



COMMON

PURPOSE

**REPORT OF THE TASKFORCE
ON CHILDREN'S PLAY
IN HEALTHCARE**



THE TASKFORCE ON CHILDREN'S PLAY IN HEALTHCARE

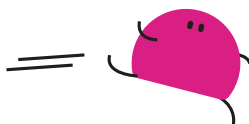
A partnership of NHS England and Starlight, in collaboration with:

- Care Quality Commission
- Healthcare Play Specialist Education Trust
- National Association of Health Play Specialists
- Royal College of Nursing
- Royal College of Paediatrics and Child Health
- Sophie's Legacy





ABOUT STARLIGHT



Starlight is the national charity for children's play in healthcare. We support children to enjoy the power of play to boost their wellbeing and resilience during treatment, care and recovery from illness.

Our mission is to enable all children in the UK to have their right to play protected and provided for when they are receiving healthcare – in or out of hospital. Driven by our research

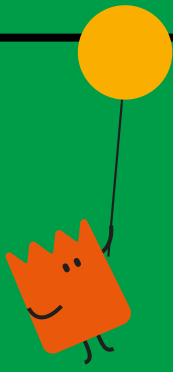
and insights into what works best for them, we provide direct support to many of these children and their families; and to the health professionals working with them.

We also advocate for more and better health play services and promote the full recognition of health play practitioners as an integral component of the children's health workforce.

ABOUT NHS ENGLAND

NHS England leads the National Health Service (NHS) in England. The NHS Long Term Plan sets out a vision for the future of the NHS and new action in relation to children and young people aged 0-25. To deliver these, a Children and Young People Transformation programme was established, bringing together key partners and programmes responsible for the delivery of our Long Term Plan commitments.





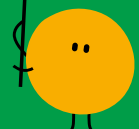
The downside was the weekend...I struggled during the weekends with not having the play specialist there to help me for operations and cannulas...they weren't there and I'd really struggle about that. I wasn't sure what to do.

McKenzie O'Reilly, age 14,
Youth member of
the Taskforce

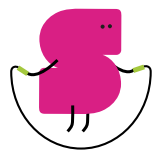


You wouldn't run a ward without a nurse, I don't think you should run a ward without a play specialist.

Sophie, age 9,
Sophie's Legacy



FOREWORD



NHS England and Starlight are excited to be leading this Taskforce on Children's Play in Healthcare, aiming to raise the profile and improve standards for this important element of health services for babies, children and young people¹.

No child should suffer avoidable psychological trauma from their care or treatment. Nor should they have to endure anxiety, loneliness and isolation as part of their healthcare experience. Health play services and their teams mitigate these negative impacts, supporting babies, children and young people in hospitals and other settings.

For too long these services have been seen as a 'nice-to-have' optional extra, when they should be designed into paediatric care as standard. Play specialists should be integral members of multi-disciplinary teams (MDTs) with a clear mandate to both alleviate children's anxiety and isolation through regular play sessions, and to deliver the clinical support that safeguards their mental health in treatment rooms and operating theatres. The tools being produced by the taskforce are designed to enable this integration to happen: for properly resourced health play services to work to recognised standards across the NHS in England.

As with any collaboration, a key to the success or otherwise of the taskforce is the degree of

consensus and cohesion across the different parts of the sector. The remarkable unity that quickly emerged within the taskforce speaks to the unarguable need for this work. There is a palpable momentum for change within children's healthcare. At the annual conference for paediatricians in June 2023, keynote speaker, Dr Bob Klaberⁱ of Imperial College Hospital, called for more kindness, attentiveness and 'gentle honesty' as watchwords for good practice. For the teams around children, play is the medium for these qualities, the universal language that enables young patients to be heard and engaged.

But the common purpose that has been so evident within the taskforce – enabling a fast-moving programme to produce tangible outputs within just a few months – is also a testament to the dedication of our partners, and to the more than 60 health professionals who have so generously contributed their time, knowledge, and experience. If it is possible to see the best qualities of the NHS manifest in meeting rooms and video-conferences, then this taskforce has embodied that spirit.

