



# **The provision of play in health service delivery**

**Fulfilling children's rights under Article 31 of the United Nations Convention on the Rights of the Child**

**A literature review**

**Summary overview**



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This literature review was commissioned by NHS England and conducted as part of a project to celebrate the 25th anniversary of the United Nations Convention on the Rights of the Child (UNCRC). Publication coincides with Play in Hospital Week 2014, which is organised by the National Association of Health Play Specialists (NAHPS) and Starlight Children’s Foundation. Play in Hospital Week aims to raise awareness of the benefits of play in the treatment of sick children across the UK and the theme for 2014 was ‘Play is good for your health’.

#### **National Association of Health Play Specialists (NAHPS)**

NAHPS is a charity which promotes the holistic health and wellbeing of children and young people who are patients in a hospital, hospice or receiving medical care at home or in the community. It pays particular attention to the physical and mental wellbeing of children and young people and supports siblings and families as part of a family centred approach to health service provision.

The charity aims to promote high professional standards for Health Play Specialists (HPS), and to ensure that the provision of play opportunities and appropriate therapeutic play interventions are embedded in the child’s care plan. Play is accepted as vital to healthy growth and development and a natural part of childhood which enables children to explore and make sense of the world they live in. For children and young people who undergo medical and surgical procedures, access to play carries greater significance, and the provision of age and developmental stage appropriate play opportunities and therapeutic activities is central to the role of the HPS.

#### **Acknowledgments**

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**“Article 31 (Leisure, play and culture): Children have the right to relax and play, and to join in a wide range of cultural, artistic and other recreational activities” (Unicef 2014)**

A copy of the full report can be accessed through NAHPS <http://www.nahps.org.uk/>

## Summary overview

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“Play, leisure and recreation are vital ingredients of a healthy, happy childhood”  
(Play England 2012)

Play and recreation are seen as essential for children’s holistic development and participation in play related activities should form a daily part of every child’s life (Committee of the Rights of the Child 2013; International Play Association 2013; Play Scotland 2012). In fact, play is considered to be so important for children’s holistic development, that it is a universal right for all children under article 31 of the United Nations Convention on the Rights of the Child (UNCRC) (Committee on the Rights of the Child 2013). Enshrined in law, the UNCRC applies to all children aged 17 years and under, and requires States to promote and protect children’s rights, which must be seen to be implemented within policy and practice (GOV.UK 2014).

In 2014, the United Nations Convention on the Rights of the Child, which is a global Convention, reached its 25th anniversary and this historic landmark was met with much celebration. However, the anniversary also served as a reminder that many children do not enjoy these rights on a universal basis and there is still much to be done (Unicef 2014). Children who are ill or have chronic illness are one such group of children, and therefore, additional help and support is required for these children to fulfil their rights to play.

Using a scoping study approach to review the literature, a wide range of sources have contributed to this short overview of the benefits of play in relation to children’s health. Particular attention is paid to the provision of play in health service delivery for children who are ill or have a chronic illness. The literature shows that there is strong advocacy for play provision and the ‘emotional value’ of play is clearly evident. However, there are difficulties in measuring the ‘value of play’ in fiscal terms, particularly when the contribution of play to clinical outcomes is not measurable (Kennedy 2010). With the growing emphasis on the need to provide evidence of what works as part of the decision making process (Department of Health 2013), play services within the health sector are under threat (Tonkin and Jun-Tai 2014). This review raises awareness of the need for the government and the devolved governments of the United Kingdom to promote and protect play provision in health service delivery in an effort to help children fulfil their right to play at a time when they are considered to be even more vulnerable through illness or a chronic health condition.

Two key questions provided the focus for the scoping of the literature

- How important is play for children’s health, particularly when they are ill or have a chronic illness?
- How does current health service provision fulfil children’s rights to play as defined by article 31 of the UNCRC?

Key points emerged as each question was explored.

