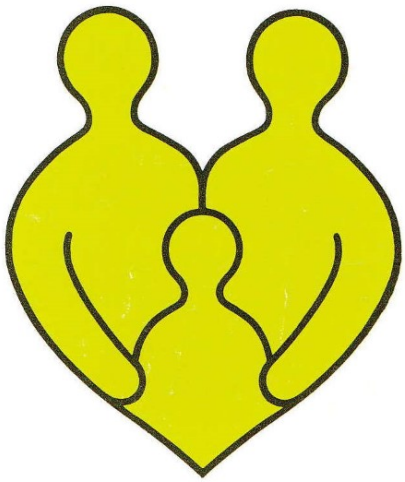
NAWCH

Quality Review Series

SETTING STANDARDS FOR ADOLESCENTS IN HOSPITAL



National Association for the Welfare of Children in Hospital

Quality Review Series

SETTING STANDARDS FOR ADOLESCENTS IN HOSPITAL

National Association for the Welfare of Children in Hospital

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FOREWORD

In 1976 the Court Report stated that in recent years it had become 'increasingly evident that adolescents have needs and problems sufficiently distinguishable from those on the one hand of children and on the other of adults to warrant consideration as a distinct group for health care provision'.

With this publication NAWCH aims to promote appropriate care for this under-provided part of the hospital population, whose special needs receive little emphasis from the agencies concerned for sick children. Currently there are few units specifically geared to care for adolescents who in the main are nursed in adult medical or surgical wards.

This important document would not have been possible without the effort and expertise of June Jolly. She undertook the research and developed the standards for adolescents and the final draft was edited by Christine Hogg. I would like to thank them both, as well as the many NAWCH members and friends who contributed to its publication.

NAWCH thanks the National Children's Play and Recreation Unit and the AJAHMA Charitable Trust for providing the financial support to enable NAWCH to publish and promote this document to define appropriate hospital care for adolescents, including their need for recreational and leisure pursuits.

Anne Rivett
Chairman
NAWCH

1 INTRODUCTION

Adolescents are a distinct consumer group. When they come into hospital they tend to find themselves amongst either:

- much younger children whose need for protection and security demand close and careful supervision which adolescents reject or
- much older sick patients.

Adolescents have different needs from adults and from children. Adolescence implies change in every sense, biological, psychological and social. Children mature at different rates, so adolescence may start as early as ten or as late as fourteen years. Hospitalisation can be a time of great emotional trauma and adolescents are prone to anxieties about their own bodies. Older adolescents are concerned about their future and educational prospects. They may become depressed or aggressive as they face the implications of their disease or accident. They want to be independent but in hospital will be glad of their parents' presence and may need them to stay with them overnight.

Adolescents' needs for individuality, increasing autonomy and independence require a different approach to the close supervision and protective care younger dependent children need. Adolescents also need space for noisy activities and for homework or study or just to be quiet and alone for a while.

In an appropriate environment and with care designed specifically for them, adolescents will recover quicker, particularly when their emotional, educational and social needs are understood.

Guidelines issued from the Department of Health have recognised that adolescents have special needs and recommended that they be cared for by appropriately trained staff in separate areas designed to meet these needs. In spite of this it is estimated that between 50% and 70% of adolescents are placed inappropriately in adult wards.

District Health Authorities which have made provision for adolescents as a separate client group have found benefits for the whole service:

- it is cost effective, by freeing adult beds which may be often under extreme pressure
- young people are much happier and more amenable to medical care.

This report provides quality standards, based on the most recent Department of Health guidance, which commissioning authorities need to take into account in drawing up and auditing contracts for the care of the adolescent consumer.

2 GUIDELINES FOR COMMISSIONING AUTHORITIES

2.1 Needs Assessment

1 The facilities provided in a normal children's ward do not meet the needs of adolescents for flexibility and growing independence, which are often at variance with the needs of much younger children.

2 The presence of noisy adolescents in adult wards is unacceptable to most other patients.

3 Providing designated adolescent care is cost-effective as it frees adult beds, often in areas of greatest pressure such as orthopaedic wards. Adolescents are likely to be involved in sport and road traffic accidents.

4 The British Paediatric Association estimates a need for 15 adolescent beds for each district general hospital serving a population of approximately 200,000.

5 Adolescent bed usage by specialty, according to the South West Regional statistics for ages 11-18, is as follows:

46% – general and orthopaedic surgery
22% – medical diseases
10% – ear, nose and throat surgery
5% – plastic surgery, thoracic surgery, neurosurgery

These figures do not take account of bed requirements for psychiatry and obstetrics.