This report is dedicated to the taskforce members and their colleagues, and to the children whose wellbeing they safeguard, through the power of play, on a daily basis.

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

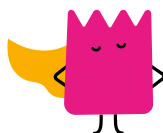
Co-chair of the Taskforce

Kate Pye,
Deputy Director of Children and
Young People's Transformation,
NHS England

Co-chair of the Taskforce

¹Through most of the document the shorter term 'children' is used to denote babies, children and young people from birth to 17 years old.

EXECUTIVE SUMMARY



The Taskforce on Children's Play in Healthcare was jointly convened by Starlight and NHS England, from November 2022 to June 2023, to explore with healthcare professionals and the relevant institutions, options for improving and expanding health play services in England.

NICE guidance published in 2021, on the patient experience of babies, children and young people, highlighted the role of play services in reducing children's loneliness, anxiety and isolation during hospital stays, and the role of therapeutic play² in supporting children during treatments and procedures. Research indicates that this can mitigate the risk of medical trauma.

The aim of the taskforce is to produce guidance, standards and proposals for workforce development that will equip the children's healthcare sector to adopt and implement this part of the NICE guidance in full, thereby helping to improve experiences and outcomes for children.

The outcomes of the taskforce work were presented at the NAHPS annual conference in June 2023. These are:

1. Draft guidance to NHS commissioners and providers on children's play in healthcare
2. Draft standards and a draft audit tool for health play services
3. Proposals for a new health play workforce development strategy and a standing group to take it forward.

The taskforce comprised more than 60 healthcare professionals meeting monthly in three workstreams and an executive group, coordinated and managed by Starlight and jointly chaired by Starlight and NHS England. The close involvement of the National Association of Health Play Specialists (NAHPS) and the Healthcare Play Specialist Education Trust (HPSET) in this work have been integral. The taskforce has also hugely benefited from the valuable support



of the Royal College of Nursing (RCN), the Royal College of Paediatrics and Child Health (RCPCH), the Care Quality Commission and Sophie's Legacy.

In addition, Starlight, with a contribution from NHS England, employed two consultants and a special advisor to ensure the research and drafting work was fully informed by professional practice and relevant expertise. Engagement with children and young people, via the HOPE (Heads of Patient Experience) network and NHS England's Children and Young People's Transformation Board has been invaluable.

The draft guidance and standards documents are expected to be published by NHS England for a further period of consultation later in 2023, with a view to final publication soon thereafter. Starlight is liaising closely with NAHPS and HPSET, supported by NHS England, to convene and develop a new health play workforce strategic development group, building on the work of this element of the taskforce. This will begin meeting in the Autumn of 2023, with the new workforce development strategy following in 2024.

² In this context, the term 'therapeutic play', as delivered by health play specialists and their teams within paediatric medical services is distinct from and not be confused with 'play therapy', which may be provided by differently trained and qualified play therapists within children and adolescents' mental health services (CAMHS).

1. INTRODUCTION

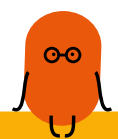
The Taskforce on Children’s Play in Healthcare is a collaborative project, led by Starlight and NHS England, to explore options for systemic change to the provision of play opportunities and therapeutic play in children’s healthcare. The aim is to more fully realise the potential of play to protect sick children from further harm; to help make their treatments gentler, easier and more effective; and to provide them with the best possible experiences of healthcare.

There is growing evidence of the impacts of serious illness and treatment on the mental health of babies, children and young people, including the risks of medical trauma and its long-term consequences. Alongside this, in recent decades, the vital role of children’s play to their health, well-being and resilience has become an increasing focus of research and policy.

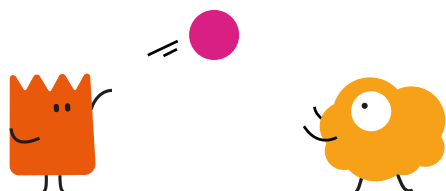
Within children’s healthcare in the UK, there is a long-standing practice of supporting children by employing skilled play practitioners. Ideally engaging with children throughout their treatment pathways, health play specialists (HPSs) and hospital playworkers make space and opportunity for children to play as an integral part of their experience as patients.