## **The importance of play for all children's health**

- Play is good for all children's health: the associated benefits are extensively documented within the general play focussed literature (Skills Active 2013; Public Health England 2013; Gleave and Cole-Hamilton 2012; Play Scotland 2012; Goldstein 2012; Whitebread 2012; Lester and Russell 2008)
- Play is holistic in nature and promotes each aspect of health: includes physical, social, emotional, mental, environmental and spiritual health (Bruce et al 2010)
- Play enhances children's wellbeing and resilience: play allows children to rehearse and experience a range of emotions (The Children's Society 2014; Play Wales et al 2012; Play Wales 2012; Play England 2009; PlayBoard Northern Ireland n.d.) and allows them to develop resilience when faced with stressful situations (Play Scotland 2012)
- Play promotes developmental processes that contribute to children's ability to cope: these include the development of "creativity, imagination, self-confidence, self-efficacy and physical, social, cognitive and emotional strength and skills" (International Play Association 2013, p.2)
- Play provision tends to be concentrated on physical health: the promotion of outdoor activity and the provision of safe play environments dominates the play landscape (HM Government 2014; Play Wales et al 2012; Play Scotland 2012; Play Wales 2012; Play England 2009)

## **The importance of play and recreation for children who are ill or have a chronic illness**

Play for children who are ill or have a chronic illness can offer many additional health benefits and these are summarised with reference to each of the six aspects of health in Table 1.

<b>Aspect of health</b>	<b>Additional health benefits</b>
Physical	New technologies are enabling different forms of exercise to be delivered in health settings (Oxford Brookes University 2013). Activity can be tailored to individual's 'unique' capacity and tolerance levels (Fairburn 2013; Philpott et al 2010). Adaptations to wheelchairs by occupational therapists can enable participation in play related activities (Tonkin and Etchells 2014).
Social	Play is considered to be the 'language of childhood' (Play Scotland 2014) and aids the communication process (Mental Health Foundation 2014; Ranmal et al 2008). Promoting creative play is important when children are traumatised as social situations can become difficult for them (Lovett 2009, cited by Gleave and Cole-Hamilton 2012). Illness and hospitalisation can cause isolation (Fairburn 2013; Yeo and Sawyer 2005) so opportunities to socialise are viewed by young people to be important (Weil 2013; Patient Experience Network 2013) providing they are developmentally appropriate (Lambert et al 2014; Coyne and Kirwan 2012; DH – Children and Young People 2011; Kennedy 2010; Healthcare Commission 2007; Yeo and Sawyer 2005). Play helps promote and maintain strong family bonds (Gleave and Cole-Hamilton 2012; Play Wales 2012; Ginsburg et al 2007). This is particularly

	<p>important when children are in to hospital (Hubbuck 2009; Aldiss et al 2009).</p> <p>Siblings need help to deal with their own feelings and experiences: there is some coverage (Proctor 2007), but this is not well documented in the literature (O'Brien et al 2009) It is becoming increasingly factored into family centred care (Kirby, cited Tonkin 2014).</p>
Emotional	<p>Play is fun and a joyous experience in its own right (Whitaker 2014).</p> <p>Exploration of feelings linked to needle phobia and the resulting fear, anxiety and stress can be explored through play (Barbour and Jun-Tai 2014; Jelbert et al 2005). Play also alleviates boredom and makes time go more quickly (Ekra et 2012; Macqueen et al 2012; Aldiss et al 2009).</p> <p>Play can build resilience and develop coping strategies across the age range (Play Scotland 2014; 2012; Play Wales 2012; Gleave and Cole Hamilton 2012).</p> <p>Therapeutic play techniques such as preparation, distraction and post procedural play are effective in reducing stress and anxiety (Uman et al 2013; Macqueen et al 2012; Koller 2008; Jun-Tai 2004).</p>
Mental	<p>Play enables children to explore health conditions and link them to their own experiences, which can help them to redefine their 'sense of self' when they are ill (Play Scotland 2012).</p> <p>Children encountering stressful experiences are more likely to develop mental health problems (Mental Health Foundation 2014). Play and play based techniques can alleviate stressful experiences (Craske et al 2013; Uman et al 2013; Went 2013; Clift et al 2007) and enhance subjective wellbeing (The Children's Society 2014).</p> <p>Humans have a natural affinity with nature (Lester and Maudsley 2007) and interaction with nature is shown to reduce mental health problems due to its association with a 'sense of self and wellbeing' (Play Scotland 2012; Goldstein 2012).</p>
Spiritual	<p>Bringing nature 'into the setting' is becoming increasingly important, through nature themed design (Lambert et al 2014; Bayliss Robbins 2012).</p> <p>Rooftop play areas (BBC News 2008) and roof gardens can enhance the patient experience (University College London Hospitals 2013).</p> <p>The importance of rituals in children's lives is linked to spirituality and play can form part of a ritual and help children to express their feelings (Thayer 2009, cited by Play Scotland 2012).</p>
Environment	<p>A child-friendly environment with play and recreation opportunities is important to children and young people (Lambert et al 2014; Ekra et al 2013; Randall and Hallowell 2012; Mathers et al 2011; Coates-Dutton and Cunningham-Burley 2009; Koller 2008; Clift 2007) and can help alleviate boredom when children are waiting for appointments (Lambert et al 2014; Biddiss et al 2011).</p>

