



TRANSFORMING CHILDREN'S HEALTH THROUGH PLAY

CAUSES OF TRAUMA
FROM CHILDREN'S HEALTHCARE

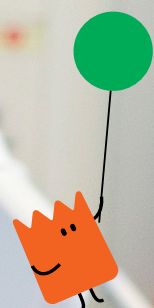
The title is presented in large, bold, white capital letters on a black background. The words "CAUSES OF" are on one line, and "TRAUMA" is on the line below. Below "TRAUMA" is the subtitle "FROM CHILDREN'S HEALTHCARE" in a smaller, white, sans-serif font. Two cartoon characters are positioned above the text: an orange character on the left holding a pink megaphone, and a pink character on the right holding a white triangle with a green exclamation mark.

Play In Healthcare Week Report 2025

Starlight is the UK's leading charity working to put play at the heart of every child's healthcare. From vaccinations to surgeries, play takes the scare out of children's healthcare. It is a powerful healing tool making children more resilient and receptive to treatment.

- **We make play possible** by providing resources directly to healthcare settings.
- **We make play matter** by campaigning to embed it into health services.
- **We make play better** by building best practice and sharing knowledge with frontline healthcare professionals.

The problem is fear. The answer is play.



Foreword

Healthcare is there to heal. But sometimes for babies, children and young people, healthcare causes trauma. From facing everyday vaccinations to invasive surgery, being in hospital, visiting the GP or dentist, the fear and negative experiences from healthcare can have significant and long-term damaging impacts.

There is a growing body of evidence that shows an increased risk of children developing mental health problems because of the trauma they have experienced from their healthcare. Techniques such as holding down children through misuse of clinical holding (Appendix B) and restraint (Appendix A) to ensure they go through with their treatment, can be particularly traumatising.

Even as adults we can get nervous about going into hospital and children tell us that healthcare is scary, and play makes it better. Children process their world through play – it helps them learn, build confidence, and embrace their fears. Play can transform a hospital room or a visit to the dentist into a space of comfort and some control, turning scary and painful procedures into manageable experiences. **Play truly has the power to prevent trauma** and improve outcomes for children, their families, healthcare professionals and health services, in the short and long term.

And yet play, and the health play professionals who are experts in play, rarely receive the recognition they deserve in the role they have in transforming children's healthcare experiences and health outcomes. Even within the health sector, **play is often misunderstood or undermined** – the poor relative or afterthought of healthcare.

For this report we directly asked children, parents and healthcare professionals about the causes and impact of trauma. We heard how negative experiences in healthcare, particularly when resisting treatment, can have a devastating impact on their mental wellbeing, their physical health and their relationship with healthcare professionals and of the healthcare system.

There are shocking findings in this report revealing that in the absence of play there is the reliance on medically unnecessary sedation or general anaesthetic to the use of restrictive physical intervention. In many cases, such interventions and the subsequent distress they cause could be avoided if play were used. Play supports children so they can anticipate what is going to happen to them, build trust with their healthcare professionals or be

distracted and willingly immobile during treatment. Importantly, this report gives children a voice, a voice which is often overlooked and unheard because adults unintentionally fall into the trap of 'knowing what is best'.

Starlight is calling for the value of play to be recognised and embedded into every child's healthcare and resourced accordingly. In summer 2025, Starlight and NHS England launched the NHS Play Well toolkit for healthcare commissioners and practitioners, comprising guidelines, recommended standards and a quality checklist. While this toolkit marks formal recognition of the vital role of play in paediatric care for which we have long worked, the toolkit is not a panacea.

We understand that implementing the guidelines and recommendations of the toolkit and providing high quality play provision will require additional resourcing and expertise, and ultimately more investment. And through our work with healthcare services and health play professionals, we understand the demands on an overstretched NHS. Investment now will reap benefits for our children's health and the health of the NHS now and into the future. Play offers cost savings because it can shorten hospital stays, reduce the need for repeat appointments, extra staff and additional but medically unnecessary procedures or treatments.

In the Government's recent publication of its 10-year Health Plan: fit for the future, although play is not included, one of the 'three big shifts' to deliver better care is to shift the focus 'from sickness to prevention'. Our research shows **play prevents trauma in healthcare**.



Dr Krutika Pau, Deputy Chief Executive and Director of Children's Services, Starlight



Executive summary

Children are often scared when facing hospital stays, medical procedures, and even visits to their GP or dentist. Whatever the healthcare setting, their experiences of healthcare can result in children either building confidence and resilience or lead to anxiety and trauma, which often gets carried into adulthood.

In 2025, 256 practicing health play professionals and healthcare professionals responded to two surveys conducted by Starlight (Appendix C). Two YouGov Plc polls (Appendix D) of 502 children and young people (CYP) aged 6 to 15 and 1,019 parents with children aged 0 to 18 from a representative cross-section across the UK were also commissioned.

Across the four surveys, the focus was on finding out:

- The nature of the referrals or requests made by healthcare professionals to health play professionals.
- Where children experience trauma in healthcare and if they would benefit from health play.
- The extent, nature and use of practices such as restrictive physical interventions, general anaesthetic (GA) and sedation and other approaches (excluding health play) to enable children's compliance to treatment.

