

SECTION 6: OTHER PAEDIATRIC FACILITIES

SUMMARY OF CONCEPTS

The majority of families seem to be able to take advantage of live-in arrangements and unrestricted visiting. A family's ability to utilise unrestricted visiting will be affected by: single parent family structures; siblings with special needs; inadequate child care; work and financial commitments; long distances from hospitals and the health of the parents.

A major source of stress for children is the absence of a trusting personal relationship with at least one care-giver who is frequently and regularly available (Robertson & Robertson, 1989; Wolfer & Visintainer, 1975). This is particularly true when parents cannot be with their children and when children come in contact with a large number of different hospital staff.

If a consistent care-giver is available to a child, and a supportive relationship develops, the stress of separation will be greatly reduced. Support from a consistent care-giver may be expressed in a number of ways:

- assurance, empathy and support before and after or during health care events
- expression of natural warmth and sensitivity, similar to a parent, which differs from the prescribed roles of hospital staff
- providing accurate, understandable information in developmentally appropriate ways
- communicating interest in the child's welfare
- engaging the child in play activities
- providing support and more personal, non-medical information to the parents and other family members (Gaynard et al., 1990)

Often another family member or friend can fill in for a parent, but if this is not possible, alternative arrangements should be offered by the hospital. Robertson (1985) suggests that a lay foster mother should be available to every unaccompanied child so that contact with one consistent person, taking the mother's role, can be maintained.

Based on this concept, some Australian and overseas hospitals operate highly successful volunteer programmes, sometimes known as the 'Granny Scheme' (Dunbar, 1990; Tedeschi, 1988; Lodge, 1988). Carefully selected volunteers work in conjunction with the Social Work Department and become the companion of one child over the duration of their hospital stay, or as required.

A compromise to this highly committed and organised programme is to designate a particular staff member as the special 'guardian', who spends extra time with an unaccompanied child and attempts to build a supportive relationship. Play Leaders or Diversional Therapists are well suited for this task.

Ideally, such arrangements for times when parents cannot be with their children should be made prior to admission or as soon as the situation arises. Some parents may need to be made aware of the importance and value of such a 'parent substitute'. The volunteer should always be introduced to the parents first and then to the child. The final decision to have a substitute support person should rest with the parents not the hospital (Lodge, 1988).

Selection of volunteers requires careful consideration. It was found that well selected 'grannies' did not require a great deal of 'training' apart from orientation to the ward environment and the hospital. It is important that the volunteers feel accepted and supported in their role by hospital staff. The social work department may provide structured opportunities for support and debriefing for volunteers (Lodge, 1988).

Often simple ways of normalising the ward environment can help to make children feel less threatened and more at ease.

Access to a telephone and being able to receive phone calls reduces feelings of isolation from friends and family members, especially for older children and teens.

Being able to dress in their own pyjamas and day clothes can make a big difference to children of all ages and may help to avoid distress upon admission. If for certain medical conditions hospital clothes must be worn, these clothes should be attractive, age appropriate and well-fitting.

When children are allowed to personalise their own bed with photographs or drawings and can bring a favourite toy, it helps to make them feel more 'at home' and secure. It also provides a focus for interacting with the child.

Serving meals in a separate dining area, rather than in bed, can make mealtimes an enjoyable social occasion. Food should be presented in an appealing form and in appropriately-sized portions for each child.

Personalised information sheets especially for young or disabled children or for children with limited understanding of the English language, should be compiled on admission. Information such as food likes and dislikes, sleeping patterns and habits, or special family vocabulary may help to prevent distress when parents are absent.

SURVEY RESULTS

- ✦ 30.4 % (N=77) of hospitals indicated that they make special arrangements for children whose parents cannot visit them regularly or at all. Few of these arrangements seem to be following a specific policy or formally organised procedure. It seems that generally, efforts are made to encourage other family members to visit the child, or various community resources are sought for assistance. Often nursing and other staff or hospital volunteers seem to pay special attention to these children. In some cases the social worker becomes involved.

- ✦ A number of hospitals indicated that the need for special arrangements has never or rarely arisen. This may be a good indication that most children have a parent or family member with them for most of the time.

It is also possible that the need for such arrangements is under-estimated. It may be perceived as acceptable that working parents only visit for a few hours in the evening. However, some children would benefit from visits from a consistent care-giver during the day to complement parents visits at night.

- ✦ 6 hospitals (4%) run a fully organised Granny Scheme with a volunteer taking the role of the parent on a continuous basis for as long as required. This includes 2 paediatric hospitals.
- ✦ 33 hospitals (13.0%) have indicated that they arrange an alternative care scheme for unaccompanied children. However, from a number of comments it became apparent that this does not in all cases mean that consistent regular contact with the child is assigned to one person, but that it may involve whoever is available to spend extra time with the child.
- ✦ Special arrangements which help to normalise the hospital environment and care for children are summarized in Table 3.
- ✦ The majority of hospitals surveyed permit children to use the phone. However, a number of respondents commented that only the ward phone is available and that permission was given in 'certain cases', or if a child is upset. 19 (7.5%) hospitals indicated that as a rule phone contact was not available.
- ✦ 43.1% of hospitals indicated that they did not have the facilities to provide a separate meals area for children.

Table 3: Special Arrangements

	Number of Hospitals	%
Receive phone calls	226	89.0
Make phone calls	204	80.6
Personal information sheets	243	96.0
Children can wear their own pyjamas or clothes	240	94.9
Children can personalise their beds	241	95.3
Separate meal areas	144	56.9

Special Needs of Disabled Children

Children with long term physical and /or mental disabilities are particularly vulnerable to the stresses of hospitalisation. Special skills, facilities and resources are required to meet the specific individual needs of these children, and to facilitate and continue their development.

A separate policy relating to the care of the child with a long term disability in hospital was developed by AWCH in 1986.

As mentioned earlier, due to its complexity this topic was not addressed in detail in the present survey. However, it was asked whether difficulties were encountered in caring for disabled children.

- ✦ 62 hospitals (24.5%), including 1 paediatric hospital, reported difficulties in caring for children with special needs.
- ✦ Of these 62 hospitals:
 - 70.9% (N=44) experienced difficulties due to staffing
 - 58.1% (N=36) due to facilities
 - 37.9% (N=23) due to both staffing and facilities
- ✦ Other concerns expressed related to staff expertise, lack of special equipment and lack of play facilities.