stating that if handled badly, there is a risk that the young person will “drop out” from medical services altogether.

NSF; Getting the Right Start: National Service Framework for Children Young People and Maternity Service DOH 2003
Preparation

• Preparation in its widest context is an age-defined activity which facilitates an age-related level of understanding, enabling the development of effective coping strategies for children/adolescents and their families; it helps lessen the impact of a hospital admission and the effect it may have on the child/adolescent. It helps to alleviate misconceptions, reduce anxiety/stress and facilitates informed consent, choice, control and co-operation during procedures/treatments and/or responsibility for their treatment and care.
Preparation

• Preparation allows the Play Specialist to assess the child’s/Adolescent needs and their coping strategies which enables the child/adolescents to develop positive coping behaviours and strategies.

• Specially adapted dolls/books/equipment allows the child/adolescent to experience through play and/or discussion the procedures and treatment they will undergo. It can also help teach them to manage and take responsibility for some of their own care. Preparation allows them to become familiar with hospital equipment, Staff and the environment, giving positive information and developing effective lines of communication between patients, families and staff.
Distraction

• Distraction is a technique that attempts to draw the patient’s attention away from the procedure by focusing on something else other than the procedure itself; allowing them to feel relaxed, secure, to provide them with a coping mechanism, to take control of their feelings and to put any pain they may be feeling at the “periphery of awareness”.

• Play Specialists use distraction techniques in a number of ways to help and support children/ Adolescents through Medical/Surgical procedures and investigations e.g. blood tests, cannulation, CT scans, dressing changes and in the anaesthetic room.
Distraction

• Distraction tools and techniques used will depend on the age of child/adolescent, their level of development, their interests and the length and type of procedure.

• Distraction resources available are:- Pop-up, musical and puzzle books, musical toys, puppets, bubbles, music, DVD, breathing techniques, Guided Imagery, conversation, word games.
National Association of Hospital Play Staff –Miles Stones
• **1957** - The first staff employed to play with child patients at St. Bartholomew’s and St. Thomas’ Hospitals, London were called "Lady Greens" by the children themselves because of their uniforms.

• **1963** - The first Save the Children Fund Hospital Playscheme was started at the Brook Hospital, London.

• **1972** - The Department of Health and Social Security Expert Group on Play in Hospital met recommending the employment of play staff on children’s wards. Their report was not published until 1976.

• **1973** - The first training course for Hospital Play Specialists was started at Chiswick College. This moved to Southwark College in 1978 and was the forerunner of our present training.

• **1975** - Hospital Play Specialists establish the National Association of Hospital Play Staff.

• **1976** - The first NAHPS Newsletter was published to coincide with the inaugural meeting. NAHPS now prints a bi-annual Journal and three Newsletters a year, which are on the mailing lists of allied professions as well as members.
• **1977** - At the AGM, the first of our "Let's Play" leaflets was launched. There are now a series of leaflets, reading lists and booklists available offering expert advice on different aspects of Play in Hospital.

• **1978** - NAHPS began organising National Study Days and Open Meetings. Today these are a regular and valuable feature of its work in training.

• **1980** - A DHSS Survey showed that one third of all children's wards had paid Playworkers.

• **1981** - NAHPS became a member of the Play in Hospital Liaison Committee (PHLC) joining the Save the Children Fund, National Association for the Welfare of Children in Hospital and Pre-school Playgroups Association.

• **1985** - NAHPS initiated the establishment of The Hospital Play Staff Examination Trust, (HPSET) to institute a national qualification for the profession.

• **1987** - The first of our annual Hugh Jolly Memorial Lectures took place. Dr Hugh Jolly had introduced Hospital Play Specialists in Charing Cross Hospital in 1965. He was a respected and active advocate for Play in Hospital, encouraging the development of playschemes and supporting professional play staff.
• 1988 - Certificates issued to first graduates of the HPSEB courses.
• 1990 - NAHPS worked as part of the PHLC to produce the landmark document "Quality Management for Children, Play in Hospital".
• 1991 - The first pilot course with BTEC as the awarding body took place at Bolton College.
• 1992 - Discussions initiated by NAHPS with the Department of Health led to the official recognition of Hospital Play Specialists as a distinct staff group in the Health Service.
• 1992 - Hospital Play Staff Examination Board was recognised as an awarding body by the 1992 Further and Higher Education Act.
1994 - NAHPS granted charitable status.
1995 - The first Play in Hospital Week was held promoting the work of hospital play staff at a local and national level.
1996 - First graduates of the joint HPSET/BTEC courses.
2000 - NAHPS launch their website during the second Play in Hospital Week.

Updated 2000 NP
THE END