

National Association of Health Play Specialists STANDARDS 2012

These standards aim to help registered Health Play Specialists (HPS), employers and stake holders identify good practice in key areas of work. The standards give an overview of the expected competencies of the professional in delivering quality play services to children and their families in hospital or community settings.

The standards identify the skills, knowledge and understanding necessary to do the work of a registered Health Play Specialist and provide managers with a tool in which to benchmark best practice when planning and commissioning children's health services

These Standards have adopted the following key themes:

1. Code of Professional Conduct
2. Scope of Professional Practice
3. Facilities, Resources and Funding
4. Education and Training
5. Continuous Professional Development
6. Clinical Governance

A **full** audit tool to support these standards can be found in: *Play for Health Delivering and Auditing Quality in Hospital Play Services* (2006) Walker.J, London: NAHPS

STANDARD 1: Code of Professional Conduct

SUPPORTING EVIDENCE/RATIONALE: The National Association of Health Play Specialists (NAHPS) and the Hospital Play Staff Education Trust (HPSET) are committed to the registration process of all qualified HPS in order to promote public trust and confidence and facilitate current practice and continued professional development in registrants and members. All qualified HPS must sign the Code of Professional Conduct before registration is granted

Standard 1 Overview: Code of Professional Conduct

1.1 Uphold public trust and confidence in the profession by maintaining appropriate personal and professional standards.

1.2 At all times safeguard the well-being and interests of children, young people and their families having regard for the environment of care and its physical, psychological and social effects on the aforesaid.

1.3 Ensure that no act or omission is detrimental to the condition or the safety of children and young people in their care.

1.4 Take every reasonable opportunity to maintain and improve professional knowledge and competence in line with registration, re-registration, scope of practice and relevant current legislation.

1.5 Respect confidential information obtained in the course of professional practice, refraining from disclosure of such information except where disclosure is required by law or is necessary in the public interest.

1.6 Make known to the appropriate person any conscientious objection that is relevant to the scope of professional practice.

1.7 Have an obligation to engage only in those areas in which they are qualified and not to represent themselves otherwise, but to make appropriate referrals with due regard for the special competencies of members of other professions working with the family.

1.8 Recognise the possibility that personal problems, needs and conflicts may perhaps compromise their professional effectiveness and judgement and shall use integrity to assess and amend any situations which may otherwise result in disharmony, inadequate performance or the using of children, young people and families to meet personal needs

1.9 Work in a collaborative and co-operative manner with colleagues and other professional personnel, recognising and respecting their particular contribution

1.10 Refuse to accept any offers of gifts, favours or hospitality which might be interpreted as seeking to exert undue influence or preferential consideration

1.11 At all times, maintain appropriate professional boundaries in the relationships with the child, young person and family, ensuring that all aspects of the relationship focus exclusively upon their needs.

1.12 Avoid any abuse of the privileged relationship which exists with children, young people and their parents/carers.

1.13 Be personally accountable for own practice. This means being answerable for any actions and omissions, regardless of advice or directions from another professional.

1.14 Recognise and respect the role of patients and their families as partners in their care and the contribution they can make to it. This involves identifying their preferences regarding care and respecting these within the limits of professional practice, existing legislation, resources and the goals of the therapeutic relationship.

1.15 Be personally accountable for ensuring that the interests and dignity of children and young people are promoted and protected irrespective of gender, age, race, ability, sexuality, economic status, lifestyle, culture and religious or political beliefs.

1.16 Not engage in illegal conduct nor act with impropriety which may compromise or impede the fulfilment of professional responsibilities.

STANDARD 2: Scope of Professional Practice:

1. Environment

2. Age Range

3. Play Interventions

4. Range of practice

SUPPORTING EVIDENCE/RATIONALE: Registered HPS are trained to work with children from birth to young adults in a range of healthcare settings

Play is at the centre of a healthy child's life and when hospitalisation and medical interventions are required, play and recreation are important tools to help the child or young person make sense of this new situation. Registered HPS have the ability to provide a safe, therapeutic and healing environment for infants, children, young people and families

Standard 2.1 Overview: Environment

2.1.1 The HPS will create and maintain an age/developmentally appropriate and safe environment regardless of the setting; where children and young people can access a range of therapeutic play activities

2.1.2 HPS will be able to explain the impact of environmental design on human behaviour and contribute to the design and planning of all play areas within the healthcare setting

2.1.3 The HPS will receive training on risk management practice in order to comply with the health and safety guidelines of the healthcare provider

2.1.4 Adequate storage facilities should be provided with space and resources for appropriate cleaning of all play equipment

2.1.5 Play environments should be designed and funded to enable staff, parents and siblings to participate in play and recreational activities.