2.2 Specification for Contracts

1 Adolescents should be under the direct care of the individual specialist but with general oversight by the consultant paediatrician.

2 Accommodation should be provided for adolescents in hospital in a separate and self-contained area, which is linked to the paediatric department.

The unit should be staffed by trained nurses, preferably of both sexes and skilled in the care of adolescents. The nurse in charge should be an RSCN.

2.3 Audit of contracts

Information collected following the Korner Report does not distinguish children by age, speciality and ward. Furthermore, 'Paediatrics' will only identify patients admitted under the paediatrician, obscuring all other admissions to the paediatric or adult wards. Commissioning authorities must ensure this information is collected in order to be able to audit services.

A consumer survey of the views of young people about their time in hospital will also provide important information on whether the service is meeting the needs of young people.

A checklist is attached to guide commissioning authorities in assessing adolescent services.

2.4 CHECKLIST FOR COMMISSIONING AUTHORITIES

This Checklist is for commissioning authorities. Most questions can be answered by a simple YES or NO. Where the answer is NO, it may be advisable to review current practice. Space is provided for comments or suggestions for further action beside each question.

Completed by

Review Date

	Yes	No	Comments
1 Has the DHA developed a written policy for adolescents as a client group up to 19 years?	☐	☐	
2 Has the DHA developed a system whereby information is available on where patients aged 11-19 are cared for in the hospital?	☐	☐	
3 Has the DHA made a decision on the number of beds required for adolescents based on the number of admissions aged 11–16 years?	☐	☐	
4 Has the DHA specified in contracts provision for facilities which take account of the special needs of adolescents?	☐	☐	
5 Does the DHA receive an annual report on the care of adolescents from the consultant with overall care of adolescents?	☐	☐	
6 Has the DHA specified that the main provider hospital undertake a survey of adolescent satisfaction?	☐	☐	

3 GUIDELINES FOR PROVIDERS

3.1 Quality services for adolescents

Adolescents are a distinct consumer group, requiring special provision for:

1 their overall health care, including those disorders which are more likely to occur in this age group

2 the management of illness needing hospital care to be in an environment suited to the emotional and social needs of adolescents

3 the transfer arrangements for children with chronic conditions, including physical or mental handicaps, from paediatric and educational services to adult health services

4 health education and genetic counselling

5 the care provided to take account of cultural and ethnic factors and the needs of those with a disability or chronic illness

3.2 Facilities Required

Location of care

The most appropriate place to care for adolescents is in a self-contained unit, which may be attached to or entirely separate from the general paediatric unit.

Where this is not immediately possible, managers should ensure that operating policies and facilities take into account the special needs of adolescents and that an area of the children's ward is set aside for adolescents.

Young people with acute psychiatric and conduct disorders or those with complications of pregnancy may be unsuitable for the children's ward or a general adolescent area but they still require special provision in the units or departments to which they are admitted. It may be more suitable for them to be in specialised units such as obstetrics, intensive care or secure units. Some adolescent units may need to make restrictions on the type of patient they are prepared to accept, for example drug users who may have less influence on other patients if accommodated on the adult wards.

Bed Allocation

Present evidence from health authorities providing separate adolescent areas, indicates a requirement for 15 beds per 200,000 population for the age group 11-19 years.

Privacy

Privacy within the ward is important. Single, 2 or 4 bedded units are most appropriate. Patients will need their own 'space' and room for personal belongings. Privacy in the washing and toilet areas must be provided.

Access

All facilities must be appropriate for patients with physical and sensory disabilities to encourage and enable independence.

School room

Education is of great importance as some patients will be preparing for examinations. It is therefore essential that adequate facilities are provided for the local educational authority to teach patients with different needs whilst they are in hospital. A quiet area will be required at other times.

Day Rooms

Adolescents need space for noisy pastimes where they will not disturb other patients and where recreational games such as snooker or table tennis can be played (bearing in mind some adolescents may be in wheelchairs). There is also a need for a room where quiet pastimes or solitude can be found.

Catering arrangements

Kitchen facilities give adolescents some flexibility in their day allowing them to make snacks and drinks. A choice of menu helps them retain some measure of control and develop self-reliance.

Bathroom, showers and toilets
These area should be designed so as to meet the needs of adolescents, including those who are disabled. Good facilities for shaving, hair washing and make-up will be valued, provided there is adequate privacy.

Clothing
For young people clothes are central to their identity and they should be encouraged to wear their own. Mirrors, adequate wardrobe and laundry facilities for the use of ambulant patients should be available.

Patients' Day
The daily ward routine should be adapted to the needs of adolescents and made as flexible as possible.

