



CHILD & ADOLESCENT

Health Care

Inside

Branch Reports

National President's Final Report

'A Child in Detention: dilemmas faced by health professionals'

National Office Report

AWCH Hospital Ward Grandparent Scheme Report

Contents **Page**

Final Report from the National President ... 2

A Child in Detention:

Dilemmas Faced by Health Professionals... 4

*Karen J Zwi, Brenda Herzberg, David Dossetor and Jyotsna Field,
Medical Journal Australia 2003; 179 (6): 319-322*

Branch Reports

NSW 8
 WA 8
 A.C.T..... 10

2004 Conferences

Child Abuse Prevention Service..... 11

AWCH Hospital Ward

Grandparent Scheme Report 12

National Office Report..... 14

Anne Cutler

Contact Details 16

How to contact AWCH Branches, National Office & AWCH Library

If you would prefer to receive this newsletter as a pdf file could you please email your contact details to: awch@awch.com.au and in the subject line put **'newsletter pdf'**

The Association for the Welfare of Child Health is funded by the NSW Department of Health and supported by the University of Western Sydney.

FROM THE PRESIDENT...



In December 2002, Jenny Laverick and Josie Fletcher retired from their positions as dedicated AWCH Library staff. It became clear that a dedicated separate unit was no longer viable and an agreement was reached with UWS that the AWCH Library resources - books, files, films and Umatic video tapes - be returned to AWCH. Unfortunately, the

University retained the 100 VHS videos in the collection. It was also agreed that AWCH staff could have free access to the university journals. This meant that all library enquiries could still be dealt with through National Office and the service maintained until a suitable home could be found for the resources.

In May 2003, the university advised National Office that it could no longer provide rent-free accommodation after December 2003. A temporary solution was found which involved using national office space for the library resources and setting up home offices for the two national office staff.

More recently an offer from the Children's Hospital at Westmead Medical Library to accommodate the AWCH Library resources from December 2003 has been made and accepted in principle by AWCH. In the meantime, work is underway by the AWCH Librarian to cull outdated books and resources. This position has been funded out of both the NSW Health Grant and by Fund AWCH. Thank you to Jenny Laverick who returned on a casual basis to do this work.

I have continued to represent AWCH on the Policy Committee for the Paediatric and Child Health Division of the Royal Australasian College of Physicians. It was requested that the *AWCH Submission to the National Inquiry into Children Held in Immigration Detention, the AWCH Health Care Policy Relating to Children and Their Families* and the *ACHS/AWCH Guidelines for Hospital-based Child and Adolescent Health Care* be sent to the committee. AWCH was also asked to comment on Paediatric Services policy for the Royal Australasian College of Physicians titled *In the Interests of Children: a Statement of Principles for Paediatric Services in Australia*.

As this will be my final report as National President I would like to take a few moments to reflect on the activities of AWCH since I became National President in

1987 (plus NSW Branch President since 1991).

AWCH's federal funding which we had enjoyed over 10 years, was phased out over a three-year period. Fund AWCH was formed in 1988. Marion Steele and I with our other AWCH members of the time, worked tirelessly to secure a home for the AWCH Library and funding for National Office. The University of Western Sydney incorporated the AWCH Library as a distinct unit within the UWS Library. The University also provided rent-free accommodation for the National Office, thanks to Jillian Maling, the CEO at the time. We were able to secure funding for the National Office from the NSW Government and since 1989 the NSW Health Department has funded the National Office through an NGO grant. Marion Steele for those 3 years carried the dual role of National Co-ordinator and senior AWCH Librarian. I think Marion and I spoke daily during this period!

The change of name in 1993 from the Association for the Welfare of Children in Hospital to the *Association for the Welfare of Child Health*, retained the acronym AWCH, but reflected the changes in health care delivery. This was followed by a change of logo at our 25-year celebration.

We have seen the development of:

- an annual national two-day conference, with the recent decision to hold the conference every two years
- an expansion of the AWCH Hospital Ward Grandparent Scheme in NSW, the Hospital Familiarisation Scheme in WA and the development of the Friends of the Ward Programme in the ACT
- the establishment and re-establishment of State and Territory branches
- a National Survey on the psycho-social care of children and their families in Australian hospitals that have five or more paediatric beds
- the production of Videos on AWCH-related topics, due to the generous support of companies and individuals.

A number of AWCH's great achievements were the break-through in the acceptance by the medical profession of parental presence during the induction of anaesthesia, the production of other AWCH policies on a variety of issues and the development of the *AWCH/ACHS Guidelines for the Hospitalisation of Children and Adolescents* for the accreditation of hospitals throughout Australia.

In recent years AWCH has played a strong advocacy

role in such areas as Coroner's Courts following the death of children in hospital, hospital policies and procedures in caring for children, adolescents and their families, child protection issues within the health care systems in Australia and other bureaucracies and entities, which impact on the health and wellbeing of children and adolescents; these issues have been reflected in our conference topics.

In closing I would like to acknowledge the commitment of the AWCH National Liaison Officer, Anne Cutler for her application of the ideals of AWCH and her support to me over the years. A special thank-you also to Rowena Sebastian for her support of Anne. A thank-you also to our former AWCH Library staff Jenny Laverick and Josie Fletcher. I would like to especially acknowledge the very long and valued personal time Ron Berney has given to AWCH as the Association's Honorary Solicitor and his financial guidance for which I personally have been very grateful. I would like to acknowledge the ongoing stewardship of National Office by members of the ASC: Peta Byrne, Sonia Driene and Ron Berney. A thank-you to my fellow directors of FUND AWCH Graham Bench (Chairman) Noel Mills and Marion Steele.

