



# Community Play Project October, 2008 - September, 2010 End of Project Report



*Worry stones used by children in the pilot project*

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## Executive Summary

The National Delivery Plan for Children and Young People's Health Services in Scotland (2008) has recommended that specialist services are developed in major centres with delivery close to home through Managed Clinical Networks and shared care with District General Hospital (DGH) units in each health board area.

Effective communication, accurate information and active participation in their care are essential rights for every health service user. For children, communication and participation is often best achieved through structured play. Action for Sick Children (Scotland) (ASC(S)) has promoted the role of the Hospital Play Specialist (HPS) in preparing children and their families for treatments and coping with illness and investigation. The ASC(S) Hospital Playbox and pre-admission programmes have demonstrated their positive impact on the experience of children attending their local hospital. There are additional demands for attendance at specialist centres for investigation and treatment of childhood disease. This pilot project reports the effective use of an HPS to help prepare individual children for attendance at an unfamiliar hospital for complex and potentially distressing procedures for which their carers or local paediatric team could provide comprehensive support.

The key findings of the project are summarised as follows

1. Better Health Better Care (2007) as described by the Scottish Government health policy demands that services provide the opportunity for children and their carers to understand the rationale for referral to specialist centres and their right to participation in decisions that are made about their health care.
2. Despite the communications expertise of children's health professionals it is important that both children and their carers are offered the opportunity to revisit information they have been given and to absorb the implications of that information for their own situation.
3. An effective means to provide both understanding and participation for sick children and their parents in decisions involving healthcare is the active involvement of an HPS on an individual basis.
4. A referral to an HPS who can work with the child and family prior to and following referral to a specialist centre for investigation and treatment can enhance the experience and promote concordance with healthcare decisions.
5. An HPS allocated to support families referred to a distant specialist centre can provide essential additional information for healthcare professionals in both the referring and referral centres in relation to the holistic needs of individual children and families.
6. By offering access to appropriate play for children of different ages and

developmental stages, an HPS can provide a link for a child that allows them to rationalise, understand and accept essential treatments that enhances their concordance with their treatment plans. This will also encourage the child and family to move towards self efficacy in advocating for their health.

7. Variable awareness among paediatric staff of the potential benefit of preparation for referral and the help that an HPS can offer results in inconsistent support to children and families. In the absence of any standardised pathway for patient participation for children this approach offers an efficient option for service improvement and equity of access to information and effective communication.

The conclusion from this pilot project presents a strong case for a dedicated outreach hospital play specialist service in all health areas in Scotland that accept referrals from DGH units for children and families referred to specialist centres. This can also enhance the work of specialist teams or networks in ensuring that best practice in clinical services is matched by best practice in patient involvement and family participation in health care.

Independent evaluations of the project are available in two University of Stirling MSc in Health Psychology dissertations. They can be emailed on request by contacting [enquiries@ascscotland.org.uk](mailto:enquiries@ascscotland.org.uk) or by phoning the ASC(S) National office on 0131 553 6553.

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## Introduction

Hospital play specialist support for identified children and young people was made available in NHS Forth Valley through this *pilot* project from October 2008 through September, 2010. The main aims of the pilot were to scope the need for and to provide a model for future work and shared care between District General Hospitals (DGH) and Specialist services by a trained and registered Hospital Play Specialist (HPS) in the community.

The pilot project was wholly funded by Action for Sick Children (Scotland) and Miss Agnes H Hunter's Trust.

The HPS was hosted by and worked in partnership with NHS Forth Valley, Women and Children's Unit, who provided support and resources to allow the project to be undertaken. All referral paperwork, postal, email and telephone correspondence with health professionals, parents/carers and young people adhered strictly to NHS Forth Valley and Action for Sick Children (Scotland) data protection policies. Consent to share information was sought by the health professional making the referral or by the HPS in the self-referral cases.

The HPS is also referred to as 'community play specialist' and 'project officer' in appendix documents and evaluation documents.

### Action for Sick Children (Scotland)

ASC(S) is the only charity in Scotland dedicated to informing, promoting and campaigning on behalf of the needs of ALL sick children and young people within our healthcare system.

#### Our Vision

is for gold standard healthcare to be provided for sick children and young people in Scotland

#### Our Mission

is to help sick children and young people meet their healthcare needs

#### Our Values

***Uphold the needs and rights of children and young people*** – our work is focused on meeting the rights and needs of children and young people in our health care system

***User focused*** – we aim to empower children and young people to identify and articulate their needs and to tailor our service accordingly

***Independent*** – we are an independent, voluntary sector charity

***Inclusive*** – we are committed to non discriminatory practices and equality of opportunity in recruitment, work practices and provision of service

***Free*** – there is no charge for our service

***Confidential*** – our work is carried out with the highest regard for confidentiality

**Partnership** – we aim to work in close partnership with statutory and voluntary agencies and groups concerned with the needs of sick children, young people and their families

**Integrity** – we conduct our business with integrity and respect for others

Our work includes:

- Working with others to ensure that health services are planned for sick children and young people in child-centred environments with appropriate ratios of trained staff
- Informing young people, parents and carers of their rights and responsibilities and empowering them to participate in decisions about the treatment and care of their child
- Raising awareness and representing children's needs and concerns within Government, healthcare committees and other Non-Governmental organisations
- Promoting high quality healthcare services at home and in hospital, while working to obtain equality of services and access across Scotland
- Championing the importance of specialised play in healthcare; from the recommendations of the Platt Report (1959), Play in Scottish Hospitals (1975) and more recently in the Family Facilities Surveys and in the Scottish Parliament with a written question about support provided by trained and registered Hospital Play Specialists.

Action for Sick Children (Scotland) has had an area coordinator/project worker in Central Scotland and NHS Forth Valley from October, 2002 until September 2010.

## **Background**

The specialist health services model and definitions as detailed in the National Framework for Service Change in the NHS in Scotland: Child Healthcare Services In Scotland (March, 2005) and its subsequent proposals in Delivering a Healthy Future: An Action Framework for Children and Young People's Health in Scotland, (2007) necessitated that families travel to specialist paediatric centres for some of their healthcare needs. Children and young people from remote and rural areas may not have access to pre and post-admission specialist play. Specialised hospital play is important because it helps to prepare the child and family for the prospect of a new experience and allows them to work through that experience, especially when the admission has been unplanned or traumatic. 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. (Jun-Tai, 2004)

Specialist hospital play opportunities may not be available in the local community unless a child or young person is admitted to their local district general or paediatric hospital where a hospital play service is provided. Some specialist hospital pre-admission programmes will include access to the HPS only if the doctor or nurse assesses that they would benefit from this, not as a regular part of the admissions process. As the specialist model has developed, outreach teams of doctors and nurses are holding clinics in district general hospitals; some of these centres have

hospital play staff available while others have limited staff capacity to take on additional work.

Hospital play support for identified children and young people was made available in NHS Forth Valley through this *pilot* project. For 18 months (January 2009 – June, 2010) the HPS took referrals and carried out play work to scope the need for input and to provide a model for future work/shared care between District General Hospitals (DGH) and Specialist services by a trained and registered Hospital Play Specialist (HPS) in the community.

It was estimated that the project could have a potential impact on over 400 children and families per year. In 2007, before the specialist review was complete, there were 463 hospital discharges for children aged 16 or under, living in Forth Valley NHS Board, for elective admissions to RHSC Edinburgh or RHSC Glasgow-Yorkhill. (ISD, January 2009). This does not include outpatient visits or admissions to other specialist or tertiary centres, (such as Great Ormond Street Hospital, Sheffield or Leeds). A further 59 children or young people from NHS Forth Valley were admitted to HDU or ITU beds in RHSC Edinburgh or RHSC Glasgow-Yorkhill in one year (High Dependency Care Audit, 2007).

