

STARLIGHT



**PLAY IN
HOSPITAL
REPORT**

2022





PLAY IN HOSPITAL 2022

The role of play in children's healthcare and the continuing impact of Covid-19 on its provision in hospital.

Foreword

Dr Krutika Pau, Deputy CEO & Director of Children's Services, Starlight

Starlight is committed to making the experience of illness and treatment better for children and their families. We do this by providing vital play resources directly to children's wards, and by organising breaks and events for their families.

Increasingly, we are also working with the institutions of the NHS and the professional practitioners working with children, to promote their right to play within the healthcare system. This year sees the launch of our new policy and public affairs strategy, advocating for the systemic changes that would make more time and space for sick children to play; and a bigger role for the play practitioners who help them to cope with their treatment.

In developing these plans, we consulted with a wide range of stakeholders: families, practitioners, health administrators and researchers. Along with our own research findings, this engagement revealed two predominant issues.

Firstly, our respondents told us that health play specialists are absolutely vital to children's positive experience of healthcare; but that their role is not sufficiently well-recognised, and there are not enough of them employed to reach the numbers of children who could benefit.

Secondly, we have found that children's opportunities to play in hospital, already often inadequate, have significantly diminished as a consequence of Covid-19 control measures and, unlike most other parts of the public realm, have not returned to pre-pandemic levels: findings confirmed by the Care Quality Commission (2022).

Starlight is passionate about protecting the time, space and opportunity for children to play. Both the research and our experience as a service provider tell us about the power of play: to mitigate children's trauma from illness and treatment, to boost their resilience, and to stimulate their powers of recovery.

This is why we are calling, in this report, for children's right to play within the healthcare system to be a bigger priority, and for health play specialists to become better recognised and more widely available to the children who so badly need them.

Dr Krutika Pau

Executive summary

There is substantial evidence that children’s play has a critical role in supporting their overall health and wellbeing, and facilitates the development of their emotional capacity, social skills, problem-solving and resilience (Nijhof et al., 2018). In the context of healthcare, research indicates that everyday play opportunities reduce the anxiety, fear, and distress that many children experience in hospital; and that the support of health play specialists in medical procedures can mitigate the pain and trauma of treatment, often reducing the need for sedation (Starlight Children’s Foundation, 2020).

This is reflected in the National Institute for Health and Care Excellence (NICE)’s *Guidance on babies, children and young people’s experience of healthcare* (NICE, 2001), which highlights the importance of “therapeutic play and distraction techniques ... before, during, and after procedures ... and easily accessible, age-appropriate play and recreation ... to reduce boredom and anxiety while waiting for appointments or interventions”.

However, almost 20 years after the Department of Health’s (2004) *National service framework for children, young people and maternity services* established a minimum standard for health play provision in the NHS, Starlight’s latest research (2022) shows that many UK hospitals employ no health play specialists or have inadequate funding for even the most basic play resources, such as crayons and pens, arts and crafts, books, and washable toys.

Access to play for children in hospital has significantly reduced since the onset of the pandemic and resulted in many full or partial playroom closures, restrictions on group activities, and a general reduction of opportunities to play. Recent Care Quality Commission data reports a statistically significant decline in children and young people saying there were enough things for them to do in hospital (CQC, 2022).

During 2021-22, Starlight conducted research and consultation to inform the development of our new policy and public affairs strategy and to support our various research initiatives. Consultation with health play specialists, clinicians, parents, patients, health service managers, and other stakeholders found a broad consensus that the most effective way to improve children’s experience of play in the healthcare system and extend its benefits to more children, would be to:

- make play resources and opportunities more widely available
- increase the ratio of play staff to children at any given time; and
- for health play specialists to become a better recognised and more fully integrated part of the NHS workforce.

The new *Health and Care Act*, which came into effect on 1 July 2022, is “an important opportunity for babies, children, young people and families to be placed at the heart of each new Integrated Care System” (Department of Health and Social Care, 2022). Starlight believes that for this vision to become a reality, children’s play must be better recognised and supported by the NHS as an integral and essential aspect of their care.

Our specific recommendations are:

- That health play specialists are recognised as an integral part of the children’s healthcare workforce.
- That nationally recognised practice standards for health play services are developed and adopted by all children’s healthcare providers.
- That effective national guidance and service specifications for children’s play in healthcare are developed and published by the relevant NHS institutions.
- That funding for adequate levels of health play provision, and sufficient numbers of health play specialists, is identified by all relevant health service commissioners.