Parental Involvement
Though many adolescents declare their independence from parents, it has been shown that there are always some who ask for their parent/s to stay overnight. Accommodation for parents to stay on the unit will therefore be required.

Visiting
Adolescents rely heavily on their peer group. Friends should be encouraged as well as family members.

Links with the Community
Leaders or members of organisations to which the young people belong may be of great benefit in retaining links with the community from which they come particularly for those who have to remain in hospital for some time. Patients should have access to a pay telephone.

Information
A written philosophy of care which acknowledges the unique needs of adolescents should be available to adolescents, as well as written information about the unit. This should include agreed house rules (such as smoking, leaving the ward area etc) with which patients are expected to comply.

All this information should be in an easily understood form and available in ethnic languages as appropriate for the district.

Communication
Adolescents have the right to be informed about their condition and medical care and should be encouraged to participate in decisions about their treatment. Patient group meetings where there is an opportunity to discuss issues are valued. Adolescents nevertheless need support and help in making choices and decisions. Confidentiality is paramount.

3.3 Staffing

Medical Responsibility
A consultant with particular interest in the problems of adolescence should be given oversight of the adolescent area. This will probably be a paediatrician. Individual patients should be admitted under the direct care of the specialist, dealing with their condition.

Nursing Staff
Nurses should be specially skilled and interested in the care of adolescents and committed to developing a growing independence in patients. Most probably they will have a paediatric qualification which enables them to respond to family centred care. It is preferable to have both male and female nurses. Learners should be allocated to the unit only towards the end of their training because of the similarity in age with the patients.

Psychological Support
Because of the emotional problems of adolescence which may be exacerbated by physical illness, the mental health team for children or a child and adolescent

psychiatrist and a clinical psychologist should be available to the unit to give support to the medical and nursing staff as well as helping with the patients.

Play/Recreation

Specialist play/recreational staff are essential to the equilibrium of the unit and often have a therapeutic and counselling role among adolescents. Play specialists have an important role in providing an appropriate environment for adolescents. They can ensure that relevant information is available and that other staff are aware of the adolescent's needs for privacy and independence. They should encourage group activities and encourage patients to meet each other and share experiences, anxieties and their own methods of coping with hospital life.

Schooling

Every effort should be made to encourage the local education authority to meet the educational needs of the adolescents, as they are required by the Education Act 1981, by allocating teachers to the ward. If accommodation can be found for their exclusive use the local education authority will furnish, equip and maintain it.

Social Workers

Social workers may be specially valued particularly for adolescents facing problems after debilitating and disabling conditions. Information about welfare rights, housing, and community links are all relevant to them.

3.4 Audit and Quality Assurance

Professionals and consumers frequently have varying perspectives on services provided, but it is extremely difficult to obtain reliable information of consumer satisfaction. (This is considered in section 4).

Over the past 5 years NAWCH has produced a series of checklists for managers and practitioners, collected together in the NAWCH QUALITY REVIEW (1989). A further checklist is provided here to audit services provided for adolescents.

3.5 CHECKLIST FOR SERVICE PROVIDERS

This Checklist is designed for service providers. Most questions can be answered by a simple YES or NO. Where the answer is NO, it may be advisable to review current practice. Space is provided for comments or suggestions for further action beside each question.

Completed by

Date

Management Policy	Yes	No	Comments
1 Has the management developed a written policy for adolescents as a client group covering the ages 11 to 19 years?	☐	☐	
2 Has the management developed a system to identify easily where all patients aged 11 to 19 years in hospital are cared for?	☐	☐	
3 Has the unit manager made a decision about the number of beds required in the district for adolescents based on the number of possible admissions for the age group 11 to 19 years?	☐	☐	
4 Are there separate and appropriate facilities for adolescents in the hospital?	☐	☐	
5 Is the unit adequately staffed with trained nurses of both sexes?	☐	☐	
6 Does the District General Manager receive an annual report on the care of adolescents from the consultant with overall care of the adolescent area?	☐	☐	
7 Are the results of adolescent user satisfaction surveys referred to the District General Manager?	☐	☐	

Clinical Policy	Yes	No	Comments
1 Is there a consultant with special interest in adolescents who is appointed to take general responsibility for all the adolescents in hospital even when clinical responsibility lies with consultants in other specialties?	☐	☐	
2 Are all adolescents admitted only to the adolescent area?	☐	☐	
3 If No, are there written guidelines about the occasions and conditions when adolescents should be admitted to an adult area rather than the adolescent unit?	☐	☐	
4 Is the consultant with special responsibility for adolescents also responsible for liaison with the Accident and Emergency Department?	☐	☐	

