Policy on the co-location of adults with children and adolescents in healthcare settings

14 May 2009

“Children and adolescents must be cared for on wards that are appropriate for their age and stage of development and must be physically separated from adult patients.” Australian Standards for the Care of Children and Adolescents in Health Services, 2008.

“Accommodation for children shall be separate from that provided for adults, and where possible, separate accommodations shall be available for young people.” New Zealand Standards for the Wellbeing of Children and Adolescents Receiving Healthcare, 2004
About the RACP

The Royal Australasian College of Physicians (RACP) is the professional organisation responsible for the training, assessment and ongoing professional development of consultant physicians and paediatricians in Australia and New Zealand.

The RACP comprises over 10,000 Fellows. Membership comprises Fellows of the College in its Divisions of Adult Medicine and Paediatrics & Child Health, Fellows of its Faculties (Public Health Medicine, Rehabilitation Medicine, Occupational Medicine and Intensive Care Medicine) and Fellows of its Chapters (Palliative Medicine, Addiction Medicine and Sexual Health Medicine). In addition, the RACP encompasses numerous Specialty Societies that represent the spectrum of practice in Internal Medicine and Paediatrics across 23 subspecialties.

This policy has been developed by the RACP’s Paediatrics & Child Health Division.

Paediatrics & Child Health Division, RACP
145 Macquarie Street
Sydney, New South Wales 2000, Australia
Tel +612 9256 5409, Fax +612 9256 5465
Website: www.racp.edu.au
Acknowledgements

The College would like to acknowledge the following individuals who contributed to the policy document:

**Working Group**

Dr Sharon Goldfeld FRACP – Chair

Dr Nick Baker FRACP
*Past President, Paediatric Society of New Zealand*

Dr Sean Beggs FRACP

Mr Colin Borg
*Senior Executive Officer, RACP, Paediatrics & Child Health Division*

Ms Nikki Brown
*Australian College of Children and Young People’s Nurses*

Ms Elizabeth Chatham
*Chief Executive Officer, Children’s Hospitals Australasia (from late 2008)*

Dr Katrina Doyle FRACP

Dr Peter Goss FRACP

Ms Sue Hawes
*Association for the Wellbeing of Children in Healthcare*

Dr Melissa Hill
*Senior Research Officer, RACP*

Ms Joanna Holt
*Chief Executive Officer, Children’s Hospitals Australasia (until late 2008)*

Dr Pam Jackson FRACP

Professor Kate Steinbeck FRACP
*Endocrinology & Adolescent Medicine*
Table of Contents

About the RACP ............................................................................................................... 2
Acknowledgements ........................................................................................................... 3

Summary ........................................................................................................................... 5

Recommendations ............................................................................................................. 6

Glossary ............................................................................................................................... 7

Key resources for guidance on child and adolescent healthcare ................................. 7

Implementation .................................................................................................................. 7

1. Introduction ................................................................................................................... 9

2. Children and adolescents have unique healthcare needs ........................................ 10

3. Children and adolescents are uniquely vulnerable .................................................. 12

4. Addressing the needs of children and adolescents in health services ..................... 13
   4.1 Children and young adolescents must be accommodated separately to adults in all
   areas of the health service .............................................................................................. 13
   4.2 Developmental age must be considered when deciding where best to accommodate
   children and adolescents .............................................................................................. 13
   4.3 Children and adolescents need care from specialised staff ........................................ 14
   4.4 Supporting family-centred care ................................................................................ 14
   4.5 Psychosocial aspects, including play, education and recreation ............................... 14
   4.6 Creating child- and adolescent-friendly environments in all areas of the health service .... 15
   4.7 Specific issues for adolescents ................................................................................ 16

5. Review and monitoring of health services .................................................................. 16
   5.1 The role of standards and guidelines in child and adolescent health care ............. 16
   5.2 Consultation on the planning and development of new facilities ............................. 17

References .......................................................................................................................... 18
Summary

Children and adolescents make up a significant proportion of the people who require hospital care each year in Australia and New Zealand. Children/adolescents and their parents, carers and families can all find that time spent in hospital is overwhelming and stressful. Wherever possible, it is preferable to minimise separation of children and young people from their families and their communities. Health services that are child and family friendly can do much to improve the experiences of children and adolescents in hospital.

The medical and psychosocial needs of children and adolescents differ from those of adults and this should be reflected in the care they receive in all our health services. The differences between children/adolescents and adults include the most basic of medical issues such as distinct physiology and anatomy. There are also differences in the types and range of diseases and disorders encountered and in the types of treatments and pain management strategies required. The psychosocial and support needs of children and adolescents, and significantly disabled young adults, also differ from those of adults and are highly dependent on age and stage of development. Consequently, there is a need for age-appropriate communication practices, involvement of parents and families in hospital care and facilities to support play or leisure activities and education. There may also be the need to separate children from adolescents in the paediatric health care setting to accommodate their different needs. It is important to recognise that children and adolescents are generally more vulnerable to intentional harm than most adults. In addition, children should not undergo prolonged stays in either general emergency departments or adult intensive care facilities where they may be exposed to distressing sights and sounds.

