

# Play leaders reduce anxiety and help to improve diabetes management among children and young people



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The role of play leader or play specialist is relatively new within the paediatric diabetes service and the development of this role has been a positive move. Play can be used to establish rapport, educate and reduce anxiety:

*"The 'emotional value of play' is well recognised, and the benefits of play are strongly advocated within healthcare settings"* (Tonkin, 2014).

I have been working as Play Leader with the Leeds paediatric diabetes team since May 2014, and the positive impact that play has had on some of the children and young people who use the service is already evident.

The role of play leader involves working closely with the multidisciplinary team to support children and their families at diagnosis and throughout their diabetes journey by providing a family-centred approach to diabetes management. The play and activities that I initiate with the children and young people enable me to establish rapport and uncover any concerns the young people have. I can notify the rest of the team of any issues that I become aware of and, in turn, they let me know if there is anyone who would benefit from some of the specific work that I offer.

I aim to meet all children and young people within the first couple of days of diagnosis, which is often a scary and worrying time for all the family. I may do this alone or alongside one of the children's diabetes nurse specialists (CDNSs) in order to assess the level of understanding that the child and family have about diabetes and what they have learnt so far. I am then able to provide further education and activities that are based on age-appropriate play. This can help support children and young people as they come to terms with their diagnosis and start to understand what diabetes is. I plan activities related to target blood glucose levels and how they can be managed, what hypoglycaemia and hyperglycaemia

are and how each is treated and avoided.

One thing that I have recently developed is an "All About Me" sheet, which I take with me on my first visit to a newly diagnosed child so that they can tell me and the team a bit about themselves and their family. I find that it helps me get to know the child and it then enables me to approach diabetes from that child's perspective using their interests, wherever possible, to work with them through their diabetes journey. For example, a girl who was recently diagnosed really liked the film *Despicable Me* and this was helpful for me when planning a distraction for her first injection. I was able to use the main character as inspiration for discussions we had while the injection was being done, and then continued with this theme afterwards when she created her own movie character for another *Despicable Me* film.

A father recently explained how invaluable he found my support during the time that his daughter was in hospital after being initially diagnosed with type 1 diabetes:

*"It was all a bit of a blur that week but you really helped because the things that you did with her and how you explained diabetes to her has really helped. She's got a much better understanding of her diabetes now and still has the poster you made with her about her blood glucose levels."*

I also worked alongside one of the CDNSs to support the mother of one of our patients who was finding it extremely difficult to administer the first insulin injection and felt that she might never be able to do it. Her 7-year-old daughter became increasingly aware of her mother's anxiety, which in turn had a negative impact on her ability to cope with her diagnosis. By implementing distraction techniques and providing support, they are now able to manage injections confidently, which has

had a hugely positive impact on the family's ability to fit diabetes management into their daily routines.

A distraction leaflet that I have produced includes a range of simple strategies, such as blowing bubbles, that provide parents with ideas to help them manage painful interventions in a way that is less stressful for them and their child. I regularly use distraction techniques to support children having their first insulin pump infusion set inserted, or if they need to change to a new injection site or they are preparing for blood sampling at their annual review.

As well as seeing children and young people while they are in hospital, I have also undertaken some joint home and school visits with a CDNS. This is another great way to get to know the child and their family in their own environment and enables me to encourage the child to take a more active role in the management of their diabetes through fun activities that can also educate them.

A CDNS on the team has commented that my work:

*"...provide[s] outlets for feelings of anger, fear and frustration as the play leader is a completely different entity to a nurse or a doctor".*

She also feels that children are more likely to open up to me about their worries, particularly in an environment in which they are confident and comfortable, such as their home. I endeavour to make learning about diabetes more fun and always try to see the patient as a person first and foremost.

As I see children when they are inpatients, I am able to develop a rapport with them and often other members of their family. I then provide continuity when they come to clinic. I am not a doctor or a nurse, but I am a "friendly face". I provide games and activities to engage the children while they are waiting, which may not always have a link to diabetes. Many of the team members have commented that the waiting area is now an environment where stress and worry has been reduced. This is really important to me, as:

*"Waiting in healthcare settings can be an anxious and fearful experience for children and their families. Opportunities for play are an important part of child-friendly healthcare and have been shown to reduce waiting anxiety"* (Biddiss et al, 2011).

One area in which I work very closely with the multidisciplinary team is the age-differentiated group education sessions. I work collaboratively with one or two specialist nurses to facilitate the psycho-educational activities for the children and young people, while parents and carers are in a separate group with another specialist nurse and psychologist. These interactive group sessions provide invaluable opportunities for children and young people to meet people like them who have diabetes, to learn more about their own diabetes and how they can manage it, and to talk about things that are worrying them as well as sharing positive achievements and successes. Being able to facilitate separate groups for parents and children enables the diabetes team to focus on the needs of each specific group more carefully and address any issues that may be causing anxiety or worry.

My role has provided many benefits for the children, young people and families of the service from the Leeds team's perspective. The team leader recently summed it up by saying:

*"Rachel has helped to develop lots of resources that are child friendly, which help to teach the children about their diabetes and how they can manage it. The average HbA<sub>1c</sub> of our children and young people is reducing due to the fact that we work as a multidisciplinary team and everyone's efforts are aimed at lowering blood glucose levels and trying to avoid future complications linked to diabetes. Having Rachel as part of the team has had a significant impact on the children as they are much more ready to talk, are more confident and some of the fear of coming to clinic has been taken away."*

I hope that in the near future there will be more paediatric diabetes services that include a member of the play service within their multidisciplinary teams. This will help more children benefit from the positive impact that play can have on their understanding and management of their diabetes. ■

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Biddiss E, McKeever P, Shea G (2011) *The Art of Waiting – Interactive displays in healthcare settings*. CHI Workshop: Large Displays in Urban Life, Vancouver, Canada. Available at: <http://bit.ly/1vnOAU1> (accessed 21.01.15)

Tonkin A (2014) *The Provision of Play in Health Service Delivery: Fulfilling children's rights under Article 31 of the United Nations Convention on the Rights of the Child. A literature review*. The National Association of Health Play Specialists, Cambridge. Available at: <http://bit.ly/1DJT12x> (accessed 21.01.15)