5 Are staff in the adolescent area informed immediately of all adolescents admitted for intensive care? ☐ ☐

Nursing Policy	**Yes**	**No**	**Comments**
1 Does a senior paediatric nurse advise on the nursing needs of adolescents throughout the hospital?	☐	☐	
2 Is there an RSCN nurse in charge of the adolescent area, specially skilled and trained in their care?	☐	☐	
3 Is primary nursing practised in the adolescent area?	☐	☐	
4 Is there a multi-disciplinary team approach to the care of adolescents?	☐	☐	
5 Are health education principles and practices promoted with opportunities for the adolescents to take responsibility for their own health?	☐	☐	
6 Are nursing staff committed to encouraging independence in adolescent patients?	☐	☐	

In-Patient Services	**Yes**	**No**	**Comments**
1 Is an admission booklet designed specifically for adolescents given to every adolescent before a planned admission?	☐	☐	
2 If No, are there plans for this to be produced?	☐	☐	
3 Is this information available in other relevant languages?	☐	☐	
4 Are there facilities for parents to stay overnight?	☐	☐	
5 Is there a kitchen where patients can make snacks, drinks and simple meals?	☐	☐	
6 Is there privacy in the washing and dressing areas with mirrors and shaving points?	☐	☐	
7 Is there sufficient individual space for each adolescent to keep his/her belongings and clothing?	☐	☐	
8 Are there facilities for the ambulant adolescents to wash and iron their clothes?	☐	☐	
9 Are all facilities easily used by patients with disabilities?	☐	☐	
10 Is there a separate recreational area for adolescents?	☐	☐	
11 Are the following activities available:			
computer games?	☐	☐	
video?	☐	☐	
hi-fi system	☐	☐	
cassette recorders?	☐	☐	
snooker table?	☐	☐	
table tennis?	☐	☐	

12 Is there a quiet area where patients can be alone or pursue individual hobbies or study? ☐ ☐

13 Have agreed house rules for the adolescent area been drawn up in consultation with the patients? ☐ ☐

14 Are these rules displayed and complied with? ☐ ☐

15 Is there a separate school-room or designated area within the schoolroom for secondary education? ☐ ☐

16 Are adolescents able to be visited by their friends at all reasonable times? ☐ ☐

17 Is the adolescent area decorated and furnished in an appropriate style for adolescents? ☐ ☐

4 INVOLVING USERS

4.1 A charter for care

Adolescents are going through a time of major physical, psychological and social change when their needs are quite distinct from those of children and adults.

1 Adolescents should be together in a separate unit which is furnished to meet their needs and is linked to the paediatric department.

2 Adolescents should be cared for by appropriately trained staff who understand their physical and emotional needs and who respect their increasing need for independence.

3 Adolescents need privacy and should be treated with sensitivity, honesty and tact at all times.

4 Adolescents should have care which takes account of cultural and ethnic factors and the needs of those with a disability or chronic illness.

5 Adolescents have the right to be informed about their condition and medical care and to participate in decisions about treatment.

6 Adolescents should be able to discuss their physical and emotional problems in confidence.

7 Adolescents should be able to have their parents visit at any time and stay overnight if they wish.

8 Adolescents should have every opportunity to maintain contact with family and friends.

9 Adolescents need space for recreational activities and a quiet area for study.

10 Adolescents should be provided with a written philosophy of the unit and agreed house rules with which they are expected to comply.

4.2 Consumer views

Young people are articulate and should be involved in reviewing and monitoring services provided for them. They should be informed about their rights and what they can expect from the service.

A major deficiency of patient satisfaction surveys is that the results depend on the expectations of patients rather than the actual quality of services. The Department of Health have recognised the importance of publicising standards and involving users. It has suggested that the 'relevant standards agreed in the contract are made known to prospective users in a form that is readily intelligible. Patients and their GPs should be encouraged to report when these standards are not achieved.'

A questionnaire for young people is given below. It can also be used as the basis for a group discussion among young people and this is often a way to get useful feedback on their perceptions and how they rate the services.

4.3 CHECKLIST FOR USERS

This is a list of key questions to ask young people themselves about what they feel about the services. If there is no adolescent area, this questionnaire can be used for adolescents in hospital to help to identify their needs.

