Care of the Child Exposure

- The child may feature in all branches of nursing. This may be a child or young person admitted to an adult ward, a parent in hospital fretting about a child at home, visiting a family in the community, a mother and baby admitted to hospital together or indeed a visiting child. It is therefore important that you have some understanding of the needs of children and young people.

- This learning activity requires you to have this activity book and a pen. You will be given various activities and will be referred to videos, journals, texts and the Internet. We hope you will enjoy and learn from this experience.

- The aim of the final reflective activity is to consolidate this exposure. Please place it in your portfolio.

- This workbook and reflective activity has to be completed by the end of the semester in which you experience your exposure placements.

Aim:

To facilitate the student to develop the necessary knowledge and understanding needed for caring for children within their sphere of practice.

Learning Outcomes:

- Demonstrate an understanding of some ethical and legal issues associated with children.
- Discuss meeting the needs of children and their families using a family centred approach.
- Select appropriate communication skills to communicate effectively and efficiently with children and their families.
- Identify actual and potential risks to children and their families within various settings.
- Discuss how the knowledge gained from completing the programme could be applied to their specific branch of nursing.
Child Health

The health of children is dependent on many factors including environment, health care, family, economics, politics and social class. Adult health is dependent on child health e.g. poor diet in childhood is linked to adult health such as coronary heart disease, dental decay and diabetes. Likewise child health is dependent on adult health as health pre-conception and during pregnancy influences foetal growth and development.

Poverty has direct adverse effects on young children continuing through to adulthood and it is amongst households with children that poverty has risen most sharply over the past decades. This has led to both social exclusion and health inequalities (Scottish Government 2010a).

Poor health, poor language and social skills, behaviour difficulties and disadvantaged life circumstances have a direct negative influence on child development and their ability to learn.

Many government policies state clear aims to secure good health for all of our children and young people and share common themes of:

- Getting It Right For Every Child (GIRFEC)
- Partnership working
- Focussing services on the most vulnerable and hard to reach
- Reducing inequalities in health and promoting health
- Being inclusive, accessible, person centred
- Involving communities and consultation
- Integrating Children’s Services and Local Children’s Plans
- Developing and reviewing services
- Facilitating appropriate skill mix across services
- Introducing or building upon most effective skill mix

Getting It Right For Every Child (GIRFEC) is a national programme to improve outcomes for all children and young people in Scotland. It threads through all existing policy, practice, strategy and legislation affecting children, young people and families (The Scottish Government 2010b).
The Child’s and Young Person’s Rights

Summary
Children and young people have the right to:

- Protection from ill-treatment and harm
- Participation in decision-making
- Be listened to seriously and by an appropriate competent health carer who has undertaken child protection training.

Key notes

- Under 16’s have the same right to confidentiality as over 16’s and any breach must be legally justifiable.
- No one should feel pressured into telling a GP’s receptionist why they need an appointment, but remember that the receptionist also has to maintain confidentiality.
- A young person does not need parental consent to access health services.
- There is no specific age of consent, it depends upon the young person’s ability to understand and make decision, but if health professional deems that they are capable of understanding then they have legal right to make decisions and give informed consent, or refusal, for their treatment.
- Even if the young person is not mature enough, to give consent, any right of confidentiality may only be breached if the young person is at significant risk of harm. Child protection procedures take precedence over any right of confidentiality and this MUST be explained to young person where possible BEFORE listening to any disclosure of abuse so that you can refer onto experienced professional before risking possibility of contaminating any future evidence.
- A parent with parental rights may give medical consent, if the young person is unable to do so. Mothers always have parental rights, but fathers only have them if they are married or named on the child’s birth certificate. In order for this to happen the father must be present alongside the mother at the point of registering the birth.
- If the young person is 16 or over parental rights have ceased and so parents would only have authority to give medical consent if they had been appointed as welfare guardian or welfare attorney under the Adults with Incapacity (Scotland) Act 2000.
- Any person under or over 16 who has a sexual relationship with someone under 16 commits a criminal offence. Confidentiality should only be breached if there is a risk of significant harm. Issues of this sort should always be discussed.
- Parents (and teachers) do not have an automatic right of access to information about a young person, if that young person is mature enough to refuse access. It is however encouraged that the young person should inform an appropriate adult where possible. Unlawful disclosure of information is a criminal offence under the Data Protection Act 1998. It may also be a breach of Article 8 – the right to respect for private life under the Human Rights Act 1998.
- Further guidelines on the provision of services to meet their needs can be found in the Children (Scotland) Act 1995.