The accommodation of children and adolescents separately to adults in all areas of the health service where children and adolescents are cared for is central to ensuring that the unique healthcare needs of children and adolescents are met and risks of harm are minimised. Although this requirement is widely recognised, the co-location of children/adolescents and adults continues to be a common practice in health services throughout the world, including Australia and New Zealand. For this reason, it is important that child health professionals are strong advocates for making the accommodation of children and adolescents separately to adults a routine practice in all health services.

By accommodating children and adolescents in age appropriate areas it is possible to ensure that: children’s rights are acknowledged and respected, child and family friendly health service facilities are provided, equipment is the correct size and design, the most appropriately trained staff are available and children/adolescents are safe while they are in hospital.
Recommendations

• Health services (acute and long term) that care for both children/adolescents and adults must recognise that the medical and psychosocial needs of children and adolescents differ from those of adults. This should be reflected in the health services provision of effective, safe and high quality care by implementing the following core standards:
  o The rights of children and adolescents are upheld at all times and they and their families are always treated with respect, sensitivity and dignity.
  o Children and adolescents are cared for in a safe and appropriate physical environment that is designed, furnished and decorated to meet their needs and developmental age.
  o Children and adolescents are cared for utilising equipment that is specifically designed to meet their needs, size and developmental age.
  o Children and adolescents are cared for by staff specifically trained to meet their physical, psychosocial, developmental, communication and cultural needs.

• Children and young adolescents must be accommodated separately to adults in all areas of the health service to ensure that their unique needs are met and risks of harm are minimised.
  o Adult patients should not be accommodated in paediatric/adolescent areas.
  o Children and young adolescents should not be accommodated in adult wards.
  o Ideally, all adolescents should be admitted to a designated adolescent area. When admitting adolescents consideration should be give to their psychosocial history, relevant medical history and their suitability to be accommodated in either a paediatric or an adult ward. It is also important that the adolescents’ own wishes and preferences are taken into account.
  o The accommodation needs of significantly disabled young adults should be considered a special case. Consideration should be given to the developmental stage of the patient as well as the wishes of the family.
  o In specialised units generally for the longer term care of adults such as brain injury units, stroke units, spinal cord injury units and palliative care facilities, separate considerations and accommodation for the older adolescent are required.

• Hospitals and health services need to ensure that appropriate policies and guidelines are in place that refer specifically to the provision of services and facilities for the care of children and all adolescents. Policies and guidelines need to be supported by ongoing staff education.

• Regular audit, review and data collection is needed to ensure services are delivering the highest possible levels of care.

• The ability to meet the needs of children and adolescents in healthcare should form part of hospital accreditation process in Australia.

• Child and adolescent health professionals need to be strong advocates at local, regional and national levels to ensure that the accommodation of children and young adolescents separately to adults becomes routine practice in all health services.

• Prospective consultation with child and adolescent health professionals is essential, and wherever possible should include children, adolescents, their parents/carers and the local community, in all processes concerning hospital and health service facility upgrades, service development and planning. This will allow the specific needs of paediatric and adolescent patients to be considered and ensure that appropriate child and family friendly environments are produced.
Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child</td>
<td>In this policy document the term child refers to someone aged between 0 and 12 years of age.</td>
</tr>
<tr>
<td>Adolescent/young adolescent</td>
<td>In this policy document the term adolescent refers to someone aged between 12 and 18 years of age. We have used the term “young adolescent” to refer to someone aged between 12 and 16 years and the term “older adolescent” to refer to someone aged between 16 and 18 years.</td>
</tr>
<tr>
<td>Family-centred care</td>
<td>An approach to the planning, delivery, and evaluation of healthcare that is grounded in mutually beneficial partnerships among healthcare patients, families, and providers.</td>
</tr>
<tr>
<td>Therapeutic play</td>
<td>Interventions or therapies in which the child's play is a medium for expression and communication.</td>
</tr>
<tr>
<td>Parent/carer</td>
<td>This term includes natural parents, step parents, adoptive and foster parents, as well single parents and appointed guardians.</td>
</tr>
<tr>
<td>Staff</td>
<td>All professional groups working in a hospital, such as all medical, nursing, therapeutic, psychosocial, and education professions.</td>
</tr>
</tbody>
</table>

Key resources for guidance on child and adolescent healthcare

- New Zealand’s health and disability sector standards for children and young people. (1)
- Australian standards for the care of children and adolescents in health services. (2)
- Getting the right start: National service framework for children standard for hospital services. (3)
- Guidelines for hospital-based child and adolescent care. (4)
- A recommended healthcare policy relating to children and their families. (5)
- Child friendly healthcare - a manual for health workers. (6)

Implementation

- **Australian standards for the care of children and adolescents in health services**
  This policy has been developed alongside these standards and the two should be used together. These standards were developed to be used with the ACHS Evaluation and Quality Improvement Program 4th edition (EQuIP 4) as an In-depth Review of health services that care for both children/adolescents and adults. EQuIP is the most widely used independent health care assessment and accreditation process in Australia.*

  *The Australian Standards for the Care of Children and Adolescents in Health Services have been submitted to the ACHS. These are currently under consideration.*
• **Audit tool**
  An audit tool has been developed based on the Standards for the care of children and adolescents in health services that can be used by health services to measure their services against the Standards. This may be particularly valuable for those not involved in the EQuIP accreditation.