Irene Hancock
National President

AWCH Email Newsletter

This has been emailed every 2 months during 2002-03 with positive feedback from a growing list of subscribers. The email newsletter contains many links to health updates, conference details, reports and articles available on-line as well as information on AWCH activities and the latest in child health news. If you wish to subscribe send an email to awch@awch.com.au or if you wish to receive a hard copy and are a member of AWCH, please ring National Office on 02 9633 1988 to order a copy of the latest newsletter.

\$100000 Community Grants Scheme to help reduce children's exposure to Environmental Tobacco Smoke is available in NSW to develop projects that help to reduce the exposure of young children (0-6 years) to ETS in their homes and cars in NSW (see article insert).

Grant Scheme Guidelines and Application Forms are available to download from the website www.smokefreezone.org.au or contact Craig Easdown, ETS Project Coordinator on 02 9334 1756 or craige@nswcc.org.au

A child in detention: dilemmas faced by health professionals

Karen J Zwi, Brenda Herzberg, David Dossetor and Jyotsna Field

Medical Journal Australia 2003; 179 (6): 319-322

A 6-year-old child, held in detention with his parents pending the outcome of their application for refugee status, manifested psychological distress by repeated episodes of refusing to eat or drink. This case presented clinical and ethical dilemmas for health professionals who were constrained from acting in the child's best interests by government policy of mandatory detention.

IT IS AUSTRALIAN GOVERNMENT POLICY to detain asylum seekers who do not have a valid entry visa in one of six privately operated immigration detention centres while their refugee status is determined (Box 1). The detention environment has been implicated as a direct contributor to psychological distress, either *de novo* or as a "retraumatising influence".¹ This is reflected in the suicide rate in detention centres, which is conservatively estimated at 3–17 times that in the Australian community.² Justice P N Bhagwati, Regional Advisor, United Nations High Commission for Human Rights, identified key human rights issues pertaining to immigration detention in Australia.³ These included the lack of independent monitoring mechanisms, restricted access by healthcare workers and lawyers, lack of protection of the family unit (exemplified in the Woomera Housing Project, whereby women and children were allowed to live in the community while their husbands remained in detention), the policy of detaining unaccompanied minors, and the prison-like conditions, which are not conducive to healthy childhood growth and development.

In August 2001, Australasian paediatricians and psychiatrists issued a joint position statement calling for children and their families to be released from Australian detention centres, and highlighting concern for children's "subsequent emotional development and for the effects of detention on the functioning of their families". In June 2003, there were 315 children held in detention in Australia and Australia's "excised offshore places" (such as Ashmore and Christmas islands),⁴ as well as on Manus Island (Papua New Guinea) and Nauru.⁵

The clinical and ethical dilemmas that arise when government policy restricts clinicians' decision-making are illustrated by the clinical record of a 6-year-old boy in detention with his family, who had repeated episodes of refusal to eat or drink (Box 2)

Discussion

This boy was in a state of distress, and preoccupied by imprisonment and the violence he had witnessed, as depicted in his drawings (Box 4). The form of his response may have been influenced by the behaviour of distressed adults (as role models) in Woomera and Villawood detention centres who staged hunger strikes. His improvement when away from the detention centre, and rapid deterioration on returning, communicated the impact of an aversive environment.

Several authors have described high levels of depression, anxiety and post-traumatic stress disorder (PTSD) in adult asylum seekers detained in Australia. They have also observed that detention may profoundly undermine the parental role, leaving children with little protection or comfort.^{1,7,8} Considerable evidence exists that refugee children themselves are at significant risk of developing psychological disturbance (PTSD, depression, anxiety and sleep disorders),⁹ but they frequently present with mixed symptoms, not necessarily fulfilling a single diagnostic category.¹⁰ The likelihood of psychological disturbance increases with the synergistic impact of multiple risk factors, including observing parental helplessness, separation from parents, witnessing or experiencing traumatic events, and the time taken for immigration status to be determined.¹¹

Psychological distress in the early years may have implications for long-term functioning^{12,13} and competence in adult life.^{14,15} Protective factors for children exposed to trauma include being with their parents,¹⁶ having a safe and predictable environment,¹⁷ and achieving a sense of mastery over the environment by becoming part of a school community.^{18,19}

In May 2001, when this child first presented, public and professional criticism of the conditions in detention centres was beginning to be voiced. The treating team studiously avoided media attention, on the assumption that maintaining confidentiality and advocacy at the individual level was likely to produce the most favourable mental health outcome. The team was challenged by differing views on the extent to which healthcare workers should confront the systems issues contributing to this child's distress.

This child's presentation highlighted both a hiatus in the evidence base for effective treatment options for such

children, and the frustrations of health professionals at being unable to provide best-practice care. Although we offered play and art therapy, family and individual sessions, “therapy” made little sense, given the boy’s awareness of the constant threat of discharge back to the “camp” and the uncertain outcome of the family’s refugee claim.

Clinical recommendations, such as maintaining family integrity or school attendance, could not be accommodated by the Department of Immigration and Multicultural and Indigenous Affairs (DIMIA) and the agency managing the detention centre (Australasian Correctional Management). Child protection, legal and ethical issues were extensively discussed in managing this case. The overarching constraint was the clash between the principle of acting in the child’s best interests and government policy on mandatory detention — often prolonged mandatory detention.

Under the Children and Young Persons (Care and Protection) Act 1998 (NSW), healthcare workers in New South Wales are mandated to report children at risk of harm to the NSW Department of Community Services, so that appropriate protective measures can be instituted.²⁰ This child fulfilled the criteria for reporting, and various attempts to report him were made. Child protection is governed by state legislation and could not be activated, as detention centres are a federal responsibility. Furthermore, the Minister for Immigration has certain guardianship rights with respect to asylum-seeker children, creating difficulties for state welfare authorities.

