

• **Playing in hospital toy libraries: support for children and their families**

*O Brincar nas brinquedotecas hospitalares: apoio às crianças e suas famílias*

*Jugando en hospitales, ludotecas: atención a niños y sus familias*

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**Abstract:** This article focuses on the contribution of hospital toy libraries as playing support for children and their families. It refers to empirical studies which demonstrate the relationship between play and development, health and well-being of the child. It points out to the large negative impact that poverty brings to health and the serious consequences with health problems, and refers to the contribution of the public and private toy libraries in the support of families, providing healthy living spaces, lending toys, promoting educational support to children and professional training courses for parents. The article emphasizes the mind-body dynamic integration and the benefit of play for sick and hospitalized children and their adherence to treatment, since the hospitalization experience, alongside with being sick with any pathology, is a crisis situation for children and their parents. It brings international data on research and experience reports about toy libraries in pediatric healthcare environments and their support for children and their families. There is also a brief description about the Brazilian experience with toy libraries in public and private healthcare environment areas, and its low but continuing growth.

**Keywords:** play and health; hospital toy library; playing in the hospital; family support; adherence to treatment.

**Resumo:** Este artigo aborda a contribuição das brinquedotecas hospitalares como suporte às crianças e suas famílias, através do brincar. Refere-se a estudos e pesquisas que demonstram a relação entre o brincar e desenvolvimento, à saúde e o bem-estar infantil. Destaca o grande impacto negativo que a pobreza traz à saúde e às sérias consequências a problemas de saúde e, nesse sentido, a contribuição que as brinquedotecas, públicas e particulares, vem dando suporte às famílias, disponibilizando espaços saudáveis de convivência, emprestando brinquedos, promovendo apoio escolar às crianças e cursos de formação profissional para pais. O artigo enfatiza a integração dinâmica corpo-mente e o benefício do brincar para crianças doentes e hospitalizadas e sua aderência ao tratamento, uma vez que a experiência da hospitalização, além do estarem doente conduz a, uma situação crítica para ela e para a sua família. Refere-se a pesquisas e experiências internacionais sobre brinquedotecas em ambientes de

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*saúde e sua contribuição para crianças e familiares. Descreve brevemente a experiência brasileira das brinquedotecas da área da saúde, públicas e privadas em sua lenta, mas ascendente trajetória.*

**Palavras-Chave:** *brincar e saúde; brinquedoteca hospitalar; suporte à família; aderência.*

**Resumen:** *Este artículo analiza la contribución de las ludotecas hospitalarias como apoyo a los niños y sus familias, a través del juego. Considera varios estudios e investigaciones que demuestran la relación entre el juego y el desarrollo, la salud y el bienestar del niño. Se destaca el gran impacto negativo de la pobreza sobre salud, en especial en los niños, así como la contribución de las ludotecas públicas y privadas en relación al apoyo de las familias, proporcionando espacios de convivencia saludables, préstamo de juguetes, promoviendo el apoyo escolar para niños, así como cursos de formación profesional para los padres. El artículo pone de relieve la integración dinámica cuerpo-mente y los beneficios del jugar para niños enfermos y hospitalizados, así como la influencia en la adherencia al tratamiento, una vez que la experiencia de la hospitalización además del estar enfermo, lleva a una situación crítica para el niño y para su familia. Se considera las investigaciones y las experiencias internacionales sobre las ludotecas en ambientes de salud y su contribución en los niños y sus familias. Describe brevemente la experiencia brasileña de ludotecas en el área de la salud en ambientes públicos y privados y su lenta pero ascendente tendencia.*

**Palabras claves:** *Juegos y la salud; ludotecas; ludotecas hospitalares; apoyo familiar; adherencia.*

## **I. Introduction**

The World Health Organization (2004) provided a dynamic and panoramic view of the various regions of the globe, pointing out more or less developed areas in many aspects to health. According to WHO (1999), the large negative impact that poverty brings to health has serious consequences to higher infant health problems and mortality. The current bio psychosocial model of Health Psychology draws its focus from disease transfers it toward health (Lyons & Chamberlain, 2008). It emphasizes the mind-body integration and the dynamic versatility of symbolic mental processes in prevention, maintenance and recovery of health.