Children are often anxious about medical procedures. Only 11% of children and young people said they felt happy or confident going to the doctor's, hospital or dentist, and 39% responded that they were anxious. Blood tests and needles were perceived by children, parents and health professionals as one of the most worrying or anxiety-inducing procedures in healthcare.

When parents were asked about the effects of negative healthcare experience, they responded that it led to:

- Treatment taking longer (27%)
- Their child resisting treatment (23%)
- Their child developing a phobia or worry (22%)
- Their child having to be held down (19%)

The misuse of clinical holding and restraint is a major concern with 93% of healthcare and health play professionals responding that they had observed clinical holding at least once or twice if not more, and 80% had observed the use of restraint at least once or twice. The findings from the polls suggest that 11% of children are worried about being held down, and 9% of parents stated their child had a negative experience

of healthcare because of being held down to receive treatment. Our research suggests that these children are at significant risk of developing trauma associated with healthcare delivery. If we were to apply this to the UK population, Starlight estimates 1.4 million children in the UK could be at risk of trauma due to the misuse of clinical holding and restraint in healthcare delivery.

When children were asked if they had ever been able to play, 39% said no and the remaining children either had played in healthcare or didn't know. 78% of these remaining children (N=309) stated that play made their experience at least a little better.

When healthcare professionals were asked about the reasons for referral to the play team, 82% responded that it was for procedural anxiety. **Procedural anxiety can further exacerbate existing anxiety and distress, which can result in a child spiralling into a cycle of negative emotions** and experiences related to healthcare.

Starlight recommends the NHS adopts a specific children's health action plan to embed play across healthcare and fully implement the Play Well toolkit. The plan should: hold NHS leaders/ICBs to account; lift quality so every paediatric setting meets the standards; digitise the standards and checklist for consistent monitoring and transparent reporting; give parents clear information; train all multidisciplinary teams in therapeutic play; embed the health play workforce in NHS workforce plans; and include community health play teams in neighbourhood health hub guidance.

The evidence in this report reflects the lived experiences of children and the observations of parents and the healthcare professionals who care for them. It demonstrates an unwelcome truth that healthcare causes trauma because children are poorly or not at all prepared, and certain methods such as medically unnecessary use of sedation or general anaesthetic, and restrictive physical interventions to achieve compliance are at best unnecessary and at worst traumatising.

On the positive side, responses concur that play offers immeasurable benefits to children and to all people and systems involved in their care, it offers efficiencies. However, there are not enough health play professionals to support anxious, distressed and traumatised children in healthcare. Starlight believes commitment and funding for play in healthcare is vital to ensure that **no child experiences trauma in healthcare.**

Healthcare and trauma

Every child deserves a healthcare experience where healing isn't held back by trauma.

There is a growing body of evidence^{2,3,4,5} showing hospitalisation and medical treatment can have detrimental effects on children's mental health and wellbeing. This is particularly the case if a child has persistent negative experiences of healthcare where nothing is done to alleviate anxiety and distress.

Exactly what factors within a child's healthcare and treatment are most likely to put them at risk of trauma or anxiety is less clear. Some research^{6,7} refers to **the fear of the unknown**, having not experienced treatment before or not knowing what will happen. Other studies highlight the **pain, unpleasantness or something going wrong during treatment**. There is also evidence about children losing their sense of autonomy or control while undergoing treatment⁸. All of these are contributing factors which could fuel existing or cause anxiety, distress and trauma including PTSD^{4,9}.

Fear can make children resistant and non-compliant, which can lead to:

- Cancelled or delayed appointments.
- Multiple attempts to deliver treatment.
- More healthcare professionals called in to assist.
- Medically unnecessary sedation or general anaesthetic.
- Restraint (Appendix A).
- Clinical holding (see Appendix B).

Research has shown sedation, general anaesthetic and restrictive physical intervention can have additional risks^{5,10,11,12} and potentially cause more harm and issues for healthcare delivery.

"From my experience, children who are appropriately prepared before, during and after their treatment, will go on to be much less anxious adult patients. From the perspective of a nurse, proper preparation and patient support alleviates our ever-growing workload too."

Additional risks and consequences include:

- Delayed or obstructed recovery.
- General anaesthetic physical side effects such as sore throat, discomfort and sickness, and, in rare occasions death.
- Sedation, multiple attempts to receive treatment and cancelled appointments are costly to the NHS.
- Restraint can cause injury and have traumatic effects.
- A lack of training and guidance¹⁰ relating to clinical holding exists, with limited evidence of its effectiveness and variations in practice.
- Lack of monitoring and evaluation on the use of clinical holding and its impact may put children and staff at risk of harm.
- Clinical holding can be distressing and have traumatic effects not just for children and young people, but parents and staff too.
- Research on clinical holding has not sought the views of children and young people.

Starlight has consistently shown and evidenced by research, literature and data that health play can improve children's healthcare experiences resulting in improved mental and physical health outcomes.