The ethical dilemma of returning a child to an aversive environment is not unusual for health professionals. When the environment is known to be abusive, healthcare workers can call on nominated child-centred agencies to assist in maintaining children’s wellbeing. However, this was not possible in this case, as detainee children are not subject to Australian child protection legislation, and their welfare is not systematically monitored.

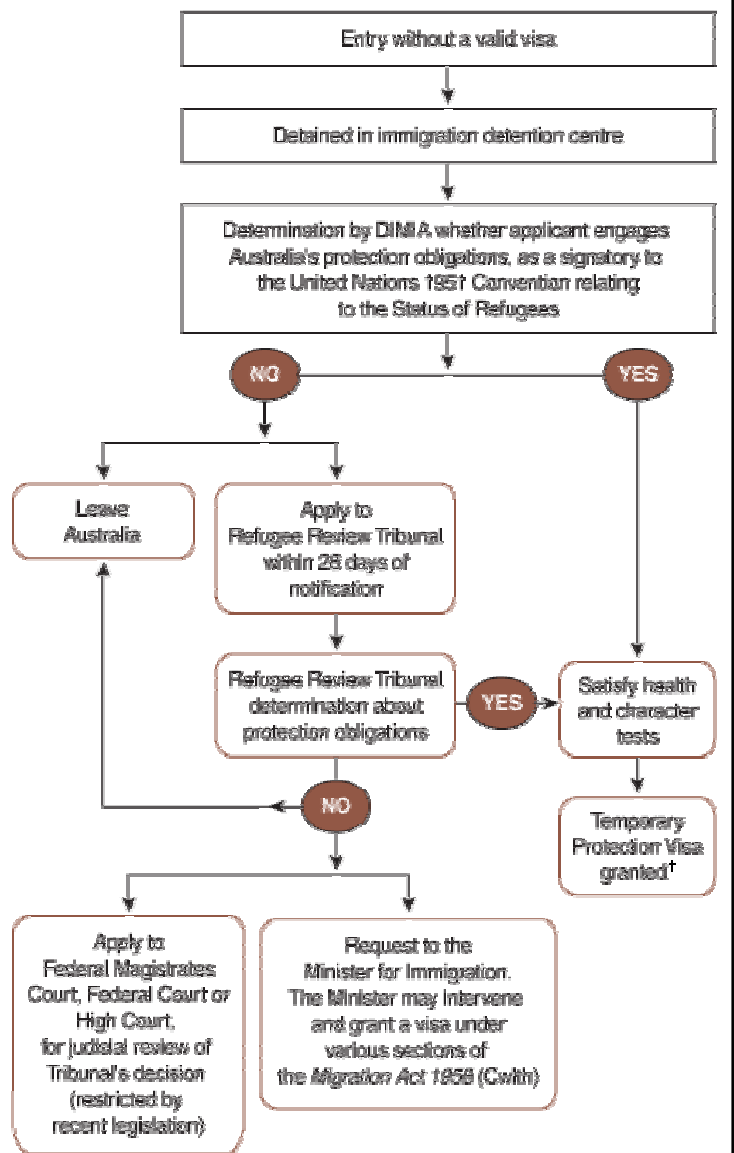
In 1990, Australia signed the United Nations Convention on the Rights of the Child. This convention embodies the principles of provision (of education, health and other services), protection (from torture, abuse and arbitrary detention) and participation by children in decisions affecting their lives. Article 22 proposes that refugee children should have the same rights as citizen children.²¹

In May 2002, an alliance of health professionals launched a submission to the Human Rights and Equal Opportunity Commission (HREOC) Inquiry into Children in Immigration Detention, and recommended that children should not be held in anything other than minimal detention for processing purposes only, and that all children and their parents should be released immediately.²² The child

presented in this article was the subject of a complaint to the HREOC, which “recommended” that the Australian government pay \$70 000 compensation to the child for harm suffered. The government rejected the Commission’s findings and recommendations.²³

Under present government policy, children seeking protection in Australia are unlikely to receive services that fulfil their complex needs, and we remain concerned that their prolonged detention will impair their psychological well-being and their capacity to become integrated members of the community.¹

1: Schematic representation of the process for asylum seekers without a valid entry visa for obtaining a Temporary Protection Visa (Box 1)



* Information from Department of Immigration and Multicultural and Indigenous Affairs (DIMIA) website (www.immi.gov.au/facts/index.htm). †A Temporary Protection Visa entitles the holder to: temporary residence for 3 years; limited Welfare and resettlement assistance; access to Medicare benefits; no access to government English lessons; no family reunion; cannot leave and re-enter Australia (www.immi.gov.au/facts/64protection.htm).

2: Clinical record — a 6-year-old boy with recurrent refusal to eat or drink (Box 2)

A 6-year-old boy presented to the Emergency Department of the Children's Hospital at Westmead in May 2001. He was accompanied by his mother, infant sister and a uniformed officer from the Villawood Detention Centre. His mother reported, via an interpreter, that he had refused to talk or eat for the last 4 days, but that she had managed to coerce him to take small amounts of liquid. This episode began after the boy observed a man cutting his wrists (in the boy's words "killing himself") at the detention centre.

The family was of Middle Eastern origin and belonged to a small religious group regarded as heretics in their country of origin. They had arrived in Australia by boat in March 2000, and then spent 11 months at Woomera Detention Centre and almost 3 months at Villawood Detention Centre. The younger child was born in detention. The family had been refused refugee status at all the initial stages of processing (Box 1), and were making a final-resort appeal to the Minister for Immigration and Multicultural and Indigenous Affairs for humanitarian consideration, a process seldom successful. The chronology of events is shown in Box 3.