As an immediate priority, we recommend that children’s play services in healthcare settings return, as a minimum, to pre-pandemic levels, wherever this can be done in a way that is consistent with infection prevention and control principles. This is critical to prevent further loss of therapeutic play opportunities to sick children.

To support the improvement of play provision in children’s healthcare, Starlight and NHS England have established a joint taskforce with the health play specialist professional bodies and a range of sector specialists to develop the relevant programmes of work.

We are calling on the wider healthcare sector, policy makers and the public to support these developments and recognise the vital importance of children’s play to their wellbeing, care and recovery.

“ We’ve got a really poorly boy at the moment in palliative care. He desperately needs the playroom to go and play in, but [our hospital] will not open it.

Anonymous 1, health play specialist focus group

The importance of play to children's health

There is substantial evidence of the vital role of children's play in supporting their overall health and wellbeing (Starlight, 2020; 2021). Play provides babies, children and young people with critical developmental opportunities, such as engaging in social interactions with peers, developing fine motor skills, and learning to manage risk (Whitebread, Basilio, Kuvalja and Verma, 2012). Crucially, play enables children to express and regulate their emotions. It is fundamental to their enjoyment of life and vital to their resilience (Lester and Russell, 2008).

Children's right to play is not only widely advocated by sector experts but is recognised in Article 31 of the *United Nations Convention on the Rights of the Child* (1989), which the UK ratified in 1991. This is why Starlight championed children's right to play in our recent public campaign.

Children can face profound difficulty in accessing play opportunities in the healthcare system, where the broad focus is more on the treatment of their illness or condition than their general wellbeing (Anes and Obi, 2014). However, it is during such challenging, potentially traumatic experiences that children's need to play can be more important than ever (Gulyurtlu et al, 2021).

“ ...the right of the child to rest and leisure, **to engage in play and recreational activities** appropriate to the age of the child and to participate freely in cultural life and the arts.

UN Convention on the Rights of the Child

The psychological impact of childhood illness and treatment

Childhood illnesses and injuries can cause both acute and chronic psychological effects; and the impact of stressful medical treatments and clinical procedures on children can also be profound (Schlechter, Avik and DeMello, 2017). The anxiety and fear provoked by an unfamiliar environment, unknown health professionals, and the use of medical equipment, even during physically painless procedures, can render those procedures more difficult for clinicians to perform efficiently and effectively (Schlechter, Avik and DeMello, 2017). The potential for such experiences to then cause trauma to babies, children and young people is all too real (Ruzangi et al, 2020).

Some studies suggest that childhood illnesses and injuries can cause both acute and chronic psychological effects, including *paediatric medical trauma stress* (PMTS) (Hoysted et al., 2018). PMTS is defined as “a set of psychological and physiological responses of children and their families to pain, injury, serious illness, medical procedures and invasive or frightening treatment experiences” (The National Child Traumatic Stress Network, 2022).

More broadly, children are frequently reported to experience symptoms of acute anxiety and stress in intimidating healthcare environments, such as hospitals. These feelings are intensified when they experience chronic, severe, or life-threatening illnesses (Koukourikos, Tzeha, Pantelidou and Tsaloglidou, 2015).

Therapeutic play

Given the potential severity and long-term psychological effects of negative medical experiences, the provision of trauma-informed care for children is critical (Stenman et al., 2019). There is extensive research supporting the use of therapeutic play (not to be confused with play therapy) to minimise the potential traumatic aspects of medical care and support children's overall physical and emotional wellbeing.

Therapeutic play refers to the use of child-centred play techniques that are specifically designed to prepare children, psychologically, for hospitalisation and clinical procedures (Koukourikos, Tzehe, Pantelidou and Tsaloglidou, 2015). In a broader sense, therapeutic play supports children to cope with stressors that arise during hospitalisation, by allowing them to engage in activities that bring them pleasure and to act out stressful experiences. Importantly, play can help to normalise children's experience of healthcare and its environment (Li, Chung and Ho, 2011).