• **Standards New Zealand. New Zealand Handbook: Health and Disability Sector Standards (Children and Young People) Audit Workbook. 2004.**
  Many services started to use this workbook for voluntary internal audit soon after release. It has also been influential in the planning of facilities for children and young people.

In 2007 the New Zealand Ministry of Health recommended that designated audit agencies use the workbook for the audit of paediatric services when they seek certification under the Health and Disability Services (Safety) Act 2001. Voluntary accreditation of healthcare facilities in New Zealand is mostly done using EQuIP 4. It is hoped that the production of this document will add momentum to the process of embedding more child and youth specific audit tools in the process of certification and accreditation.
1. Introduction

A large number of children and adolescents will require hospital care each year in Australia and New Zealand. Analysis of data collected in 2006-2007 indicated that children and young people (0-24 years) in Australia account for over one million hospital admissions annually and represent 14% of all hospital admissions. (8) The 2006-2007 New Zealand Health Survey gathered information from 4921 children aged from birth to 14 years. (9) This study found that one in 12 children (8.2%) had used an emergency department at a public hospital in the previous 12 months, and one in five (18.2%) had used a service other than an emergency department at a public hospital.

The demand on paediatric and adolescent services will continue to increase in Australia for a number of reasons. Over the past decade there has been an increase in the fertility rate of Australian women in all States and Territories. (10) This is the first time the birthrate has risen since 1901. The rates of live preterm births (less than 37 completed weeks of gestation) have also risen with the proportion of all women having a live preterm birth in Australia in the 10-year period of 1994–03 increasing by 12.1% (from 5.9% in 1994 to 6.6% in 2003). (11) More significantly, there has been an increase in prevalence of children and adolescents with chronic illness, including disabilities, and an increase in longer-term survival rates. These changes are likely to impact on families, education systems and health care services.

To ensure children and adolescents receive safe, high quality care during their time in hospital it is critical to recognise that: 1) the medical and psychosocial needs of children and adolescents are different to those of adults and 2) the unique healthcare needs of children and adolescents are best met if children and adolescents are accommodated separately to adults in developmental age-appropriate areas.

Separate accommodation for children/adolescents should not be limited to inpatient wards. The unique needs of children and adolescents must be considered to all areas of the health service, including: intensive care units (ICUs), emergency departments, day-care facilities, surgery and recovery, outpatients, waiting areas, ambulatory care, community health centres, child health centres, rehabilitation facilities, palliative care facilities and mental health units.

There are numerous potential risks arising from co-locating children/adolescents with adults in health services. These include:

- The rights of children and adolescents may not be understood or respected, including the right to be consulted and informed about their care and treatment using age appropriate communication and interpretation of healthcare events e.g. use of therapeutic play.
- Increased vulnerability to physical, psychological or sexual harm from other patients, staff or visitors.
- Compromises in quality of care for children/adolescents if care is provided by staff without education and training in the care and treatment of children and young people, or if the available equipment is inappropriate in size or design.
- Inadequate or inappropriate parent/carer and family support, involvement in care or provision for the needs of parents/carers staying with their child.
- Interruptions to normal development and the support of psychological well-being if opportunities for play, leisure and education are not provided.
- Unnecessary trauma from witnessing distressing sights and sounds.
- Unnecessary exposure to high risk-taking adult behaviours in some settings – e.g. Brain Injury Units and Spinal Cord Injury Units.
- Compromises in the care of children/adolescents when paediatric staff and resources are diverted to provide care for adult patients.
- Compromises in quality of care for adults if they are placed in a paediatric ward and staff are not experienced in caring for adults.
Compromises in quality of care for adults if sick adults are disturbed by either noisy children or the continued presence of the child’s or adolescent’s family, which is a key component of family-centred care.