In the development of the project in 2008, Dr. Una MacFadyen, a member of the Action for Sick Children (Scotland) [ASC (S)] Executive Committee stated “Individual families have accessed the support of Action for Sick Children (Scotland) following experiences in the past 3 years and have reported very positive results for themselves and their child when the ASC (S) Project Officer has liaised with the specialist service on their behalf, offered help with preparing the child ahead of admission and provided support post discharge for both the child and the family. To date this contact has been on an ad hoc basis for children who have identified themselves as needing additional help. With the increasing number of families being referred to tertiary centres from District General Hospital paediatric units **there is a need to scope the demand for such support and to formalise its provision.**”

## Specialised Hospital Play

*"The child is a foreigner who doesn't know the language, isn't familiar with the street plan, is ignorant of the laws and customs of the land. At times he likes to go exploring on his own; when things get rough, he asks for directions and help. What he needs is a guide who will politely answer his questions."*

Janusz Korczak, 1923

Hospital play specialists (HPS) use play as a therapeutic tool for children who are in-patients or out-patients in hospitals or hospices. They may also work with sick children in the community.

An HPS will work with children of all ages and conditions and their work will include:

- organising daily play services in the playroom or at the bedside
  - providing play to achieve developmental goals
  - helping children deal with fear and anxiety
  - using play to prepare children for hospital procedures such as injections or operations
  - helping children cope with pain
  - helping children regain skills lost through the effects of illness or hospitalisation
  - supporting families including siblings
  - contributing to clinical judgements through documentation and through their observations
  - advising parents, carers and staff on appropriate play for sick and injured children
- They are part of a multi disciplinary team including speech therapists, occupational therapists, physiotherapists, psychologists, doctors and nurses.

([www.nahps.org.uk](http://www.nahps.org.uk), Joint careers information leaflet, May 2010)

### **The Hospital Play Specialist qualification: an update**

The current Edexcel Level 4 Diploma in Specialised Play for Sick Children and Young People is in its final year of delivery at Stevenson College, Edinburgh, (and colleges in other parts of the UK). The diploma will be superseded by a two-year Foundation Degree (FdA) in Healthcare Play Specialism. This degree programme is currently being *piloted* at two colleges, Stanmore and Bolton in England (HPSET, September, 2010). It is hoped that this new course will be offered in Scotland from 2012.

### **Professional Qualification, Standards and Registration**

The National Association of Hospital Play Staff (NAHPS) is a charity whose mission is to promote the physical and mental well being of children and young people who are patients in hospital, hospice or receiving medical care at home. The charity aims to promote high professional standards for play staff, and to ensure the provision of appropriate therapeutic and stimulating play facilities in hospital. NAHPS provides professional support for all hospital play staff.



NAHPS carries out these aims by:

- promoting awareness of the emotional needs of children and young people in hospital, including the importance of play
- promoting and maintaining professional standards for hospital play staff through recognised training, liaison with statutory and allied organisations, and through professional publications
- providing information and advice on play in hospital (answering nearly 1000 requests each year from all over the world)
- organising conferences and study days
- publishing a bi-annual professional Journal and a bi-annual newsletter
- writing and publishing expert information about key areas of professional practice.

The Hospital Play Staff Education Trust (HPSET) is the registration body for Qualified Hospital Play Specialists. Its three main aims are to:

- Register Qualified Hospital Play Specialists
- Set the qualifying standards
- Monitor continued professional development.

(HPSET, July, 2010)

Provision of trained, qualified hospital play specialists to prepare children and young people for planned admissions is recognised across professional groups. (ASC (S) Family Facilities Survey, 2005-2007). In the ASC(S) survey 46% of District General Hospitals in Scotland employed trained play leaders, 39% employed Hospital Play Specialists, and 15% used untrained play leaders or volunteers to staff their play provision. A child friendly environment is an accepted standard of care in child health and 'trained hospital play specialists can help reduce children's anxiety and fears by dealing with them through play and by providing an appropriate environment...'. (*Hospital Play Staff*, NHS Management Executive Letter 77, 1993).

In scoping current provision of hospital play specialists working in the community in Scotland, the project found that one hospital employs a trained and registered HPS to work part-time between the community nursing team and the day surgery unit. This post was retained following a re-design of the service and the closure of an inpatient paediatric unit in the West of Scotland.

## The Project Model: Aim and Objectives

The guide, *Play for Health: Delivering and Auditing Quality in Hospital Play Services* gives structure to the role of a Community-based Play Specialist that served as a model for development of this project post.

Based on the previous ad hoc work by ASC(S) and the guidance of professional advisors, three *rationale* statements within the document were considered to have a direct association to the needs of the potential patient referrals:

<p><b>Information</b> about hospitals/healthcare: Children are prone to misconceptions and anxieties about hospitals and ill health. They need age appropriate information that is designed specifically for them. With such information, children are equipped to better cope with hospital/healthcare experiences.</p>
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<p><b>Preparation</b> for investigations, surgery and medical procedures: A child centred approach to information giving is vital. Research has demonstrated that preparation through play reduces stress and encourages compliance. This may also reduce a child's experience of pain. For children with extreme anxiety or additional problems, preparation in a community setting is appropriate.</p>
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<p><b>Therapeutic Play Activities:</b> Illness and/or hospital experiences in childhood may cause short or long term psychological harm. This can impact on adaptation to home life following hospital admissions and on ongoing medical and nursing care. Children who are identified as having increased anxieties are provided with additional support through therapeutic play sessions.</p>
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(Play for Health, 2006).

### Aim and objectives

Action for Sick Children (Scotland) **aims** to provide a pilot Play Specialist project in NHS Forth Valley to offer support to children and families requiring specialist health services or who have had healthcare experiences that require the input of a trained (hospital) play specialist in a community setting.

#### Objectives:

1. To provide play preparation or post-procedural play activities in the home or other community setting to help a child or young person meet identified social, emotional and/or developmental goals in relation to their medical and nursing plans.

#### Activities:

- a. The project officer will research and develop referral and assessment documentation specifically for the pilot project.
- b. Children/young people who are referred to the play specialist will be provided with a range of play activities to support their physical, emotional and social needs when they are ill or awaiting surgery, or for post-procedural play and debriefing.
- c. Parents/ carers of children referred will be supported and educated in providing suitable play opportunities.

2. To provide accessible and meaningful information about medical procedures, investigations, surgery and hospitalisation to identified\* children and their families.

Activities:

- a. The project officer will liaise with other health professionals and voluntary sector organisations as necessary to provide age-appropriate information to the child and their family.
- b. The project officer will provide child-centred play support and information to help prepare children and young people for medical procedures, investigations or surgery.

\*more specifically, those children/young people unable to access existing hospital play preparation opportunities in local or tertiary setting.

3. To provide play-led opportunities and support to assist with children's varied emotional responses to hospital experiences.

Activities:

- a. The project officer will assess each referral and devise a play programme if necessary, providing all toys and equipment.
- b. The project officer will liaise with other health professionals, including those in tertiary centres, to support the needs of children and young people who have anxiety or specific needs due to disability or previous hospital experience.
- c. The project officer will refer back (to the referring professional) any child or young person who shows signs of deeper anxiety or phobia, or provide information to support parents/carers in making this referral.

## Project Development

The project work commenced in October, 2008 with the Project Officer for Central Scotland appointed to work 15 hours per week. A further 5 hours per week were dedicated to Action for Sick Children (Scotland) core business in Central Scotland. The Project Officer is a trained and registered Hospital Play Specialist (HPS), with a university level qualification.

Other training undertaken during the project:

- The HPS attended an NHS Forth Valley child protection update session.
- The HPS attended Evaluation Support Scotland training days on Logic Modelling and Using Qualitative Information.

## Funding

Funding was secured from Action for Sick Children (Scotland) and Miss Agnes H Hunter's Trust.

NHS Forth Valley enabled secure communication in accordance with NHS information governance policy. The HPS was based one day per week within the Community Outreach Paediatric Nursing team and provided with secure and confidential mail system and file storage.