Health play and preparatory work are non-invasive approaches to support children who are afraid or refusing treatment and cause no harm⁵. There is also evidence to show that these cost-effective measures reduce anxiety and trauma associated with healthcare, improve relationships with their healthcare team, overcome resistance and improve compliance to treatment^{4,9,11,13}. This can lead to efficiencies, including reducing the need for sedation, cancellations, multiple attempts to deliver treatment and restrictive physical interventions^{2,14,15}.



Children and young people are very likely to refuse future care treatment if they have had a bad experience. I have seen this continue into adult services."



"If there has been a negative experience you have to regain the child's trust, and this will often delay the investigation but most definitely make appointment times longer and you then feel the time constraint of appointment times more than if it was a relaxed smooth appointment with a relaxed child."



Health play and health play professionals

Evidence shows that having access to play and health play professionals is the most effective way to safeguard children against medical trauma and other mental health conditions associated with healthcare settings and treatment^{2,4,5,16}.

Starlight^{4,9,17,18} has consistently shown and evidenced by research, literature and data that health play can:

- Reduce anxiety and fear and help children cope with stress.
- Lessen painful feelings during procedures.
- Mitigate the need for sedation or general anaesthetic.
- Build resilience.
- Help children be more engaged with their treatment.
- Support children to regain a sense of control and autonomy.
- Strengthen family wellbeing and relationships.
- Support quicker recovery after treatment.
- Increase children’s trust and improve their rapport with healthcare professionals.
- Reduce the length of hospital stays and the need for more appointments.
- Improve NHS efficiencies and provide cost savings.

The benefits of play cannot be achieved through toys and equipment alone; they are the tools of health play professionals, who should be part of every multidisciplinary team (MDT) involved in paediatric healthcare. Health play teams vary in scale and composition according to the size and context of their setting or community, and the degree to which healthcare commissioners and providers have

prioritised their importance^{4,19}.

Health play professionals (Starlight health play professional survey 2025) can work in particular areas such as A&E or on wards, others can work in specialist areas such as supporting with particular procedures like MRI. They are essential because they:

- Give children a voice.
- Help children express their emotions so parents, carers and healthcare professionals can understand how they feel.
- Prepare children so they understand and cope with what is happening or going to happen to them.
- They have expertise and experience of child development and the impact of illness and treatment on wellbeing and resilience^{3,19,20}.



Health play professional roles

Health play specialists (HPS) are clinical support professionals with the skills to safeguard children’s emotional and mental health during treatment and procedures, through their healthcare journeys. They will also manage the play team.

Playworkers provide opportunities for children to play, support them to play, engage with them through play and build trusting relationships and communications with their parents.

Youth workers ensure teenagers receive age-appropriate support, have their individual needs assessed, and refer resources and services that align with their interests and needs. They are essential in supporting a young person into adult care, if required.



Not enough health play professionals

Starlight’s previous research^{4,21} has shown that there are not enough health play resources and health play professionals. There are only 1,300 full-time equivalents (FTE) across the whole of the UK. With over 17 million paediatric hospital admissions and attendances (excluding other healthcare settings such as community clinics, GP and dental practices), this equates to one health play professional for every 13,077 admissions and attendances a year. The recommended ratio is one for every 2,230.

NHS Play Well Toolkit

In summer 2025, Starlight and NHS England launched the NHS Play Well toolkit. The landmark toolkit is recognition of the vital role play has in paediatric healthcare and if implemented will ensure children in hospitals and other healthcare settings have access to high quality health play services.

The toolkit comprises:

Play Well: guideline

For commissioners and providers of NHS or local authority healthcare services, clinical and non-clinical staff caring for young patients, and their families, the guideline sets out how play services should be delivered as an integral component of children’s healthcare in England. It aims to enable commissioners and service providers to commission, design and deliver health play services to support young patients to have better experiences and improved outcomes from their care and treatment.

Playing Well: recommended standards and quality checklist

For professionals managing and delivering health play services, from inpatient wards to emergency departments and community clinics, the seven standards and checklist support the auditing, monitoring, and evaluation of services against consistent standards. They have been developed with the Society of Health Play Specialists (SoHPS) to ensure they are consistent with recognised professional practice.

Experiences of healthcare

To have an understanding of children’s experiences and emotions, Starlight conducted and commissioned four surveys to hear directly from children, parents, health play professionals and healthcare professionals from the wider MDT such as doctors, nurses and physiotherapists.

Starlight conducted two overlapping surveys, one with health play professionals and another healthcare professionals. A total of 256 respondents took part. Two YouGov Plc polls of 502 children aged 6 to 15 and 1,019 parents from a representative cross-section across the UK were commissioned.

Across the four surveys, the focus was on finding out:

- The nature of the referrals or requests made by healthcare professionals to health play professionals.
- Where children experience trauma in healthcare and if they would benefit from health play
- The extent, nature and use of practices such as restrictive physical interventions, general anaesthetic and sedation and other approaches (excluding health play) to enable compliance.

Starlight analysed the survey responses to identify emerging themes and trends²² and took an integrated approach²³ to synthesise the data. This section of the report highlights the quantitative and qualitative findings from the four surveys. (Unless otherwise stated all references to healthcare professional and health play professional responses and answers are from the overlapping Starlight services; and all responses and answers referencing children or parents are from the two YouGov Plc surveys).



