

SECTION 13

Hospital/Community Liaison

Over the years, the shortcomings of focusing exclusively on a child's physiological complaint have been recognised in paediatric health care. In addition, consideration of the child's emotional well-being and the importance of family involvement has evolved (Small, 2002).

Efforts have been made to reduce the psychological impact of hospitalisation by decreasing the duration of a child's stay in hospital. Where children were once kept in hospital for weeks or months, the trend is now towards day surgery and community support after discharge. Continuing support in the form of outpatient visits, telephone support and home nursing mean that children can return to family life sooner.

Family members provide the bulk of daily nursing care, and family-centred care has the potential to reduce health care costs by redirecting resources into more preventive, coordinated and community-based services (The ACCH Advocate, 1994). However, family stress can result from the increased demands placed upon the family by caring for children at home, particularly chronically ill or disabled children. Social and community support, such as providing respite and home-based care for those in need, can alleviate the stress of long-term caregiving (The ACCH Advocate, 1994).

In the United States, the vast majority of children receive health care in community-based, primary care offices and clinics (Wasserman et al., 1998), and there is a move towards organising relevant services that focus on children's needs, rather than the provider's needs. However, full integration is still some time off (Bristol Inquiry, 2001).

Support groups

Children are at an especially high risk of experiencing coping difficulties when their parents are suffering emotional stress, anxiety and depression (Melnyk, 2000). Loneliness and isolation are key manifestations of hospitalisation for both adults and children (Small, 2002). While families need accurate information and extensive involvement in their child's care, they also need comprehensive support in adjusting to their child's illness (Stepanek, 1996). As a complement to professional support, family-to-family support can be encouraged by hospital staff, and groups may utilise an experienced parent or a professional as their facilitator. Contact with other families, such as veterans of the hospital experience, may help

to reduce isolation and create social networks of parents with similar experiences. Through these networks, families can gain reciprocal support, develop friendships, gather and share information and explore ways of improving the quality of care for their child. Support also encourages a better understanding of the child's illness, and improved coping with the stresses of the situation.

There is evidence that suggests children need guidance, support and encouragement, and it is important that children find opportunities to express their feelings and fears in a supported manner (White, 1993). Having a chronically ill sibling is potentially one of the most stressful events experienced by children. Therefore, both the child patient and their siblings can benefit from hospital-run support groups. Support both in and out of the hospital environment in terms of community assistance, respite care and support programs go some way to meeting the psychosocial needs of parents, children and families.

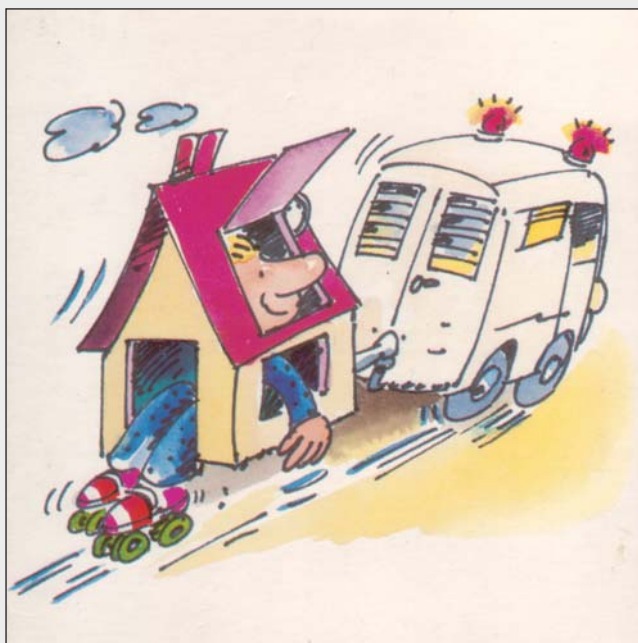
Survey results

A formal 'home care program' for children with special health needs is provided by 18.5% of hospitals. Of all hospitals surveyed, 10.7% offer home-based physical, occupational or respiratory therapy, 16.2% offer in-home nursing services, 7.1% offer physician overview, 8.6% offer social services, 10.2% offer counselling and 12.2% provide nutrition services.

Emergency respite care for families with special health care needs is provided by 51.3% of hospitals, with planned respite care available to these families in 36% of facilities. Hospice care for paediatric patients is provided by 25.4% of hospitals and 20.8% provide, or have access to, recreational or educational camps for children with special health care needs.

Some mechanism for parent-to-parent support is provided by 19.3% of hospitals, with 3.6% having a paediatric patient support group and 2% having a sibling support group.

Insufficient data resulted in the inability to comment on these sections.



Children shall be admitted to hospital only if the care they require cannot be equally well provided at home or on a day basis.

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