There is evidence of health play specialists using therapeutic play as a non-pharmacological intervention to decrease experiences of pain for children and reduce the distress to their families and carers (Drayton, Waddups and Walker, 2019). Our own research (Starlight, 2020) finds that the incorporation of therapeutic play into children's hospital treatment can mitigate pain and trauma to the extent that it can often reduce the need for sedation during procedures. The CQC's *Children and young people's survey (2022)* indicates that a positive experience of hospital, reported by parents and children, is linked to having access to both play staff and play resources.

“ [Health play specialists] make doctors' and nurses' jobs easier. For example, when a child is having a blood test, we are there with the Starlight distraction boxes to make them as relaxed as possible which in turn makes the whole procedure much quicker.”

Claire Pickett, Winner of Starlight's 2022 Health Play Specialist of the Year award


Health play specialists

Health play specialists¹ are qualified play practitioners who use age-appropriate therapeutic play techniques to help children understand their medical condition, treatment, and its impact on their daily life (Pérez-Duarte Mendiola, 2022). They use play as a therapeutic tool for children and young people who are in-patients or out-patients in hospitals, hospices and other community settings. Health play specialists work with children of all ages and conditions and their work involves:

- 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
- playfully engaging children to distract them and reduce their fearful resistance to medical procedures
- helping children cope with pain
- helping children regain skills lost through the effects of illness or hospitalisation
- supporting families including siblings.

(Health Play Specialist Educational Trust, 2022).

Working mainly in hospitals, hospices and clinics, health play specialists organise play activities to help children prepare for operations and other clinical procedures and to work through their concerns and worries (AGCAS, 2022). They also provide play resources and opportunities for inpatient children, helping to normalise their stay in the healthcare environment and provide ongoing vital support for their physical, cognitive, emotional and social development and wellbeing (Perasso et al., 2021).

 Children that normally would need general anaesthetic for procedures get close play therapy with [health play specialists] and can overcome the need for general anaesthesia.”

Nomination for Starlight’s 2022 Health Play Specialist of the Year Award

¹ Healthcare systems in some other countries have different job titles for practitioners with the same or a similar role to, e.g., ‘Child Life Specialists’ in the USA and Canada.



Despite growing evidence of the effectiveness of health play specialist support for children in healthcare (Perasso et al., 2021) and substantial recognition from clinicians familiar with their role, the profession is often viewed as peripheral and non-essential. During our recent consultation, some health play specialist respondents reported that they are undervalued; effectively seen as part of a childcare, rather than a healthcare, service.



Constraints on children’s access to play

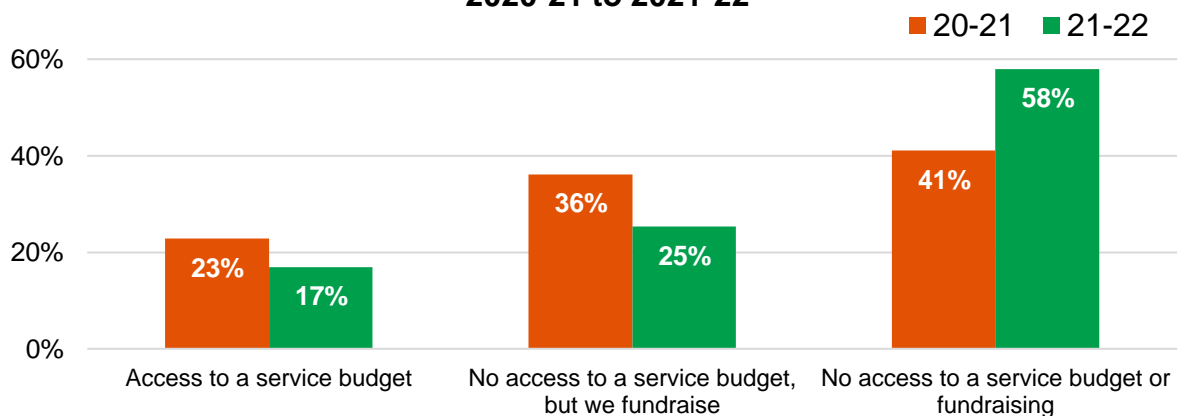
In early 2022, Starlight conducted intensive consultation and engagement with health play specialists, other children’s health practitioners, researchers, and former patients and their parents, to seek their views on children’s play in healthcare and how the system could be improved. Our public survey, with more than 100 respondents, found that 99.5% of them agreed that children’s play is important to their health and wellbeing, and should be provided for within the healthcare system. However, 89% also believed that play is not given the priority it deserves within the NHS.