This article aims at describing and analyzing the importance of hospital toy libraries as a support tool during the hospitalization of children. To begin with, it describes the profound and dynamic relationship between play, health and well-being. Then, it discusses research on the benefit of play for the adherence to treatment of sick and hospitalized children. Finally, it discusses international data

on research and experience reports on toy libraries in pediatric healthcare environments and their support for children and their families.

## **II. Play and Health: an intimate relationship**

Play and Health evolve with personal and social affirmation. The psychosomatic plasticity of the organism has profound influence in human's behavior (Jawer, 2006; Van Gelder, 2005; Wilson; Grilo & Vitousek, 2007). Just as the body is organized coordinating the various inputs from the senses, to the various motor outputs, establishing a corporal-self, aware of itself in real time and space, the several ways in which children represent their reality, lived or imagined, gradually builds a historic-self who progressively learns to face reality in a healthy way.

The environment in which the child lives has a profound influence on his/her health and brain development. Events, including parent-child relationships and play, alter the developing cortex. Parents or other caregiver's behavior affects the long life health of the child. Playing acts as a controller of the current and future stress response (Kolb, 2009). It acts as a support to maintain an active adaptation to the environment especially when the child feels changes in everyday life. The human health can be seen as a complex dynamic system. Health is closely linked to the conditions in which the child has to maintain a significant affective interaction with the environment and play with spontaneity (Oliveira, 2010).

### **II.1 Symbolic Play and its implications for Health**

In children's play activities, mainly in symbolic ones, the body assumes an active role, as it integrates and incorporates the symbolic meaning. In this performance, gestures assume a social meaning. Far from a stereotypical posture, play leads to the spontaneous gesture, so valued by Winnicott (2005). In health environments, this spontaneity breaks any threat of formal rigidity and provides a better understanding of the child own desires and fears.

In a symbolic play, children learn to live with awkward situations or painful resolutions. This learning enables them to find a better way to deal with it, as May (1958) had already recalled long ago. The ability to feel more active and free and to express their fantasies liberates them from feeling inhibitions and fears.

Symbolic play usually reveals itself as a way to obtain awareness of emotionally charged situations, sometimes, full of anguish. The child who does not play and does not feel attracted by entertainment in general, demonstrates great inhibition in expressing and communicating. On the other hand, the child who plays is more open to showing his/her preferences and affections. During play, the child has the opportunity of recalling, in his/her own way, tense situations experienced, talks that were misunderstood, or unsatisfied wishes (Klein, 1957).

As the body serves as the foundation for personal and social symbolic expression and communication, symbolic play has also physical repercussions, with profound implications for health in sensory-motor, cardio-respiratory, digestive and immune systems, among others.

## **II.2 Health systems and public financing**

As Lee (2003) synthesizes, the status of human health is an indicator of the health of the planet as a whole, as both are closely linked and depend on each other to survive. The performance of the health system in 165 countries and its relationship with public financing share showed an association with the quality of the health systems (González; Cárcaba & Ventura, 2010).

Research has related the large increase in anxiety, depression, suicide, narcissism and feelings of despair in children, adolescents and young adults in the second half of the twentieth century in the United States to the decline of free collective play of children (Gray, 2011). However, it highlights the risk of pointing at play as the only healthy activity without the due consideration to other leisure activities which contribute to social development and health.

The diverse forms of communication and expression allow for greater adaption to reality, mainly when the child's day-to-day, with which the child is used to, is not maintained. Hospitalization breaks these customs for the entire family which demands an appropriate health team and funds to sustain the endeavor. In this sense, a study that investigated the support given to siblings of hospitalized children in large pediatric hospitals in Canada and the United States identified financial and staff matters as satisfactory in only some of them and proposes that these hospitals serve as an example to others (Newton; Wolgmuth; Gallivan & Wrightson, 2010). This research shows the operational and economic impact of a child's admission by hospitals that care for children, especially inpatients. Hence, also, the great contribution that hospital toy libraries bring in creating and operating playful interaction spaces for the entire family, at low cost.