Children are often anxious about medical procedures

When asked about how they usually felt when going to the doctor’s, hospital or dentist, 39% of children responded that they were anxious. This percentage seemed to increase with age (with the exception of 14-year-olds) where over 44% of respondents aged ten or above stated they felt anxious. In contrast, 29% of parents said their children were anxious. Only 11% of children surveyed said they felt happy or confident.

For the healthcare professionals surveyed about how children felt about their mental wellbeing, ‘anxiety’ was most frequently used. For the 31 healthcare professionals who responded to this question, 81% talked about how anxious, scared, worried and nervous children were coming into hospital and how distressing this can be for them. These findings are consistent with the academic literature which states anxiety and fear often originates from either not knowing what will happen in treatment, and/or, that the child had a previous negative experience of healthcare^{4,5}.

Healthcare professionals often commented on how negative experiences can lead to lack of compliance with treatment, patient anxiety and other difficulties with healthcare delivery. However, play and preparation can lead to very different outcomes.

Starlight also asked healthcare professionals and health play professionals the extent to which children coming into their care had had positive or negative experiences of healthcare. Overall, more health professionals feel that children they worked with had had negative experiences of healthcare than positive experiences of healthcare.

The two tables below show that slightly more healthcare professionals, especially health play professionals, reported children having negative experiences than positive experiences. Firstly, there were more respondents to the question of whether children had negative experiences, and secondly, 134 healthcare professionals (including health play professionals) agreed at least some of the children had had a negative experience of healthcare, compared to 124 who agreed at least some had positive experiences. More health play professionals felt that the majority of children they work with had had negative experiences of healthcare. None of the health play professionals felt that children they work with had not had negative experiences of healthcare.

Negative experience

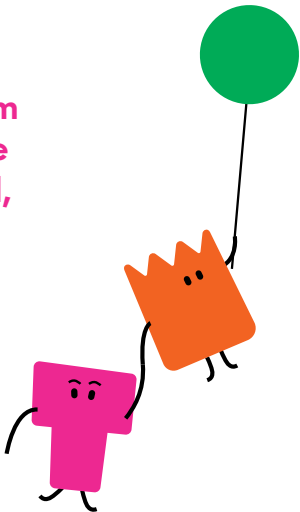
Respondent (number who answered this question)	All children	Majority of children	Some children	None
Healthcare professional (48)	0%	17%	77%	6%
Health play professional (89)	2%	35%	63%	0%
TOTAL (137)	1%	28%	68%	2%

Positive experience

Respondent (number who answered this question)	All children	Majority of children	Some children	None
Healthcare professional (43)	0%	17%	77%	6%
Health play professional (84)	2%	35%	63%	0%
TOTAL (127)	1%	28%	68%	2%



Even after lots of positive experiences, one bad experience can stick with a child and can cause them a lot of fear or anxiety in the future. Although on the other side when a treatment or procedure goes well, this can really boost the resilience of a child.”



Why children are referred to the play team

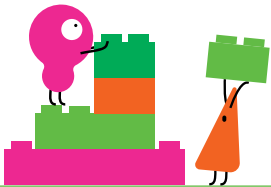
The most common reason for referring a child to the play team is for procedural anxiety, with most referrals involving preparing a child for and distracting them during the procedure. To a lesser extent the play team receives referrals to support children and their families post-procedure, and for other forms of support to help them cope and build resilience to treatment.

For those who selected ‘other’, the areas mentioned were working with children who were neurodivergent or with sensory needs; overcoming phobias and fears; and improving wellbeing. Nearly a third (32%) of health play professionals highlighted they would have children referred to them because they were experiencing a mental health crisis in healthcare. Thus, it may be unsurprising that health play professionals tend to see more children who have had negative experiences of healthcare which can impact children’s mental health and wellbeing.

Reasons for referral to the play team	Referrals received by health play professionals (N=132)	Referrals made by healthcare professionals (N=49)
Procedural anxiety	95%	82%
Procedural/treatment support	94%	71%
Distraction therapy	94%	80%
Post-procedural support	53%	33%
Developmental support	50%	31%
Siblings support	45%	24%
Communication support	43%	24%
End of life support	34%	10%
Mental health crisis	32%	10%
Palliative care	30%	6%
Bereavement support	26%	4%
Other	13%	8%

Impact of positive and negative healthcare experiences on children’s mental health and wellbeing

We asked healthcare and health play professionals what impact positive and negative healthcare experiences can have on children’s mental and emotional state. Positive experiences can lead to children’s building confidence and resilience in healthcare. However, more healthcare professionals (incl. health play professionals) agreed that negative experiences can lead to anxiety, fear, distress, trauma, phobias and to a lesser extent, mental health crises associated with healthcare.