Working with the intrinsic power of play, HPSs and their colleagues help to normalise what can be strange and frightening experiences for children. For difficult and painful procedures, they use their specialised training in therapeutic play to help children to cope and feel at ease; prepare and distract them in theatre; advocate for them and support them to be present and engaged in their treatment. Equipped with bespoke play resources and materials, often provided by Starlight, health play teams have been found to:

- a) reduce children’s feelings of isolation and anxiety in hospital, enabling them to experience the normal but vital, everyday joys of childhood in spite of the difficult circumstances and strange environments.
- b) support children’s sense of agency and psychological safety, mitigating the risks of mental trauma from painful and stressful procedures.
- c) produce efficiency savings for the NHS, resulting from children being more cooperative and engaged in their care and treatment.



“space and opportunity for children to play, are an integral part of their experience as patients”



In spite of these known benefits, health play services are widely under-resourced, under-valued and misunderstood. Children tell us that hospitals are 'scary', isolating places, that procedures can be highly traumatic, and that health play staff can make the biggest differenceⁱⁱ. Yet Starlight's research with health professionals, parents and other stakeholders has identified the lack of recognition for, and insufficient numbers of HPSs as the major barrier to providing children with the support they needⁱⁱⁱ.

Improving young patients' experiences of their healthcare is a major priority for the NHS long-term plan; and, referring to its recent restructuring of the NHS, the government has said that the needs of children and families must be 'at the heart' of the new system^{iv}. The ultimate aim of the taskforce is to ensure that children's play is as integral to this vision as it is central to their wellbeing.

This report describes the origins, purpose and rationale of the taskforce, the progress it has made to date, what has been achieved and what will happen next. We hope it will be an important step towards adequate health play services and the support of health play staff being available to all children throughout the NHS in England.

"Health play services are widely under-resourced, under-valued and misunderstood"

2. BACKGROUND AND POLICY CONTEXT

Previous health play policy

First emerging in the 1960s as a response to growing unease over the harmful effects of hospitalisation on children's mental health, play services in the NHS have become increasingly recognised within healthcare policy. In 2003, the new national standard for hospital services⁹ advised that:

'children ... in hospital have a basic need for play and recreation that should be met routinely in all ... departments providing a service to children ... Play may also be used for therapeutic purposes ... as a way of helping the child to: assimilate new information; adjust to and gain control over a potentially frightening environment; and prepare to cope with procedures and interventions'.

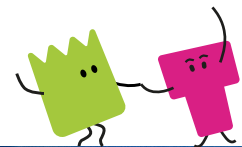
This document further noted that:

'play hastens recovery, as well as reducing the need for ... general anaesthesia. It has been recommended that all children staying

in hospital have daily access to a play specialist. The use of play techniques should be encouraged across the multidisciplinary team ... including in A&E, with play specialists taking a lead in modelling techniques that other staff can then adopt'.

Development of the health play profession

The development of professionally qualified HPSs (HPS) have been vital to the advocacy for children's play in healthcare. The National Association of Health Play Specialists (NAHPS), the membership body, and the Healthcare Play Specialists Educational Trust (HPSET), which manages accreditation, have together led the emergence of this new profession, evident in nationally recognised occupational standards, endorsed training and mentoring programmes, and the professional register.



Children's right to play in healthcare

Children's right to play is recognised under article 31 of the UN Convention on the Rights of the Child (1989); and, in 2013, the UN specifically highlighted the interdependency of this right with children's right to good healthcare, saying that 'appropriate provision for children to enjoy the rights under article 31 when they are ill and/or hospitalised will play an important role in facilitating their recovery'^{vi}.