When asked what would most improve children’s play experiences in hospitals, respondents identified the number and availability of health play specialists as the top priority, followed by more funding for health play services and a better understanding of play and the role of the health play specialist within the wider multi-disciplinary teams working with children. Government and NHS policy was identified as the main driver of change.

Our research into the resources allocated to health play provision substantiates this view, and also suggests that the Covid-19 pandemic has exacerbated the situation. The majority of healthcare settings applying for Starlight services in 2020-21 and 2021-22 stated they do not have a play service budget. Of those who do, the majority had to fundraise for it.

285 healthcare settings applied for our services in both 2020-21 and 2021-22. In the two years, we saw that the number of healthcare settings receiving a play service budget decreased by 6%, and the number of settings that raised their own funds decreased by 11%. This means that 17% fewer of the 285 healthcare settings using our services had funding for play (see Figure 1).

Figure 1: Access to Play Service Budgets Across the UK 2020-21 to 2021-22

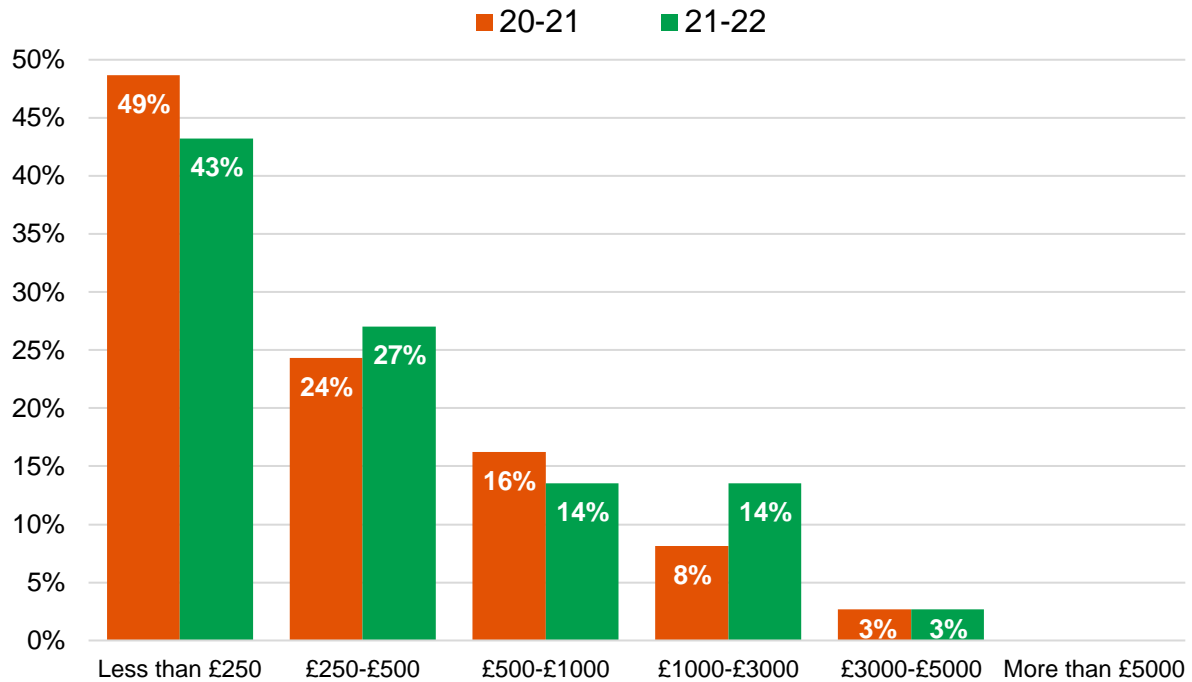


Annual comparison of healthcare settings receiving Starlight services in each financial year, 2020-21 and 2021-22 (n=285)



The majority of healthcare settings who disclosed the value of their budget (n=37) had funding of less than £500 in both 2020-21 and 2021-22 (see Figure 2). Of the 162 healthcare settings who only received Starlight services in 2021-22, but not in 2020-21, 86% had no funding for play. Starlight therefore provided resources for children’s play to more healthcare settings in need, in the last financial year.