Impacts	Negative experiences			Positive Experiences		
	Healthcare professionals (N=43)	Health play professionals (N=85)	Total (N=128)	Healthcare professionals (N=43)	Health play professionals (N=85)	Total (N=128)
Confidence/resilience about healthcare/treatment	40%	33%	35%	65%	84%	77%
Anxiety	93%	88%	90%	19%	19%	19%
Fear	84%	88%	87%	14%	15%	15%
Distress	91%	86%	88%	12%	14%	13%
Mental health crises	33%	33%	33%	12%	13%	13%
Phobias	53%	78%	70%	9%	16%	14%
Healthcare-related trauma	56%	75%	69%	12%	14%	13%
Other impact	5%	1%	2%	5%	1%	2%

What causes the most anxiety and trauma for children and young people

Children’s point of view

Children themselves said the greatest worry (56%) of going to the doctor, hospital or dentist was that it might hurt. Half of children and young people stated that injections and needles made them feel upset or worried about attending these settings, followed by fear of not knowing what is happening (40%). Only 12% stated that nothing worried or upset them.

Worry/ cause for upset (N=502)	%
Something might hurt	56%
Fear of needles/injections	50%
Fear of not knowing what is happening	40%
Having surgery/operations	25%
I didn't want to go	18%
Not understanding how I feel	14%
Being away from family/friends/school	12%
Nothing has made me worried or upset	12%
If grownups are needed to hold me so I don't move when doctors and nurses are treating me	11%
Bright lights	7%
I didn't want similar treatment again	6%
Scans/x-rays	6%

Parents’ point of view

For 516 parents who said their child has negative feelings about healthcare, they said the top three causes were needles or injections (52%), the fear of pain (47%) and not knowing what will happen (41%).

Has caused negative feeling	%
Needles/injections	52%
Fear of pain	47%
Not knowing what will happen	41%
Being held down to receive treatment	18%
Needing to come back for a repeat appointment	17%
Existing mental health issues	12%
Being away from home/school/friends	10%
Surgery	7%
Scans/ X-rays/ MRIs	6%

As health play professionals can work in a multitude of areas, we also asked them what areas children were most likely to experience anxiety or trauma. Procedures involving needles were most commonly mentioned, especially blood tests.

Healthcare professional point of view

Procedures involving needles are common correlating to the prevalence of needle phobia. A meta-analysis²⁴ found that the estimated prevalence of fear of needles in adolescence ranged from 20-50%. In most cases, children’s first exposure to invasive healthcare procedures will involve needles for routine vaccinations²¹ and could set out the trajectory of their relationship with healthcare.

Although the poll found evidence to suggest that this fear seems to decrease with age, limited research exists on the factors that lead to that decrease. The poll showed that children’s fear varied by age but did not decrease with age.

Age	6-7	8-9	10-11	12-13	14-15
Fear of needles/injections	57%	49%	52%	41%	50%



Use of sedation, general anaesthetic, and restrictive physical intervention

There is evidence to suggest that for certain procedures such as MRIs, children will have general anaesthetic to comply with the procedure requirements¹⁴. However, in other procedures like blood tests, if a health play professional is not available, restrictive physical interventions are generally used²¹. This is consistent with what practitioners have shared with us throughout our work.

Literature^{5,10,11,25} indicates that some interventions have a higher risk of a negative impact than others, which can also be costly to the NHS^{5,15}.

For a child to receive general anaesthetic, additional staff like an anaesthetist need to be involved, the child will take longer to recover and will need to occupy a bed, theatre for the procedure will need to be booked, all of which incur additional costs. Being able to deliver treatment without general anaesthetic, where possible and appropriate, can lead to significant efficiencies.

Interventions like general anaesthetic can have common side effects such as sore throat, sickness and discomfort, but some of more uncommon side effects can result in injury, and on rare occasions even death¹¹. 4% of parents who stated that their child had a negative experience of healthcare (N=512), said this then led to unnecessary sedation or general anaesthetic. Furthermore, 12% of these parents stated this negative experience was due to extra health staff needing to be involved.

There is some research to show that the use of restrictive physical interventions can exacerbate the negative impacts of treatment on children. A meta-analysis on the fear of needles²¹ found that ‘resistive needle phobia’ extends from an underlying fear of needles alongside a fear of being controlled because of previous experiences of being held down²⁶. Starlight asked health professionals and health play professionals the extent to which they had observed occurrences like treatment cancellations, and restrictive physical intervention and their effects.

Over 90% of healthcare professionals responded that they had observed treatment taking longer, longer waitlists and cancellations or rescheduling, at least some of the time, because children were not able to comply with treatment requirements. Half stated that some of the time children will be offered general anaesthetic to undergo a procedure where it could be avoided if other support was available.

Another area of concern is the use of clinical holding with 93% of healthcare and health play professionals responding that they had observed it at least some of the time and 80% had observed the use of restraint at least once.

The misuse of clinical holding and restraint is more likely to exacerbate negative experiences of healthcare and add to children’s and parents’ trauma associated with healthcare.

Starlight is aware through its work supporting parents, that they often struggle to know what to do when their children are anxious, distressed or not complying with treatment, and parents turn to medical professionals for support. Research also shows that parents and healthcare professionals can find it challenging or distressing when they are asked to use restrictive physical interventions⁷. In a recent review of Starlight services, the charity heard from parents how, prior to having health play professional support, they often would be asked to hold down their child who were distressed and resisting treatment.