## Management and Supervision

A Project Advisory Group was set up at the beginning of the project and met quarterly throughout the project. A project advisory remit was also devised and accepted by the group (**Appendix 1**). The Chair of the group was also a member of the ASC(S) Executive Committee and she reported back to the committee, the largest funder, on progress. In addition, the Chair of the group was the tutor (as well as a registered HPS) for the only HPS diploma course offered in Scotland, at Stevenson College. Other members included an Action for Sick Children (Scotland) professional advisor, representatives from community health/nursing in NHS Forth Valley, a representative from NHS Forth Valley Hospital Play Specialist team and a parent representative.

The HPS attended regular support and supervision meetings with her line manager and a monthly report was submitted to the Action for Sick Children (Scotland) executive committee. In addition, the HPS spent at least one day per week in the community outreach nursing team office at Stirling Royal Infirmary and was in regular contact via secure email and mobile phone.

In order to establish professional mentoring links, the HPS visited with local hospital play team members weekly and attended play service meetings held every few months. In addition, the HPS maintained membership of the National Association of Hospital Play Staff and the Scottish Network Group of HPS Seniors and Managers. The HPS developed an email group to link play services in both DGH and children's hospitals for information-sharing.

## Documentation

A referral pathway, play plan (this is equivalent to an action or care plan) and method of reporting were researched and developed to suit the specific needs of the project. Forms used by other community-based play services were not suited to the patient referrals expected. The referral form and the letters to parent/carers created were similar to those already in use by the Community Outreach Paediatric Nursing service for familiarity by referring professionals (**Appendix 2**).

The HPS developed a basic assessment for the project, an 'All about me' introduction to children between the ages of 4 and about 12 (**Appendix 3**). The headings were based on the Getting it Right for Every Child (GIRFEC) goals, commonly known as SHANARRI goals. These are well-being indicators used to plan and take action to meet the child's needs and how the project could support these needs.

GIRFEC is the programme from the Scottish Government that aims to improve outcomes for all children and young people by promoting a shared approach that builds solutions with and around children and families. It enables children to get the help they need when they need it; supports a positive shift in culture, systems and practice and involves agencies working together to make things better. (Children in the Highlands Information Point (CHIP), Information Sheet 11).

A common goal of the GIRFEC agenda and the community play project was to work consistently to provide the vulnerable child and family experiencing adversity (such as a child experiencing ill health) with the support and help to enable development of the resilience to cope.

In addition, a grab bag of significant toys was assembled, each toy chosen for its ability to elicit discussion about likes, dislikes and favourite activities. The toys were also chosen so that they could be easily held by a child and could be cleaned in line with NHS Forth Valley information on infection control.

Upon completion of the play plan and work with the child, feedback was given orally for nursing notes, via secure email for insertion in medical notes and/or via a written synopsis of work completed.

## The Referral Pathway

The referral pathway and referral form was developed in partnership with the project advisory group and the Community Children's Nursing Team (CCN). In addition, the HPS consulted others working in similar situations via an online group of hospital play professionals in the UK.

The referral pathway:

Step 1: Receive referral information from health professional, parent/carer or young person with their consent.

Step 2: Assess referral to determine if it is appropriate for the project; feedback to referring professional if not; provide information if this is requested in referral.

Step 3: Contact Parent/carer by phone within one week of receiving referral. Explain service and make appointment to visit. If unable to contact after one week, email or send letter with HPS contact details.

Step 4: Visit child/young person and family at home, clinic or other community setting. Assess and agree play plan with parent/carer and child.

Carry out assessed need (including multiple visits), provide information and refer to another HPS or agency as required.

Step 5: Feedback to referring professional and/or parent/carer throughout and write synopsis for records. Record information on data sheet and in database.

## Promotion and Raising Awareness

During the project, the following individuals and groups received information regarding referral to the project via letter, printed information and/or presentations:

- Royal Hospital for Sick Children, Yorkhill-Glasgow, Hospital Play Specialist inpatient service.
- Royal Hospital for Sick Children, Edinburgh, Hospital Play Specialist inpatient service.
- Royal Hospital for Sick Children, Yorkhill-Glasgow, Clinical Nurse Specialists and Lead Nurses.
- Discharge Coordinators at both the Royal Hospital for Sick Children, Yorkhill-Glasgow and the Royal Hospital for Sick Children, Edinburgh
- Scottish Hospital Play Senior/Managers Network Group
- Rights of the Child Group, Yorkhill.
- Child and Adolescent Mental Health Service (CAMHS), Play Therapy service, NHS Forth Valley.
- Consultant Paediatrician service, NHS Forth Valley.

- Paediatric nursing staff (including Inpatient ward, Ambulatory ward and administrative staff), Nursing sister for children with complex needs, Diabetic Liaison nurses, Hospital Play staff and Hospital Education staff at Stirling Royal Infirmary, NHS Forth Valley.
- School nursing and health visitor representatives, NHS Forth Valley.
- Great Ormond Street Hospital, London, Play services manager.
- Ongoing email contact with group of Hospital play specialists working in community settings in England.
- Child Health Forum, NHS Forth Valley
- Information about the referral process and the project was available throughout the project on the NHS Forth Valley child health intranet site. The referral form was available to print out for all child health staff.
- Information was provided regularly through the NHS Forth Valley communications department and via newsletter articles and networks in the voluntary sector (including quarterly Action for Sick Children (Scotland) newsletters).
- Information was available throughout the two years via a dedicated project webpage on the Action for Sick Children (Scotland) website.

In addition, 5 GP practices (via 3 practice managers) received an information pack, referral form and cover letter from a consultant paediatrician which was followed up by a phone call from the HPS. The practices were identified by the project advisory team in order to scope access to the project for families who are referred for specialist treatment via their GP practice. For the duration of the project, no referrals or enquiries were received from the GP practices, although the information was sent late in the project.

Parents and Carers were encouraged to make self referrals to the project. A parent/carer letter was designed and provided for health professionals to give to parents/carers who desired this additional level of confidentiality (**Appendix 4**).

In addition to the above, the project was promoted with a display stand at the Scottish Preschool Play Association (SPPA) national conference, November, 2009 and a presentation and display stand at the ASC(S) EACH Campaign launch, Scottish Parliament Garden Lobby, December, 2009 and an introduction to the project work was given to two sessions of HPS students at Stevenson College, Edinburgh.

All links made with health, education, social care and voluntary sector colleagues during the project presented different, but useful support. In all cases, the links generated interest in the project and confirmed the unique nature of the initiative and its potential to enhance service development in line with Better Health, Better Care (2007).

Post-project, the HPS gave presentations at the NHS Scotland Early Years Conference in Edinburgh, October, 2010 and at the EACH Child and Young Person's Health Matters: Asking the Difficult Questions ASC(S) Conference, September, 2010. The HPS also provided an article for publication through NHS Forth Valley communications department and the ASC(S) quarterly newsletter.

## Costs and Equipment

### Resources purchased

- RELAX KIDS CDs on anxiety and worry and free visualisations and other information available on [www.relaxkids.com](http://www.relaxkids.com)
- Stickers: used regularly by the HPS and CCNs on charts and to build self esteem.
- Blank Journals: to encourage children and young people to write about their experiences and to list questions they had when visiting with their nurse or consultant before admission.
- Single use camera: this was provided to one patient during a pre-operation play session to support the assessed need for post-operative play work when she returned from the specialist centre. The child experienced memory difficulties due to a previous head injury and the photo journal helped to stimulate discussion. A contract regarding appropriate use of the camera and photos was developed and signed by both the patient and the HPS. The HPS made phone contact with the inpatient HPS to agree this play plan.
- Worry Stones: these can be used with children of school age and older for relaxation and relief of worry, tension and anxiety. There are other examples of this kind of support around the world which use dolls, stones or beads for a similar purpose. The stones used during this project were purchased from an art gallery gift shop and a poem was adapted and supplied to promote relaxation.
- Colour and light globes were provided to encourage relaxation and regular breathing patterns when the light changed. These are widely available; the ones used in this project were purchased from Argos. If safety is a consideration, Rompa (<http://www.rompa.com>) and TFH (<http://www.specialneedstoys.com>) have robust and tested sensory light products. During the project, one young person found the light globes especially helpful when doing post-operative breathing exercises.
- Usborne books: Going into Hospital, Going to the Doctor, Going to the Dentist suitable for pre-school children.
- Books for distraction: Where's Wally (for 9+) and colourful picture books that focus on counting or finding objects (for younger children).