For 6 months before presentation, the boy had withdrawn from play with other children, and had been drawing similar repetitive images (Box 4). He became startled when he heard two-way radios used by detention centre officers. His mother described a chronic history of bedwetting and nightmares, which began after he witnessed riots and people setting themselves alight at the Woomera Detention Centre. Before this, he had been healthy, with normal development, although he had refused to eat and talk for half a day after one incident at Woomera.

On examination, the boy was pale, listless and had clinical signs of mild dehydration. His height and weight were on the 75th and 50th percentiles, respectively. He was admitted to hospital for 6 days during which he gradually resumed talking and eating, although his bedwetting and nightmares persisted. Mental-state examination revealed a dull affect with slow, quiet speech and an anxious penetrating stare. He was unable to verbalise any wishes for the future, and said there was no point in making friends, because they all left while he remained in the "camp". He described bad dreams about officers taking his father to gaol, and people cutting children with glass. The only drawing he produced in which the figures were not covered with bars was one of "the man who cut himself" (Box 5). He displayed extreme separation anxiety when his father departed after visits.

He was assessed by the child psychiatry team as having acute on chronic post-traumatic stress disorder, fulfilling the *Diagnostic and statistical manual of mental disorders* (DSM-IV) criteria⁶ in that: (i) he was exposed to traumatic events; (ii) his response involved intense fear and helplessness; (iii) he had persistent re-experiencing of his trauma (through nightmares and with various triggers); (iv) he had a numbing of general responsiveness (with social withdrawal and refusal to speak or eat); and (v) he had symptoms of increased arousal (resulting in disturbed sleep).

The differential diagnosis included depression, but this was considered less likely when many of his symptoms resolved within his short admission.

He was discharged back to the detention centre after 6 days in hospital, with follow-up arranged with the centre psychologist and hospital team. The discharge summary, copied to the Centre Manager of Villawood Detention Centre, stated that he was at high risk of recurrence unless a more normal environment could be provided, that he should remain together with his family, and that access to a school with stable peer relationships would be important. In addition, it was asserted that the uncertainty about his family's future was likely to be perpetuating his symptoms.

Six days later, the boy re-presented to the hospital with refusal to eat or drink and mild dehydration. His readmission necessitated a series of complex interagency negotiations in an attempt to provide a reasonable standard of care. The negotiations involved Australasian Correctional Management (the agency managing the detention centres), Villawood Detention Centre management and health services teams, and various case managers assigned by the Department of Immigration and Multicultural and Indigenous Affairs (DIMIA), and covered coordinating parental visits and family counselling sessions, interpreters, visitors, culturally appropriate food, and possible discharge arrangements. Other difficulties included the lack of a structured daily program (as an asylum seeker, he was not eligible to attend the hospital [Department of Education] school), the social alienation of the child and family within the ward, the emotional distress experienced by the interpreters encountering the family situation, and dealing with the dilemma of whether the hospital should be acting as a place of safety for the child. Since protection from trauma was the most important part of treatment, discharge to the detention centre was likely to re-traumatise him.

During the 8-week hospital stay, the boy became increasingly frustrated and difficult to contain because of his limited access to recreational, educational and other

stimulating activities. He resented that detention centre officers were in close proximity at all times. His separation anxiety was fuelled by unpredictable parental visits, and the alternating arrangement of one parent staying with him. Multiple case planning meetings involving Villawood and DIMIA representatives failed to produce a resolution to the dilemma of a discharge placement for the child. The municipal office of the Department of Community Services was unable to intervene. There was no alternative except to discharge him back to the detention centre.

The child now entered a phase of repeated presentations to the emergency department every few days over a period of 4 weeks, with a pattern of food refusal and dehydration. On each occasion, he required nasogastric rehydration and stayed for 1–2 days. His mother described how he would become pale, quiet and sweaty when he saw the fences that featured in his drawings. After six such presentations, he was readmitted for nutritional review as he had lost 3 kg. Two weeks later, his parents agreed to DIMIA’s offer of discharge to foster carers, and DIMIA arranged Department of Community Services approval of the nominated carer.

DIMIA declared the boy’s new home and school a “place of detention”, and engaged a private psychotherapist. He was reported to have frequent emotional outbursts, disrupted sleep and difficulty coping with separations from his family after weekend access. The foster carers were ill-prepared for dealing with his distress, and the placement was continuously under threat.

With no placement alternative, DIMIA granted permission for the boy to live with his mother and sister in the community. Seven months later, his father joined them when the Federal Court allowed re-application to the Refugee Review Tribunal and Temporary Protection Visas were granted. Of interest is that no new evidence was presented, compared with the family’s original application. These visas are valid for 3 years, and the future thereafter is uncertain for the family.

Although an eager learner at school, the boy currently has regular nightmares and is fearful that his family may be returned to the “camp”. At the time of publication, the family are being seen by therapists at a state-funded trauma counselling service.


“Zwi KJ et al. **A child in detention:dilemmas faced by health professionals.** MJA 2003; 179: 319-322. cCopyright 2003. *The Medical Journal of Australia* - reproduced with permission”.