MRI Awake project introduced a HPS into the MDT to support children with their MRI. They found a significant reduction in MRIs requiring general anaesthetic due to the support children received¹⁴.

Starlight asked how often they observed these occurrences. (N=135 health professionals (including health play professionals)).

Occurrence	All the time	Most of the time	Some of the time	Once or twice	Never
Clinical holding to deliver treatment	4%	19%	56 %	15%	7%
Use of restraint to deliver treatment	2%	2%	45%	30%	19%
Localised sedation to facilitate the delivery of treatment (which might not have been necessary if other support was made available)	0%	7%	56%	19%	17%
Local anaesthetic to facilitate the delivery of treatment (which might not have been necessary if other support was made available)	0%	3%	48%	19%	27%
General anaesthetic to facilitate diagnosis and the delivery of treatment (which might not have been necessary if other support was made available)	0%	7%	42%	21%	27%
Treatment taking longer than expected	4%	30%	59%	5%	1%
Long wait for treatment	4%	21%	59%	9%	3%
Treatment being cancelled/rescheduled	4%	10%	59%	21%	5%

Starlight asked healthcare professionals and health play professionals about what they observed to have been the impact of a variety of occurrences. (N = 118 Health professionals (including health play professionals)).

Impact	Treatment /medical procedure / interventions	Clinical Holding	Restraint	Localised Sedation	Local Anaesthetic	General Anaesthetic	Treatment taking longer than expected	Long wait for treatment	Treatment being cancelled/ rescheduled
Confidence/ resilience about healthcare/ treatment	54%	19%	14%	28%	28%	29%	18%	18%	24%
Anxiety	64%	58%	59%	38%	38%	41%	69%	67%	64%
Fear	58%	64%	58%	27%	29%	35%	44%	41%	42%
Distress	57%	69%	65%	25%	23%	30%	53%	43%	51%
Mental health crises	17%	14%	19%	6%	8%	7%	18%	22%	20%
Phobias	44%	31%	35%	11%	11%	16%	21%	14%	16%
Healthcare-related Trauma	42%	36%	46%	11%	10%	16%	23%	14%	20%

0-20%	
21%-40%	
41-60%	
61-80%	
81-100%	



Several studies have found significant variations in practice and the use of clinical holding overlapping into what would be defined as restraint^{12,27,28}. These studies highlighted how there is no clear guidance nor training on what is appropriate/inappropriate, when and how. This can put patients, parents and staff at risk of harm. The overall findings of our survey indicate that both clinical holding and restraint are more likely to have a negative impact on a child’s wellbeing and can even lead to serious mental health conditions.

“If a child has trauma due to pain or being held or being scared, they carry that trauma and they are then suspicious of you as a health care professional whether you were part of the traumatic experience or not.”

“Patients can experience trauma, mental health issues and anxiety issues because of negative experiences such as restraint, holding and bad communication causing a breakdown of trust.”

The responses received highlighted that, although sometimes deemed necessary, clinical holding when poorly implemented can negatively impact on a child’s mental health. It can lead to mistrust and further resistance to treatment. Research on clinical holding has not sought the views of children and young people.

According to guidance²², in order to clinically ‘hold’ this should be a supportive hold and one must seek consent from children and young people. Evidence suggests that this does not always happen¹². However, because this practice is not well documented nor monitored and evaluated, it is hard to assess the extent to which this approach is consensual. If indeed it is not consensual, it would be an infringement on children’s rights²⁹ and can also have a significant negative impact on the child’s experiences of healthcare which can lead to trauma. The fact that so many of these health professionals have observed the use of restraint, and also some health professionals encourage parents to hold their children, is of concern, as parents too have not been trained in this area, and it also places a strain on the child and parent’s relationship¹².

One of the drawbacks of our survey was that, although there is a legal definition for restraint and a definition for clinical holding, we did not include these in the survey, and thus, respondents may not have known the difference between the two. Research shows there is a lack of training and guidance relating clinical holding and limited evidence on its effectiveness, and variations in practice.

In the 2025 Starlight Yougov poll, 11% of children and young people stated that they felt worried about going to doctors, hospital or dentist, if grown-ups needed to hold them down so they don’t move in treatment. In addition, 9% of parents who responded to the poll (N=95) stated that their children felt they had a negative experience of healthcare because they were held down to receive treatment. Our research suggests that these children are at significant risk of developing trauma associated with healthcare delivery. The children and parent polls purposefully select a representative sample of the UK population for their polls. The findings from the polls suggest that roughly 10% of children are at risk of developing trauma associated with healthcare due to being held down. If we were to apply this figure to the UK population, there are just over 14 million children in the UK (aged 0-17) and 10% of that population would equate to **1.4 million children and young people in the UK that could potentially be at risk of trauma due to being held down for treatment.**

There is the argument that clinical holding, when done appropriately, can be helpful.

“Clinical holding is useful and necessary. It does cause some distress, but not disproportionately to the distress of the procedure anyway.”