### Resources available for free

On the Great Ormond Street Hospital website you can obtain sounds such as MRI and CT scan machines within the 'information sheet' podcasts. They have designed a large number of information sheets on most topics covered in specialist services and many of these are available as podcasts.

([www.gosh.nhs.uk/gosh\\_families/information\\_sheets/index.html](http://www.gosh.nhs.uk/gosh_families/information_sheets/index.html)).

Starlight Distraction box: These are easily portable tool boxes full of distraction toys available free to nurses, community nurses, play specialists or other health care professionals working with children. More details and an application form can be obtained from:

Starlight Children's Foundation

Telephone: 020 7262 2881

Website: [www.starlight.org.uk](http://www.starlight.org.uk)



Dental play items: the HPS obtained these from the ASC(S) dental playbox project, but you can contact your local oral health educator for help with dental play items.

Hospital play: some real equipment (such as stethoscope and gloves) was supplied by an ASC(S) hospital playbox. Specific equipment or items were also available for individual cases by working with the CCN team. Infection control items were regularly available in the CCN office base (such as toy cleaning supplies). Out of date items can sometimes be used by the play service to support hospital play, as long as a risk assessment is satisfactory.

Additional resources were available as needed through the Stirling Royal Infirmary (SRI) children's ward play team. The HPS supported SRI's application to the Disney hospital donation scheme over two deliveries and shared in these resources.

### **Leaflets, booklets and website resources:**

Inpatient booklets on coming into hospital are available from both Royal Hospitals for Sick Children in Edinburgh and Glasgow-Yorkhill. These can be obtained free from Family Support services at both hospitals if the child, young person or family have not already received these at a clinic appointment or with their admission letter. The HPS found that although some families had received these and information about pre-admission play sessions, they had not taken on board the importance of this service for their child's preparation for hospital.

ASC(S) leaflets and guides used by the HPS included:

- Helping children cope with pain,
- Helping children cope with needles,
- Preparing your child for dental treatment

These and many other useful leaflets and guides are available in print form from the ASC(S) national office (0131) 553 6553, or to read and download from

[www.ascscotland.org.uk](http://www.ascscotland.org.uk).

Health Rights Information Scotland leaflets:

- Consent - your rights (a guide for children and young people under 16)
- Confidentiality - your rights (a guide for children and young people under 16)
- Have your say! (a guide for young people)

These leaflets are available in all health board areas in Scotland, or to read and download from: [www.hris.org.uk](http://www.hris.org.uk).

A useful flowchart for professionals working with children and young people who require medical procedures: *Guidelines for the prevention and management of procedural distress is available from the Oxford Radcliffe Hospitals Multidisciplinary Procedural Distress Group (2005) at [www.rbht.hns.uk](http://www.rbht.hns.uk) (health professionals-clinical departments-paediatrics-children with cf-admission-procedural distress).*

Many other hospitals with child health services provide information on their websites that will be relevant to families using specialist services. For some referrals, once the family had information on where and when they were to be admitted, they (or the HPS) phoned and spoke directly with the ward manager or hospital play specialist to

gain additional information on accommodation, availability of food and other daily living considerations while their child was to be an inpatient.

If there had been availability of time to develop the resource, the HPS would have created an information database for parents/carers and local healthcare staff about each of the specialist service facilities that were used by families in this project, and would have continued to add to this and update it if the post were permanent.

### **Cost of the project**

A full statement of income and expenditure is presented as an appendix (**Appendix 6**), showing the potential cost of employing an HPS in a community child health team. This cost is based on a part-time (20 hours per week) member of staff paid on a local authority pay scale. A current table of NHS banding pay for an HPS is available from NAHPS.

## **Evaluation of the Project**

### **Independent Evaluation**

Action for Sick Children (Scotland) met with Dr. Vivien Swanson, MSc Course Director, Department of Psychology, University of Stirling, about the possibility of having an outside evaluation completed by an MSc Health Psychology student. A member of the group had previous professional experience with students from this degree programme.

It was decided that this method of evaluation would prove to be independent and cost-effective, as well as focussed on the effect the interaction with the HPS would have on the child, young person and family in relation to their healthcare or hospital experience.

The HPS collected information on each referral and input on database. A form for collection of information and a database was created by the project advisory group and the Clinical Effectiveness Unit, NHS Forth Valley (**Appendix 7**), to be maintained by the HPS. The statistical results of this database were provided to the students when they began the project evaluation in the autumn of 2009.

In addition, a consent form would be provided to each referral upon completion of the interaction, so that a student could contact the family at a later date to take part in the evaluation. The consent forms were devised by the HPS and Dr. Swanson with approval by the project advisory committee and in line with ethics approval documentation that the student would likely need to submit. It was decided that two consent forms would be created; one for parents/carers and one for young people (**Appendices 8 and 9**).

The HPS prepared background information for prospective dissertation candidates. In September, 2009, two students presented with a proposal for two separate dissertations which would fulfil the evaluation of the project. The HPS provided information; organised placement opportunities in hospital play services and supported the collection of the consent forms from September, 2009 to July, 2010. The dissertations were delivered to ASC(S) in October, 2010.

While the dissertations both provide extensive information about the effectiveness of the project and the HPS post, both ask if the post should be based in the community. They also note that while a project of this sort is limited by its short term nature, all new services take time to embed in a system such as the NHS.

Anderson (2010) (one of the students evaluating the project) also questions many of the health professionals' awareness and acceptance of the abilities that an HPS brings to a service as one possibility for the low number of referrals.

**The two dissertations can be emailed on request by contacting [enquiries@ascscotland.org.uk](mailto:enquiries@ascscotland.org.uk) or by phoning the ASC(S) National office on 0131 553 6553.**

### Statistical results

In the project development, it was estimated that many more families would benefit from the project during the time the HPS was taking referrals than was the case. It had been decided at the start of the pilot to roll the project out firstly to local child health professionals and then extend referral information through the specialist services. The GP service was the last to receive information about the project. Given this was a new initiative, staggering the roll out in this way probably had the impact of reducing referral numbers from that which we had originally estimated. During the 18 months, 47 formal referrals were received. The dissertations provide a comprehensive analysis of these referrals and those that the HPS referred back to another service or did not see for various reasons.