2.1.6 Accessibility for children with restricted mobility, sensory impairments and/or special educational needs should be fully addressed

2.1.7 The HPS will assess and respond to the needs of children and young people nursed in isolation in order to minimise the loss of developmental, sensory and communication skills

2.1.8 The HPS should provide an environment which is fully inclusive and reflected in the range of practice and the resources available

Standard 2.2 Overview: Age Range

2.2.1 HPS provide appropriate therapeutic play and recreational activities for early, middle to late childhood and young adults; recognising that normal development is at risk from delay or regression as a result of lengthy or repeated admissions

2.2.2 The HPS will assist all age groups to cope with clinical procedures enabling them to choose, rehearse and use techniques that support positive outcomes

2.2.3 The HPS will recognise that without the provision of supervised play environments, play opportunities for babies can be limited leading to restriction or regression in normal development

2.2.4 The HPS will support young people in experiencing a welcoming and therapeutic environment where social and recreational activities take place

Standard 2.3 Overview: Play Interventions

2.3.1 HPS will use a range of creative and imaginative play techniques to improve the patient experience and well being

2.3.2 Play services delivered by registered HPS will result in consistent, positive outcomes helping children and young people to regain skills lost through hospitalisation, rebuild confidence and self esteem

2.3.3 The HPS will assist children and young people to form coping strategies in order to minimise distress and anxiety during treatment and procedures.

2.3.4 HPS will collaborate with the multi-disciplinary team to ensure that invasive and/or distressing procedures are properly planned and managed; minimising the child or young person's sense of fear during procedures, reducing anticipatory anxiety associated with repeated procedures and facilitate a consistent and supportive approach by other professionals

2.3.5 HPS will be aware of the impact of parenting capacity on the health and wellbeing of children and young people in healthcare settings

2.3.6 The HPS should deliver family centred care to siblings when they visit the healthcare setting in order to minimise distress and anxiety concerning the medical treatment of their sick brother or sister

2.3.7 The HPS will facilitate the child and young person's understanding of their condition using a range of play interventions to enable them to learn the sensory and concrete information they need to prepare for medical and surgical procedures

Examples: normalising, developmental, therapeutic, sensory, pre and post procedural, preparation, rehabilitation, distraction and alternative focus

Standard 2.4 Overview: Range of Practice

2.4.1 Therapeutic and specialised play provision should be an integral part of the child or young person's care plan, therefore HPS should fully engage in all aspects of their job description and agreed personal/professional objectives

2.4.2 As members of the multi disciplinary team, HPS should liaise with relevant internal and external settings to ensure the child's psychological needs are addressed, collaborative working is facilitated and transition planning is effective and that children are facilitated to have their say and be listened to, and have information presented in a child friendly way

2.4.3 HPS will adhere to the professional code of conduct as set by NAHPS and HPSET

2.4.4 HPS will be aware of the reporting structures in place for safeguarding children

2.4.5 HPS will follow the settings policy on all aspects of confidentiality

2.4.6 HPS should disseminate information through research and publications

2.4.7 HPS will promote high standards in professional practice by contributing to the training of own and other professions

2.4.8 It is recommended that HPS undergo training in Mentorship in order to support the practice element of the training programme

2.4.9 The HPS will assist the multi-disciplinary team to understand the needs and preferences of children and young people and how these affect the implementation of services for them

STANDARD 3:

1. Facilities

2. Resources

3. Funding:

SUPPORTING EVIDENCE/RATIONALE: Children are different from adults and therefore require distinct and tailored services which are reflected in the facilities made available to them. Appropriate facilities, resources (human and physical) and funding are key to quality improvement measures and can significantly impact on the child and young person's healthcare outcome.

Children's physiology differs from that of adults and changes as they grow and develop. Children suffer from a different range of diseases and disorders to those commonly seen in adults, including mental health problems. This includes a higher proportion of rare and often complex congenital and inherited disorders

Standard 3.1 Overview: Facilities

3.1.1 Health care settings should provide appropriate locations that are accessible, safe and age appropriate to enable the HPS to provide a range of therapeutic services

3.1.2 The environment should be suitable for the age and development of the child and young person and fully inclusive of disability or additional needs.

3.1.3 HPS should be consulted on environmental planning and policy decisions that affect children and families

3.1.4 The environment will include opportunities for a variety of play activities and other interactions which promote self-healing, self-expression, understanding and mastery

3.1.5 The environment should promote and enhance family centred care

3.1.6 The paediatric environment should be secure and the HPS will be aware of the security measures which ensure that access is limited to those who need it

Standard 3.2 Overview: Resources

3.2.1 Quality human resources are key to the delivery of paediatric healthcare and staffing ratios are determined by the goals and objectives of the services provided and by the volume and characteristics of the patient population. However, in order to practice in a safe environment staffing ratios should take into account the following:

- The number and age range of children and families served
- The degree of illness, injury, disability, stress, social and mental health needs
- The presence of chronic or disabling conditions
- The patient's physical and emotional safety
- The extent of the patient's immobility or isolation
- Any developmental vulnerability
- Whether the patient has undergone repeated intense or extended stressful situations
- Life-changing events experienced by the patient

3.2.2 HPS at all levels will be aware of their corporate and individual responsibility to safeguard children

3.2.3 The HPS should ensure that the environment includes health promotion resources and socio-cultural factors

3.2.4 The HPS will ensure that physical resources comply with safety and infection control standards and are appropriate for the patient population

Standard 3.3 Overview: Funding

3.3.1 Sufficient budget and resources will be provided to meet the clinical, educational, research and administrative goals of hospital play services.