The policy-reality gap

In spite of the policy recommendation of the 2003 framework, the steady growth towards professionalisation of the field, and the increasing international recognition of children's right to play as a responsibility of statutory services, health play provision in the UK remains sparse, patchy and inconsistent. In many places the play service is grossly insufficient for the level of need. Starlight's research^{vii} finds that for 1.8 million hospital admissions for babies, children and young people into inpatient care in 2021-22, NHS acute trusts and health boards employed only 571 registered HPSs. 71 per cent of healthcare providers had no budget for play resources and 95 per cent rely, either totally or in part, on Starlight's charitable services. Only 15% of providers had any written policy, guidance or standards for their play service.



Starlight's policy strategy

Starlight has long been engaged in the direct delivery of health play resources. This has enabled us to steadily build our knowledge and understanding of this sector and its challenges. In 2022, after extensive research and stakeholder engagement, we published a new strategy^{viii} to advocate for systemic change in the quality and reach of play services as an integral component of children's healthcare.

Starlight's strategy contains some key recommendations, adopted as policy priorities:

1. HPSs are recognised as an integral part of the children's healthcare workforce.
2. Recognised national standards for health play services are developed and adopted by all children's healthcare providers.
3. Effective national guidance and service specifications for children's play in healthcare are developed and published by the NHS.
4. Funding for adequate health play provision and sufficient numbers of HPSs is identified by health service commissioners.

Sophie's Legacy

Starlight's new strategy coincided with an influential campaign by another children's charity, Sophie's Legacy, whose aims to promote better support for seriously ill children and their families, includes the availability of HPSs 7-days a week wherever they are needed.



Sophie, age 9, Sophie's Legacy

The current policy context

The NHS Long Term Plan (2019) highlights the importance of a strong start in life for children and young people and sets out new actions to improve their health and wellbeing. To deliver these, the Children and Young People Transformation programme^{ix} 'was established to improve outcomes and reduce health inequalities for all those aged 0 - 25, by bringing together key partners and programmes'.



We want all children, young people and families to have their voices embedded at the core of our work as we transform health and care for the better. We will work with everyone who can inspire change to do this.

CYP Transformation Programme,
NHS England, 2019

Addressing the recent restructuring of NHS governance, the Department of Health and Social Care has said it is an intention of the Health and Care Act (2022), that "babies, children, young people, and families must be placed at the heart of each Integrated Care System... The new ways of working present such an important opportunity for this population group"^x. Each Integrated Care Board under this new system for NHS commissioning, is required by the Act to produce a strategy for children and young people.

Health play provision in current NICE guidance

As improving patients' experiences – as distinct from but complementary to medical outcomes – have become an increasing priority of healthcare policy, so the experience of babies, children and young people has come into particular focus. In this regard, the National Institute for Health and Care Excellence (NICE), in partnership with the Royal College of Paediatrics and Child Health (RCPCH), has issued good practice guidance^{xi} that includes the key role of play services. It states that hospitals and other settings should "provide easily accessible, age-appropriate play and recreation for children and young people, including to reduce boredom and anxiety while waiting for appointments or interventions... (and) reduce the fear and anxiety about pain that may be experienced by babies, children, and young people...using therapeutic play and distraction techniques and creating a calm environment before, during and after interventions or procedures".

The goal of the taskforce is to produce tools to enable NHS commissioners, trusts, other providers and healthcare professionals to fully adopt and implement this part of the NICE guidance for all children's healthcare settings in England.



3. STRUCTURE AND PROCESS

Within the context outlined in section 2, Starlight and NHS England held exploratory talks during Spring 2022, building on the round-table discussions of Starlight's policy stakeholder group. Common ground was quickly established and the new, jointly chaired Taskforce on Children's Play in Healthcare was announced at the NAHPS annual conference in June 2022.

AIMS

The aims of the taskforce are defined in its terms of reference:

- To develop guidance on health play services for NHS commissioners and providers.
- To develop recognised practice standards for those services.
- To explore options for improving the infrastructure for the accreditation, maintenance of good practice, and the professional development of HPSs and other play team roles.