Of the 47 referrals, the following tables provide basic information about the children and young people who received support through this project:

Table 1: Ages of patients and number of male/female

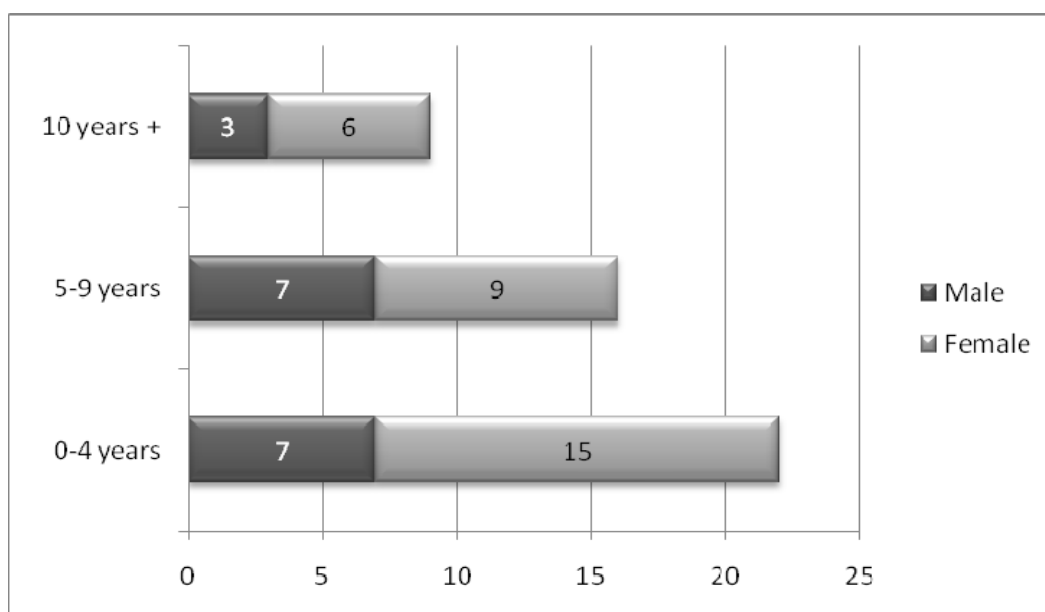
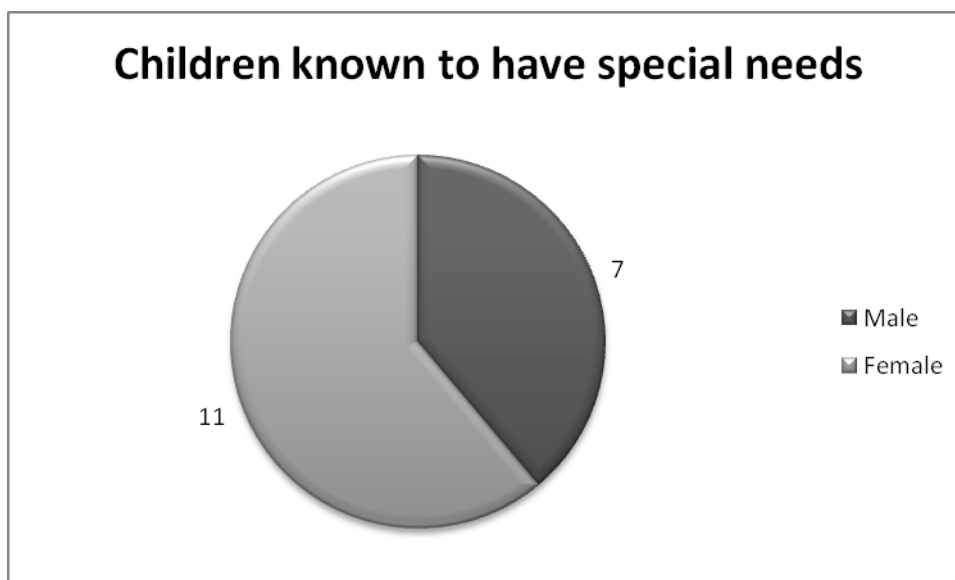
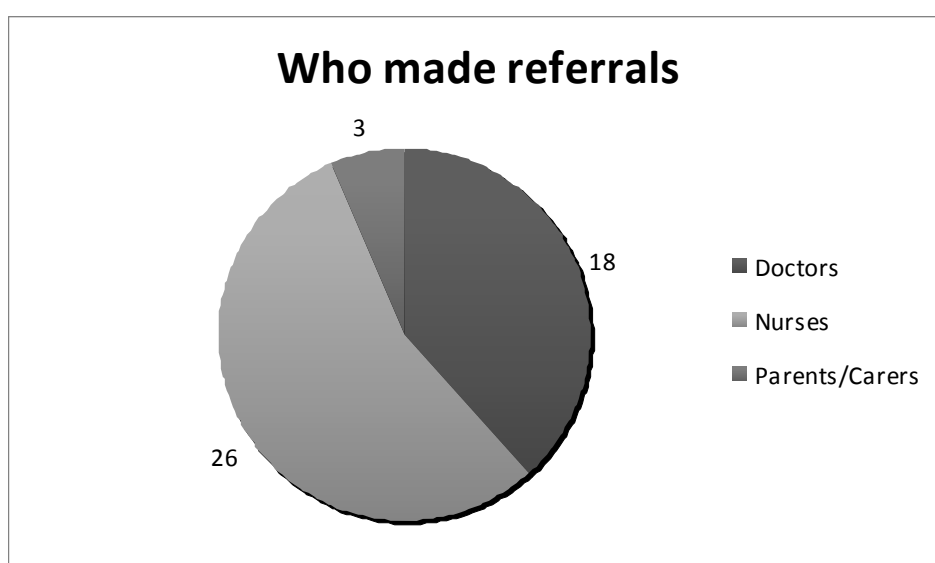


Table 2: Number of referrals made who were known to have special needs. While it was anticipated that these referrals might require more time on the part of the HPS, this was not found to be the case. In one referral for a child with complex needs, the HPS served as a resource for the community nurse and teacher already based at the child's special school. They, along with the child's parents, were already known and trusted by the child and this was assessed as the best, patient-focused service in this case.



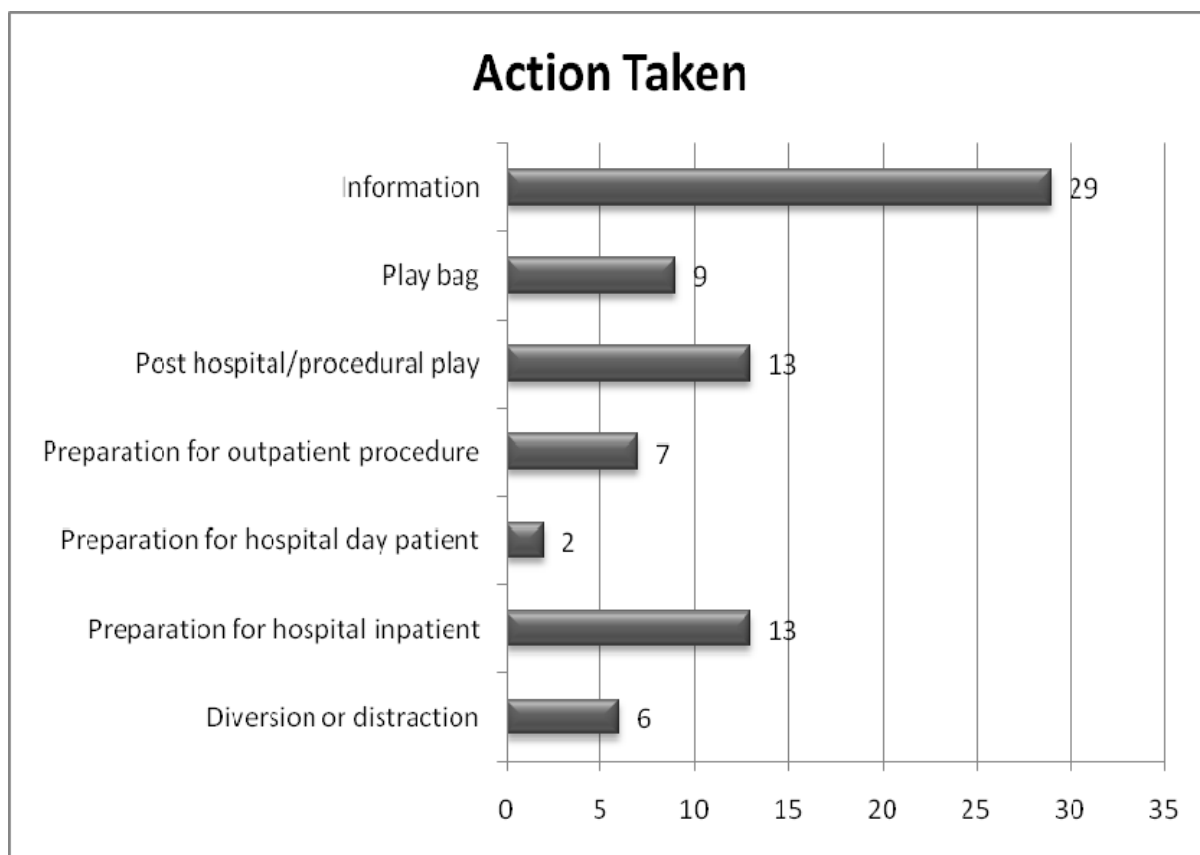
The following table provides information about where the referrals originated. The referrals were made by three distinct groups: doctors (n=18), nurses (n = 26) and parents/carers (n=3). The doctors and nurses making the most referrals were the professional group in contact with the HPS on a regular basis, with the best opportunity for discussion about potential referrals. They also received feedback from the HPS about their referrals on a regular basis and became aware of the project's capabilities very quickly. The evaluations both comment on the positive communication from the HPS as being very important in the project's success.