3: Chronology of events related to the child (Box 3)

March 2000	Arrived in Australia (age 5 years)
March 2000 – February 2001	Woomera Detention Centre. Infant sister born
March – May 2001 May 2001	Villawood Detention Centre Initial hospital presentation and admission (age 6 years)
May 2001 May 2001	Re-presented 6 days after discharge First letter and fax to the Minister for Immigration from treating team at Children’s Hospital at Westmead
May – July 2001 June 2001	8-week hospital admission Subsequent letter to the Minister for Immigration from treating team at Children’s Hospital at Westmead
July – August 2001	Six emergency department presentations
August 2001	Received reply from the Minister for Immigration
September 2001 September 2001	2-week hospital admission Granted Bridging Visa.* Discharged into foster care
January 2002	Mother and sister granted Bridging Visas, and child returned to mother’s care in the community (aged 7 years)
August 2002	Family granted Temporary Protection Visas, allowing family to live together in the community

*Used to allow an applicant for a substantive visa to remain in the country out of detention while their visa application is being processed.

4: The child’s drawings were dominated by the fence (Box 4)



“They’re crying. They’re all scared. Scared of officers — all of them” (the child’s description of the people in the foreground).

“It’s a stick. They bash up children with that wood” (the child’s description of the person in the background).

5: The child’s drawing after seeing a detainee cut his wrists



“The man who cut himself”

BRANCH REPORTS

AWCH NEW SOUTH WALES



In July 2002 I attended a morning tea at Sydney Children's Hospital for the ward grandparent volunteers, which was an excellent event. I gave a thumbnail sketch of the AWCH Hospital Ward Grandparent Scheme to the attendees and presented badges to the ward gran volunteers. In August AWCH held a thank-you lunch for the ward grandparent

volunteers which was very well attended.

A farewell lunch for Jenny and Josie, the AWCH Library staff, and Bob Fletcher who has done such a lot to help AWCH over many years, was held on Friday 4 April at the Mercure Hotel, St Leonards. Josie presented AWCH with a plate that was struck with the original AWCH National Office building in Parramatta. The plate is held at National Office.

There have been several requests for AWCH representation on working parties in NSW. The Greater Metropolitan Transition Taskforce (Government Plan of Action) requested that AWCH provides consumer representatives to discuss developing strategies about the transition of young people from paediatric to adult health services. Anne Cutler, National Liaison Office, and Marea Howe, Parent Council Sydney Children's Hospital have been representing AWCH on this committee.

Requests for representatives have also come from:

- Paediatric Network WESCHEN
- Northern Area Acute Adolescent Services Committee
- Women's and Child Health Planning Forum for Northern Sydney Area Health Service
- Coalition for Australia's Children: a network of peak advocacy organisations for children in Australia
- Acute Care Implementation Working Group (GAP)
- Child Health Advisory Group SWSAHS
- Family Partnership Forum (sponsored by Family and Community Services Department)
- Statewide Paediatric Services Advisory Committee

AWCH also attended, manned displays or presented at a number of conferences:

- Seminar: Nurses Midwives Caring for Children and Families
- Women and Children's Hospitals Australasia Conference – *Healthy Risk or Risky Health*
- Nepean Plain Sailing on Rough Seas Conference
- Early Childhood Intervention Conference
- South Eastern Child and Youth Services Network.

AWCH was able to provide a number of sponsorships to conferences during 2002-03. Sonia Driene, AWCH NSW Vice President, attended the Child and Youth Health 2003 Conference held in May in Canada and three AWCH NSW members attended the Tresillian Conference in June.

During 2002-03 AWCH has received 635 enquiries in NSW for support groups, advocacy and policy, AWCH information and resources, information on disorders or illness, literature on the psychosocial needs of children and young people and information on the AWCH Hospital Ward Grandparent Scheme.

In closing I would like to acknowledge the ongoing stewardship of the National Office by members of the ASC: Ron Berney, Sonia Driene, Peta Byrne, and Jenny Laverick as the AWCH Library Representative on the ASC under the able chairmanship of Peta Byrne as National Treasurer. A thank-you to the AWCH NSW Committee members: Sonia Driene, Peta Byrne, Gail Tomsic, Tracey Marshall and Adrienne Woods.

A thank-you to Anne Cutler, Rowena Sebastian, Jenny Laverick and Josie Fletcher for their support of AWCH Branches and their work for the ideals of AWCH

Irene Hancock
President AWCH NSW

WESTERN AUSTRALIA



The past twelve months have literally flown and despite the fact that we have continued to meet bi-monthly for our committee meetings, the number of things needing to be dealt with seems to increase rather than decrease. Some of our achievements however are worth mentioning.

Recommendations resulting from the Hospital Familiarisation Program (HFP) research project include:

- AWCH to set up a web page so that members of the public can readily obtain information on the services and support available.
- AWCH to set up a help line in order to provide a sympathetic ear and comforting support to parents. Although AWCH cannot provide medical information, they could disseminate research information and show parents that they care.
- Following the HFP session, children should be able to engage in further role play for at least a week and the hospital hire kit is considered essential for rich medical play. Details of this recommendation were passed on to schools in our mail-out at the beginning of 2003 and as a result the increased requests for hire kits has been quite substantial.

Copies of the research project are available to any interested member.

An invitation from the Edith Cowan University early childhood teachers department to speak to their final year graduates about AWCH and our HFP program was accepted by Ann and Kate and well received by those present.

AWCH received an invitation to join the Alcoa Community Day in Mandurah last November. This was an excellent opportunity to spread some AWCH awareness. This was an even better chance to invite children to role-play with all our hospital equipment. Many people attending were surprised to learn that the Hospital Familiarisation Program was offered to schools.

The trial offer of the HFP to the Bunbury/Busselton district was very well received. 6 schools booked 20 sessions with 530 children participating. As this offer was open for just two weeks in term 4 we were delighted with the response. Rona Mckinnon and Helen Johnston managed the task admirably. Recently we have discussed the possibility of repeating this offer again this year and this has been agreed to by Rona and Helen.

