



REGION

Initiating early support for children with a seriously ill parent in a hospital setting



Background

- In Denmark we have no laws that require the health care professionals to initiate support for children as next of kin
- App. 40.000 children (0-18 years) experience each year in Denmark that a parent is admitted to the hospital with a serious illness
- App. 2000 children (0-18 years) experience each year in Denmark the death of a parent
- The needs of the child and the parent is often not being adequately met by the health care professionals



Background

- The health care professionals demand and lack knowledge on children as relatives (reaction, communication, support)

Pre-investigations

- The parents are insecure and want guidance from the health care professionals
- 78% has no procedure
- 70 % has no personnel especially assigned to the task
- 41% has no knowledge of normal reactions
- 67% has no knowledge of how to communicate with children
- 52% has no knowledge of how to communicate with parents about their children



The objective of the project

To enhance focus on children as next of kin in order to providing early psychosocial support for the children in a hospital setting

This was done by developing the competencies of the healthcare professionals to identify and pay attention to the children and to proactively advice and give psychoeducation to parents about children's reactions and needs when a parent is seriously ill or dying



The theoretical foundation – attachment theory

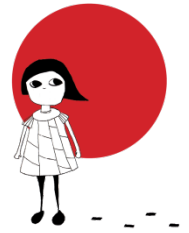
- The parents are the foundation for security and safety of the children
- The children react on how their parents react and cope with the situation
- Helping the parents is therefore often also helping the children.



The intervention

Skills upgrading of the healthcare professionals done by a pedagogical consultant - inspired by situated learning

- **Monthly visits:** The consultant visited each month the hospital departments which participated in the project.
 - Giving lectures on different topics regarding children as relatives
 - Discussed concrete patient cases
 - Providing supervision
- **Between visits**
 - The healthcare professionals could call the consultant for guidance if in doubt
- **Helping the families directly:** If the family was vulnerable the consultant could support the family directly



Evaluation

- Qualitative interviews with:
 - Parents: Patients or spouses (n:6)
 - Health care professionals: (3 focus groups)
 - The pedagogical consultant
- Data from log-data done by the pedagogical consultant

Evaluation:

The health care professionals experience:



- It takes time to implement
- The departments used the pedagogical consultant very differently
 - Generally very satisfied, the help came quickly, the support exceeds the boundaries of the systems
- Enhanced focus: A new set of glasses
- Knowledge and learning:
 - Enhanced knowledge, knowledge as a vehicle to provide courage to up open for conversation, from theoretically knowledge to practically skills
- An allocated resource – for the healthcare professionals and the families -> comfort
- Present knowledge and focus, not tacit knowledge and focus

Evaluation

The patient and spouses experience:



- The need for structure in a situation of chaos
- The structure of the support:
 - Proactive, flexible, continuous (the support exceeds the boundaries of the systems)
- How did the talking with the pedagogical consultant help
 - Share concerns, confirmation, new ideas
 - Normalization, peace of mind and certainty
 - A person outside with professional knowledge
 - Involving schools, NGOs, other public services
 - Taking care of me as a parent – strengthen the parent's capability