OUTCOME

The intended outcome is defined as:

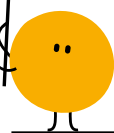
'More children will benefit from play services, play opportunities and play-based interventions – of a standard that everyone would want for them – as part of their treatment and care'.

TASKS

The Taskforce comprises an executive group and three different workstreams, each chaired by a member of the executive group. The workstreams were each delegated the task of developing proposals for one of the taskforce themes.

OUTPUTS

- Guidance for NHS commissioners and providers
- National standards for health play services
- Professional accreditation and workforce development



After an open recruitment process, each of these workstreams was convened, with around 15 volunteers in each group; predominantly HPSs, but also including nurses, allied health professionals, researchers, trainers and NHS administrators. These groups met monthly from November 2022 - June 2023 and reported their progress to the executive group, also monthly.



Children and young people's voices

It has been an important principle of the taskforce to engage with children and young people who have lived experience of healthcare. We have been fortunate to have the consistent attendance of McKenzie O'Reilly, a young member of NHS England's CYP Transformation Board. His experience and insights have been invaluable.



Play Specialists were one of the things I wanted to help change and have my say about.

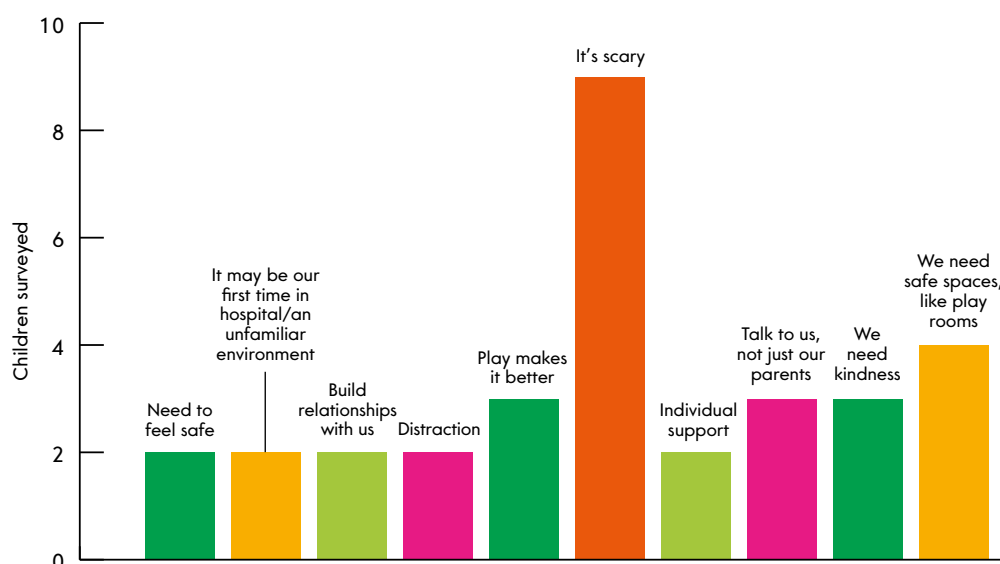
**McKenzie O'Reilly, age 14,
Youth member of the Taskforce**



McKenzie O'Reilly with chair of the Taskforce Kate Pye and Irene O' Donnell, special adviser to the taskforce

What do people need to know about children in hospital?

With the support of the Heads of Patient Experience (HOPE) Network we have also surveyed children and young people in the NHS about the issues and aims of the taskforce, as well as drawing on Starlight's bank of research with children and families.



4. THE WORKSTREAMS AND THEIR OUTPUTS

This section outlines the main issues discussed by the taskforce and its three workstreams. It provides an overview and broad summary of the main outputs.



I) GUIDANCE FOR HEALTHCARE COMMISSIONERS AND PROVIDERS

The taskforce is producing guidance for commissioners and service providers to provide clarity and correct misconceptions about the role of therapeutic play and health play services. It will aim to summarise the evidence base and rationale for play provision to be an integral component of commissioned children's services and a cross-cutting part of paediatric service design.