Several changes in our staffing have taken place with Kathy Musca, Trish Wheeler, and Moira Tuckey, resigning for personal reasons and we were most sorry to see them leave. However, our new presenters Trishula Winkler, Lee White and Trish Barnett are enjoying their new appointments with AWCH WA.

The surgical familiarisation program at Joondalup hospital is progressing and fortunately Kate has managed to be available for each request despite her office commitments. Each child has had a one-to-one with Kate for the session. This is not quite how it was planned in the beginning but has proved to be quite special for these particular children. Accordingly, it is not really surprising that the parents and staff gave such very positive feed back.

Insurance is once again on the agenda, this time with a new requirement from the Health Department for risk cover for volunteer/members. The quoted cost for this from Statewide Insurance is quite prohibitive. However, Princess Margaret Hospital have indicated that they may be able to assist and this is in progress at the moment.

National Police checks for volunteers are to be introduced for groups who meet certain criteria and it would appear that this might well apply to our organization. We will need to check the implications and make arrangements to address any new requirements that may apply to AWCH.

Lis Mathiasen, a long-time AWCH member, is currently teaching at Tjukurla which is a remote aboriginal settlement in Central Australia. The committee agreed that an application be made to ECU suggesting that surplus funding from the HFP research could be well spent for a case study at Lis's school and the request was successful. Dr Dawn Butterworth as the investigator visited the site and AWCH provided a complete HFP kit with extras for the study. Dawn and Lis will be giving a related Powerpoint presentation at our AGM meeting.



Finally, a very important milestone in the life of AWCH WA has been reached. We have completed 20 years of offering Hospital Familiarisation Program to schools and kindergartens. We have come a long way since those early pioneers gave their services as volunteers to trial its potential and value. Today we have a paid staff of ten: Kate Castledine as office coordinator, her assistant Pat Blair, and eight presenters. A celebration to mark this occasion is planned for the end of the year.

I must conclude by once again thanking everyone who has offered their support to AWCH WA during the past year. Despite the dwindling numbers of financial members I hope those of us who give the organization our time and energy will continue to feel that AWCH is still a very worthy cause.

*Ann Taylor
President AWCH WA*

AWCH ACT

2003 has been a quiet year for AWCH ACT in terms of meetings, but looking back over our achievements we have done very well and must have worked very efficiently to have accomplished so much.

Checking on last year's report, we had a very successful Open Day at The Canberra Hospital on Sunday 20 October 2002. Planning is already well underway for this year and Open Day will be held on Sunday 19 October. At least we are a week ahead of daylight saving this year! Thank you again to Wendy Cummings for representing AWCH on the Children's Week Committee.

The AWCH Conference in Sydney (10-11 October 2002) was a very memorable and informative one. It had excellent information for the audience that attended, most of whom were working with the children and young people being considered at the conference- "Healthy Justice for Children and Young people". My paper on "Child Abuse and the Courts" was well received and has also been seen as relevant subsequently by other groups involved with children's welfare. Unfortunately, the current priorities in our western society are often not in children's best interests and I believe there will continue to be a need to advocate for a society which is committed to helping children develop to their potential. The current indicators for the mental and physical health of our young people are most concerning and need urgent consideration and informed action.



There has been a small beginning in expanding their role. They have on several occasions been involved by helping with the children in the Child at Risk Assessment Unit. They also undertook a long-overdue toy spring clean for the Unit.

I feel the time is ripe for establishing a much stronger Friends' presence within children's services in the hospital. Thank you very much to the stalwart band of friends. We will try to be more supportive and creative in the coming year in making full use of your diverse and valuable talents.

Regarding the refurbishment, it is a very good way to introduce ACT AWCH's most tactical advance this year. As you know, we organised a Paediatric Consultation in conjunction with the Consumers' Forum. Progress following this was depressingly slow initially, but now it looks as if the fire is finally alight and we are in a well-recognised position to provide opinion and advice on future paediatric planning, as well as being the nucleus to generate wider, more comprehensive consultation on these matters.



The discussion paper we developed as a result of the consultation is available for those of you who have missed out seeing it. I feel an important aspect of the framework we have used in this evaluation and consultation is that it is also suitable to evaluate community child health services.

As most of you know, AWCH ACT was chosen as the home for the "Fame Project", which was the special project developed by Nancy Wilkinson. Since her death, the project has been struggling but, again in the new year, we hope that it will be possible to reinstate it in the way Nancy had intended. At this stage it looks as if AWCH ACT will continue to be involved and indeed it is a project well within the philosophy of AWCH.

Related to this, a scholarship fund was set up as a memorial to Nancy and the intention of the fund is to help support a person interested in working with grieving and distressed families to obtain further training in this field. The first scholarship was awarded this year and Greg Taylor, who works as a counsellor for SIDS & KIDS was able to attend a training course at the Dougy Center in USA to learn about

developing peer support groups for teenagers following the death of a sibling. He found the course very helpful and is now looking at ways to best use his new knowledge here in the ACT.

I would like to thank the committed, reliable long-staying AWCH Committee for their continuing vital work for the children in ACT. To Moira, thank you for providing the best meeting venue in the ACT.

Our Guest speaker tonight, Jon Darville, is a vital part of AWCH ACT and we are very much looking forward to his talk to us.

Thank you all for your ongoing support. My parting words are the same as last year- let each of us try to recruit one more person to AWCH ACT- imagine what twice as many of us could achieve!