Table 3: Who made referrals



In the 47 referrals, assessment of need and actions taken by the HPS are detailed in the following table:

Table 4: Play work action taken



Many of the referrals required more than one action and most of those under 'information' were for parents; although many formal and informal conversations took place with health professionals about cases where play approaches could enhance the care given. In addition, information and feedback about specialist facilities was given to the referring professional.

## Case studies relating to objectives

### #1: Hospital anxiety and parent/carer support

- To provide play preparation or post-procedural play activities in the home or other community setting to help a child or young person meet identified social, emotional and/or developmental goals in relation to their medical and nursing plans.

L. is a 12 year old girl with mild learning difficulties and a rare condition requiring extensive surgery, having already experienced several surgical admissions since early childhood. This surgery will allow her greater freedom, independence and opportunity for self-management of her bladder and bowel disorder.

The HPS first met L. in late October, 2009 when her doctor sent the referral form to the project. She was due to be admitted to a specialist hospital for further surgery but before this admission she was having difficulty in getting two flu jags. Recent procedures had caused her distress and she had past anxieties. She had a history of difficulty coping with hospital admissions and always came home feeling it had been distressing.

L., her carer and the HPS discussed coping strategies as she accepted that the jags were necessary, but she was more anxious and worried about getting them than any actual pain. L. was going to her local GP practice for the jags; two previous attempts were unsuccessful when she had to wait for a long period of time in the waiting room and was unable to consent to and follow through with having the jags. The HPS encouraged her carer to phone and discuss L.'s fear and anxiety with the practice nurse, who organised for L. to come in at a quiet time, no waiting and she and another nurse gave her both injections at once. This worked very well; L. did not require much use of the coping strategies for breathing and pain as she was well-prepared, relaxed and compliant.

Over the next 5 months, the HPS visited and carried out a play plan with L. at home and worked with her carers, the Community Nursing team and the liaison nurse specialist to help her cope with major surgery and extended recovery time at home. Utilising her assessed interest in art and stories, the play work included: preparation for going into hospital; looking forward to coming home after hospital; coping during dressing changes and recovery time; coping with a re-admission for one week due to an infection in a wound site; an art session to prepare thank you notes and artwork for her bedroom regarding self-management skills she had learned. It was apparent that this information should be in age-appropriate and personal language as her 'word choices' and photos or drawings were important for memory relating to her learning difficulties. During the time L. spent in hospital she was not able to access an HPS. The ward she was admitted to did not have play staff available.

On her final admission to learn to self manage her daily routine; L. coped so well that she was discharged several days sooner than anticipated.

## #2 Dental anxiety and multidisciplinary working

- To provide accessible and meaningful information about medical procedures, investigations, surgery and hospitalisation to identified children and their families.

S., a 10 year old girl had attended an outpatient clinic appointment where the family had commented that she had ongoing anxiety about planned procedures, especially about her cleft palate management, and would not open her mouth for dental appointments in fear of what might happen. Mum felt she could 'remember' the pain of surgery that she had at 9 months of age. The consultant paediatrician referred S. to the HPS project for assessment and support.

S. had an appointment scheduled with the Orthodontist soon after the referral was received, so the HPS visited her at home in preparation for this appointment, the play work focused on her anxiety and worry. The HPS also discussed with her mother that while it was unlikely that S. could remember the surgery at such a young age, the messages being given to her from discussing it in such a way might be giving her cause to fear future work in her mouth. We discussed using positive language and other children's stories from books that the HPS left with the family. The HPS also reinforced that the dental work being suggested was not surgical, and was not expected to be painful.

On follow up, mum said that her daughter had coped very well and successfully allowed the orthodontist to view her teeth. As it was suggested that she required further treatment (S. decided she 'wants the brace' to correct a minor difficulty with her tooth alignment), the HPS arranged to visit again. Before the next hospital appointment, the HPS arranged for the Oral Health Education Nurse to accompany her on the home visit. The HPS and nurse worked together to prepare S. for having an impression taken of her upper teeth, using real equipment and play. S. and her sister enjoyed this opportunity to touch, smell and do some messy play with the items, and to try out how it would feel in their mouths.

Again, S. quickly consented to the impression being taken a week later in clinic, and had a successful experience. The dental unit nurses were very happy with how compliant she was and how quickly they were able to take her impression.

### #3 Using PowerPoint to Communicate

- To provide play-led opportunities and support to assist with children's varied emotional responses to hospital experiences.

A young school-aged girl had a traumatic accident which damaged her oesophagus and left her unable to swallow and eat normally. It meant that she would need regular procedures in hospital to help correct the damage the accident had caused. She would need to have a tube coming out from her nose and taped to her face for some time to help with this process.

The HPS received a referral from a community nurse to see this young girl. She was anxious and worried each time she had to go to hospital for any procedure and it often took longer than normal for her to consent to the treatment and to recover from the anaesthetic. This was difficult not only for the child, but for her parents and her healthcare providers as well. In addition, her school reported that her mood and behaviour gave cause for concern in the days before and after the planned procedure appointments.

The HPS visited the family at home for therapeutic play sessions. After the first assessment session, the HPS presented the child with the tools to use drawing and art to communicate her worries, having read a story about sharing worries. However, the day before the next play session appointment, the HPS received a PowerPoint presentation via email (see 3 of the slides below), created by the child with support from her mum. Her choice of 'emoticons' was important to gauge her level of concern. The HPS printed the presentation and created a notebook with the child to take with her to the hospital, to help her in communicating with other health professionals. The HPS was able to liaise with the community nurse to quickly resolve one of the worries; the CCN provided several other kinds of tape to try in order to keep the tube in place on her face. Using the folder, the child shared her worries and anxieties with the staff at the children's hospital and felt much better when they answered her questions and told her why things had to be a certain way. She now attends her appointments for procedures with less anxiety and feels able to share her worries and questions with staff. She recovers more quickly and her school is reporting better behaviour and mood in the days before and after the appointments.





Using PowerPoint (continued)...



## tubes

- *I'm scared of my tubes I think that they are going to fall out and my face is sore because the plaster holding my tube on my face.*



## drips

- *I get drips every time I go in to theatre and they are sore. They annoy me because they always put the drips on my hand that I write on and I cannot draw, write, colour in and it annoys me really much. I wish that they put it on the other one.*

If there had been more time and planning, the evaluation would have interviewed the specialist hospital staff about the child's use of this method of communicating and their response to her concerns. In this case, the child was given a reason why the 'drip' had to be sited in her dominant hand and this was positively accepted by her.

## Qualitative feedback Quotes from the project

“(the HPS) really helped me when I was in hospital. She talked to me and gave me ways to stop thinking of all the sore bits. She brought fancy glowing lights to take my mind off the bad things and gave me a wee smooth heart shaped stone that I could use when I was worried. It really helped to talk to her.” (14 year old after traumatic admission to specialist hospital. In addition, health professionals reported that using the worry stone kept this patient from scratching at an area of skin that was at risk of becoming infected.)