Also in this sense, it is important to mention some of the great centers of support for the child's health and family, whether linked or not to public or private hospital entities. Among them, since the end of the nineteenth century in the United States, the Family-Centered- Care, FCC, <<http://familycenteredcare.org>>, which was created in the attempt to humanize hospital Pediatrics. Currently in large numbers, these centers are concerned with the care of children and their families. Several published studies of these centers analyze the effective participation of the family during hospitalization. In Portugal, the Institute of Child Support, IAC, <<http://www.iacrianca.pt>>, among other procedures, organizes guides as hosts of the health team for the child and his family, as well as suggestions for fighting pain

(Santos, 2011). It promotes play in hospital every day to preserve the child's development while hospitalized.

The French association that supports professionals and families of hospitalized children, Sparadrap, <<http://www.sparadrap.org>>, also publishes guidelines and information to parents seeking their greater involvement with the health care team. It promotes playing as a tool for expression and communication of the child and the family in the process of recovering health.

## **II.2 Play in the daily life of hospitalized children and their families**

Hospitalization might cause anxiety in children and their families since, besides the problem of disease, hospital routine breaks the activities to which the child and family were accustomed. Hospitals and health teams' show to be more aware of this situation and strive to overcome it in search of hospital humanization and greater participation of parents.

Research show the need to create a space for listening to, and participating with the family in their children's treatment. A study of Chinese mothers of hospitalized sick children with acute injury or illness identified the state of constant vigilance that these mothers developed and their desire for participation in caring for their hospitalized child and its needs for communication (Lee & Lau 2012). These data show the validity and importance of the above mentioned centers which seek to engage mothers in the hospital recovery process of their children. Their effective and recognized participation contributes to lower their anxiety and stress, which also affects the welfare of the child.

The link between health and emotional development through playing was focused on an empirical and quantitative study, which demonstrated that when 3 to 5-year-old children perceive an activity as a game, they show more signs of well-being. Data, however, does not describe the signs of well-being of the educators that participated in the activities, which may have influenced the children's emotional state, as the author remarks (Howard & McInnes, 2013). This study leads us to consider the importance of the welfare of individuals, families, or members of the health team in hospitals, participating in play activities. The children, because they do not have a more structured ego, as psychoanalysis teaches us (Klein, 1957) absorb, even unconsciously, emotional states of other people. Because children are self-referential, they often blame themselves for unresolved situations, which interferes with their emotional health.

The evaluation of social skills of mothers of children undergoing onco-hematological disease treatment in hospital showed that better adherence to treatment depends on supportive parents in children's socialization, mainly through expressive and playing activities (Kirchner; Lör & Guimarães, 2012). The challenge posed by the social interaction of children with cerebral palsy during hospitalization

was evaluated in a qualitative research that investigated the role of free playing as a childhood's language. Based on observations during games and interviews with the supporting companions, it was concluded that playing in hospitalization process is very important for the autonomy and social inclusion of the CP child and also for the signification of the CP concept. This research shows the versatility and plasticity of the children's brain that may use different kinds of symbolic languages, such as the verbal one or through playing, to communicate with the environment. It also reveals how free playing creates conditions for expression and communication (Souza & Mitre, 2009). In this sense, the research stresses the importance of play to cognitive and social development of disabled children, in order to rescue them from the vision of being unable to play and expected to be, most of the time, governed and corrected by others (Goodley & Runswick-Cole, 2010).

The preoccupation for health promotion, including preventing the risks of increasing children's obesity were recently studied (Alexander; Frohlich & Fusco, 2014). However, the authors remind us that these re-shapes of playing to predominantly physical, to promote children's health, may result from a reduction in free playing, and consequently, they neglect its social and emotional aspects, so valuable for health. This is an important remark because health, nowadays, is no longer defined as only the absence of risks of disease, but as a state of physical, subjective, and social welfare.