Activity 1

Who do you think should give consent when a child needs to have medical treatment?

Activity 2

What factors should be taken into account?
Family Centred Care

The concept of family centred care recognises that “No child is an island” and the family is the constant in the child’s life and hence service systems and personnel must support, respect encourage and enhance the strength and competence of the family. (This concept is reflected in the GIRFEC My World Triangle shown below).

Activity 3

What do you think are the key elements of a family centred approach?
Being a Parent

🌱 Activity 4

Ask two people, one of whom has children, what they think a person needs to know in order to parent.

🌱 Activity 5

Access the website below and read about parenting classes

http://www.parenting-forum.org.uk/

🌱 Activity 6

Read one of the following articles and jot down your thoughts on what it tells you about the involvement of children and their families in hospital.


🌱 Activity 7

From the following activities identify any you feel parents should not do: -

- Restrain a child for a painful procedure
- Give pills or liquid medicine
- Give drugs by injection
- Keep a record of the amount a child eats or drinks
- Change dressings
- Bath the child
- Feed the child
- Obtain a urine specimen
- Empty a bedpan
- Take pulse for reporting to nurse
**Activity 8**

Reflect on the answers you gave to question 7, give reasons for your answers.
Young People

Being a young person in hospital or being nursed at home has some differing issues to that of a child. Most children in Grampian over 14 years old are nursed within adult services.

The World Health Organisation (1989) defines adolescence as: “The period of life between 10-19 years, youth as between 15-24 years and young people, as those between 10-24 years”.

Activity 9

If you were a young person in hospital what facilities would you like to have?
Play

Play is often described as the child’s work. It is through play that children learn the skills required for life. Play is essential for healthy development in children. Through the medium of play the child learns to communicate, express themselves and cope with every day life experiences.

Piaget saw play as a means by which children assimilate information; it helps them to fit experience into a framework of understanding that has already been built up. He also saw it as providing a child with a unique individual experience and language to express feeling, thus laying the foundation of normal development (Piaget 1951).

The medium of play helps children develop physically, intellectually, emotionally and socially. The importance of play should never be underestimated and the child needs to know that adults regard his play as important.

Erikson (1963) saw play as a way of dealing with anxiety, enabling children to make up for defects, suffering and frustrations. He also thought that through play children could create worlds in which they are free to try out new roles and master new situations.

Play in Hospital

Play is an important element in the introduction of children to the hospital setting. Play in hospital can provide the children with a sense of normality in a strange environment. Play is also used as an assessment tool for child development and to observe how families are dealing with illness. Play can help children and parents understand treatment and illness and cope with the stress and strain of hospitalisation. Play can also provide children with an outlet for emotions and aggression as well as giving them a medium through which they can communicate. Play is a valuable tool for anyone who comes into contact with children.

Use of Play

“Deprived of play the child is a prisoner, shut off from all that makes life real and meaningful.”

Organisation Mondiale Pour l’Éducation Prescolaire (1996)

- We all have a responsibility for the psychological care of our patients.
- Professionals who understand the importance of play and preparing children for all types of procedures and experiences will have additional skills, as play is a valuable tool for all disciplines.
- For adults preparation involves a verbal explanation of what is going to happen. Whilst play is an excellent medium to use with children.
ACTIVITY 10  WORD SEARCH  PLAY

Contained within this wordsearch are words associated with play.

On completion of the wordsearch you will find that you have eleven letters left. They make up another word related to play. What is it?

Parallel  Socialisation  Preparation  Social Learning  Game
Onlooker  Creativity  Essential  Piaget  Skill
Cooperative  Fun  Diversion  Cognitive  Skill
Solitary  Energetic  Sensori motor  Rules  Therapeutic

SOCIAL LEARNING
HETEVITAREPOOCED
ESENTIALSKEILLE
ROTOMIROSNESSAOV
AUITYVITAERCNI
PREPARATIONERLT
UONTEGAPIPGAVUOI
TPARALLELLALILON
IYRATILOSMFDEKG
CITEGRENNECUSEO
SOCIALISATIONNRC
Activity 11

Look at these toys and think about what you would need to consider if choosing them for a child?
Activity 12

Play is a valuable tool for everyone working with children and families. Suggest five ways in which play may be used in your work place.
Communication

Activity 13

Below are descriptions given by children. What are they talking about?

