



CHILDREN PUT AT RISK IN HOSPITALS

Increasingly, children as young as one are being placed in adult hospital wards. This worrying trend reverses gains made decades ago to protect the wellbeing of children in hospitals, states **Professor David Bennett.**

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Anybody even remotely familiar with children knows they are not miniature adults and the growing trend of closing children's wards and placing even very young children with adults can have serious consequences.

"The psycho-social needs of children and adults are very different and putting adults and children in the same ward doesn't work well for either," says Professor David Bennett, President of the Association for the Wellbeing of Children in Healthcare (AWCH).

"Children can be exposed to unnecessary trauma from witnessing distressing sights and sounds. And when adults are sick they don't want to be bothered with crying children or all the noise and kerfuffle that goes with families coming in to support very ill children."

Distressingly, the problem is occurring more and more. An AWCH survey of public hospitals revealed that between

1992 and 2004, there was a 30 per cent drop in paediatric units in Australian hospitals treating children; not all hospitals treat children. And about 35 per cent of hospitals did not routinely house children separately from adults.

Prof Bennet says, "Children's wards are important because they provide a safe and supportive place for sick children and their families. Accommodating children with adults puts children at risk of physical, psychological or sexual harm from other patients, staff or visitors."

He points out that health professional who have only ever looked after adult patients may not be trained in paediatric care. Sometimes the results are catastrophic: in one case a child died.

"Paediatric units are supposed to have people who know about resuscitating and medicating children," Prof Bennett says. "But tragedies involving compromised health care

have occurred when staff were unable to recognise life threatening symptoms until it was too late."

Children who are put in adult wards also miss out on being with children their own age and often there are no specially designed spaces for play, leisure and education, which play an important role in a child's recovery from illness and minimise interruption to their normal development.

Prof Bennett attributes the growing trend of co-locating children and adults to unprecedented pressures on beds and tight budgets. "It is vital that we closely follow the quality of care provided to children in hospital, particularly psycho-social care, which is often highly vulnerable to cost saving measures.

"But attitudes have also changed," he explains. "There is a shift in attitude away from recognising and respecting the needs of children. We have moved away from a mindfulness that children are different from adults and have different needs, particularly when they are sick and needing care."

It is a serious step backwards.

"These issues lead me and AWCH to believe that we are forgetting the lessons learned during the seventies and eighties when we began to focus on the rights of children and the Convention on the Rights of the Child was ratified by Australia," Prof Bennett states.

"Children have rights and one of them is to be protected from harm. We thought we had won these battles. Having

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created one of the best healthcare systems in the world, admissions for children in Australian hospitals are becoming ever more likely to involve separations from family, developmental disruption, exposure to potentially traumatising environments, less than optimal care and unacceptable levels of risk.

"A lot of people have written to AWCH and shared their experiences and although it doesn't constitute a research study, the number of children traumatised by stays in hospital is probably higher than we would like to believe," he says.

"With increasing pressures on the health system from an ageing population, it is more important than ever that we prioritise the needs of children and young people. Doing nothing is unacceptable and ultimately too costly," Prof Bennett says. "A strong and strategic response is required."