*Sue Packer, AM
President AWCH ACT*

CONFERENCES IN 2004

THE INTERNET, MEDIA AND MENTAL HEALTH INTERNATIONAL CONFERENCE
Brisbane Convention & Exhibition Centre
21 – 24 April 2004
<http://icet.im.com.au/Main.asp>

18TH WORLD CONFERENCE ON HEALTH PROMOTION AND HEALTH EDUCATION
26 – 30 April 2004 Melbourne
www.Health2004.com.au

7TH NATIONAL DEAFBLIND CONFERENCE 2004
2-5 July 2004 Rydges Riverwalk Melbourne
Contact Annie Rose on 03 9824 4288 or
<mailto:arevents@netspace.net.au>
www.dba.asn.au

BROADENING THE VISION: BUILDING COHESIVE COMMUNITIES FOR CHILDREN AND FAMILIES EARLY CHILDHOOD INTERVENTION AUSTRALIA
25 – 27 July 2004 Grand Hyatt, Melbourne
www.cdesign.com.au/ecia2004
Call for Abstracts (View at <http://www.aicafmha.net.au/enews/> - go to issue #3.19 for link. (PDF file))

Child Abuse Prevention Services (CAPS) is a service that provides understanding and support to thousands of everyday mothers and fathers who require help - where stress and pressures have become too great. They provide:

- ✓ a 24-hour crisis line
- ✓ telephone counselling and support
- ✓ home or personal visits
- ✓ group sessions
- ✓ drop-in centres for parents and/or children with relaxation crafts, etc
- ✓ referrals (as agreed) to all relevant resources
- ✓ broad community education on family stress and its effects on children

For more information phone their 24-hour Freecall number on **1800 688 009**

Ancient wisdom says when you discover you are riding a dead horse, the best strategy is to dismount. However, in organisations we often try other strategies, including the following:

- changing riders
- falling back on 'we have always done it this way'
- appointing a committee to study the horse
- conducting site visits to see how others ride dead horses
- comparing the state of dead horses in today's environment
- changing the requirements so that the horse no longer meets the death standard
- hiring an external consultant to show the dead horse can be ridden
- promoting a dead horse to a leadership position

If any of this seems familiar, it is time to find a new horse. If there is nothing familiar, you can think of your good fortune compared to many others.

Dr Michael Brydon, Chairman AJC, Australian Jovial Club

Reprinted from *the way forward*, Sydney Children's Hospital Randwick Newsletter

AWCH HOSPITAL WARD GRANDPARENT SCHEME REPORT



2002-03 has been an interesting year for the AWCH Hospital Ward Grandparent Scheme. There has been a change to AWCH administration of the scheme which now operates out of National

Office and is coordinated by the Community Liaison Officer Position. During 2002/03 this new position was piloted using funds from the Department of Health annual grant and also sponsorship from Fund AWCH. This new arrangement provided a much needed link with the hospitals who operate the scheme. The AWCH Community Liaison Officer gives extra support to the ward grandparent volunteers and the coordinators of the scheme in each hospital, which is very often a social worker but sometimes a nursing unit manager or occupational therapist.



The AWCH Ward Grandparent Scheme is a win-win program of community service! It is clear from the feedback about the scheme that it has huge value and rewards for both the families of hospitalised children and the ward gran volunteers. It is a tribute to the underlying philosophy of the scheme that the work of the ward grandparent volunteers continues with both the volunteers and the families they support getting great benefit from being involved in the scheme. The statistics from the 10 hospitals operating the scheme indicate that **45 ward grandparent volunteers** cared for **210 children** over **5298 hours** which is the equivalent of **706 working days**. A fantastic achievement!

The scheme has traditionally catered for children and young people who do not have a parent/carer to stay with them during hospitalisation. The AWCH Ward Grandparent volunteers contract with the hospital to be available up to 3-5 hours a day, up to 3-5 days per week. The changes in hospital care to much shorter stays have created a need in some hospitals for shorter timeframes and more flexible arrangements. Some hospitals have a ward grandparent visit on a regular one-day-a-week basis

and work with children and families as needed on those days. Other hospitals which cater for children with particular levels of need, find that the AWCH Ward Grandparent volunteer is needed only for a few hours each week. Still others will come in and support children who are hospitalised for longer periods of time. It is a testament to the scheme that it has been adaptable and flexible to accommodate the changes in hospitalisation for children that have occurred over the last decade or so.

The ward grandparent volunteer role can now encompass working with children whose parents/carers are able to attend to their children in hospital but might need a well earned break for a few hours. This is particularly helpful to parents who have chronically ill children. This results in a much more complex role for the ward grandparent volunteer and is reflected in their training needs which for 2002-03 included areas of confidentiality and boundaries, understanding culturally and linguistically diverse communities, knowing the child development needs of hospitalised children and being able to provide special activities for children in hospital.

In tandem with the changes in paediatric hospitalisation are the changes in the volunteering workforce from which the AWCH Hospital Ward Grandparent Volunteers are drawn. Whilst many of the current volunteers can commit to 3-5 hours per day/3-5 days per week when needed, newer applicants enquiring about the scheme often have single set days or 2-3 days and 2-3 hours available.



It was timely then during 2002-03 to revise the AWCH Hospital Ward Grandparent Scheme Guidelines. Comment and feedback was sought from the AWCH NSW committee, the Hospital Coordinators and each ward grandparent volunteer. There was

an excellent response to commenting on the guidelines in particular from the ward gran volunteers who by-and-large thought the document was an excellent one. The ward gran volunteers also offered a number of suggestions for improvement on the guidelines as well as interesting anecdotes about their role and what works

AWCH

well. Thank you to everyone who responded.