Fifty years ago the Platt Report (1959) and the Australian Paediatric Association (1958) recommended that children have family-centred care in an environment separate from sick adult patients. Since this time there have been a number of significant reports recommending more developmentally appropriate healthcare for both children and adolescents. Accordingly, the differing needs of children/adolescents and adults are widely recognised and upheld in various health charters and standards. (3, 5, 12-14)

Despite this recognition, the co-location of children/adolescents and adults continues to be a common practice in health services in both Australia and New Zealand and throughout the world. (15-19) The 2005 AWCH national survey found that 35% of Australian hospitals did not routinely house children and adolescents separately from adults. (18) In addition, since 1992 there had been a drop of 30% in the number of separate paediatric beds available in health services accepting paediatric patients. (18) The 2004 Paediatric Society of New Zealand Scorecard in Child and Youth Health described child and youth health services in 21 District Health Boards (DHB). Although every DHB has a facility for children, co-location of children/adolescent with adults was routine in some DHBs. (19) This primarily occurred in smaller DHBs where there was pressure on beds. In larger DHBs it was noted, particularly with regard to surgical care, that in some hospitals the location of care was chosen because of the nature of the condition and convenience of the clinician rather than the age of the patient. (19)

In this policy document we discuss the unique healthcare needs of children and adolescents and offer recommendations for paediatricians, other child and adolescent health professionals, adult health professionals and hospital administrators to support optimal care practices. This document has drawn on the best available evidence from the research literature, published best practice guidelines and clinical experience. It has been developed alongside the Australian Standards for the Care of Children and Adolescents in Health Services (2) and should be used in conjunction with these standards.

This policy is underpinned by the The United Nations Convention on the Rights of the Child (UNCROC) (adopted by the General Assembly November 1989). (7) Articles particularly relevant to the healthcare of children and adolescents include:

**Article 3.3** States Parties shall ensure that the institutions, services and facilities responsible for the care or protection of children shall conform with the standards established by competent authorities, particularly in the areas of safety, health, in the number and suitability of their staff, as well as competent supervision.

**Article 9.1** States Parties shall ensure that a child shall not be separated from his or her parents against their will...

**Article 12.1** States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.

**Article 24.1** States Parties recognise the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health.

**Article 28** States Parties recognise the right of the child to education...

**Article 31** States Parties recognise the right of the child to rest and leisure, to engage in play and recreational activities appropriate to the age of the child...

### 2. Children and adolescents have unique healthcare needs

Children and adolescents differ from adults in many ways that can directly impact on their clinical care. Most obviously, they have different physiology and anatomy which will change as the child grows and develops. Children and adolescents also differ from adults in the types and range of diseases and disorders they have and the treatments they require. For
example, there are differences in advanced emergency life support techniques, physical examination, use of medicines, management during and after surgery, and the management of pain.

Medical care is not the only critical component of hospital care. Children and adolescents have unique psychosocial and social needs that will vary for each individual and be related to their age and stage of development. The needs of children and adolescents will also vary over the course of their hospital stay. In one small observational study looking at the needs of children in hospitals, 21 boys aged five months to 16 years were observed and the importance of everyday routine and access to family/carers was highlighted. (20)

Cultural sensitivity in health service delivery should be a priority for all health services and needs to extend to children and adolescents. The cultural beliefs and practices of all persons attending the health service must be respected and taken into consideration when providing care. A cultural safety framework should be in place to allow effective and respectful communication with Indigenous families and families from culturally and linguistically diverse (CALD) backgrounds.

Children and adolescents have unique communication requirements. Their information needs, their communication skills and their ability to choose and consent to treatment are different to those of adults. Communication must be appropriate for the child’s or adolescent’s developmental age and their individual skills in communication and understanding. At times this will require the use of special skills such as therapeutic play to help “interpret” healthcare into a “language” children can understand to reduce anxiety and increase involvement and comprehension. Children and adolescents have a right to be actively involved in decision-making about their care during treatment or hospitalisation. (7) They should be offered the opportunity to be consulted as partners in the process of information sharing and decision-making about their healthcare needs. Consequently, effective communication between health professionals and children/adolescents is extremely important. Children and adolescents need to be given information in a way they can understand, along with suitable choices, which will vary according to their age and stage of development. It is also important to be aware that cognitively mature adolescents have the right to make decisions relating to their own health and to maintain their privacy, including in respect to their parents/carers. (21)

Notably, research from the child’s perspective into how to best provide information, children’s understanding of hospital procedures and their requirements for information has been rare. In one qualitative study of 23 children aged 6-11 years, children were found to be not well informed and not participating fully in decision-making around diagnostic procedures. (22)

Young adults with significant disability are another special group with unique and individual psychosocial needs that may be more appropriately cared for in a children’s inpatient facility rather than automatically assigning them to an adult unit because of age. Consideration should be given to the developmental stage of the patient and the wishes of the family. Options available in adult and paediatric settings include access to individual nursing staff, allowing a parent/carer to play a more active role in ward care, and provision of a single room. In all instances, careful thought should be given to which ward is most able to provide additional personal care to young adults with significant disability.

