The role of the Hospital Play Specialist in paediatric diabetes management

Elizabeth Barry

The value of play in cognitive, physical, social and emotional development has been long accepted with its importance in the hospital environment being recognised in the 1959 Platt Report. More recently, it has been accepted that play may also be used for therapeutic purposes as part of a child’s care plan and as a way of helping children to assimilate new information and adjust to and gain control over potentially frightening environments and situations (DoH, 2003). The following article is a personal account of the role of a hospital-based play specialist in a paediatric diabetes team.

The title ‘Hospital Play Specialist’ was derived in the 1970s to define the role of staff who used play in hospital. Although the Hospital Play Specialist leads playful activities and use play as a therapeutic tool, they are neither play therapists nor play leaders. The work a Hospital Play Specialist does with children of all ages on the ward helps the child and family to cope with their admission to hospital both medically and socially by normalising the clinical environment and ward setting.

The role also includes liaising between parents and the multidisciplinary team to help alleviate any confusions, worries or misconceptions. As identified by the National Association of Hospital Play Staff (2000), Hospital Play Specialists can be involved in:

- contributing to clinical judgements through their play-based observations
- teaching the value of play for the sick child
- encouraging peer group friendships
- organising daily play and art activities in the playroom or at the bedside.

Distraction and preparation play are often requested by DSNs to help with various situations relating to the care of a child with diabetes. In some situations it is necessary to provide play activities away from parents in order for the parents to receive further diabetes education or to provide time for parents’ questions to be answered without interruptions and address any issues that may be causing anxiety or worry.

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Registration as a qualified hospital play specialist is only complete when the candidate has successfully completed the academic requirements of the Professional Diploma in Specialised Play for Sick Children and Young People and signed that they agree to abide by the Code of Professional Practise of the Hospital Play Specialists (Hospital Play Specialist Education Trust 2005).

Support weekends
Since qualifying as a Hospital Play Specialist 4 years ago, the author's interest in childhood diabetes has grown. Study days are available to further skills and the author has found benefits from working closely with the hospital paediatric and adolescent diabetes care team and the local Diabetes UK parent support group. Being involved in the Diabetes UK support group helps form close working relationships with children and their families, which can aid the continuity of care away from the hospital setting and help build parents’ confidence when communicating with members of the multidisciplinary team.

The Diabetes UK support group organises a residential family weekend for children under 8 years of age or diagnosed within the past 12 months and a residential adventure activity weekend for young people aged 8–13 years. Both are attended by a volunteer Hospital Play Specialist. Such an event requires much planning and preparation, but, if successful, can provide a positive experience of managing diabetes away from the home environment.

In one craft activity, the children express their feelings towards diabetes in a poster format. Not only is this great fun and helpful for each individual, but it also informs the team of specific needs and perspectives: during the creation of these posters children often share many of their thoughts and experiences about life with diabetes.

The adventure weekends also enable participants to take part in physical activities and learn more about healthy living and diabetes. They also provide a good opportunity to support children with additional needs on a one-to-one basis.

Some trusts hold yearly family workshop weekends with DSNs. Attendance by the Play Specialist not only provides additional team support but allows the specialist to get to know families as a whole and to form relationships with siblings, who may have issues of their own.

Home-based care
In October 2006, following 2 years of consultation and preparation, home-based care was initiated within St Helens & Knowsley Hospitals Trust for all children and young people with newly diagnosed diabetes in accordance with national guidance (NICE, 2004).

Paediatric DSNs often request support from the Hospital Play Specialists for home visits. In the author’s experience, play during a home visit can serve many purposes, including the following.
- It provides an environment where stress and anxiety are reduced.
- It can assist the child to regain confidence and self-esteem.
- It gives the child an outlet for their feelings of anger and frustration.
- It aids the child’s knowledge and understanding of their treatment and illness.
- It can help the medical staff in their assessment and diagnosis.

Conclusion
As more children with chronic illnesses are cared for in the community it is important that paediatric nurses do not lose sight of the importance of play for children: it contributes to a holistic approach to care. Paediatric DSNs can access their play specialist through their hospital units and the role will probably change over time to enable outreach into the community.