1 Are you:
male? female?

2 How old are you?

	Yes	No
3 On admission, were you offered the choice of:		
the children's ward?	☐	☐
adolescent area?	☐	☐
adult ward?	☐	☐
4 What do you think about the decor, do you find it:		
attractive?	☐	☐
adequate?	☐	☐
depressing?	☐	☐
5 Do you consider that privacy is satisfactory in:		
sleeping areas?	☐	☐
washroom and showers?	☐	☐
recreational areas?	☐	☐
6 Have you found the staff friendly and approachable, if you wanted to talk about personal matters?	☐	☐
the doctors	☐	☐
the nurses	☐	☐
7 Do you feel that you can talk to staff in confidence if you want?	☐	☐
8 Were you able to keep in contact with friends and family?	☐	☐
access to phone?	☐	☐
visiting?	☐	☐
9 Were the recreational activities available suited to your age group?	☐	☐

10 Can you suggest any other games or pastimes which you would like available?

11 Do you have any suggestions for improving the services for teenagers?

5 EXAMPLES OF CURRENT PRACTICE

In addition to guidance from the Department of Health, recent reports from the British Paediatric Association and the World Health Organization support separate services and facilities for adolescents. Such services are well established in other places, notably the USA.

In this country the first separate units for adolescents were established for long stay units, such as for orthopaedic patients, patients with chronic diseases and child and adolescent psychiatry. However, there are now a number of units catering for adolescents with acute medical and surgical conditions.

This section contains contributions from a variety of disciplines on units that are functioning in this country.

5.1 Adolescents – A personal view by a paediatric nurse June Jolly

Adolescents are a distinct consumer group who sit uneasily in society and particularly in hospitals designed for adults even where there is recognition of the specific and different needs of children. Their needs are nevertheless of equal importance and, where facilities are designed to meet them, adolescents can benefit in the same way as children treated in paediatric wards with appropriately trained staff. They recover quicker when their emotional, educational and social needs are understood.

Developmentally children mature at different rates. It is therefore not possible to categorically define adolescence as starting at 12 years; it may be as early as 10 or delayed until 14 years. Equally adolescence may extend beyond the 'teens' and some individuals may still be grappling with issues and dynamics related to adulthood well into their early 20's. Certainly adolescence implies change in every area biological, psychological and social.

In early adolescence they start to experience freedom but need their peer group for support in doing so. They tend to become anti-establishment, anti-family, anti-everybody. Hospital can so easily be seen as a punishment and is often associated with hidden guilt about their awakening sexual body image. Hospitalisation can therefore be a time of great emotional trauma needing patience and great understanding. Surprisingly many adolescents are glad of their parents' presence and need them to stay with them as they are prone to excessive anxieties about their own bodies and the many issues that they face.

As the individual matures the dynamics change. Privacy becomes enormously important and needs to be respected both by medical and nursing staff as well as by planners creating suitable facilities. It is also a time of emancipation and control of their environment, so involvement of adolescents in their treatment and care needs to be encouraged. A separate unit allows for the flexibility over such policies and hospital routines that makes compliance with necessary treatment much easier. Immobilisation alone can be devastating to adolescents who have gained their identity through action. They have suddenly been deprived of any way to show who they are and what they can do. Such a unit can provide ways and means to meet their needs for independence. For example, freedom to choose and help prepare simple meals and participate in communal activities.

In late adolescence, individuals, whilst still working through all the issues and dynamics associated with their emergence as adults, are much more aware of functional identity. They are more realistic and concerned about their future and educational prospects so rely on their teachers whilst in hospital. As they face the implications of their disease or accident, they may feel depressed or aggressive and so need sensitive encouragement and support to reach their potential.

5.2 An adolescent unit operational policy Basingstoke and North Hants Health Authority

1 Function

To provide 12 beds for those in the adolescent age group with specific facilities for:

a) the management of physical disorders peculiar to adolescents and those occurring during adolescence.

b) the management of organic illness needing hospital care in an environment suited to the emotional and social needs of adolescents.

c) the care of moderately emotionally disturbed adolescents.

d) the transitional care between paediatric and adult medicine.

e) health education and genetic counselling.

f) continuing education, particularly for those preparing for public examinations.

2 Location

The adolescent unit should be adjacent to the children's department and should have good access to all major clinical services.

3 Scale of facilities

3.1 Beds

Twelve single rooms will be required, at least 4 of which should have moveable partitions and be suitable for conversion into 2 bedded rooms. At least 4 rooms should have isolation facilities for the protection of patients at risk from infection, and for those suffering from serious medical or psychiatric illness, or for those who are terminally ill. Each of these rooms should have a toilet, shower and wash hand basin.

3.2 Day space

Two large rooms will be required. One should be supplied with tables and chairs and be available as a schoolroom, and quieter pursuits including some form of rehabilitation. The second room should be provided with recreational facilities such as table tennis and a record and cassette player.

