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Reference: SPRP/DN5692

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Dear Dr Hill

I am writing to you with regards to correspondence received from Drs S Goldfield and N Wigg, dated 15 June 2007, concerning the development of Australian standards addressing the issues around the co-location of children and young people with adult patients in healthcare settings.

As Commissioner it is my mandate to promote the rights and responsibilities and wellbeing of children and young people in Queensland. My role is governed by the legislative principles that children and young people:

- are entitled to be treated in a way that respects their dignity and privacy
- are cared for in a way that protects them from harm and promotes their wellbeing
- have access to services necessary to meet the child's needs.

On the basis of these principles and the available research, which demonstrates that the needs of children and young people are better met when they are cared for in child and young people specific healthcare services, it is the Commission's recommendation that, wherever possible, children and young people should not be co-located with adult patients in healthcare settings.

The Commission supports the development of national standards to address issues around the co-location of children and young people with adult patients in healthcare settings, particularly if such standards aim to provide children and young people a safer and more appropriate environment in which to convalesce.

In developing such standards, I refer you to the recommendations of a 2007 United Kingdom (UK) Healthcare Commission report, *Improving services for children in hospital*, which seeks to ensure that all healthcare services provided to children:

- are of high quality and clinically safe, have appropriate levels of staffing, and are provided by appropriately trained staff who maintain their skills in surgery, life support and the management of pain
- meet the requirements for effective child protection, and
- address the broader needs of children for communication and play, and are delivered in child-focused environments.

The comments provided in the attachment highlight specific aspects of the co-location of children and young people with adult patients in healthcare settings, with a focus on:

- promoting child safety
- the co-location of young people in adult mental health facilities
- understanding the different needs of children and young people
- creating child and young person friendly healthcare settings
- meeting the transition needs of a young person from pediatric to adult health services, and
- the requirements for a working with children check.

I trust that the information provided is useful in contributing to the development of Australian standards for the co-location of children and young people with adult patients in healthcare settings. If you have any queries about any aspect of this advice please do not hesitate to contact Ms Julie Harcourt, Manager Research, Strategic Policy and Research Program on 3247 5528 or at julie.harcourt@ccypcg.qld.gov.au.

The Commission is keen to continue its participation in the development of Australian standards for the co-location of children and young people with adult patients in healthcare settings and I look forward to receiving further information about their development and implementation.

Yours sincerely

Elizabeth Fraser
**Commissioner for Children and Young People
and Child Guardian**

The Commission for Children and Young People and Child Guardian

Response to the Royal Australasian College of Physicians proposal for the development of Australian standards addressing the issues around co-location of children and young people with adult patients in healthcare settings.

July 2007

1. Promoting child safety

The reported decrease in the number of healthcare facilities specifically dedicated to children and the subsequent increase in the co-location of children and adults in the same hospital ward (AWCH, 2005) raises significant child safety concerns. As noted in the letter written by Drs Goldfield and Wigg, the separate location of child and adult patients lends itself to improved child safety where risks can be minimised.

The Commission has previously advocated for children and young people not to be co-located with adults in healthcare settings as it may increase the risk to child safety. In its feedback to the Queensland Government consultation on the development of the *Public Health Act 2005*, the Commission recommended that children be located in child-friendly facilities and not co-located with adults unless it is considered in the child's best interest not to do so. In its response, Queensland Health stated that implementing such a policy in smaller healthcare settings, such as in rural and remote areas, would be difficult due to limited health staff and smaller hospital size unable to facilitate the separation of patients.

Staff in an adult healthcare facility that has children and young people co-located may not be aware of the risks to child safety. This may exacerbate a child or young person's vulnerability. Similarly, staff may have limited knowledge of policies regarding the requirement to notify suspected child abuse and neglect or when a care and treatment order, outlined in the Queensland *Public Health Act 2005*, should be enforced. In instances where, through necessity, children and young people are co-located with adult patients, it is imperative that adequate staffing is provided to ensure that children are safe and not left unsupervised with adult patients. It is also essential that health staff are aware of their child safety responsibilities and that they are suitably trained in the identification and management of child protection concerns (Healthcare Commission, 2007).