### **III. Play and Adherence to Treatment**

The hospitalization experience, alongside with being sick, with any pathology, is a crisis situation for children and their parents (Oliveira, 2007). There is a distress and the child goes to a defensive state. This fragile situation, which is characterized by anxiety and fear, varies according to the individual, family stability, age, previous experience in hospitals, and personal resources. It is also affected by the hospitalization reason, which may be an accident, acute disease, chronic disease, scheduled intervention, among others .

The need for communication between the health staff of the hospital and the family has been highlighted (Rand, 2012; Davie, 2013). Children's experiences as hospital in-patients were studied aiming at better understanding their subjective interpretation of the situation. Research in a nephron-urology ward in a referral children's hospital showed that children have to struggle to be recognized and listened. They relied on supportive adults, and in their absence they became quiet and shy, and received minimum and impersonal care. The authors point to the urgent need for a more inclusive nursing practice with children (Sabatés & Borba, 2005).

Child's difficulties in adhering to treatment have been studied and playing has been seen as an excellent means of communication (Nieweglowski & Moré, 2008; Livesley & Long, Voice, 2013; Runeson; Hallstrom; Elander & Hermeren, 2002).

Adherence to or compliance with treatment are terms used to describe the extent of acceptance and appropriateness of the behavior of the patient to medical attention. Topic of great complexity, it mainly involves the relationship between who is receiving care and those who are caring, in its many aspects (Garipey & Howe, 2003; Pérez-Ramos, 2006).

According to Fielding and Duff (2000), interventions to increase adherence to treatment can be classified into three major types: educational, cognitive/behavioral skills, and self-regulation training. Many chronic diseases that begin in childhood, such as asthma, diabetes, cystic fibrosis and kidney problems, require multiple dietary and activity restrictions, as well as possibly painful invasive procedures and frequent hospitalizations. In such cases, families are responsible for continuing care, including economic stress.

Children's needs in the hospital change in different ways, before, during, and after the treatment. Play has been considered an essential resource to improve the negative psychosocial effects of the disease and the hospitalization itself and so, to increase adherence to treatment. However, the empirical research of play in health settings has not received much attention. A study (Ullan; Belver; Fernandez, E.; Lorente; Badia & Fernandez, B., 2014) about the effect of a program to promote play in the hospital on postsurgical pain in pediatric patients was carried out with two groups, an experimental group and a control one. The parents of the children from the experimental group received instructions to play with their children in the postsurgical period and specific play material was given to them. The results in three postsurgical measurements of pain showed that, on average, the children from the experimental group scored lower on a pain scale than the children from the control group. The research concluded that the program to promote play can decrease children's perception of pain. This conclusion confirms what various nonpharmacological strategies propose, that play as a central element to relieve hospitalized children's pain

Before the treatment the children and their parents need information and recognition. During the treatment, with episodes of threat, discomfort, and pain, the children ask for more control of the situation and for having their parents and familiar things nearby. Also during non-threatening situations, children should be better informed and during treatment, they should be better supported. Playing in the hospital can be considered a very good way in both situations, to keep the emotional state of the children and of their parents more stable.

The hospital, in spite of being an inherent part of the socio-cultural environment in which it operates, sometimes manifests a split between the life that continues outside and the daily lives of people who are hospitalized. The risk of a misguided hospitalization, in that sense, is particularly damaging when it comes to the child, since the child needs family, school, and social ties to ensure his or her healthy development. Non adherence to treatment has been associated with a higher rate of medical consultations and hospitalizations, with increased length of hospitalization, with serious repercussions, including economic ones, for the family and the hospital.

Playing as a privileged strategy for coping with stress of hospitalization (Gearing & Milan, 2005; Kirchner ; Lör & Guimarães, 2012). Its therapeutic value has been confirmed with hospitalized pediatric populations, such as young children with leukemia in paediatric wards (Garipey & Howe, 2003), or with children with burns (Azevedo, 2013).

