

Section 1

Separate Paediatric and Adolescent Facilities

Hospitalisation of a child disrupts the normal flow of family life. To best fulfil hospitalised children's needs, it is important to consider their psychosocial, as well as physical, needs. The process of humanising the hospital experience for parent and child has been going on for some decades (Johnson, 1992). Surroundings that are welcoming, comforting and supportive may assist in treatment and recovery (Olds, 1988). Well-designed and decorated ward environments and treatment rooms help children and parents to feel more comfortable and relaxed and to gain a sense of belonging and control.

Nurses trained and experienced in paediatrics are an essential component of any children's ward and children and young people also need appropriate facilities. Their relative physical and emotional immaturity in comparison with adults has implications for both the treatment they receive, and the physical environment in which they receive it (Bristol Inquiry, 2001). The physical environment of the hospital should therefore be appropriate to the age of its users. The need for special facilities for children and young people applies to all areas of the hospital environment, including Accident and Emergency, Outpatient Units, Intensive Care Units and in-patient wards (Audit Commission, 1993).

Children need the stimulus of other children. Adequate play and educational facilities are necessary to give children the opportunity to carry on with as normal a life as possible. Accommodating their parents and possibly

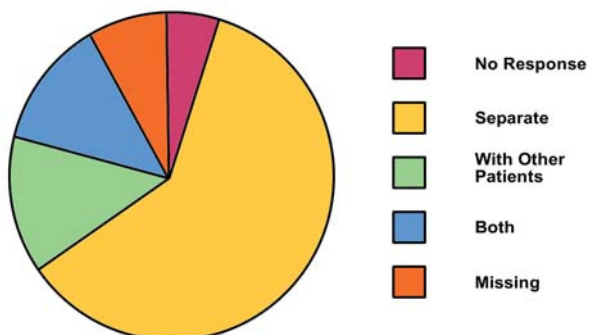
siblings may also be required. A properly designed and organised children's ward can fulfil these needs.

Just as children and young people differ from adults in terms of their physiological, psychological, intellectual and emotional development, so too do they differ in their health care needs (Bristol Inquiry, 2001). Children require a different nursing style to that of adult patients (Laurent, 1990). Children's wards are not only essential to cater for the specific needs of children; they are also necessary to avoid having to nurse adults and children together. Children can be noisy and demanding, and their behaviour may intrude upon adolescent and adult patients' privacy. Age-appropriate facilities are needed for children, adolescents and adults and there is a strong case for separate wards based on the varying requirements of different age groups (Lindquist, 1985).

Survey results

As indicated in the figure below, 65% of hospitals maintain that all children are looked after in wards separate from adults. A number of hospitals indicated that children may be housed either in separate wards or with other patients (11.5%), and 18% stated that children are placed amongst other patients. A small number of hospitals indicated that they do not have separate wards or areas for paediatric patients at all (5.5%).

Children Separate From Adults



The maximum and minimum ages of patients admitted to paediatric beds varies greatly from hospital to hospital. Whereas most hospitals accept babies of any age, many hospitals admit patients up to the age of 21 on adult wards. The most common minimum age (mode) is 0 (post discharge after birth) and the most common maximum age is 16. The average maximum age is 15.5 years.

concerns about body image and functioning. Guidelines prepared in England (NAWCH, 1990) outlining requirements of adolescent units include the provision of smaller units with bathrooms and toilets designed to provide adequate privacy for this impressionable age group. Other facilities recommended include parent accommodation, school and reading rooms, areas for noisy and social activities and kitchen facilities for preparing snacks and drinks.

Ward Decoration	1992	2004	Difference	% change
Décor inadequate	9.9	46.5	36.6	369.70
Could be better	41.1	36.8	-4.3	-10.46
Adequate	49	16.8	-32.2	-65.71

Day Surgery

Over half of the hospitals surveyed (55.3%) reported having a day surgery ward used by paediatric patients.

Ward Decoration

The issue of ward decoration was addressed with 46.5% of respondents describing their ward décor as inadequate, 36.8% as adequate but could be better, and only 16.8% as adequate.