One of these rooms should be used by ambulant patients for meals.

There should also be a small quiet room for reading, writing and confidential interviews.

3.3 Visiting and relatives

There will be unrestricted visiting and appropriate facilities should be provided for visitors, including a small tea-making area. This would also be used by patients.

A relatives, overnight stay room should be available, although this could be shared with the paediatric unit.

3.4 Rehabilitation

Patients should have access to the hospital's rehabilitation department, although there should be flexible use of facilities and areas in the unit to ensure that daily living, occupational and physical skills can be maintained and developed.

3.5 Pantry

There will be a small ward pantry for the preparation of hot and cold drinks and light refreshments by patients and staff.

3.6 Sanitary facilities

The ward will require 3 WCs, 2 bathrooms and 1 shower room.

3.7 Treatment facilities

There should be a treatment/investigation room with an equipment and preparation area and a separate interview room.

3.8 Staff facilities

A staff base/reception area will be required in a central position.

3.9 Supplies and utility

Clean and dirty utility rooms will be required and there should be adequate storage space for linen and equipment. A small disposal and cleaners room should also be available.

4 Admissions

4.1 Referrals will be via the GP and appropriate speciality consultant.

4.2 Admissions will be across the full range of clinical specialities. Clinical specialities which present too many difficulties for an adolescent ward are the management of labour complications of pregnancy, therapeutic abortion, severe conduct disorders and severe mental defect with psychotic features.

4.3 Generally admissions will be within the 11–19 age group although where appropriate individuals outside of that age group will be admitted and similarly some individuals within the age group may be more suitably placed on either the children's or adults' wards.

5 Philosophy of care

5.1 The unit will aim to provide for the emotional and social needs of adolescents requiring acute in-patient hospital care.

5.2 Activities such as reading, painting, model making or watching television will also take place on the ward. It should be recognised that for many adolescents their favourite activities will be noisy and disturbing to others.

5.3 Irrespective of outward appearances adolescents in hospital are uncertain and insecure and will require support and reassurance.

5.4 Adolescents have a particular requirement for privacy which should be respected where this does not interfere with medical care.

6 Management and staffing of care

6.1 Responsibility for clinical care will rest with a designated consultant clinician.

6.2 A child plus adolescent psychiatrist should have close links with the unit.

6.3 Day to day clinical management of the unit will be under the direction of the Consultant Paediatrician.

6.4 In appointing staff to the unit a particular requirement will be insight and sensitivity to the particular needs of adolescents.

6.5 An official education service is essential.

7 Special design features

7.1 The design of the unit should take into account the particular needs of adolescents for privacy and the requirement to reduce to a minimum the level of noise in the clinical area of the ward.
7.2 Further considerations are the patient's emotional needs and the obligation to preserve good order, and a central nursing station will assist in both of these areas.

8 Services

8.1 Each patient should have a piped audio service, a television set, and a telephone point in their room.
8.2 Support services will be provided in accordance with the whole hospital policy.

5.3 Wexham Park Hospital, Slough
Chris Humphrey, Paediatric Unit Manager, Jacquie Ellis, Play Specialist

Wexham Park Hospital has an 8 bedded adolescent unit, opened 5 years ago. It is self-contained unit, but integral to the paediatric unit.

The adolescent unit was developed to cater for 12–18 year olds of all specialties, but in particular for the needs of adolescents under the rheumatologist (a regional specialty at the hospital), and the chronically sick, such as those with asthma,.cystic fibrosis, thalassaemia etc.

The unit consists of 2 single rooms, a 2 bedded and a 4 bedded bay, a sitting/activity/dining/kitchen room, and a shower and toilet. As with the rest of the paediatric unit, all the beds have duvets, but the adolescents have their own design for the curtains and

bedding. We feel very strongly that the adolescents should be involved in any major decisions concerning the adolescent unit, eg. decor and equipment.

There is full-time schooling provided for those still at school with teachers for specialist subjects coming in as necessary for the longer stay patients. We have had a few adolescents with juvenile chronic arthritis who have taken GCSEs from the hospital school.

During some evenings the play specialist organises activities to suit the group in hospital at the time. These have ranged from a Chinese evening, discotheque and a make-up demonstration, but firm favourites are always take away meals and a video or bingo! There is also an interest and involvement of the nursing staff and physiotherapist in many of these activities which help to create the right atmosphere and environment, helping to foster the community spirit. We belong to a mobile video club and videos are brought to us several times a week. We also have the use of a mini-bus and therefore are able to have trips out for meals, to the cinema, safari park and London Dungeons with the local youth clubs.