Support to the family increases treatment compliance and decreases the length of hospitalization, which is good for everyone, including the hospital.

#### **IV. Toy Libraries and their Importance to Play and Health**

The recognition of the importance of Play to Health was responsible for the emergence and expansion of a large number of toy libraries in healthcare environments worldwide. Playing in hospital toy libraries provides support not only for hospitalized children and adolescents, but also for their families, which also need support because they undergo a tense situation, including the need for moving houses and changing family and work routines, often facing situations that exceed their financial limitations.

Toy libraries have expanded progressively throughout the world both in number and diversity (Oliveira, 2011). Data relating to Brazil in 2010 ( Kishimoto, 2011) revealed a total of 565 units, a reduced number when compared to other countries, such as 1,700 toy libraries in China, 1,700 in Britain, and 1,000 in France. Of these 565 Brazilian toy libraries, 109 were in hospitals.

The Group of European Toy Libraries (ETL) was created in 1996 in Zurich, Switzerland. Since then, more than 20 countries have joined it (Fuchs, 2011; Atkinson, 2011). European toy libraries were among the pioneers in the use of multi-sensory environments for players with disabilities. Some of them have special and adapted toys and also work for the inclusion of their members into society. ETL worked with the International Play Association in the Global Consultation on Article 31 of the Children's Rights adopted by most governments, which states that every child has the right to play and to join in cultural, artistic, and recreational activities.

Scandinavia has a long history of toy libraries associated with Health and Education. In Oslo, Norway, the first toy library was established in 1969, organized by the Mental Barnehjelp Association for Assistance to Children with Mental Disabilities. Many of the toy libraries are located in special schools or hospitals, and they are connected to medical care units to provide special attention to early stimulation, but they also provide services for all age groups, from babies to elderly adults, showing concern for the family. Toy libraries that are not located in hospitals also welcome temporarily disabled children (e.g. with a leg cast) and children suffering from chronic diseases, such as asthma or allergies, situations in which playing with other children is normally avoided. Professionals and institutions related to Health and Education can borrow toys from toy libraries. Many of the Norwegian toy libraries are centers of reference and guidance on the dissemination of medical centers and education on the importance of play to physical and mental health. They also work as an archive, continually replenished with play material (Bjorck-Åkesson & Brodin, 1991).

It is recommended that many Swedish toy libraries aimed at children with special needs to first see the children at play, and then consider their illness, impairment, or disability. They provide individualized guidance and strive to offer children and parent a sense of being part of the activities (belonging), as well as a sense of competence and value. Swedish hospitals have well-equipped and operational toy libraries. A historical study that focuses on the Lekotek (toy library) presents it as a resource center for handicapped children and their families, where toys and playing stimulate developmental progress and promote positive interaction between parent and child (Sinker, 1985).

In France, the National Association, ALF, organized a Pledge on Toy Libraries which naturally includes hospitals. It comprehends 11 broad themes: Ethics; Projects; Partnerships in the public and private field; Types of Service; Places; Games/Toys; Operation; Audience(s); Communication. In a clear and didactic way, each item provides specific guidance on the proper development of a toy library. ALF also focuses on the importance of play in supporting the parental role in hospital toy libraries (Lucot, 2011; Dupraz, 2005). In France, significant public financial support and private recognition of toy libraries are observed.

In Japan, toy library activities for children with disabilities were first introduced in Osaka in 1975. Their expansion arose from three areas: the strong need of mothers with babies and children with disabilities; the importance of improving the quality of life (QOL) of children with disabilities; and support from governmental and non-governmental organizations (Minejima; Matsuyama; Matsubara & Yamada, 2011).