2. Co-locating young people in an adult mental health facility

Children and young people with a mental health condition are at particular risk of a range of adverse outcomes, which can be exacerbated if they are admitted to an adult mental health facility. Through its Community Visitor Program, the Commission has received complaints about the co-location of young people in adult mental health facilities and the detrimental effect this has upon their health and wellbeing.

I refer you to my English counterpart, Professor Al Aynsley-Green, Commissioner for Children, who commissioned a report on the experiences of young people aged 13 to 19 years in adult mental health facilities. The 2007 report, *Pushed into the shadows: Young people's experiences of adult mental health facilities*, stemmed from serious concerns about the inappropriate use of adult mental health wards for young people and deficiencies in the quality of treatment and care provided to the young people in these settings. It found that young people complained about a lack of information, as well as feelings of isolation in adult wards. There were also issues regarding personal safety, exposure to risk taking behaviour and a lack of security.

There is a need for vulnerable young people who experience mental health and/or alcohol and drug problems to receive treatment within a dedicated facility for young people. Placing them in adult facilities places them at significant risk of harm and may impede the effectiveness of their treatment.

3. Understanding the different needs of children and young people

It is widely recognised that the needs of children and young people are very different from the needs of adults in terms of medical and surgical treatment (Healthcare Commission, 2007), as well as their psychosocial care (AWCH, 2005). Healthcare staff may not understand the developmental issues of children and young people who are co-located in an adult health facility, which can impact on the appropriateness and effectiveness of the care provided to them. In essence, the healthcare needs of children and young people co-located in an adult facility may be overlooked (Bennet et al, 2005), which is detrimental to their health. Pediatric trained and experienced healthcare staff are an essential component of children's and young people's recovery processes (AWCH, 2005; Healthcare Commission, 2007).

4. Creating child friendly healthcare settings

It has been reported that the healthcare environment can assist children and their parents to feel more comfortable and supported and assist in treatment and recovery if the surroundings are welcoming (AWCH, 2005). For example, children have a basic need for play, which can also be used for therapy and communications (Healthcare Commission, 2007). A healthcare setting that is child-friendly provides appropriate play and educational facilities, which assists children to maintain a level of normalcy at a critical time in their development. Health services for children and young people should therefore be provided in a way that is child and family friendly, age-appropriate, safe and accessible (Healthcare Commission, 2007).

In many pediatric settings, parents are often able to remain with their child overnight. It may not be possible for parents to be with their child overnight if they are co-located in an adult health setting. It is essential that parents have the option to remain with their children overnight within the hospital environment.

According to the Association for the Welfare of Child Health (AWCH, 2005), a significant percentage of children aged 6 months to 6 years face repeated hospital admissions. The provision of a dedicated child and young person friendly health setting also provides a familiar environment for children who are readmitted during the course of their illness, which can contribute to making their health experiences less confronting.

5. Creating young people friendly healthcare settings

While there is a need for facilities which are child and family friendly, there is also a need for dedicated facilities for young people, whose care needs often differ from those of children. For example, play and recreation equipment is reported to be more appropriate for children than young people in the majority of hospital settings (AWCH, 2005).

Young people prefer to be located near people of their own age, and have different educational and entertainment needs than younger children. In addition, young people need privacy, autonomy, confidentiality, independence and peer support (AWCH, 2005), but they also need their family (Bennet et al, 2005).

It has been suggested that pediatric services are more family focussed, while adult services tend to treat patients as independent adults, which is problematic for young people who may still need or seek family involvement in their healthcare (Bennet et al, 2005). Adult wards are not equipped to meet these needs and may affect the ability of staff to safeguard the welfare of young people effectively.