Table 1: Additional benefits play can offer to children who are ill or have a chronic illness

### What types of play are provided within health service delivery?

Play is complex (Henricks 2008) and distinguishing between the different types of play is important (Koller 2008; Glasper and Haggarty 2005; Mountain et al 2005). Play provision is generally divided into 'normal' and 'therapeutic play': -

Normal play	Therapeutic play
Normal play has a significant contribution to be made to the current health agenda, particularly when it is freely chosen and intrinsically motivated (Skills Active 2013).	The use of more focussed, adult directed play opportunities allows children to express their feelings and develop coping mechanisms to deal with traumatic or painful experiences (Barbour and Jun-Tai 2014; Macqueen et al 2012).
Normal play provision receives coverage within the literature, mainly linked to the significance of the environment (Lambert et al 2014; Care Quality Commission 2014a; 2014b; National Association of Health Play Specialists 2013; Ekra 2012; Bayliss Robbins 2012; Randall and Hallowell 2012; Mathers et al 2011; Kirkelly 2011; Koller 2008; Clift 2007).	Play preparation can provide information about what is going to happen and enables children to explore and in turn understand and cooperate with hospital procedures in an age appropriate manner (Macqueen et al 2012; Jun-Tai 2004). Play preparation is valued by children and their parents (So et al 2014; Craske et al 2103; Coyne and Kirwan 2012) but published empirical evidence to support its use is limited.
Child centred environments enhance the patient experience: reciprocal determinism links the environment to our thinking and behaviour, which influences how we feel (Allen and Gordon 2011). It is important to see play reflected within the environment when children use health services (European Association for Children in Hospital 2014).	Distraction, using a variety of resources (Jun-Tai 2004) is used when children undergo a procedure that may be frightening or painful (Weldon and Peck 2014; Macqueen et al 2012). Distraction as non-pharmacologic pain control/relief is effective (Ullan et al 2014; Canbulat et al 2014; Craske et al 2013; Uman 2013; Wente 2013; Koller and Goldman 2012; Inal and Kelleci 2012; Smith et al 2011) and there are a variety of interventions that support its provision (Hayes 2007).
Parents value the 'normality' that play brings to the hospital experience: especially when children have complex medical needs (So et al 2014; Hubbuck 2009).	Post-procedural play can help to explore misconceptions and fears following a procedure, especially when treatment was unplanned (Jun-Tai 2004). Coverage in the literature is limited (Ullan et al 2014).
Observation of normal play can be used to assess children's levels of involvement and wellbeing (Leavers 1997) and can contribute to diagnosis and treatment (Jun-Tai 2004) and the holistic care of the child (Weldon and Peck 2014).	Therapeutic play activities provide the majority of empirical evidence from the primary research but producing good empirical evidence is difficult (Uman et al 2013; Koller and Goldman 2012) and the evidence base is considered to be weak (Ranmal et al 2008).