The guidance will cover a combination of the following topics:

- The nature and value of play for children's health and healthcare
- Therapeutic play and trauma mitigation
- Why play services should be integral to commissioners' priorities for children
- The role and position of play services in healthcare settings
- The design and composition of play teams
- Therapeutic play within NHS Service Specifications (see b, below)
- Quality improvement for health play services and patient experience

a. Broad content of the guidance

The aims of the document, and the proposed review of service specifications (below) will be to enable commissioners to have a well-informed, up-to-date perspective on the role of health play provision within the services for which they issue NHS contracts: a 'how-to' guide to implementing this aspect of the NICE (2021) guidance, and a rationale for why this should be a priority.

Additionally, the guidance should be an effective tool for NHS providers and their managers to make business cases for establishing and developing health play teams within their children's services.

b. Service specifications and play

The mandated service specifications for NHS commissioning contracts 'are important in clearly defining the standards of care expected from organisations funded by NHS England to provide specialised care'. How these documents define health play provision is a key to how they are conceived in the commissioning process and the design of paediatric services. The taskforce therefore analysed the current suite of service specifications for their references to play and health play services.

Presumably because it is seen as a cross-cutting service there is no individual service specification for health play provision as such. We found that play services are referenced in a wide range of specifications for other services, but that the terminology used is unclear and out-of-date.

Of the 62 service specifications (out of 250) that include children's play, 30 refer only to the 2003 National Service Framework standard, which is generally now regarded as having lapsed. A further 32 service specifications refer only to 'play specialists or play therapists' being part of the multidisciplinary team, when, in fact, these two roles are quite different.

In addition to highlighting the importance of play provision and HPSs being included in all relevant service specifications (and therefore commissioning contracts), we have also explored the potential for reviewing those that currently include play, with a view to making these references up-to-date and consistent with both NICE guidance and the new guidance being produced by the taskforce.



II) NATIONAL STANDARDS FOR HEALTH PLAY SERVICES



The taskforce has developed a proposed set of good practice standards for health play services. These are being prepared for publication and potential adoption across all healthcare settings where there is a need to support children's play. This includes primary, acute, community and palliative care.

a. Consistency with professional and occupational standards

These will be service standards, as distinct from the professional and occupational standards for practitioners, held by the professional bodies, NAHPS and HPSET, to which they will be complementary.

b. Child-centred, play-focused, and clinically aligned

The standards will aim to embody and codify the essential elements and principles of the health play tradition: privileging children's experiences,

supporting their agency, and prioritising their need and right to play in the context of their care and treatment and the work of multi-disciplinary teams. The standards will also specifically highlight the clinical support role of HPSs, preparing and supporting children for treatment and procedures.

c. Quality indicators and service audit

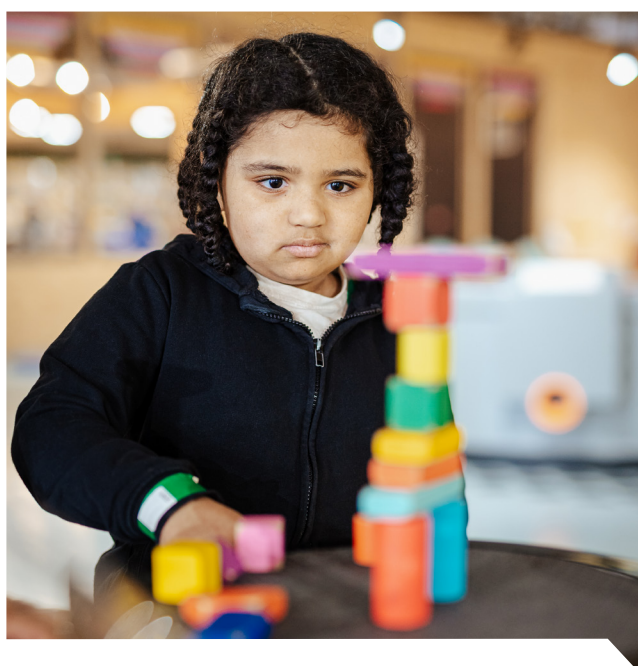
The standards toolkit will include an extensive audit tool, with suggested measures and indicators for each standard and a rating system to monitor and plan for service improvements.