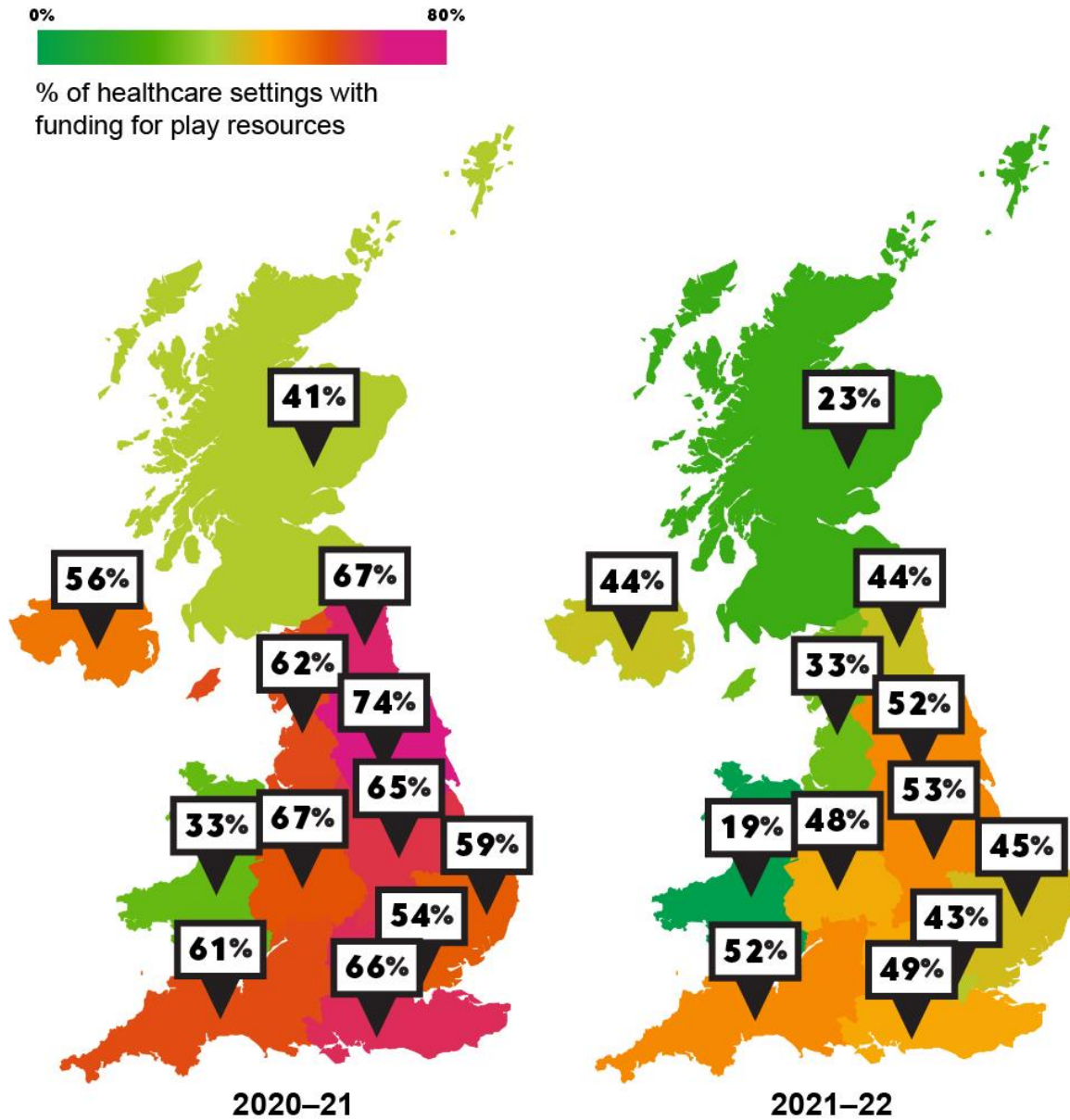
Figure 2: Average Annual Funding for Play Resources Across the UK, 2020-21 to 2021-22



Annual comparison of healthcare settings receiving Starlight services in each financial year, 2020-21 and 2021-22 (n=37)

There was an overall decrease in access to funding for play resources across all regions in the UK between 2020-21 and 2021-22 (see Figure 3). The biggest decrease, 29%, was found in the Northwest of England.