Table 2: The main types of play provision within health service delivery

### **Who supports play provision within the health service?**

- Provision of good quality play needs embedded knowledge AND understanding of child development: age/stage appropriate play and recreation opportunities need to be applied flexibly for optimum provision (Kennedy and Binns 2014; Lovett et al 2014; Fairburn 2013; National Association of Health Play Specialists 2013; Macqueen et al 2012)
- Health Play Specialists study developmental and therapeutic play (Healthcare Play Specialist Education Trust 2014) and this is shared with other members of the multi-disciplinary team (Nuttall 2013; Macqueen 2012; Kayes 2005)
- Play specialist input often appears in practice standards and guidelines (The Royal College of Anaesthetists 2014; British Association of Paediatric Surgeons 2013; Williams 2013; The Royal College of Radiologists, Society and College of Radiographers, Children's Cancer and Leukaemia Group 2012; Royal College of Nursing 2011; Society and College of Radiographers 2009).
- Health Play Specialists lead on the delivery of play within health service delivery (NHS Careers 2014) and when present, help to deliver a high quality patient experience (Care Quality Commission 2014a; Patient Experience Network 2013; Kennedy 2010; Healthcare Commission 2007)
- Play service teams also include a range of healthcare professionals that cater for differing age ranges: these include nursery nurses, play workers, youth workers and specialist care workers (Ware 2007)
- Play service provision extends beyond the hospital environment: there is a growing recognition of the role of play service provision within community based services (Warren and Kirby, cited Tonkin 2014; McKane 2008)

### **What is the evidence base for providing play within health service provision?**

- Children see play as a significant feature of their care: young children (Lambert et al 2014; Coyne and Kirwan 2012; Aldiss et al 2009) and young people need and want age appropriate leisure and recreational activities when accessing health services (Viner 2013, DH Children and Young People 2011; Clift et al 2007; Yeo and Saywer 2005)
- Play is a process – in its truest sense, it has no outcome – it's 'value' cannot be measured (Lester and Russell 2008)
- Therapeutic play does have an emerging evidence base BUT it is weak and requires improvement (Koller and Goldman 2012; Ranman et al 2008)
- Evidence is beginning to emerge of the money that can be saved as a result of play service provision (Petty 2013; O'Donnell 2013; White 2012; Jelbert et al 2005). For example: -

“In 2008-2009, University College Hospital in London provided preparation for children aged three to five years of age who were to undergo a six week course of radiotherapy. For the children, this resulted in reduced anxiety, less medication and enabled them to cope better with the treatment process. However, it also reduced the need for daily general anaesthesia from 71% to 22%, making a significant reduction to the £18,500 associated with each course of treatment”

(Tonkin et al 2009)

- This should be promoted as a unique selling point when engaging with the commissioning process.
- However, this should not detract from the value of play that is freely chosen and follows the interests of the child (Whitebread 2012).

### **Article 31 and its fulfilment at a national level**

- Governments define policy priorities and allocate funding accordingly (BMA Board of Science 2013): play for children who are ill or have a chronic illness receives minimal coverage in policy documents from the four home nations or the UK government – only Northern Ireland explicitly states the need for hospital play (Office for the First Minister and Deputy First Minister 2011), while the Scottish government mentions the need for therapeutic services (Scottish Government 2013).
- Article 31 has become known as the most overlooked, misunderstood and neglected article in the UNCRC (Casey, cited Play Wales et al 2012). States are focussing on 'physical activity' and not fulfilling all the elements of article 31 (Committee on the Rights of the Child 2013). This is reflected in the UK Government's 5th Periodic Report to the UN Committee on the Rights of the Child (HM Government 2014).
- The Committee on the Rights of the Child (2013) issued General Comment 17 due to this concern and challenges States to fully implement all the rights within article 31, whilst providing the necessary policy frameworks and resources to enable such provision (International Play Association 2013)
- Ultimately, and irrespective of whether the evidence base in terms of efficacy and cost effectiveness is present, article 31 of the UNCRC clearly states that play is a right for all children and that States are obligated to fulfil their role in making this happen.

### **Conclusion**

Play is a universal right for all children and is fundamental to developing their holistic health and wellbeing. By raising awareness of the distinct needs of children who are ill or have chronic health needs, play related policy and strategies can enhance the provision of play within the context of health service delivery. However, the evidence base showing the efficacy of play needs to be developed and strengthened which in turn should encourage commissioning groups to allocate financial resources for this specialised area of provision. The UK government has done much to respond to the Committee on the Rights of the Child call for action in relation to article 31.

Acknowledgement of the significance of play and the provision of play for all children within health service provision will further enhance the government's reputation.