III) ACCREDITATION AND WORKFORCE DEVELOPMENT

a. A health play workforce strategy

Issues of workforce capacity and development are a key to the viability of the taskforce's aims. These could be either obstacles to, or drivers of improvement, depending on how effectively they can be addressed. This workstream was therefore asked to consult and engage with the relevant stakeholders with a view to proposing a joint, long-term workforce development strategy.



b. Context

The NHS Long Term Workforce Plan (2023)^{xii} is described as “The first comprehensive workforce plan for the NHS, putting staffing on a sustainable footing and improving patient care. It focuses on retaining existing talent and making the best use of new technology alongside the biggest recruitment drive in health service history”. The workforce development needs of the health play field are consistent with this overarching strategy, and the taskforce recommends the ongoing development of a health play workforce strategy within this overarching context.

c. Aims

The proposed aims of a health play workforce strategy were identified as follows:

- To grow and develop the health play workforce to the level required to meet the needs of all

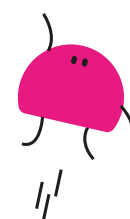
children in the healthcare system as described in the guidance and standards.

- To achieve recognised, sustainable, equitable professional status.
- To resource the HPS profession with the right skills and qualifications to support the guidance and standards recommendations.
- To future-proof the health play profession through clear and accessible career pathways, training and mentoring.

d. Proposed scope of the health play workforce strategy

The strategy would therefore need to cover a wide range of issues, including (not comprehensively):

- Workforce research and data mapping
- Scale of the need for growth
- Design and structure of play services
- Job descriptions, titles and recommended banding (including specialisms)
- Recruitment and career pathways
- Mentoring and continuous professional development (CPD)
- Professional standards and competencies
- Professional infrastructure, accreditation and registration
- Position and platform of the profession
- Training, apprenticeships and qualifications
- Higher education and research



e. A long-term collaboration

The workforce strategy will need to be a collaborative project of the relevant institutions and sectors, including practitioners and their professional bodies (NAHPS and HPSET), training providers, higher education institutes, and employer bodies. Starlight and NHS England are working to convene a longer-term group of the relevant agencies to take on this role.

'QUICK WINS' FOR THE HEALTH PLAY WORKFORCE

Some of the workforce discussions led to a clear consensus on actions that could be taken in real time, ahead of the development of a full strategy. Thanks to the goodwill of the agencies involved, and in the spirit of collaboration and movement, this led to some 'quick wins', including:



NHS careers portal

The taskforce worked with the NHS careers team to reposition the health play section from 'corporate services' to 'clinical support' and to revise the description of roles, to be fully up to date with advances in the profession.

Revised conditions for professional re-registration

The taskforce work has been a catalyst for changes in the criteria for re-registration with HPSET, making it easier for practitioners to re-apply, thereby helping to sustain the numbers of registered professionals.

Professional Standards Authority (PSA)

HPSET and NAHPS have been unable to apply for membership of the Health and Care Professions Council (HCPC) because of current policy on statutory regulated health professions. Discussions with the taskforce have facilitated an acceleration of the profession's dialogue with the PSA, a government-mandated service, 'accrediting organisations that register practitioners in unregulated occupations'. Discussions with the PSA are ongoing.

More flexible mentoring requirements

Similarly, the enhanced dialogue engendered by the taskforce has led to a review of the mentoring requirements for those on the professional register, making it easier for both new recruits and established professionals to carry out this key function of professional development.



5. SECTOR ENGAGEMENT



Fabulous to hear all the amazing work being done on behalf of all patients, families and play staff in improving the standards and equity of services... exciting times!