3.3.2 Participation in evidence based practice is an expected function of the HPS in the planning, implementation and evaluation of healthcare services. Involvement in research activities and projects is a desirable and appropriate function of the HPS practice and should be reflected in funding arrangements

STANDARD 4: Education and Training

SUPPORTING EVIDENCE/RATIONALE: The **Foundation Degree Award in Healthcare Play Specialism** is a level 5 qualification and is recognised as the requirement for application for professional registration with the Hospital Play Staff Education Trust (HPSET) and a Licence to Practice as a Registered Play Specialist (Health). Both the qualification and professional registration together will form the recognised qualification and standard for work in the National Health Service (NHS) and many community healthcare settings. Previous, recognised qualifications in the field of Hospital Play are still valid and it is expected that ALL registered HPS will comply with the National Standards of practice

Standard 4 Overview: Education and Training

4.1 To become a qualified and registered Health Play Specialist all applicants must apply to train at a validated institution which is recognised by the professional body – NAHPS and the registration board –HPSET. Any other institution offering a variant of this training is NOT recognised by the profession

4.2 For clarification on previous qualification titles and details on the entry requirements and course specifics please visit www.hpset.org.uk

STANDARD 5: Continuous Professional Development (CPD)

SUPPORTING EVIDENCE/RATIONALE: CPD has been described as a range of learning activities through which health professionals maintain and develop throughout their career to ensure that they retain their capacity to practise safely, effectively and legally within their evolving scope of practice

By maintaining and continuing professional development the HPS demonstrates a commitment to personal and professional growth; this will have a positive impact on colleagues, children and families.

This standard sets out the requirements of CPD which compliment the specific requirements of re-registration as determined by HPSET

CPD activity should be collected and collated using a portfolio of evidence; a resource which enables the HPS to store a range of professional learning material

A profile is a sample of this evidence and demonstrates how the HPS has applied learning to professional practice and will be used as part of the re-registration process with HPSET Remaining up to date helps to validate professional knowledge and provides a sense of professional pride and achievement.

CPD provides assurance to the public that HPS have maintained professional competency for their profession

Standard 5 Overview: CPD

5.1 The general public expect to be cared for by staff with the right skills and qualifications to do their jobs properly. HPS will collect and maintain evidence of relevant and regular CPD activity and learning

5.2 A portfolio of evidence will be used to demonstrate the range of learning opportunities engaged in

5.3 A profile will be presented to HPSET in order to maintain registration and demonstrate fitness to practice in the following areas:

- Show evidence of current HPS related theories and practice
- Select and apply relevant information from policies and legislation that support your activities and learning
- Show how you promote the work of the HPS by sharing knowledge and skills with others, both formally and informally
- Show an awareness of the impact and social and political factors on HPS services
- Reflect how your practice has impacted on the children and families you work with
- Reflect how your practice has impacted on service delivery
- Evaluate the effectiveness of your professional practice

5.4 The HPS will regularly engage with appropriate CPD structures including appraisals, clinical supervision and use of competence frameworks such as the KSF in order to demonstrate that agreed objectives and competencies have been met

STANDARD 6: Clinical Governance: Documentation & Audit

SUPPORTING EVIDENCE/RATIONALE: Clinical governance has been described as an umbrella term that includes activities which promotes and builds high standards of patient care.

Clinical governance is a system through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish" (Scally and Donaldson 1998, p.61).

The Scottish Government (2010) maintain that "an educated, trained and developed workforce is an integral part of clinical governance. Valuing the contribution that staff make, to quality health care and continuing improvement, and the provision in workplaces of a learning and supportive culture are important to achieving better patient care".

A multi-disciplinary and child centred approach is integral to the HPS role and in turn, makes a significant contribution to the process of clinical governance, however its positive impact to patient care will be diminished if it is not clearly and correctly documented

Standard 6 Overview: Clinical Governance

6.1 The HPS will document their work to evaluate services provided to children and young people and to use this information to enhance the patient experience

6.2 HPS will produce records/reports that are clear, comprehensive and accurate and maintain the security and confidentiality of information according to the policy of the healthcare setting

6.3 All interventions and activity should be documented in order to contribute to clinical judgements and planning

6.4 HPS will continually update and audit their service in order to enhance their understanding of the children and families they serve, and the impact of their clinical services. This will be done through evidence-based practice activities, clinical research and programme review

6.5 HPS must recognize their responsibility for ethical practice in research in conjunction with individual trust policies and national/government guidelines

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