Figure 3: Funding for Play Resources across the UK

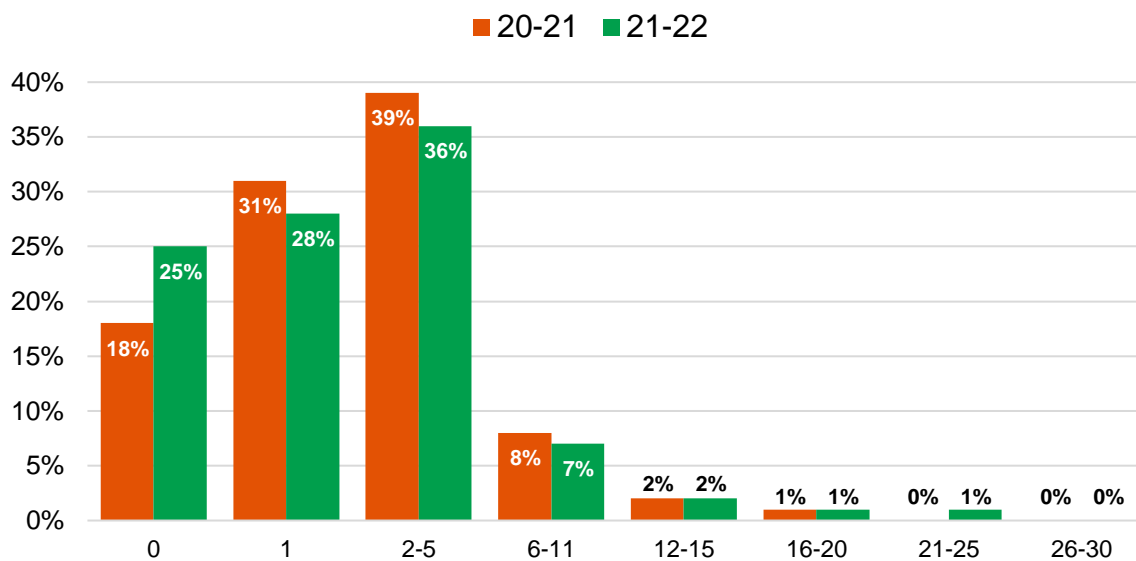


Annual comparison of healthcare settings receiving Starlight services in each financial year, 2020-21 and 2021-22 (n=285)



214 healthcare settings who applied for Starlight services in both 2020-21 and 2021-22 told us how many health play specialists they employed. 25% of 214 respondents who applied in both years told us that in 2021-22 they employed no health play specialists, compared with 18% the previous year. The majority of the 214 respondents reported employing between 1 and 5 health play specialists (see Figure 4 below).

**Figure 4: Number of Play Specialists Across the UK
2020-21 to 2021-22**



Annual comparison of healthcare settings receiving Starlight services in each financial year, 2020-21 and 2021-22 (n=214)

As highlighted above, our data suggests that, during the pandemic, space, opportunity and resources for hospitalised children to play has deteriorated. Our data indicates widespread reductions in investment in play resources and employment of health play specialists.

Starlight’s services have helped to plug these gaps where possible. For example, throughout the pandemic, we continued to provide play resources to children in hospital that complied with infection prevention and control standards, such as reusable, washable toys and single-use toys, in our Distraction, Boost and Sensory Boxes.

The impact of Covid-19 on hospital play

The longstanding under-resourcing of health play services is currently exacerbated by the profound impact of the Covid-19 pandemic. The widespread re-organisation of hospital facilities and redeployment of clinical staff to support unprecedented demands on acute care have had, and continue to have, substantial consequences for general care and non-Covid services (Propper, Stoye and Zaranko, 2020).

Opportunities to play for children in hospital have significantly reduced since the onset of the pandemic. Covid-19 control measures have resulted in many full or partial playroom closures, restrictions on group activities, and a general reduction in access to play resources – at a time when the benefits of therapeutic play are arguably needed more than ever, as lockdowns and school closures have caused unprecedented constraints on children’s freedoms (Graber et al, 2020).

The CQC’s *Children and young people’s survey* (2022) compares pre-pandemic data from 2018 and 2016 with current findings from 2022 and demonstrates the negative impact of Covid-19 on children’s play experiences in hospital. The survey finds a significant decline in children and young people saying there were enough things for them to do in hospital; and a statistically significant large decline in parents and carers reporting that their children from birth to age 7 had enough to do in hospital.