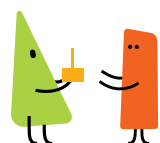
Cancellations and the length that treatment takes can also have a negative impact on children's experiences of healthcare and their anxiety and distress associated with treatment.

Another area that can have an impact on children's anxiety and distress in treatment is the length of time that treatment takes to complete and the number of times it is rescheduled/cancelled. Although procedural anxiety can lead to some of these occurrences, according to our findings, these occurrences can also further exacerbate anxiety and distress, which can result in a child spiralling into a cycle of anxiety, distress and negative experiences related to healthcare. This is something that was reflected in the health professional survey.



Children and their families have become frustrated at delays and cancellations in their treatment journey, and this can in turn lead to fear and distress."

In the poll, 12% of the 512 parents who stated their children felt they had a negative experience of healthcare, said this then led to appointments being cancelled, and 27% agreed this meant treatment took longer.



"I support every child that comes to the ward (20 beds) and assessment area (10 chairs) on a daily basis. We work solo on our play team so on any given shift we can have up to 30 inpatients and ward attendees combined as well as on call to other areas of the hospital as needed - main areas being outpatients, SCBU (special care baby unit) and A&E. Main bulk of referrals for ongoing and continuing support come from fear of needles/blood tests and surgery preparations but not exclusive."

Play and preparation are efficient and cost-effective forms of support to children's healthcare delivery.

Research^{3,4,9,16,17,18} demonstrates that play can be a mitigating force in overcoming negative experiences and improving mental health and wellbeing in healthcare.

When children were asked if they had ever been able to play 26% stated that play made their experience better, and 22% stated a little better. It is important to note that the remaining respondents either had no time to play (39%) or couldn't remember/didn't know (14%). Therefore, it was unclear whether play would have had an impact had they had the chance to. These findings show that **for those who have had the opportunity to play in healthcare or don't remember doing so, 78% children found it helped.** Over 40% of children felt it made treatment better, and 36% felt it made it a little better.

A similar proportion of parents polled found that play helped at least a little (46%) or their child did not get an opportunity to play (35%). Only 17% felt it made no difference and 1% felt it made things worse.

These findings show that **for those who have had the opportunity to play in healthcare or remember doing so, 71% of parents felt it helped.**

When health play professionals (N=61) were asked to explain the nature of the support they give to children, responses varied in terms of the different settings they were working in. Overall, the type of support they were providing was consistent. Most respondents talked about how they support children who were anxious and scared to prepare for and cope with treatment.



"The play team have daily input with children's day surgery where we assess each child for preparation and distraction. Paediatric consultants will often refer patients who have anxiety and are requiring an MRI scan, some of these children will have additional needs. Our children's phlebotomy clinics will refer children who need distraction support when requiring bloods. Community dentist will refer complex children who require anaesthetics for dental work - these children often have additional needs or have a phobia of dentists and hospitals. Paediatric nurses will refer patients who have a prolonged stay on the children's ward and require daily input from the play team."

In the healthcare professionals (excluding health play professionals) survey, they were asked **what happens if the play team is not available to support a child referred to them**, for example due to lack of capacity (N=36). In many of these cases the health professionals talked about using playful techniques themselves, or, particularly on weekends where there isn't play team cover, the children would have play plans prepared by the Play Team for the MDT to follow. There were a range of responses:

- “We are lucky here that I am experienced and knowledgeable and confident in play and using play. Other times treatments could be delayed or cancelled.”
- “Nursing staff may have to carry out play which affects staff ability to care for other sick patients. This sometimes means children who require play miss out on this crucial part of making their overall hospital journey a better experience.”
- “We all have access to a Starlight box. The health play specialist has left resources and plans for us to follow. We make time to discuss certain children with [the] play team – this helps prepares nurses to deal with the situation.”

In contrast, just under half (43%) of responses mentioned the treatment would be postponed or cancelled, which Starlight has argued can have a detrimental impact on a child’s wellbeing and increase costs for the NHS.

A small number mentioned making referrals to Child and Adolescent Mental Health Services (CAMHS) for support, which had long waiting lists. Others mentioned getting parents involved in the distraction of their children, and in one case a healthcare professional talked about asking the parents to hold their child down.

“They will proceed with the treatment without support and parents are asked to hold them securely.”

Why play makes healthcare better

When children were polled as to why play made healthcare better, they said:

Response	Percentage
I didn't think about what was happening	46%
I was able to cope better	31%
I felt like I could trust the doctors and nurses	22%
I felt like the doctors and nurses were listening to me	16%
It helped me understand what was happening	15%
I felt like I had some control over my treatment	12%
It didn't hurt anymore	10%
I don't know / can't remember	8%
Helped in another way	8%

This is consistent with the literature on this topic^{2,3,4,19}.



“Children may refuse treatment or will have hospital trauma due to lack of support during certain procedures.”

Conclusion and recommendations

This report builds on previous Starlight evidence that healthcare causes trauma which play can prevent if children have access to health play services, regardless of their healthcare journey or setting.

One of Starlight's ambitions, for play to be officially recognised and integrated into children's healthcare, was achieved through the charity's concerted awareness raising and campaigning efforts to highlight the nature and scale of trauma to NHS policy makers. This led to Starlight and NHS England to co-produce the NHS Play Well toolkit¹.