According to Minejima (2011), a pediatrician working for the National Rehabilitation Center (JNCTL) for Children with Disabilities in Tokyo and who is

also the Coordinator of the Japanese National Council of Toy Libraries, the first toy library opened in Japan was staffed by volunteers, targeted at children with special needs, seeking to create a space where they could freely play with their parents, chat, and relax. The support from JNCTL from the beginning has been instrumental in increasing the number of toy libraries, including hospital ones. Lending toys to children, with or without any particular problem, and the growing number of mobile and roaming toy libraries where the toy meets the child, wherever she or he is, have been maintained. The child is instructed to take good care of the toy and to return it in good condition. As we can see, these experiences play a reversal role in which the child is not the only one who is cared for, but rather, is the one who cares, protects, and takes responsibility for something the child wants, because he or she knows the toy will be shared with other children. In a process of searching for and recovering of health, self-esteem is essential, and this experience contributes decisively to strengthen the self-image and the sociability of the child. Toy library activities in Japan also supported the victims of the disaster in March 2011, when the big earthquake and tsunami hit the East of the country. Kids from the devastated area were visited with toys and given joy of play. This dramatic experience clearly shows the importance of Playing in Life.

Regarding taking care of the toys, an empirical study carried out in New Zealand (Ozanne & Ballantine, 2010) confirms that surveyed consumers find evidence that sharing may be one possible alternative market structure that may be adopted by anti-consumers. As we can see, this study also shows the social and economic learning that toy libraries favor by enabling and encouraging community use of games and toys.

The Children's Play Association, known also as Playwright, is an institution that supports hospitals regarding the implementation and operation of toy libraries in Hong Kong (Fun, 2005). This organization helps children under medical care and helps their families to support and cope with their children's illness and treatment, as well as it encourages them to play and to have fun. The Direct Hospital Play Service gives children undergoing medical treatment individual care and provides play activities according to their needs, which includes psychological preparation to deal with medical procedures and the use of games to entertain the kids and to teach them some skills on how to better deal with stressful situations, thus facilitating the acceptance of treatment and relieving pain and anxiety.

Playwright seeks to encourage hospitalized patients or outpatients to express their feelings towards the disease, as well as the right to acquire medical knowledge regarding their problems. It also enables the children to make use of different toys and games according to their development and needs. It provides appropriate activities in order to maintain their normal physical and mental development, while enjoying the pleasure of playing. Regarding Education and Prevention, Hospital

Play Specialists offer training in playing to hospital staff and volunteers, organize guided tours for preschool children of children's hospitals, and encourage them to demonstrate care for hospitalized children. Regarding Community Service Playing, taking into consideration that patients with chronic physical diseases may also be mentally affected by their illnesses, it provides many services, activities, and events, such as recreational workshops, Play Days, and special events, such as the one for children with epilepsy, helping them through play to better understand their problem, deal with it, and share the play with other children.

In Nigeria and sub-Saharan Africa, hospital toy libraries are also expanding and diversifying their field of action (Ayede, 2005). The Ibadan Children's Hospital Toy Library works in association with the nursing psychotherapist and the physiotherapy sector. Despite its short existence, it has already registered a satisfactory record with great acceptance by the children, lending toys that mothers cannot afford.

From South Africa, Lengwati and Moumakwa (2005) reported the experience of a toy library for children affected with HIV/AIDS. The destructive social impact that this disease has caused affects a large number of young children whose parents prematurely died and left them unprotected. Bearing this in mind, volunteers created the first toy library with the financial support of a multinational company which also meets the educational needs of the children. This experience of a toy library aimed at children with HIV/AIDS shows a shift from the hospital to the community to support sick children. It also makes the toy library not only a place, but actually a part of their day-to-day lives. This experience highlights the importance of play, not only to deal with the disease itself, which would already be of immense value, but also enables them to deal with the large and irrecoverable losses incurred by such young children.

Morrison (2011), also from South Africa, emphasizes the role and structure of the Active Learning Toy Libraries in developing countries, underscoring their importance for early stimulation and acquisition of skills and concepts through playing experiences that provide learning and healthy habits.

As we can observe, the history of toy libraries for the benefit of health has shown, since its beginning, concern for social and cultural insertion of the children, as well as support given the families and the importance of parents playing with their children.