Although we provide many things for the adolescent in order that s/he may not become bored, it should be remembered that there will be a time when s/he needs to be alone. Therefore we must respect their right to solitary recreation if need be or indeed, the right to do nothing at all.

One of the greatest assets required in running a successful adolescent unit is flexibility and an awareness of the changing needs. The adolescent values the freedom to choose his/her friends and will need to feel independence of choice whether to join in activities or not.

The adolescent unit is geographically part of one end of the paediatric unit and is therefore staffed by nursing staff allocated to that end. We do not employ staff just for the adolescent unit.

The need for a multi-disciplinary team approach is vital, including psychiatry, psychology and social workers. We have particularly valued the input of our child psychiatrists and have had some very successful rehabilitation programmes jointly directed by the child psychiatrist and paediatrician. In these circumstances the multi-disciplinary team came into its own.

We have our own Patient Information booklet setting out guidelines for the adolescent. We have recently set-up a pre-admission programme specially for the adolescents.

While s/he may feel free and independent outside of hospital, once inside and dependent on others for medical care s/he may withdraw and regress and it may take time before s/he is able to make new relationships. Any gentle encouragement must surely be of help, but any pressure on him/her to do so may inhibit the adolescent from making social progress. Adolescents are quick to be suspicious and resist situations where they feel they are losing control.

Management of an adolescent unit in our experience needs to take into account a variety of issues. The need for adolescents to have privacy is even greater than other clients, and this needs constant attention to protect the adolescent patient from thoughtless staff etc. A balance of structure with freedom of choice and decision making is called for. To meet the needs of our long-term adolescents – many of whom are in hospital for rehabilitation – has led us to develop 'house rules' or 'guidelines'. This went against paediatric nurses' philosophy, but was developed from the specific needs of the age group.

To continue our aim of promoting independence we have started a pilot scheme for self-administration of drugs in the adolescent unit. It is hoped to extend this within the general paediatric unit to include parents.

Finally, I have been challenged on the term 'adolescent'. We are therefore currently doing a survey of the patients' views on what term we should use.

5.4
St Mary's Hospital, Manchester
Ann Horan, Ward Sister

The Adolescent Unit at St. Mary's Hospital Manchester has been established for over ten years. It caters for boys and girls aged 11–18 years with a wide range of medical and surgical conditions in an environment tailored to meet their particular needs. Privacy and a form of escape are provided by accommodating them in single or twin bedded rooms, which they are allowed to decorate with posters of those who have their affections along with other items to remind them of home. Visiting is flexible outside of school hours and family are encouraged to visit because they are seen as an intrinsic part of their care.

The patients have a daily choice of menu and a choice of various interests such as watching television, playing snooker, listening to music, caring for Bouncer (our hamster) or taking part in the latest Health Education project.

Although the youngsters are advised about the dangers of smoking, it is acknowledged that a large number do smoke cigarettes, so facilities are available outside on a balcony for them to smoke in safety and without causing offence to others. This age group is often regarded as difficult because they tend not to want to conform and are unco-operative but a supportive, non-judgmental, positive approach from staff quickly gains their trust and co-operation.

The aims and philosophy of the unit are on display and copies are available for parents and friends to take away. There are no written ward rules but more an understanding that courtesy, respect and confidentiality prevail between patient and nurse. The unit does have an relaxed atmosphere but there is still a sense of discipline for patients and staff alike!

It is important that adolescence be seen as a natural difficult period of transition for many which is made harder by hospital admission. In view of this, teenagers respond favourably to being nursed in an appropriate environment alongside their peers to whom they can relate since adolescents tend to have their own 'language', sense of humour and boundaries of acceptance. Adolescents appreciate being consulted about their care and the chance to take some responsibility for it where possible.

It is essential that those planning adolescent care refer to the NAWCH Charter, the United Nations Declaration on the Rights of the Child and the Platt Report as well as looking at how other countries approach the subject. The planners must engage a high level of commitment from all ranks and not allow adolescents to be seen as low priority but as important as any other group.

A policy regarding the admission and treatment of adolescents needs to be devised as it will form a crucial part of the framework. A policy is preferable to guidelines. This is one way to prevent teenagers being 'lost' in the system and being misplaced. A policy would mean that medical and nursing staff would be obliged to adhere to it.

The position of a new unit from a geographical point is important. From my experience at St. Mary's I would suggest that it needs to be within reasonable distance from the A and E Department where a lot of our customers come from. At Manchester the adolescent unit is at'one end of an island site whilst the A and E Department is at the other. I have often thought that we would be better used if we were midway between the adult hospital and the children's hospitals symbolising the journey from childhood to adulthood.