Participants in health play specialist focus groups held by Starlight in July 2022 reported how the underfunding and under-resourcing of hospital play services has been worsened by the pandemic. These concerns are substantiated by a 2022 survey of health play specialists, only 22% of whom reported their playrooms were fully open, with 79% saying that play opportunities and resources are still curtailed compared to pre-Covid levels (Jun-Tai and Clegg, 2022).

“ I lost my playroom because of refurbishments on the ward... all our patients are still in individual rooms... I can’t do any group [activities]”

Anonymous 2, health play specialist focus group

The HPSET survey found that infection control measures were the main reason for ongoing constraints, with 85% of respondents reporting a change of policy due to the pandemic (Jun-Tai and Clegg, 2022).

Anecdotal evidence also suggests that there is widespread variability in children's access to playrooms, and that this is linked to local variations in infection prevention and control policies and risk assessments (Starlight, 2022).

In focus groups facilitated by Starlight (2022), various health play specialists told us that when decision-making occurs about whether to open playrooms, decisions are often blocked by ward managers, despite local infection and prevention control teams being willing to proceed with opening. It appears that the risks of harm to children's psychological and social wellbeing are not always prioritised.

While most Covid-related restrictions in healthcare settings and society more broadly have eased since the peak of the pandemic, access to play services for children in hospital has not resumed to pre-pandemic levels in an equitable manner. The decrease in funding for health play services and play resources associated with the pandemic has compounded the longstanding under-resourcing of health play services, and there is an urgent need for systemic policy change to improve the state of children's play in hospital.

“ [Because of] Covid-19, whatever our children had played with, we had to throw away afterwards... that's why we've now got no pens and pencils because we couldn't reuse anything, and all our books [too] because you can't wash books... we literally have had to start again.

**Anonymous 3, health play specialist
focus group**

New policy context and opportunities

Fifty years after the Department of Health (now the Department of Health and Social Care) recommended the employment of play staff in children's wards, and twenty years after the introduction of a national standard stipulating daily access to a play specialist and the inclusion of therapeutic play in children's care plans, Starlight's research has found that, in too many settings, the level of funding for play resources and the number of health play specialists is inadequate.

The *Health and Care Act 2022*, which came into effect on 1 July 2022, establishes statutory arrangements for healthcare commissioning, via new Integrated Care Systems (ICSs). In addition to the statutory duty on the new Integrated Care Boards (ICBs) to produce annual plans for children's healthcare, the Department of Health and Social Care has indicated that it will engage with stakeholders to consider further guidance on how the new arrangement should work to improve outcomes for babies, children and young people.

Starlight is calling for such guidance to include reference to the importance of children's play to their healthcare and to set out steps to ensure the NICE recommendations on the availability of health play staff and resources are applied to all children who are in-patients, and all those undergoing potentially traumatic procedures.

Recommendations

Starlight believes children's healthcare services should fully reflect the importance of play to their health, wellbeing, resilience and recovery, and that every child who is an inpatient should have adequate daily play opportunities, appropriate to their condition, supported by dedicated play staff. We believe every child undergoing potentially painful, stressful, or frightening procedures should have the support of a qualified health play specialist before, during, and after their treatment. These aspirations are fully consistent with current NICE guidance, and we therefore make the following recommendations.

Priorities

The most urgent priority is that children's play services in healthcare settings should return, wherever consistent with infection control and prevention principles, to at least pre-pandemic levels. All ongoing playroom closures should be reviewed, subject to appropriate risk assessments, including risk-benefit assessment of the loss of therapeutic play opportunities to sick children.

We also recommend that:

- health play specialists are recognised as an integral part of the children's healthcare workforce
- recognised national practice standards for health play services are developed and adopted by all children's healthcare providers
- effective national guidance and service specifications for children's play in healthcare are developed and published by the relevant NHS institutions
- funding for adequate levels of health play provision and sufficient numbers of health play specialists, is identified by all relevant health service commissioners.

Next steps

Starlight is committed to not only advocating for the systemic changes that would see these recommendations implemented, but to adding our expertise and capacity to the efforts of health sector colleagues working to bring them about.

We are therefore pleased to have been invited to co-chair, with NHS England, a special taskforce of sector experts and the health play specialist professional bodies, to develop and progress programmes of work on the accreditation of health play specialists, and national guidance and practice standards for health play services. The taskforce was convened in September 2022 and will meet until Summer 2023.

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Starlight Children's Foundation

227 Shepherds Bush Road
London W6 7AU

www.starlight.org.uk

020 7262 2881

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