#### **IV. Brazilian experience with toy libraries**

The importance of play has been progressively recognized in the public health sectors in São Paulo, a city with over 11 million inhabitants in 2014 (<http://www.prefeitura.sp.gov.br>). The Municipal Department of Health has developed the project "Playing is a Serious Thing - Transformation and Re-Significance of

Health Spaces”, through health toy libraries, currently distributed in Hospitals, Basic Health Units, Basic Units of Mental Health, Emergency Care Units, Psychosocial Care Centers, Outpatient Specialty, Social and Cooperative Centers, Specialized Care Services, Social Centers, and Cooperative Specialty Clinics. These various units focused on health are regarded as a major social support by population. They can count on occupational therapists, psychologists, and social workers which serve from patients with mental health problems to people in the community in general. They also have workshop instructors who offer courses, including subjects that teach families how to generate income, besides keeping them in contact with the schools of the children who attend these units.

Due to its extension, this data does not include hospital toy libraries in public or private universities located in the city of São Paulo, neither in institutes directed to specific sectors or health issues which require further studies, since there is evidence of a considerable number of them, as well as of their great contribution to prevention, maintenance, and restoration of children’s health.

Toy libraries as a therapeutic support for children and adolescents at the Pediatric Oncology Institute, IOP, are linked to the Federal University of São Paulo, UNIFESP, and work in an investigative project with the National Institute of Health, NIH. These toy libraries are run by the hospital group of support for toy libraries for children and adolescents with cancer, GRAACC, which has a partnership with a private sponsor responsible for their high level. They offer therapeutic support and search for the comprehensive development of patients, the recovery of self-esteem and confidence, and through complementary activities, extend support for families and caregivers. Currently, the hospital complex is expanding its play environments to other areas, such as Chemotherapy, Physiotherapy, Bone Marrow Transplantation, Occupational Therapy, and Home support, always giving attention to the family members who accompany children and adolescents.

Among its goals, it aims at providing multidisciplinary and social support, including for low-income families, in order to ensure access and adherence to treatment. Its objectives are to integrate the family during play. In this sense, it has several features that directly or indirectly support the families such as: Social Services, which have the role of advising patients and families about their rights and duties; the Multidisciplinary Care Clinic Outpatient Treatment, which, in addition to curing, cares for the quality of life of children and adolescents, for the right to play, and for off-treatment, including the resumption of school and social activities of former patients, with a multidisciplinary team; the Mobile School, which keeps children and adolescents involved in school activities from elementary school to university, with many classes held at the toy library; and partnerships with non-

governmental organizations, whose mission is to humanize hospital care through art workshops, music, and other activities promoting their adherence to treatment.

The growing interest in studies on play and health identified the need for systemizing data in a historical perspective. In this sense, a study was aimed at surveying the academic scientific production on this topic from 1998 to 2007 (Oliveira, 2012). It focused on three Universities of São Paulo: the University of São Paulo, the Pontifical Catholic University, and the Methodist University. The overall production revealed a growing trend in relation to Playing as Play and Health, with significant expansion in the studies focused on Health. The areas of knowledge show diversity which points out the great theoretical and technical interest that Play and Health has been gaining. Regarding methodology, a greater percentage of qualitative studies has been observed, followed by quantitative, then by qualitative/quantitative. It has also shown low levels of academic publications.

## **V. Conclusion**

The research and experience reported above demonstrate the great theoretical and practical recognition of Play to prevent, maintain, and restore health. In this sense, toy libraries are internationally expanding and diversifying in public and private environments. This expansion also shows an increasing concern for disadvantaged socioeconomic environments, which demonstrates the understanding that Health needs, first of all, basic care, food-related safety, hygiene, and wellbeing. In regard to toy libraries, studies have also shown a great support to families, including the hospitalization processes contributing to treatment adherence. By prioritizing free and spontaneous Play, toy libraries, as recommended by the International Toy Library Association, create conditions for greater expression of feelings and emotions, so important to ease problems highly present in poor states of health.

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