The experiences children and adolescents have of healthcare, both as a patient and as a visitor, can have a lifelong impact on their attitudes to their own health and to healthcare services. It is important that children and adolescents receive an holistic assessment of their health needs and attitudes to healthcare. This can be associated with anticipatory guidance such as injury prevention, enhancing support particularly in the area of family stress and potential child abuse as well as assessing coverage of universal items, such as immunisation, dental care, family violence, usage of community providers, finding them a GP or well child provider. Health promotion for children and adolescents is receiving increasing attention with a focus on empowering children and young people to gain control of the many factors that influence their health and quality of life. (23)
3. Children and adolescents are uniquely vulnerable

The unique characteristics of children and adolescents mean that they have specific vulnerabilities in hospitals and patient safety risks that differ from those of adults. (24-26) Hospitalisation can have a major impact on children and adolescents. Some children can be particularly nervous and anxious about going to hospital (22) and will react to the anxiety of their parents. (27) Frightening or distressing experiences can have lasting effects on a child’s psychological development. Poor experiences with treatment or hospitalisation can also have a profound and enduring impact on a child or adolescent’s attitudes to healthcare services. Healthcare services that are child and family friendly can reduce unnecessary fear, anxiety and distress.

Patient safety risks for children and adolescents are different from those of adults. In one study, analysis of patient safety problems found several child-specific characteristics that had impacted upon patient safety. (28) These included physical characteristics, physical and emotional development and their status as minors which influenced decision making, confidentiality and supervision requirements. (28)

A child’s physical attributes, such as size, weight and morphology can make them uniquely vulnerable in hospitals.(29) Small size requires special skills from specialised staff, and the use of specifically designed equipment which is often more costly. Small size also requires extra caution and more time to carry out procedures such as obtaining specimens, inserting intravenous lines and performing surgery. Young children are more prone to rapid physical deterioration because of smaller physiological reserves and immature immune systems. (14)

Children’s and adolescents’ physical characteristics can also make them more susceptible to some adverse events in hospitals. (30) Children and adolescents are at higher risk of medication errors and adverse drug events due to their size, immature physiology and a reduced ability to metabolise drugs. (31) In addition, the child’s stage of development may mean they lack the communication skills or cognitive capacity to report any adverse effects they might be experiencing. Studies assessing the rates of medication errors in children and adolescents have found that although severe adverse events from medication errors are infrequent, serious potential medication errors occur three times more frequently in children than adults. (24, 32) Calculation of the correct dose is more difficult in children and adolescents than in adults, as incorporating weight or body surface into the calculation is critical. Accordingly, calculation errors have been found to be a major cause of prescribing errors in children (Reviewed in (31, 33)). Staff without specialised paediatric education and training may be unfamiliar with the issues surrounding medication use in children. Errors can be minimised if the staff prescribing, preparing and administering medication are familiar with the drug, its use in children and adolescents and the potential adverse effects. (34)

There are improved outcomes in terms of days in hospital, complications, cost, and long-term mortality and morbidity when children and adolescents are treated in developmentally appropriate settings by staff trained in, and dedicated to, their needs. For example, the importance of specialist paediatric care for children in intensive care units (ICUs) has been clearly demonstrated. Children looked after in specialist paediatric ICUs have a lower mortality rate than children cared for in mixed adult and paediatric units. (35) Costs were also lower with the number of ICU bed days spent in specialist paediatric ICUs was close to half that of the mixed unit. (35)

Finally, children and adolescents are more vulnerable to intentional harms such as physical and sexual abuse than many adults and will have a greater need for safeguarding during their stay in hospital. This is due to a number of factors which include lower overall security levels in general hospitals, as well as exposure to a greater number of adults and potential exposure to disturbed or cognitively impaired adult patients.
4. Addressing the needs of children and adolescents in health services

4.1 Children and young adolescents must be accommodated separately to adults in all areas of the health service

Central to ensuring that the unique healthcare needs of children and young adolescents are met and risks of harm are minimised is the accommodation of children and young adolescents separately to adults. The provision of age-appropriate accommodation should occur in all areas of the health service where children and young adolescents are cared for.

By accommodating children and young adolescents in age-appropriate areas it is possible to ensure that:

- Rights are acknowledged and respected.
- Child and family friendly health service facilities are provided.
- Equipment is the correct size and design.
- The most appropriately trained staff are available.
- Children/adolescents are safe while they are in hospital.

Limitations in hospital service funding and resources often drive the practice of accommodating children and young adolescents in the same wards as adults. Considerable forward planning is needed for health services to provide a separate physical area for accommodating unwell children and young adolescents. In many cases interim measures can be employed to maximise the separation of children and young adolescents from adults. Examples include: identifying and utilising existing structurally segregated areas to place children and young adolescents; identifying and utilising a hierarchy of patient spaces in order of least exposure of children and young adolescents to adult patients; and providing the best possible non-structural segregation possible where structural segregation is unavailable. There may also be exceptional circumstances such as infectious outbreaks, natural disasters or large motor vehicle accidents that could lead to hospitals being stretched to their limits, which could create a need to co-locate children and adolescents with adults. It is also acknowledged that there may be high complexity, low volume services that, due to small numbers, may need to also meet the needs of adults and younger children. In all of these cases policies and guidelines should be developed (informed by these situations) and be in place for when these circumstances arise to ensure the safety of children and adolescents remains a priority. This is particularly important as mixed gender bays are now an accepted aspect of care in many adult hospitals.