Adolescent Needs

The establishment of adolescent units, either as a special part of, or separate from, the paediatric ward, has been advocated for many years (Hofman, Becker & Gabriel, 1976; Lindheim, Glaser & Coffin, 1972; Great Britain Ministry of Health, 1959). Adolescent patients have expressed dissatisfaction with the psychological atmosphere and ward rules when placed in a paediatric ward with much younger children or in a ward with adults. They prefer to be in separate adolescent units where rules and the environment are more age appropriate (Louis & Lovejoy, 1975; Rigg & Fisher, 1971).

As the needs of adolescents are very different from those of young children and adults, the ward environment is of particular importance to this age group (White, 1993). As a unique group, adolescents fit neither into the category of child or adult. Hospitals frequently struggle with the appropriate placement of young people. Outside of hospital, adolescents have distinct needs for privacy, autonomy, independence and peer support. When adolescents come into hospital, these needs are often intensified by anxieties related to illness, together with fears of death, and

Differing skills, knowledge and understanding are required from those staff who care mostly for adults. It is preferable that medical and nursing staff have a particular interest in adolescents and possess the appropriate skills to respond with sensitivity to this unique patient group. It is recommended that all staff coming into contact with adolescents are aware of the distinct emotional and social needs of this age group. The Audit Commission (1993) indicates that there is scope for an increased awareness of the needs of adolescents amongst staff who deal with them.

As adolescents grow towards maturity, they are more able to participate, to varying degrees, in their treatment process (Bristol Inquiry, 2001). Adolescent patients want to be informed about their condition in order to adequately prepare for treatments, and they should be furnished with clear information regarding the adolescent unit's guidelines and rules. Independence should be fostered in young people and they should be encouraged to participate in treatment discussions and decisions whenever possible.

A major cause of hospitalisation for adolescents is injury (NSW Health Department, 1990), often with long-term physical and emotional consequences. When the normal developmental needs of adolescents are hindered by the complications and difficulties associated with hospitalisation, high levels of stress can result. Prolonged, unmanaged stress increases the risk of mental health problems (e.g., due to feelings of helplessness) and should be addressed using recreation programs designed to minimise this stress (White, 1993). In an environment where their emotional, social and educational needs

are understood and met, adolescent patients can adjust more effectively to their illness or injury, maintain self-esteem and self-efficacy, and be more likely to cooperate with hospital routines and treatments. This may not only affect their current recovery, but also their attitudes towards health care in the future.

To meet the needs of all age groups, the ideal situation is to provide separate facilities for adolescents, children and adults, without the need to share facilities. All hospitals should strive to achieve this.

Results

Almost two thirds of hospitals (65%) now provide adolescents with separate wards, units or areas. Play and recreation facilities for this group are considered adequate by 42.1% of hospitals, whereas they are considered adequate for preschool aged children by 78.4% of respondents and adequate for school aged children by 67.4%.

Adolescents	1992	2004	Difference	% change
Separate Adolescent Units	12.3	65	52.7	428.46
Adequate Adolescents Play and Recreation	30.8	42.1	11.3	36.69
Adequate Play Pre-school	87.7	78.4	-9.3	-65.71
Adequate Play School Aged	79	67.4	-11.6	-65.71

Section 1 Recommendations

- Paediatric and adolescent patients should be cared for in spaces separate from adults
- Spaces in which paediatric and adolescent patients are cared for should be designed for children and young people, and include adequate facilities that take into account their differing developmental needs.



Children shall be cared for together with children who have the same developmental needs and shall not be admitted to adult wards. There should be no age restriction for visitors to children in hospital

Charter for Children in Hospital 1988

EACH

*European Association for Children in Hospital
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No one wants their child to have to go into hospital – whether it's for a serious illness or a minor injury. Any child having to attend hospital as a patient, for any reason, is a cause for concern for all parents, carers and relatives. And children themselves can find a hospital visit a daunting experience.

There's nothing we can do to completely take away these concerns but there is a lot we can do to improve the way hospitals care for children so they can get on with the important business of childhood and growing up. That means designing hospital services for children from the child's point of view.

Child-friendly hospitals recognise that children are not the same as adults. And that's why we are now publishing the Children's National Service Framework standard for hospital services.

Alan Milburn

Secretary of State for Health, United Kingdom

Getting the right start:

National Service Framework for Children

Standard for Hospital Service