

Evaluation of a family support coordinator for injured children

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Synopsis

The injury trajectory is complex for families to navigate successfully. Children and their parents have different requirements at different times. Each requirement needs to be assessed and addressed to prevent long-term negative physical and psychosocial impacts for the child and for family members. Yet without continuity of care over the whole trauma journey this is a difficult ask for families to manage alone. Risk factors for poor psychological outcomes in parents are diverse and can include severe illness, separation from their child, witnessing their child's injury, poor mental health, decreased family functioning, a lack of social support, and lack of information from the medical team. Each of these factors should be considered when caring for the injured child and their family. It is likely that adoption of a family-centred approach to trauma care, with a role focusing on coordination of psychosocial care from the acute hospital phase to at least two years post-discharge of injured children and their families, would provide benefits in continuity and monitoring of physical and psychosocial care perspectives for both the child and family.

A major trauma family support coordinator role was implemented at the Women and Children's Hospital Adelaide in December 2014 to address this gap. The role was informed by information gained from the literature review (Study 1), the opinions of clinicians involved in the care of children suffering traumatic injury (Study 4), and with input from key stake holders at the Women's and Children's Hospital Adelaide.

The purpose of the Trauma Support Coordinator role was to (alongside the trauma coordinator and existing hospital services) guide families of injured children through the healthcare system, from the day of the injury through to the day of the family's final discharge from hospital and beyond, assisting families access the medical, social and financial services they need throughout their hospitalisation and post discharge.

This study evaluated the implementation of the Trauma Support Coordinator role. Results from the evaluation indicated that a Trauma Support Coordinator is able to improve the coordination of care, provide information about resources and meet the emotional needs of families of injured children while they are in hospital and post-discharge. The role is well received by families and most hospital staff members.



Recommendations for further improving the overall effectiveness and staff acceptance of the role may be achieved with the implementation of a number of things including:

1. Implementation of a dedicated full-time trauma social work role that encompasses all aspects of the Trauma Support Coordinator role – a full-time position for the Trauma Support Coordinator role is required to ensure all families that meet the criteria for engagement by the Trauma Support Coordinator can be approached and that families have the support of the Trauma Support Coordinator from the first day they are admitted to hospital.
2. Allocation of trauma patients to a dedicated Trauma Service social worker (such as the Trauma Support Coordinator) – rather than being allocated to a different social worker when being transferred to a different department/ward e.g. from ED to ICU to ward to outpatient social worker, patients should be allocated to a dedicated trauma support social worker at the beginning of their admission. This would prevent duplication and provide continuity for the patient and their family.
3. Incorporation into social work roster – Incorporation of the Trauma Support Coordinator role into the social work roster will reduce ‘overlap’ and ‘doubling up’ of psychosocial services offered to families. Incorporation of the Trauma Support Coordinator role into the ED will allow for early contact with families when support is most crucial.
4. Clearer communication – Clearer communication channels especially with the social work department at all stages of implementation and roll out will decrease feelings of role encroachment and increase collaboration.
5. More defined role and guidelines for collaboration – A better defined and developed role along with clear guidelines for staff working alongside the new role will reduce confusion for all members of staff regarding the scope and place of the new role in trauma care.
6. Feedback to staff – Continuous feedback to staff on the wards regarding the positive impact the Trauma Support Coordinator has had on families will keep staff interested in working with and referring families to the Trauma Support Coordinator.

Lady Cilento Children’s Hospital, South Brisbane, are in the process of implementing the Trauma Support Coordinator role.