“...one wee girl in particular doesn't like having injections so [the HPS] came a couple of times and we just talked about different ways of trying to get her to do a bit of role play as well and that worked quite well...” (health professional)

“Well you wereny nearly as frightened were you, after seeing (the HPS) and that, when you went into hospital.” (parent)

“The nurses on the team have seen an enormous benefit from her input to patients they support in the community.”  
(*Community Childrens Nursing and Liaison Annual Report, NHS Forth Valley, March 2010.*)

“She tells you what happens when and what they do.” (child)

The two MSc in Health Psychology dissertations include more extensive qualitative feedback from children, parents and health professionals about the specific input they received through the project. These can be emailed on request by contacting [enquiries@ascscotland.org.uk](mailto:enquiries@ascscotland.org.uk) or by phoning the ASC(S) National office on 0131 553 6553.

## Concluding Remarks

Specialised hospital play for children and young people in NHS Forth Valley was provided through this *pilot* project. The main aims of the pilot were to scope the need for and to provide a model for future work and shared care between District General Hospitals (DGH) and Specialist services by a trained and registered Hospital Play Specialist (HPS) in the community.

Action for Sick Children (Scotland) has always championed the importance of specialised play in healthcare; from the recommendations of the Platt Report (1959), Play in Scottish Hospitals (1975) and more recently in the Family Facilities Surveys and in the Scottish Parliament with a written question about support provided by trained and registered Hospital Play Specialists.

During the community play project, over 84 health professionals and organisations received information about the project via letter, email, direct meetings or presentations, including how to refer children and young people.

Over the 18 months the HPS received and took action on 47 formal referrals by:

- liaising with the specialist service
- supporting play preparation with the child before admission
- providing play support post discharge with the child and family
- supplying information about specialist service facilities
- supplying information on child development and the sick child for parents/carers

Other supporting work undertaken by the HPS included:

- facilitating input by parents/carers on patient/parent information leaflets and other consultations;
- researching information on and sometimes supplying child-friendly toys for specific conditions;
- facilitating parent/patient input on review of training documentation;
- providing supporting information (such as voluntary sector organisations and publications) for nursing plans
- collecting information on family friendly aspects of specialist facilities

A common goal of the Getting It Right for Every Child (GIRFEC) agenda and the community play project was to work consistently to provide the vulnerable child and family experiencing adversity (in this context, a child experiencing ill health) with the support and help to enable development of the resilience to cope. All links made with health, education, social care and voluntary sector colleagues during the project presented different, but useful support. In all cases, the links generated interest in the project and confirmed the unique nature of the initiative and its potential to enhance service development in line with Better Health, Better Care (2007).

While it takes time to embed a new service, the evaluation makes it clear the project showed that an HPS working with the children's community nursing team was welcomed, valued, respected and the skills she brought enhanced the service provided. The Royal College of Nursing recommended that a Hospital Play Specialist would be an appropriate specialist member to include in a Community Nursing team (Children's community nursing, RCN, September 2000).

The skills and knowledge that an HPS would bring to a team are unique and the health professionals interviewed benefitted from learning and receiving support from the HPS. While it might seem more cost-effective to provide a "web based intervention, or for nurses to gain skills in some of the techniques play specialists' use", the evaluation report further states that "it would be unwise to accept this assumption".

Communication is a common issue in services as diverse as the specialist network in Scotland. The evaluations showed this was made easier by the HPS being part of a community team and having regular contact with the health professionals who were referring patients, rather than being aligned with an inpatient unit. With the HPS input in the community for all children and young people requiring specialist services, using healthcare play principles rather than condition-specific support was required

as the caseload was varied. An HPS with suitable experience would enhance the service provided by a community nursing team.

ASC(S) would recommend that this model of service for specialised play provision be provided in all Health Board areas for children and young people who require specialist healthcare services. Managed Clinical Networks in Scotland, in particular, should consider where in their provision and workforce planning the skill mix provided by a trained and registered Hospital Play Specialist can best be delivered as part of the holistic care of the child and family.

Amy Joss, BSc, HPS  
Project Officer, Action for Sick Children (Scotland)  
January, 2011

## **Acknowledgements**

Work done previously by Helen Shipton, Community Play Specialist and Gill Rennie of the Stoke Mandeville Community Nursing Team.

Dr. Vivien Swanson, MSc Course Director, Department of Psychology, University of Stirling.

Ishbel Begg, MSc in Health Psychology  
Catriona Anderson, MSc in Health Psychology

## **Thank you**

Community play project advisory group:

*Chair:* Frances Barbour, ASC(S) Executive Committee member and HPS tutor, Stevenson College

Elizabeth May, ASC(S) National Coordinator

Helen Bauld, Department Manager, Paediatrics

Dr. Una MacFadyen, ASC(S) professional advisor and Consultant Paediatrician

Seonad Hopkins, Hospital Play Specialist, (NHSFV)

Mrs. Alex Hendrix, Parent representative

Miss Agnes H Hunter's Trust (<http://www.agneshunter.org.uk>)

Action for Sick Children (Scotland) Executive Committee, Gwen Garner, Chairperson.

Ishbel Proctor, Play Services Coordinator, Royal Hospital for Sick Children, Edinburgh

Claire Kennedy and Teri Wright, Senior Hospital Play Specialists, Royal Hospital for Sick Children, Glasgow Yorkhill

Nikki Smith, Oxfordshire PCT

Angela McKane, Coventry PCT

Charlotte Bramley, Kaleidoscope, London

Avril Mitchell, Inverclyde Royal Hospital

Jean Brewster, Clinical Effectiveness Support Officer, NHS Forth Valley

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## APPENDICES

1. Project Advisory Group Membership and Remit
2. Referral page
3. 'All about me' assessment
4. Parent/Carer referral letter
5. Play Project Costing
6. Database Collection Sheet
7. Consent Form
8. Consent Form young people

## Appendix 1

### ACTION FOR SICK CHILDREN (SCOTLAND)

#### COMMUNITY PLAY SPECIALIST PROJECT

#### ADVISORY GROUP REMIT

##### Overall Purpose

The Community Play Specialist Project Advisory Group is responsible to the Action for Sick Children (Scotland) (ASC(S)) Executive Committee for oversight of the Community Play Specialist Project. The Project will be piloted in NHS Forth Valley over a two year period and will offer support to children and families requiring specialist health services or who have had healthcare experiences which require the input of a trained (hospital) play specialist in a community setting. *The Project will be delivered using a model for community play services which aims to complement Specialist/Tertiary health care services where necessary.*

##### Key Responsibilities

- To steer overall direction and development of the Project through provision of advice and guidance to the Project Officer and ASC(S) Executive Committee
- To ensure that the Project operates within the parameters of its aims and objectives
- To ensure it meets all necessary reporting requirements and to report to ASC(S) Executive Committee on the progress of the Project
- To uphold the duty of trust invested in the position of a member of the Advisory Committee, ensuring these duties are carried out in a way which increases public trust and confidence in Action for Sick Children (Scotland)

##### Accountability

The Community Play Specialist Project Advisory Group is responsible to the ASC(S) Executive Committee.

##### Frequency and Location of Meetings

Quarterly. Location in either Edinburgh or NHS Forth Valley

##### Membership of Group

*Chair:* Frances Barbour, Executive Committee member and HPS tutor, Stevenson College

Amy Joss, Project Officer (HPS), Community Play Project

Elizabeth May, ASC(S) National Coordinator

Helen Bauld, Department Manager, Paediatrics

Dr. Una MacFadyen, ASC(S) professional advisor and Consultant Paediatrician

Seonad Hopkins, Hospital Play Specialist, (NHSFV)

Mrs. Alex Hendrix, Parent representative

November 2008



**Appendix 2**



NHS Forth Valley/Action for Sick Children (Scotland) *\*Pilot Project\**  
Community Play Specialist Referral



For children, young people and families who live within Forth Valley and have a need for Hospital Play Specialist input to support their care before or after admission to *specialist/tertiary* services.

referral #

Childs Name..... DOB.....  
Address.....  
Telephone #1.....#2.....  
Parent's name/s.....

received

**Reason** for referral:

**Date** of referral:.....

Are there any Child Protection concerns which may affect the CPS's safety? **YES / NO**

Your name.....