4.2 Developmental age must be considered when deciding where best to accommodate children and adolescents

The concept of developmental age, as opposed to chronological age, is important to consider when deciding where best to accommodate children and adolescents. Actual age is less important than the needs and preferences of the individual. Wherever possible children and adolescents should be cared for with others who share similar developmental needs. In many cases this is straightforward: infants should be cared for with other infants and children should be cared for with other children. For adolescents, it is important that they are admitted to the most developmentally appropriate area which is consistent with their best interests and wishes. Ideally this will be a designated adolescent area. When this is not possible, the admission of adolescents must take into account their psychosocial history, relevant medical history and their suitability to be accommodated in either a paediatric or an adult ward. There will be a need for flexibility in certain cases. For example, the social, emotional and medical needs of adolescents or young adults with a disability may be best served in a paediatric ward even though the patient is over the usual age limit. This will depend on the persons own wishes and preferences, the wishes of their family and the staff skills and facilities available within the health service and any current policies for the health facility. Similarly for adolescents requiring specialised longer term rehabilitation or palliative care in a designated unit (e.g. brain injury or spinal cord injury or life limiting illness) the
need for an adolescent unit within this setting or the use of a paediatric rehabilitation or palliative care facility needs to be carefully considered.

When designing new health services or planning changes consideration should be given to the design of paediatric and adolescent wards that allow for a separate area for adolescents. For example a transition bay aimed to facilitate and support child to adolescent transition could be created in the paediatric ward.

4.3 Children and adolescents need care from specialised staff

To provide high quality care for children and adolescents the employment of skilled staff and the provision of ongoing support and training are essential. Staff will need special training to recognise and meet the special health, psychological, developmental, communication and cultural needs of children and adolescents (3, 5, 12, 36). It is important that staff skills extend beyond the medical issues associated with caring for children and adolescents and include proficiency in psychosocial support and child/adolescent friendly communication procedures that are appropriate for the child’s developmental age. (23)

When older adolescents are being cared for in adult health services it is important that staff are given education and training on the developmental and psychosocial aspects of adolescent healthcare as this can do much to improve the adolescents’ experience in adult health care. (The Youth Consultancy is Sydney South West Area Health Services has internet training modules as well as providing in-servicing: www.sswahs.nsw.gov.au/SSWAHS/Youth/)

It has been reported that existing staffing levels and skill mixes are not always effective in children’s wards (37) and paediatric nurses are not necessarily employed in all areas of the hospital where children are cared for. (17) The AWCH report on psychosocial care of children and families in hospitals (18) found that less than 25% of nursing staff in children’s wards have relevant post-graduate education in child and adolescent nursing. Age specific nursing care plans can improve adolescent care in adult hospitals. (38)

4.4 Supporting family-centred care

Parents/carers and families play an important and unique role in hospital care, and health services need to facilitate family-centred care and parental partnerships with staff. Fundamental to this view is the need for services to be culturally safe and respectful to all children and adolescents and their families. Children and adolescents want and need their parents’ presence and support and most parents feel the need to continue to take an active role in their child’s or adolescent’s care in hospital. Parents are experts in their child’s or adolescent’s health and will have a critical role in supporting their child or adolescent and clinical staff by becoming directly involved in clinical care, care planning and decision making. Allowing parents to stay with their child or younger adolescent in hospital can have a positive impact on child and parent stress and increases the child’s coping ability. (39-44) Accordingly, health services must provide appropriate accommodation and facilities to allow parents and carers to stay nearby to their child or younger adolescent.

The relationship of children and adolescents with their parents gradually evolves and health services need to be alert to these changes. It is important to respect the developing maturity and independence of adolescents, and the changing relationship between them and their parents as they become more autonomous. This will vary between individuals and the circumstances surrounding their need for healthcare. The wishes of the child or adolescent should be used to guide an appropriate level of parental involvement in care.

4.5 Psychosocial aspects, including play, education and recreation

Wherever possible hospital care should reflect the continuation of a normal routine and this should be independent of the length of the hospital stay. Children and adolescents should have access to and be encouraged to participate in developmentally appropriate play and educational activities and programs. (5, 12) For adolescents, the importance to the young person of holding onto the normal aspects of their life while in hospital will impact on the experience of hospitalisation. (Refer 4.7)
Children have a basic need for play and therapeutic play can help them understand their treatment and assist in recovery. (45-47) Play is a way of helping the child to understand what is happening and provides a pathway for them to deal with a potentially frightening experience. For example, a randomised controlled trial design was utilised to investigate the effectiveness of therapeutic play for preparing younger children for surgery. (47) The children in the group who had their surgery explained to them through therapeutic play had lower anxiety than the control group. (47) Play can also act as the vehicle for communication between the child and the health professional and can be used as a way of involving children in making choices about the healthcare they receive.

