

Services for medically fragile children



Currently available in Waikato this service strives to promote quality of family life, community participation and maximum independence for medically fragile children aged up to 14 years, and their families and whānau.



The service provides short-term home-based support and respite services for medically fragile children. The vision of the service is to provide the best possible community-based support, which maximises the potential of families to achieve a balanced life incorporating their medically fragile child's health needs. The service is delivered by support workers under the supervision and guidance of a registered nurse.

Medically fragile children are those children who have medical or health-related needs requiring registered nurse oversight. The service focuses on those children being initially discharged from the neonatal unit and returning home with complex support needs. The service assists the family to cope on a daily basis and provides assistance with care such as:

- oxygen therapy
- suctioning
- tube feeding
- overnight care
- household management.



Services for medically fragile children (cont)



The service aims to:

- support families to continue to care for their dependent child in the community
- increase opportunities for medically fragile children to develop and enrich their own growth and development
- build relationships, trust and respect between the service and families or whānau by providing a reliable quality service
- design for and provide a planned approach from hospital to home thus reducing the number of crisis episodes
- provide flexible responsive service options based on child and family or whānau need
- reduce family or whānau stress and feelings of isolation
- build opportunities for the child and family to participate in the local community
- increase family or whānau confidence in caring for their medically fragile child.

The benefits of the service are:

- A reduction in the number of hospital admissions to the paediatric ward.
- A reduction in the level of anxiety, stress and feeling of responsibility on parents.
- Increased support for the family and child during readmission from support workers who accompany the family.
- Normalisation of the home environment by demedicalising the situation. Support workers come into the home and play, laugh and maintain routines. They take up the social role similar to an aunt or friend, whereas many of the other contacts are medical personnel who remain focused on the health needs of the child.
- Increased opportunities for the parents to interact and participate in activities with other children in the family while the medically fragile child's needs are met.