## Recommendations

- The significance of providing children's play opportunities under article 31 of the UNCRC needs to be promoted as part of routine health service delivery
- The inclusion of play opportunities for children using health service provision needs to be incorporated within the policy framework of the UK government and the devolved governments of the home nations
- Commissioning groups need to be challenged to show how they support, promote and protect children's right to play under article 31
- Research that demonstrates the efficacy of play within the health sector is needed but this needs to be carefully planned to ensure academic rigour that will stand up to scrutiny

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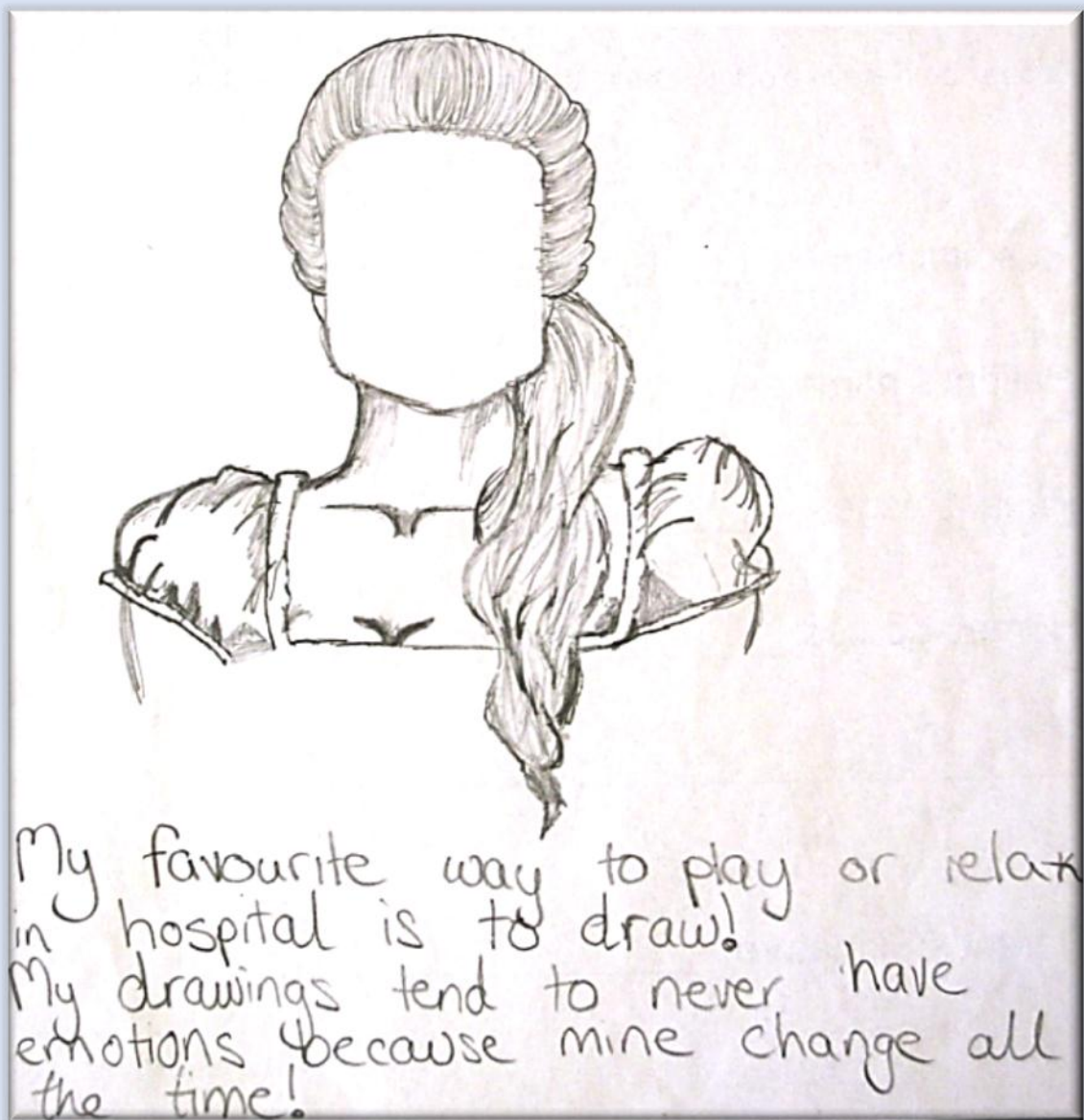
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**My favourite way to play or relax in hospital is to....**

**Drawn by Annie Barter**

**Winner of the national art competition run by children's charity Starlight Children's Foundation supporters of National Play in Hospital Week 2014**

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