Once established the unit must be publicised inside and outside of the hospital and promoted at every opportunity. An evaluation of the merits of having an adolescent unit will be done in the usual way but the youngsters themselves will leave you in no doubt about its strengths and weaknesses!

5.5
Oncology Unit, Middlesex Hospital
Del McCarthy
Ward Sister

The fiirst adolescent oncology unit opened in the United Kingdom on 1st May 1990. The idea was the brain-child of Professor Bob Soutani and a patient's family. The teenager and his family were nursed on a paediatric ward with poor facilities for the specific needs of his age group. Hence the idea of a teenage cancer unit was born. The family had contacts which enabled them to raise the necessary finance.

I was given the unique opportunity to commission and establish this specialised unit, with the support and dedication of the multi-disciplinary team.

Physical layout

The ward is part of the centralised oncology service for Bloomsbury. It consists of 11 beds, 4 side-rooms and a 7 bedded area. The adolescents have a good sized day room furnished with fabric-covered comfortable chairs. The chairs function as extra sleeping accommodation for friends and siblings who wish to be resident. This room is completed with a TV, video, Hi-fi system, library, games, bulletin board and allows for other recreational activities. A wall mounted phone allows privacy in making and receiving phone calls. A free drinks machine is installed here. In close proximity is a small kitchen area with a fridge/freezer for late night snacks, microwave, kettle, toaster and a supply of soups, bread, biscuits etc. The parents have a room designated for their use to make drinks and watch TV. A sofa-bed and Z beds allow sleeping accommodation to be provided if required. Each side room can also accommodate a recliner or folding bed. Washing facilities are available in each side room and there are 2 bathrooms and 3 toilets for the main ward area. In addition to these facilities a seminar room has been provided for medical and nursing staff large enough for 21 to be seated.

Plans for the unit:

There are 15 nurses on our team and we have many ideas we would like to develop including:

– a self-care nursing model to allow the teenagers control over their confused lives;
– team nursing with the possibility of leading into primary nursing;
– wearing street clothes instead of uniforms in order to add to the informality of the ward and remove the barrier between nurses and their patients.

Helpful tips

If you intend to set up an adolescent unit:
– Ask for advice from people experienced in adolescent care.
– Be prepared to state repeatedly the special needs of the adolescents and how they can be met.
– Ensure that there are good communication channels among all members of the multi-disciplinary team, through formal and informal support networks.
– Employ staff with flexible natures, who can handle a ward of emotionally, physically and psychologically traumatised teenagers. We have been made more aware of the need to have a stable personal life and a good level of self-awareness.
– Be prepared to act as an advocate for the teenager who may need 'space' from over-protective parents.

5.6
A user perspective
Sue Maitland, Hon. Secretary, NAWCH Bristol Group

NAWCH Bristol branch covers three health districts and it is only at the Bristol Children's Hospital that there is a separate facility for adolescents.

It is greatly valued by both staff, patients and their families because it offers the opportunity for young people to be with those of their own age, who share similar interests, and, most importantly, because they can be cared for by staff who are experts in the particular emotional and psychological problems that are part of illness in this age group.

The social and emotional needs of the adolescent are readily catered for in this unit such as the teenage pursuits of snooker or playing records/computer games. Continuing with school work is made possible with the aid of the hospital teacher. Family and friends are welcomed at any time so that links with life outside hospital are maintained.

Children between the ages of 10 and 16 are admitted to the ward although, at times of pressure within the hospital, younger ones may be admitted. This is kept to a minimum. Those with chronic conditions which require frequent hospitalisation are normally given the opportunity to choose when they are ready to transfer to the adult specialist at the Bristol Royal Infirmary. Consequently patients are sometimes in their twenties before they transfer, which shows that fixing an arbitrary age limit does not meet individual needs.

All medical conditions are cared for in the adolescent ward, although some specialties may eventually be dealt with elsewhere (eg. renal and cardiac patients). Staff have developed particular skill in handling attempted suicide, anorexia nervosa and similar conditions peculiar to this age group.

The adolescent ward at the Bristol Children's Hospital offers the right physical environment with the right medical and nursing skills in which to treat this age group, who are neither children nor yet adults.

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NAWCH believes that adolescents have distinct needs which are very different from adults and small children.

Since 1961, NAWCH has been working to raise awareness of the needs of sick children and their families. This has been done by promoting the principles of good practice which have been defined by many Government reports and circulars, by representing children's health interests in planning of health services at national and local level, and by supporting parents in the vital role they have in caring for their sick child.

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