Contact details (phone/email; address)

.....  
.....

Return information to: Amy Joss, Community Play Specialist  
Post: Ward 17, Stirling Royal Infirmary, Livilands, Stirling, FK8 2AU  
Email: amy.joss@nhs.net  
Message phone: 01786 433675 (Community Nursing, SRI)

AJ v.3/April 09

## Appendix 3

# All about Me: Play service assessment

Child's name:

Date:

Hospital Play Specialist:

- **Safe** (protected from harm/traumatic experiences/current coping with medical procedures)
  
- **Healthy** (physically/mentally/healthcare access)
  
- **Achieving** (School, skills, confidence, self-esteem)
  
- **Nurtured** (who looks after me/nurturing place to live)
  
- **Active** (recreation, play, sport that I enjoy: home, community, hospital)
  
- **Respected and Responsible** (involved in decisions affecting me/my voice heard)
  
- **Included** (able to access play, recreation, sport or helped to do so)

(Note: in 2010, the 'R' was separated into two separate indicators, so the goals are now known as SHANARRI).

Adapted from GIRFEC goals for child (SHANARI goals)  
Action for Sick Children (Scotland) Community Play Project, May, 2009

## Appendix 4



Children's Community Play Specialist Project  
Ward 17, Community Nursing,  
Stirling Royal Infirmary, FK8 2AU



Date:

Dear Parent/Carer,

Action for Sick Children (Scotland) is providing a registered Hospital Play Specialist to work in the community in NHS Forth Valley until the summer of 2010. This service is available to children, young people and families who are being referred to a hospital *outside* of Forth Valley for medical treatment (such as the Royal Hospitals for Sick Children in Glasgow and Edinburgh). This new community initiative is in addition to existing play services that can be found in Scottish hospitals admitting children.

Hospital Play Specialists are trained in child development and can provide play ideas and support for families, children and young people who are experiencing ill health and/or time in hospital. They also help by providing children with age-appropriate information about hospitals, the people who work there and the medical procedures they are scheduled to have.

If you would like to make use of this service, please get in touch with the Community Play Specialist directly on the phone number, address or email listed below.

With regards,

Amy Joss, Community Play Specialist  
Address: Children's Community Nursing, Ward 17  
Stirling Royal Infirmary, Livilands  
Stirling FK8 2AU  
Phone:  
Email: amy.joss@nhs.net

## Appendix 5

### Action for Sick Children (Scotland)

### Community Specialist Play Pilot Project

Period 1 October 2008 to 30 September 2010

#### Expenditure



Staffing Costs		
(Salary, travel, training)	27,794	
Office and Insurance Costs	622	
Telephone & Postage	231	
Volunteer/committee costs	22	
Play Resources	249	
IT/Computer	264	
Printing, Stationery, Publicity	607	
Books and Subscriptions	102	
Conferences	290	
Misc	60	
Total Expenditure		<u>30,241</u>

#### Funded by

	£	£
Action for Sick Children (Scotland)	25,291	
Miss Agnes H Hunter's Trust	4,000	
Fundraising	655	
Other Income	295	
		<u>30,241</u>

**Appendix 6**

**Audit No:**

	<h2 style="margin: 0;"><u>Community Play Project</u></h2>	
<b>Child Referred:</b>		
Age 0 – 4 years <input type="checkbox"/>	Male <input type="checkbox"/>	
Age 5 – 9 years <input type="checkbox"/>	Female <input type="checkbox"/>	
Age 10+ years <input type="checkbox"/>	Special Needs Yes <input type="checkbox"/>	No <input type="checkbox"/>
Postcode (1 <sup>st</sup> four digits) _____		
<b>Referred by:</b>		
Doctor <input type="checkbox"/>	Nurse <input type="checkbox"/>	Hospital Play Specialist <input type="checkbox"/>
CAMHS <input type="checkbox"/>	Parent/Carer <input type="checkbox"/>	Self <input type="checkbox"/>
Other Medical Professional <input type="checkbox"/> Please specify:		
First referral date: ___/___/___		First session date: ___/___/___
<b>Child seen at:</b>		
Clinic <input type="checkbox"/>	Hospital <input type="checkbox"/>	
Home <input type="checkbox"/>	E mail <input type="checkbox"/>	
Phone <input type="checkbox"/>	Other <input type="checkbox"/>	
Other (please specify):		
<b>Others present (please tick all that apply)</b>		
Parents/carers <input type="checkbox"/>	Medical Professional <input type="checkbox"/>	
Sibling/Friend <input type="checkbox"/>	Other <input type="checkbox"/>	
Not applicable <input type="checkbox"/>		
Other (please specify):		
<b>Subsequent Contact(s)</b>		
Visit	Where	Others present
1		
2		

3  
4  
5  
6

Referral not taken – why?

CAMHS attended  Ward 17 attendee  Other

Other (please specify):

Referred on or back to:

Original referee  Other Play Service

Other  Other specify:

Action taken:

Distraction/diversion

Preparation Hospital Inpatient

Preparation Hospital Day Patient

Preparation outpatient procedure

Post hospital/procedure play

Playbag

Information

If information about hospital which one?

RHSC (Edin)  Yorkhill  GOSH  Other

If other please specify:

If signposted indicate where to:

Voluntary Sector  NHS  Community

Other  Specify:

## Appendix 7



### Action for Sick Children (Scotland) and NHS Forth Valley \*Pilot Project: January 2009-September 2010\* Community Play Specialist

You have received support from a Hospital Play Specialist who is working on a *pilot* project in NHS Forth Valley, funded by Action for Sick Children (Scotland) and welcomed by the Children's Community Outreach Nursing Service.

The project will be evaluated by an independent researcher studying for an MSc in Health Psychology at the University of Stirling. They will be fully supervised by a specialist supervisor from the University. The aim of the evaluation is to provide evidence of the need for this service in the NHS.

The researcher's work will begin in January, 2010. They may want to ask some questions of parents/carers who have received the service of the Hospital Play Specialist.

All information and answers will be given directly to the researcher. The information which is collected will not contain any record of your name or your child's name, or any other personal information which could identify you or your child. It will remain *anonymous*.

I would be willing to be contacted to answer questions about the service provided by this project at a later date.

I would **NOT** be willing to be contacted to answer questions about the service provided by this project at a later date.

Signed.....

Print Name:.....

Date.....

Thank you.

If you would like more information, please contact:  
Amy Joss, Community Play Specialist, Community Outreach Nursing Service,  
Stirling Royal Infirmary, Stirling FK8 2AU  
Email: amy.joss@nhs.net  
Message phone (Community Outreach Nursing office): 01786 433675

## Appendix 8



### Action for Sick Children (Scotland) and NHS Forth Valley \*Pilot Project: January 2009-September 2010\* Community Play Specialist

You have received support from a Hospital Play Specialist who is working on a *pilot* project in NHS Forth Valley, funded by Action for Sick Children (Scotland) and welcomed by the Children's Community Outreach Nursing Service.

The project will be evaluated by an independent researcher studying for an MSc in Health Psychology at the University of Stirling. They will be fully supervised by a specialist supervisor from the University. The aim of the evaluation is to provide evidence of the need for this service in the NHS.

The researcher's work will begin in January, 2010. They may want to ask some questions of young people who have received the service of the Hospital Play Specialist up to this date.

All information and answers will be given directly to the researcher. The information which is collected will not contain any record of your name or any other personal information which could identify you. It will remain *anonymous*.

I would be willing to be contacted to answer questions about the service provided by this project at a later date.

I would **NOT** be willing to be contacted to answer questions about the service provided by this project at a later date.

Signed.....

Print Name:.....

Date.....

Thank you.

If you would like more information, please contact:  
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