There has been considerable research conducted into the effectiveness of therapeutic play. A recent meta-analysis of 93 controlled outcome studies looking at play therapy interventions in a variety of settings supports the efficacy of play therapy in assisting with various emotional and behavioural difficulties. (48) Moreover, in a review of 16 studies that specifically examined pretend play interventions in healthcare settings, Moore and Russ (45) found that play interventions were effective in inpatient and outpatient areas for preventing and reducing anxiety and distress. There is also some evidence to suggest that play interventions may be helpful in coping with pain and adapting to chronic illness. (45) The long term impact of play interventions on stress and anxiety is unclear and further research is needed to clarify this issue.

4.6 Creating child- and adolescent-friendly environments in all areas of the health service

Wherever possible children should be treated in child-only services. However some areas of the hospital will need to be able to accommodate both children, adolescents and adults at various times. These services should not be shared, but it may be practical for hospital design to have an area for child-only care, surrounded by a halo of facilities designed as child/adolescent friendly where children/adolescents can be cared for or if needed adults.

Physical separation between children and adolescents and adults is needed in all areas of the hospital where young people receive care. This will include waiting areas, surgery recovery and outpatient clinics as well as wards. The special requirements of children and adolescents also need to be considered in critical care areas such as emergency departments (49) and intensive care units (ICUs). (50) It is important that children and adolescents are protected from sights and sounds that may be distressing and that children and younger adolescents are cared for by staff with specific knowledge of paediatric illness and appropriate technical skills. (50) Children and adolescents should be relocated to a more appropriate environment once their condition has stabilised, and should not be exposed to unnecessarily long periods of time in general emergency departments or adult ICUs. There are also now several studies that show the importance of parental presence in emergency departments and ICUs with evidence of benefits to both child or adolescent and parent. (39-41, 44) The special needs of children and adolescents attending hospital emergency departments have recently received increased attention and several guidelines have been developed that address the provision of appropriate staff, equipment and environments for children and adolescents in emergency departments. (49, 51, 52) Similarly NSW Health has developed policy to guide the care of children in adult ICUs. (50)

Areas such as critical care units can be predominately focused on adult care and international evaluations suggest that child and adolescent healthcare needs may be less likely to be met in these areas. Following a recent audit of the UK’s National Service Framework for Children, Young People and Maternity Services (53), Coles et al (17) noted that one of the primary issues with shared facilities such as emergency departments, outpatient areas, day care facilities and theatre recovery was the limited employment of nurses with recognised paediatric training. In addition, a recent survey of 1489 emergency departments conducted in the USA based on the American Academy of Pediatrics (AAP) guidelines for preparing for children’s admission to emergency found that emergency departments frequently lacked child-specific equipment. (54)
4.7 Specific issues for adolescents

Specific issues for adolescents that need consideration include relationships with family and friends, education, consent and confidentiality, independence and autonomy, privacy, social needs and leisure. (38) Access to schoolwork and leisure/recreation can be high priorities for adolescents and these need to be accommodated in some way.

In addition, adolescents may feel embarrassed and may not ask questions that they need to, in order to understand treatments and interventions. An appropriate setting should be made available to allow adolescents to discuss their care.

It is important also to acknowledge that the healthcare needs of adolescents are distinct from both children and adults. In addition to differences in physiological, cognitive and emotional development, adolescents also present unique challenges for care in areas such as communication, consent and confidentiality. (55) Patterns of illness and preventative care needs are distinctive for adolescents (56) as are the numbers and types of hospital-based adverse events. (24, 26) Recognition of the distinct medical and psychosocial needs of adolescents has been addressed in Australia's tertiary paediatric hospitals with the development of dedicated Adolescent Inpatient Units. (57) In addition, Centres for Adolescent Health have been established in Sydney and Melbourne to provide both specialised care for adolescents and teaching expertise in adolescent health. (56, 58) Ideally, dedicated units for adolescent inpatients should extend to the general hospital setting to ensure developmentally appropriate healthcare is available in all health services. (58) At the very least there should be expert staff to support adolescents in adult facilities. (38)

A lack of age-appropriate services can impact upon adolescents and young adults with chronic conditions who need ongoing care and those who may need psychiatric care. Frequently in Australia and New Zealand, young adults will continue to access paediatric services due to the limited availability of age-appropriate services and poor planning for transition of care from adolescent to adult services. (59, 60) Limited age-appropriate services also means that children and adolescents are regularly admitted into adult psychiatric facilities in countries such as Australia (18), England (61) and Wales (62). The Children's Commission for England recently undertook a major review of adult mental health wards for children and adolescents. (61) The Commission found that negative experiences of children and adolescents were widespread and that many young people felt they were isolated, unsafe and that therapeutic care was lacking. (61)

The transition of adolescents to adult services can be particularly challenging, especially for adolescents with chronic conditions, life limiting illnesses and disabilities. Special consideration and careful planning is essential at this time. (63) The engagement of adult services with both transition and with the broader issues of co-location is essential. (64)