The Association for the Welfare of Child Health (AWCH, 2005) found that in Australia only 12.3% of hospitals provide a separate facility for young people. There is an urgent need for specific health services for young people that are provided in a way that is young person friendly, developmentally appropriate and culturally sensitive, and where safety, privacy and confidentiality provisions are maintained (Queensland Health, 2002).

The Commission supports the Association for the Welfare of Child Health (AWCH, 2005) recommendation that staff in dedicated health facilities for young people are experienced in the health needs of young people and are able to respond appropriately to their needs. Similarly, staffing should consist of both male and female healthcare workers who are aware of the emotional and social needs of young people. At all times, young people should be encouraged to participate in decisions about their healthcare.

6. Meeting the transition needs of a young person from pediatric to adult health services

It is recognised that the planned transition from pediatric to adult health services is an important component of the provision of quality healthcare for young people and that an unsupported transition can increase the drop-out rate from adult services (Lam et al, 2005).

The transitioning of a young person from pediatric to adult health services can be a problematic experience for young people. For example, some young people who want to be treated as young adults rather than as children may stay in the pediatric system longer than is appropriate. This in itself may give rise to issues of collocating 'young adults' with children. An Australian study found that a doubling of admissions of young people into pediatric care highlighted the issue of the inadequate transfer to adult healthcare (Lam et al, 2005). It is suggested that this could be due to a lack of appropriate services within the adult sector for young people.

Conversely however, other young people may be pushed into the adult system earlier than is deemed appropriate. The transition needs of young people from a pediatric to adult health system requires careful planning, in consultation with the young person. Transitioning from pediatric to adult healthcare should occur within a developmental context that recognises the importance of promoting the young person's capacity for their own self care and supporting the ongoing involvement of the young person and their family in decisions affecting their health (Lam et al, 2005).

7. Requirements for a Working with children check

The co-location of children and young people with adults in healthcare settings in Queensland may require healthcare staff who provide certain essential and developmentally focused child-related services regulated by the specific categories in the Commission's Act (Queensland Government, 2000) to hold a blue card. With regard to the co-location of children and young people with adults in hospital facilities in Queensland, the category of "child counselling and support services" is potentially relevant under the Commission's Act.

Under this category, a paid employee requires a blue card if, over the course of twelve months, as a usual function of their employment, they provide or are likely to provide counselling or a similar support service to a child where they will be physically present with a child while no-one else is present; or they will not be physically present with the child (e.g. they provide the service over the telephone or internet) for at least eight consecutive days, or once a week, each week, over four weeks, or once a fortnight, each fortnight, over eight weeks, or once a month, each month over six months.

Similarly, a volunteer requires a blue card under this category if, as a usual function of their employment, they provide or are likely to provide counselling or a similar support service to a child where they will be physically present with a child while no-one else is present; or they will not be physically present with the child (e.g. they provide the service over the telephone or internet).

However, it is important to note that under the regulated employment category of "counselling and support services" certain exemptions apply for both paid employees and volunteers. For example, a health practitioner registered in Queensland is exempt from requiring a blue card under this category. A "registered health practitioner" is a person registered under any of the following Acts:

- * *Chiropractors Registration Act 2001*
- * *Dental Practitioners Registration Act 2001*
- * *Dental Technicians and Dental Prosthetists Act 2001*
- * *Medical Practitioners Registration Act 2001*
- * *Medical Radiation Technologists Registration Act 2001*
- * *Occupational Therapists Registration Act 2001*
- * *Optometrists Registration Act 2001*
- * *Osteopaths Registration Act 2001*
- * *Pharmacists Registration Act 2001*
- * *Physiotherapists Registration Act 2001*
- * *Podiatrists Registration Act 2001*
- * *Psychologists Registration Act 2001*
- * *Speech Pathologists Registration Act 2001*]

Additionally, a person does not need a blue card under the regulated employment category of "child counselling and support services" if they provide the service in their capacity as an employee of a government service provider (such as Queensland Health).

References

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