- Something that looks right inside you

- Listening to your body sounds

- When you are ill it shows how hot you are otherwise it stays still

- It’s like space food - you have it in a bag

Activity 14

Read the following scenario.

Julie, aged 7, had been in hospital for a few days with a severe infection for which she needed antibiotics. She objected strongly to the injection so the nurse said “don’t worry, I'll ask the doctor if you can have it by mouth instead” Julie became hysterical.

Reflect on:

A) Why Julie reacted as she did

B) What you would have said if you had been the nurse
Safety

Activity 15

Draw a map from an address you know to the nearest primary school. What hazards are there on route? What would you teach a child in order that they can travel to school safely?

Activity 16

You are working in a ward where young children frequently visit and young people are cared for. What safety issues do you need to consider?
Separation and Loss

Bowlby (1969) described how an infant instinctively seeks physical and emotional closeness with their caregiver. The response the child gets will affect the child’s ability to form attachments in the future. Attachment to a caregiver should provide a secure base from which the child can explore the environment and a safe haven to which they can return when they are fearful. From birth children will have to face separation and loss e.g. being moved into a separate room, going to nursery, starting school, moving house, losing a favourite item. Encountering these separations and losses are necessary to allow the child to move from dependence to independence.

Activity 17

Think of a situation involving separation /loss. Jot down how the child and parent may react.

Activity 18

Look at the website http://www.robertsonfilms.info/
What reactions might you see in young children who are separated from their parents? How can they be avoided or minimised?
Activity 19

Watch the DVD “Sophie goes to hospital.” What do you think helped Sophie during her time in hospital?

Activity 20

Suggest 3 ways a child can be prepared for a separation event
Child Development

Child development is often measured in terms of achievement of milestones. The Health Visitor’s role involves monitoring these. There are various tools that may be used e.g. Denver Screening tool

Activity 21

Using a textbook find out at what age would you expect achievement of the following milestones:

- Lifts head up when prone
- Turns pages of a book
- Washes & dries hands
- Puts toys in mouth
- Says mama, dada
- Uses pincer grip
- Pedals bike/trike
- Sitting without support

Monitoring Child Development

Activity 22:

Which professionals are routinely involved in monitoring the health of a child in the following age categories?

0-4 years

5-11 years

12-16 years
Immunisation

Activity 23 - Answer the questions in the immunisation quiz below. To aid you in this task go to the following Internet site as your source of reference: http://www.immunisationscotland.org.uk/

1. Find information on routine childhood immunisation programme and write below what immunisations are due at what age.

2. The other name for Pertussis is ...........................................

3. The BCG vaccine is designed to give you protection against.......................

4. The Hib vaccine should provide a child with protection against infections caused by .............................

5. This infectious agent can cause serious illnesses in children such as
   ........................................................................
   ........................................................................
   ........................................................................
   ........................................................................

6. If rubella is contracted during pregnancy it can cause many severe defects in the unborn child which in turn may cause
   ........................................................................
   ........................................................................
   ........................................................................

7. Prior to immunisations parents and guardians must give .........................

8. List three reasons why vaccination may be postponed
9. By immunising large numbers of the population you are assisting in the development of what kind of immunity? ........................................

10. Why is it important that the uptake of immunisations is high?

11. What are parents’ main concerns about their child receiving an immunisation?

12. Mark on the baby below the intramuscular injection sites for a child and infant (deltoid and vastus lateralis).

Conclusion

Add to your Portfolio a 500 word reflective piece on how this exploration will contribute to the care of young people and adults within your chosen sphere of practice.

This completes your care of the child exposure. To review your answers to the activities please see the following 4 pages.

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Answers

Activity 1 & 2

The Age of Legal Capacity (Scotland) Act 1991 says:
- A child under 16 can give consent to a procedure if the medical practitioner believes s/he is capable of understanding the nature and possible consequences of treatment.
- If child is not capable of understanding, parents or guardians should consent

Activity 3

- Facilitating family/professional collaboration
- Exchanging complete and unbiased information
- Recognising diversity and individuality
- Respecting different coping mechanisms
- Encouraging family support
- Providing flexible and accessible services

Implicit within family centred care are partnership, enablement and empowerment.