The Joint Adolescent Health Committee of the RACP has produced a series of policies on adolescent health. These include:

- Confidentiality in adolescent health
- Routine health screening in adolescence
- Transition to adult health services for adolescents with chronic conditions

5. Review and monitoring of health services

5.1 The role of standards and guidelines in child and adolescent health care

Standards and guidelines are a critical component of healthcare delivery as they provide the ability to measure and monitor safety and quality. This allows health services, governments and the public to gauge the effectiveness of health services and track improvements over time. (65) The availability of a set of standards allows the health service to not only assess and benchmark the current services and practices but also acts as a guide for future planning and improvement by highlighting the changes required in order to meet the goals of the standards.
On many occasions changes in hospital care have arisen as a result of major medical tragedies. For example, the development of comprehensive standards for child and young person hospital care in the UK was driven by problems identified in the Bristol Royal Infirmary Inquiry. (66) One of the recommendations of the inquiry was for ongoing structured performance review and monitoring. Although the Bristol Royal Infirmary was routinely collecting data that was sufficient to give an indication of the problems present before the point of crisis was reached, this data was not being utilised. (67) It has been demonstrated that measurement can lead to improvement in care. For example, a recent Cochrane review found that providing audit and feedback information to health professionals can be effective in making improvements to professional practice. (68)

Standards that recognise children and adolescents as unique consumers of health services are a relatively new priority in healthcare throughout the world. The UK’s National Service Framework for Children, Young People and Maternity Services (53) and New Zealand’s Health and Disability Sector Standards for Children and adolescent-centred hospital services that focus not only on the quality and safety of the medical care provided, but also on the quality and safety of the setting and environment. The measurement of child and adolescent healthcare quality has also become a priority area in the USA under the direction of the Agency for Healthcare Research and Quality (AHRQ), with the use and implementation of child-specific measures under continued review and development. (69-71) More global projects have also been undertaken. For example, the Child Friendly Healthcare Initiative is a program that is aimed at healthcare settings across the world. (6, 72, 73) This program describes a set of 12 standards for child-friendly hospital services that are directly extrapolated from the UNCROC articles. The standards have been piloted in the UK and a number of developing countries resulting in “Child friendly healthcare: a manual for health workers” which is supported by a number of assessment tools. (6)

In Australia, some specialist colleges and individual organisations have developed standards and guidelines that focus on child and adolescent healthcare. AWCH have developed two documents that have been widely endorsed: A Recommended Health Care Policy Relating to Children and their Families (revised July 1999) and Guidelines for Hospital-based Child and Adolescent Healthcare (July, 1998). The Australasian College for Emergency Medicine and the former Australian College of Paediatrics have developed a policy that addresses the provision of appropriate staff, equipment and environments for children in emergency departments (49) and groups such as NSW Health have hospital-wide standards for child and adolescent care. (74) More recently the RACP, Paediatrics & Child Health Division, in association with a number of peak bodies with an interest in child welfare, have developed Standards for the care of children and adolescents in health services that are intended for use in the Australian healthcare system and are aligned with the New Zealand’s Health and Disability Sector Standards for Children and Young People (1). The standards are available to download from the RACP website (www.racp.edu.au).

It is important to note, however, that even in countries such as the United Kingdom and New Zealand where standards and policy addressing shared accommodation have been in place for several years, the practice of co-locating children and adults is still common and often routine. (16, 75) It is therefore clear that ongoing promotion and advocacy is critical for ensuring that standards and guidelines are implemented. Child and adolescent health professionals must advocate for appropriate healthcare for children and adolescents and promote the use of national standards and guidelines within their own health services. Ideally, health services should commit to continuous quality improvement and participate in national accreditation programs.

5.2 Consultation on the planning and development of new facilities

Health service policies and guidelines must extend to the design and development of new facilities and refurbishments. Considerable thought and planning is needed for the design and development of new health facilities or refurbishments that will accommodate children and/or adolescents. This will apply to the design of health services as a whole, as well as specific areas such as wards, emergency departments, ICUs, waiting areas etc.

The Australasian Health Facility Guidelines highlight the fact that there are several misconceptions around building health facilities for children. For example children and
adolescents need more space than adults, not less, to allow the provision of parent participation in care, play by and between children, peer contact for adolescents, ambulation and family support. (76) Consultation when planning new facilities or refurbishments should include child and adolescent health professionals from various disciplines as well as children, adolescents and parents/carers. (77) The needs of the local community should also be taken into account. Child and adolescent health professionals may need to advocate strongly so that their voice is heard and also to ensure that children/adolescents and parents and carers are consulted. Resources are available to support organisations in engaging children/adolescents in decision-making, for example "NSW Commission for Children and Young People Taking Participation Seriously". [Available from http://www.kids.nsw.gov.au/kids/resources/participationkit.cfm]

References

63. Royal Australasian College of Physicians (RACP). Transition to adult health services for adolescents with chronic conditions 2003.