Delegate feedback, NAHPS annual conference, June 2023

Although fast-moving, the taskforce has aimed to be as open and transparent as possible, communicating the aims, purpose, and progress of the work wherever opportunities have arisen: from an open recruitment process for workstream volunteers and consultants, to talks and presentations at a wide range of events and forums.

The taskforce has presented its work at a range of different professional events:



NAHPS Annual Conference	June 2022
Starlight Health Play Forum	October 2022
Starlight Play in Hospital Week Webinar	October 2022
'Just' Play Symposium, University of Cambridge	March 2023
RCPCH Annual Conference, Glasgow	May 2023
International Play Association Triennial Conference, Glasgow	June 2023
Symposium on Children's Right to Play, University of Oxford	June 2023
NAHPS Annual Conference	June 2023
Health Play Specialism Foundation Degree launch event, University Centre Leeds	September 2023



6. NEXT STEPS

a. Consultation on guidance and standards

Based on the work of the taskforce, Starlight and NHS England are preparing draft guidance and standards to be published by NHS England for a wider consultation later in 2023.

The taskforce executive group will then review the responses and make final decisions on the text. The documents will be published as official guidance and standards, at a date to be confirmed.

b. Implementation support

The taskforce is considering options to support dissemination of the guidance and implementation of the standards over time. This could include, for example, digitisation, training, mentoring and assessment.

c. Health play workforce strategy group

With support from NHS England, Starlight is engaging with the relevant organisations about the potential formation of a new, longer-term, national workforce development group for the health play sector. This is conceived as the vehicle to continue the development of a new workforce strategy. The group will be supported by Starlight and NHS England.

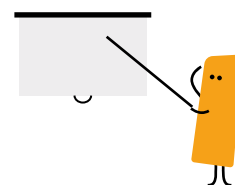
d. Mapping and researching the health play sector

More broadly, Starlight continues to invest in developing the knowledge base that can inform systemic change and progress in this field.

Our extensive mapping of health play services, our focused research activity, and our growing engagement with children, young people and families, ensures that our advocacy work, as well as our direct services to children, are evidence-based and responsive to identified needs.

e. Policy advocacy and networking

Starlight is committed to sustaining our work to grow and to lead – with our friends and allies in the voluntary, statutory, academic and professional sectors – an effective, coordinated advocacy network for children’s play in healthcare. We want to ensure that the efforts of this taskforce – and the many years of work preceding it – are increasingly reflected in real, lasting changes that benefit babies, children, young people and their families across the UK.





7. CONCLUSIONS

The work of this taskforce has entailed many hours of meetings, many more bilateral discussions, and a great deal of research, thinking and drafting, not just by Starlight and NHS England, but by a large number of others. The majority of this huge effort has been voluntary, by busy people taking time away from their 'day-job'.

Despite the undeniable challenges of managing this process with relatively small resources, the work has been surprisingly easy. Those of us privileged to have been at the centre of it have remarked, more than once, how it seemed that this project was somehow already primed and ready to go even before the taskforce was formed; as though an ignition switch just needed to be thrown.

“the clarion-clear message from children and young people”

The overwhelming numbers who volunteered to join the workstreams; the way disparate parts of the health service have been not just willing, but eager to help; how vastly different practice traditions, from paediatricians to playworkers,

easily found common ground; the way different organisations with different perspectives so quickly reached consensus; the clarion-clear message from children and young people.

Each of these things has seemed to affirm and validate that these changes, aimed simply at making children's care and treatment friendlier, gentler, or at least less traumatic, are not only necessary but overdue.

“the real work begins now”

The taskforce now moves into a new phase. The workstream groups may have completed their tasks, but NHS England, Starlight and our allies are fully committed to ensuring that the momentum that has been built and the traction that has been gained for the issue of children's play in healthcare, is not lost.

There is much to be done before any of these developments – standards, guidance or workforce development – can have the impact on children's experiences that is needed. In the sense that the process up to this point has been about building consensus, forming a shared vision, and producing the right tools – the real work begins now.



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THE TASKFORCE ON CHILDREN'S PLAY IN HEALTH CARE

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