

‘The child at heart’. Collaborative working for the child with complex family needs.

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INTRODUCTION - In this case study we examine the psychosocial impact of hospitalisation on a child cared for in a private foster placement and newly diagnosed with End Stage Renal Failure (ESRF). We evaluate the complex interaction between the child's illness and a dysfunctional family unit. And we assess the impact on the child's physical and emotional wellbeing. We demonstrate a collaborative approach to the child with complex family needs.

CASE STUDY - Matilda, an 11 year old girl presented to the Evelina Children's Hospital in ESRF requiring Peritoneal Dialysis. Matilda was privately fostered and had been residing with friends of her birth mother for the past 11 years, with little contact with her biological family. Following admission her biological family became more involved and initiated legal proceedings to obtain care of Matilda. Matilda's birth mother was already known to our unit from a previous child, Matilda's sibling who had received dialysis and a live related renal transplant. During her stay, Matilda's complex family situation had a significant and negative impact on her psychological status. Consequently she experienced a prolonged inpatient stay and required more intense psychosocial input.

We employed a collaborative approach to this child between the Paediatric Renal Social Worker and the Senior Play Specialist. Our aim was to engage the family and highlight the emotional and psychological needs of the child. We also used multiple interventions with Matilda to increase her understanding of her illness and to empower her as far as possible with a positive experience of hospitalisation.

CONCLUSION –Parents, carers and wider family play a central role in the lives of children and often positively influence the psychological response to illness. However, there are situations where family dysfunction can have a negative influence on the child's wellbeing. For these children, collaborative working enables the child's voice to be heard. A 'joined- up' approach that targets both the family and the child is vital in ensuring positive medical and psychological outcomes in these vulnerable children.

(The name of the child has been changed to protect patient confidentiality)