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Caring for more than 'our bastard children' in hospitals

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All countries tell stories of how their inpatient children's hospital services were established. Often contemporary children's hospitals have collated histories of their organisation. Many start with exploring care, and provision, for abandoned children. These histories tell of institutions being established for 'foundling' children. However, these institutions might not be as altruistic as it first appears. Apart from being a money making avenue for wet-nurses, foundlings had other potential economic benefits. This included, that once at an appropriate age foundlings could be a commodity to be sold off as part of a workforce or an army (Panter-Brick and Smith, 2000).

Despite being a potential investment opportunity, public opinion for a foundling institution was not on Thomas Coram's side when he attempted to establish London's first foundling hospital (McClure, 1981). Early 18th century English society commonly considered abandoned children as illegitimate, threatening, villainous, and amoral (Zunshine, 2005). Thus, foundling equated with bastard; and its repercussion, that bastard equalled a disgrace (McClure, 1981).

After a 17 year campaign, and a Royal Charter from King George II, Thomas Coram did establish a Foundling Hospital in Bloomsbury, London. Near to Coram's Foundling Hospital, in 1852, with 10 beds, the UK's first hospital to offer dedicated inpatient care to children opened. Great Ormond Street Hospital is now just one of hundreds of global children's hospitals. Delivering care to millions of children and their families worldwide.

Global data on numbers of paediatric hospitals and dedicated paediatric beds is not available. However, in Europe, for the past two decades, there has been an average reduction in hospital beds per person by almost 20% (OECD/EU, 2018). This has been coupled with a fall in average hospital length of stay from ten days in 2000 to less than eight days in 2016 (OECD/EU, 2018). In part this reduction can be attributed to improvements in inpatient care delivery. For many countries though there has also been intentional reduction in hospital bed numbers as community care services are developed.

Whilst developments in community care services are important, it is clear that in-hospital improvements are also key to improving healthcare. As our Journal of Child Health Care aims to explore a broad range of health topics from a diverse range of settings for this edition of JCHC we are focusing on hospital-based care.

Jepsen and colleagues (2019) found that hospitalized children face a variety of challenges during admission to the hospital due to acute and/or critical illness. A pressing challenge, which surely would have also faced children admitted to Coram's foundling hospital, was that of coping with 'the unfamiliar'. Insecurities and unfamiliar noises abounded, and routines would be as foreign then as there are today. Whilst Coram's children would not have experienced intubation, as Jepsen and colleagues' (2019) participants did, they are likely to have experienced pain, and an atmosphere unlike anything they had experienced previously.

In attempting to ameliorate some of hospitalisation's insecurities, Bray et al. (2019) explore an important aspect of information giving. Improving health literacy in children should be an integral aspect of a planned procedure. A coping strategy available to children in studies reviewed by Jepsen et al. (2019), but not to an illegitimate child in the 18th century, was comforting from a parent. The importance of having a parent as interpreter is also highlighted by Bray et al. (2019) as children are

reliant on their parents for access to information. In absence of a parent, Jepsen et al. (2019)'s finding, emphasises that this important gap is often filled by healthcare professionals.

During the 18th Century, Coram's Foundling Hospital's was novel in its work with children who had a disability. At this time providing education and care for children who had physical or learning difficulties was pioneering. Since this time a great deal of work has been undertaken in understanding care requirements for children with a disability. Adding to this body of work Lewis et al. (2019) have conducted a qualitative study of nurses' perspectives of caring for children and their families in a paediatric acute care setting. This work emphasises that navigating care delivery and relationships when working with children and young people who have intellectual disability an acute care setting can be complex.

With a changing focus on provision of children's hospital services, there has been an increase in centralisation of services. Thus, when our children become increasingly sick, they can require transfer to a higher level of care. Understanding when, who, and why children require transfer can aid in developing in hospital services. To this objective Jensen et al. (2019) has collated information from Denmark regarding children who require transportation to a higher level of care. This study highlights an important aspect of paediatric nursing care, which is taking, recording and understanding vital signs.

Despite changes in care structure, in-hospital care will continue as an important component of children's healthcare provision. We move forward and implement new discoveries with improved insights regarding the care we provide. However, even though societal attitudes have changed immensely since Thomas Coram's day, there is still much to learn from the past. Perhaps the most important lesson is NOT to see the children and young people who come to our Children's Hospitals through pejorative prisms with labels such as 'bastards', 'foundlings', 'cripples', 'chronics' and more, but as heartbeats of families that are fellow citizens of our world.

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