For the NHS to truly answer the charity's call for **play to be embedded into every child's healthcare** and resourced accordingly, Starlight recommends a specific children's health action plan for babies, children and young people, to include a strategic intervention to ensure the fullest possible adoption and implementation of the toolkit. This should constitute a programme of work to:

- Hold NHS leaders and Integrated Care Boards to account for delivering the Play Well guidelines.
- Drive quality improvement in health play services so every paediatric setting meets the Play Well standards.
- Digitise the Play Well standards and checklist to enable systematic monitoring and transparent reporting of service performance.
- Give parents and carers clear, accessible information on why play matters in healthcare and how health play services support their child.
- Equip all multi-disciplinary paediatric teams with training in the core elements of therapeutic play.
- Strengthen the health play profession by embedding the workforce into NHS workforce plans.
- Secure a place for community health play teams within official guidelines on neighbourhood health hubs.

Starlight believes commitment and funding for these actions is vital to ensure that **no child experiences trauma in healthcare**.



Appendices

Appendix A:

Restraint

Restraint is increasingly replacing the term ‘physical restraint’. It is described as “any method which involves some degree of direct force to try and limit or restrict movement”. It should be necessary, proportionate and justifiable and only used to prevent serious harm. Any use of planned or unplanned restrictive physical intervention should be carried out using the least restraint and for the minimum amount of time. All UK countries issue guidance on restraint relevant to school, children’s homes and detention centres. The Restraint Reduction Network (RRN) publish useful training resources and guidance on how to minimise the use of restrictive interventions³⁰. The recent guidance on reducing the need for restrictive interventions for children and young people with learning disabilities and mental health need is relevant to many children and young people within organisations providing health care. The physical restriction or barriers which prevent a child leaving, harming themselves, or causing serious damage to property are also included in the term restraint. All restriction of liberty in organisations providing health care is governed by the 1991 Children (Secure Accommodation) Regulations, the Children Act 1989 (Department of Health (1997), the Children (Northern Ireland) Order (Department of Health, 1995) and the Children (Scotland) Act (Scottish Office, 1998). Young people aged over 16 years of age are covered by the Mental Capacity Act (2005)²². Restraint is a form of restrictive physical intervention.

Appendix B:

Clinical holding

This means using limited force to hold a child still. It may be a method of helping children, with their permission, to manage a health care procedure quickly or effectively. Clinical holding has been distinguished from restraint by the degree of force used, the intention of the hold and the agreement of the child¹² but should still be considered a restrictive physical intervention. Alternative terms for clinical holding include supportive holding holding still therapeutic holding²⁴ and immobilisation. Practitioners should be aware that clinical holding if applied without the child’s assent can result in the child/young person feeling out of control, anxious and distressed²².

Appendix C

Participants

In the two health professional surveys, not all respondents provided questions to every single question in the survey. Below is a breakdown of the information that participants shared about themselves.

Health Professionals

Partially completed	56
Fully completed	38
Total	94

Job titles (N=62 responses)

Job title	%	Count
Clinical Psychologist	11%	7
Consultant	13%	8
Family Support	2%	1
Health Care	3%	2
Matron	2%	1
Non-medical professional	2%	1
Nurse (inc. student)	40%	25
Occupational Therapist	2%	1
Physiotherapist	6%	4
Radiographer	2%	1
Speech & Language Therapist	2%	1
Other	16%	10

Location N=56

Row Labels	%	Count
East Midlands	9%	5
East of England	7%	4
Greater London	4%	2
Northeast England	2%	1
Northwest England	2%	1
Scotland	50%	28
Southeast England	2%	1
Southwest England	2%	1
Wales	4%	2
West Midlands	5%	3
Yorkshire and Humber	13%	7
Undisclosed	2%	1

Health Play Professionals

Partially completed	200
Fully completed	82
Total responses	282

Job titles N=200

Job title	%	Count
Play Team - Co-ordinator	5%	10
Play Team - Health Play Specialist	44%	88
Play Team - Leader	11%	22
Play Team - Senior Health Play Specialist	22%	44
Play Team - Student	3%	6
Play Team Worker/Support	10%	20
Other Play Team member	6%	12

Location N=200

Region	%	Count
East Midlands	11%	21
East of England	4%	8
Greater London	12%	24
Northeast England	6%	11
Northwest England	8%	15
Northern Ireland	2%	4
Scotland	13%	25
Southeast England	11%	21
Southwest England	7%	13
Wales	4%	8
West Midlands	5%	9
Yorkshire and Humber	13%	26
Undisclosed	8%	15

Appendix D

YouGov plc

Both surveys were carried out online. Childrens survey: 502 children aged 6 to 15 year olds surveyed between 8th and 12th August 2025. The figures are weighted and representative of the target population.

Parents survey: Total sample size was 4339 adults, filtered to 1019 Parents of children aged 18 and under. Fieldwork was undertaken between 8th - 15th August 2025. The figures were weighted and are representative of all GB adults (aged 18+).

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