Activities 7 & 8

You may feel that parents should not do some activities as they are not trained, there may be legal implications or it belongs to the role of the nurse. However, if we are preparing families for caring at home (e.g. a child with cystic fibrosis, diabetes or epilepsy) and taking onboard the concepts of family centred care, it follows that families should give, or participate in, all the aspects of care that they wish to.

Congratulations if you answered that there were no activity parents cannot do, as long as they are informed and supported. You have embraced the concept of Family Centred Care.

Activity 9

- Privacy in washing and toilet areas
- Space for use, storage and display of personal items
- Space for education and study
- Friends visiting
- In hospital:
  - An area for socialising
  - Individual room suitably decorated with radio/TV
  - Kitchen facilities
  - Use of a telephone/ computer
Answers continued

Activity 10

The word is *Educational*

Activity 11

- Safety aspects
- Hygiene
- Simplicity of use
- Ability to be used for a variety of age ranges
- Use for children with a special need to develop gross and fine motor skills
- Developing social skills and speech and language
- Stimulating vision and hearing and cognitive skills

Activity 12

- Clinical Observations
- Development assessment
- Preparation for experience/procedures
- During procedures
- Communication
- Fun

Activity 13

- Something that looks right inside you – **X-ray or endoscopy**
- Listening to your body sounds - **Auscultation with a stethoscope**
- When you are ill it shows how hot you are otherwise it stays still - **Thermometer**
- It’s like space food - you have it in a bag. - **IV Infusion or enteral feed**

Activity 14

Julie reacted as she did as children interpret what they hear literally. Julie’s view of her illness and treatment may also lead her to think that she is being punished for some real or imagined wrong doing. Children's views are quite unique e.g. “I know why I was sick today. I hurt my leg yesterday” (a 4 year old)
Answers continued

Activity 15

Did you consider road safety issues such as parked cars, road crossings, other children or distractions, use of safety features already operational e.g. school crossings?

Activity 16

Did you consider supervision, medicine and chemical safety, floors, stairs, equipment hazards and understanding young people’s developmental needs?

Activity 17

You may have come up with reactions such as crying, anger, avoidance, regression, having a treat, dealing with the situation, denial, going to the pub, having a cigarette, talking to someone, finding information or someone to help. Some of these are more effective than others. What coping mechanisms do you use?

Activity 18

Did you find children react to loss by protest, despair and denial? They may also regress in their milestones. Good surrogate parenting, adequate staffing ratios, and a stimulating and loving environment can minimise the trauma.

Activity 20

You may have suggested:
- A visit
- A colouring book
- Being told or read a story
- Using toys, puppets, dressing up
- Reading a book
- Watching a video
- Discussion with parent(s) and professional(s)

Activity 21

You should have managed to find the answers to all the questions. For some you may have found differing points of view. The majority of children should be able to sit without support by 9 months. Failure to achieve this may indicate a developmental problem.
Answers continued

Activity 22

0-4 years: Community Midwife, Health Visitor, GP.
5-11 years and 12-16 years: School Nurse, Practice Nurse, GP and Community Medical Officer

Activity 23

1. The most up to date answer will be found via the recommended Internet site
2. Whooping Cough
3. TB (Tuberculosis Bacillus)
4. Haemophilus Influenza type B
5. Croup, Joint/bone Infection, Meningitis, Pneumonia, Septicaemia
6. Blindness, Brain damage, Cardiac Defects, Deafness
7. Informed consent
8. Fever, diarrhoea and vomiting, any history of fits, previous reaction to immunisation, undergoing chemotherapy
9. Herd immunity
10. Prevent the spread or resurgence of the disease, prevention of serious consequences of the illness itself; protect those who cannot be immunised.
11. Pain when receiving injection, distress for the child, possible reaction, and long term damage.
12. Deltoid muscle (upper arm) usually used in older children and vastus lateralis (outer thigh) used in infants.
References and further reading

Adults With Incapacity (Scotland) Act 2000


Children (Scotland) Act 1995


Data Protection Act 1998


Human Rights Act 1998
http://www.humanrights.gov.uk/


http://www.scotland.gov.uk/Publications/2010/11/15103604/0

The Scottish Government 2010b Getting it right for every child
http://www.scotland.gov.uk/Topics/People/Young-People/childrensservices/girfec