The Community Liaison Officer fields enquiries about volunteering for the Ward Grandparent Scheme, sends out to potential volunteers information about the scheme, processes any applications that come in and visits a number of the schemes during the year. The Community Liaison Officer has been able to attend some of the



networking sessions provided by the health care staff, at the hospitals. Thank-you to Lisa Annesley at St George, Joanne French at Liverpool, Diana Carmody at Westmead, Alison Perry at Gosford and Pam Outlaw at Royal Prince Alfred for welcoming the Community Liaison Officer to their meetings. It is planned that the Community Liaison Officer will visit Cheryl Lewin, our only Ward Grandparent Coordinator Volunteer and Cheryl Nolte who are at Port Macquarie, then Newcastle, Royal North Shore, Sydney Children's and Allowah Children's Hospitals in the second half of 2003 or early in 2004.

These visits have been an excellent opportunity to inform the Ward Grandparent volunteers and sometimes the newer social workers about the work of AWCH, to assess the training needs of the ward grandparents and discuss any expansion of the scheme within the hospital.



In August 2002 AWCH held a Ward Grandparent Thank-you Lunch. It was an opportunity to acknowledge the work that the ward grans do, and to present certificates and AWCH Hospital Ward Grandparent Scheme badges. A training day was also held in August 2003.

Looking forward to 2003-04, AWCH will send out to each of the ward grandparent volunteers on a regular basis, information sheets that may help them in their work and also to conduct another training day and thank-you lunch. Some of the suggestions from the ward gran training day include:

- follow-up support after a crisis
- promoting the scheme within the hospital
- training in handling major events
- more games and ideas for play
- more detail on cultural and linguistically diverse communities (CALD)
- how to handle children with drips and undergoing other procedures

Association for the Welfare of Child Health

- networking with other services e.g. aboriginal health workers
- sharing with ward grans from CALD communities
- sibling attention
- reports from each scheme and how it operates
- children with an intellectual delay

There have been several enquiries from Victoria and Queensland and other areas of NSW asking how to go about starting the scheme and it is hoped that discussions with a potential sponsor for the scheme will be forthcoming.

I would like to thank on behalf of AWCH all the 62 ward grandparent volunteers for the fantastic work they do ensuring that children's emotional needs are met during hospitalisation; thank you to the coordinators in the hospitals who provide much needed support for the volunteers at the hospital; Rowena Sebastian for her dedication and excellent administrative skills; to the AWCH NSW Committee, Irene Hancock, Sonia Driene, Gail Tomsic, Peta Byrne, Tracey Marshall and Adrienne Woods for their ideas and support which contribute towards the success of the scheme; thank you also to NSW Health and Fund AWCH for providing much needed funds for the Community Liaison Officer Position.



*Anne Cutler
AWCH Hospital Ward Grandparent Scheme
Community Liaison Officer*

Protect your Child's Mental Health

Show affection, interest, respect and regard for their wellbeing. Encourage them to talk about their feelings and to work out problems even when it is difficult. Comfort them when they are distressed or anxious. Provide consistent care and set limits but do not use harsh discipline. Be aware of their needs and differences at different stages of development. Spend time playing and reading to younger children.

NATIONAL OFFICE REPORT



2002-03 has been a year of major changes to AWCH in terms of accommodation and workload for both the National Office and AWCH Library.

Office and AWCH Library Accommodation

In July 2003, the AWCH Library collection was moved temporarily into the National Office at Westmead after the withdrawal of administrative support by the University of Western Sydney (*see* National President's Report p.2). The rent-free accommodation at Westmead is also being terminated in December 2003, so a new home for the both National Office and the AWCH Library has to be found. The main office has been temporarily located at Woollooware with a second smaller office at Greystanes. It has been possible to network across the 2 sites and the work of National Office continues as before. Discussions are currently taking place with the Children's Hospital at Westmead Medical Library to see whether the AWCH Library collection can be housed there. The move has been agreed upon in principle and AWCH is waiting now for the final decision to be made.

Archiving the AWCH Library Audio-visual Collection

AWCH has also enquired about the cost of archiving the AWCH Library audio-visual collection onto DVD. The collection is of considerable historical value. However, to transfer the films and tapes to DVD will cost around \$27000 not including the cost of a project worker to organise the copyright permissions.



AWCH Library Enquiries

There has been a steady number of enquiries since January when National Office staff commenced dealing with AWCH Library enquiries. Jenny Laverick, previous AWCH Librarian has been employed on a casual basis to help with the enquiries, to keep the indexing of new resources up-to-date and to cull the collection. I would like to thank Jenny for her invaluable help, Marion Steele, who is acting in an advisory capacity and Rowena Sebastian who knows her way around the Dewey system and is, in her usual way, able to adapt with flare when thrown in at the deep end.

AWCH Promotion

National Office staff have attended a number of displays at Conferences promoting the services of the Association. As a result, there has been an increase in enquiries to National Office for literature which includes:

- the impact of hospitalisation on children
- nursing adults and children together on the same hospital ward
- First Arch Syndrome
- breastfeeding guidelines for paediatric units
- planning for child and family friendly units
- stoma feeding
- ADHD
- animal assisted therapy
- social work practice when working with adolescents.



Child Health Consultations

AWCH continues to provide input to child health issues via forums and working groups:

- Children's Hospital at Westmead Quality Council
- Children and Women's Health Forum – Northern Sydney Health
- Family Partnership Forum – Department of Family and Community Services
- Health Care Complaints Commission Consultative Committee
- Family Focussed Care Committee Children's Hospital at Westmead
- Acute Care Implementation Working Group
- South Western Sydney Area Health Service Child Health Advisory Committee
- Health-Related-Transport Forum
- Families First Launch of Families First Report for Nepean Area
- GMITT Transition from Paediatric to Adult Health Care
- Disability Action Plan Children's Hospital Westmead
- Roundtable Discussion 'Towards the Development of a National Agenda for Early Childhood'

The Greater Metropolitan Transition Taskforce

(http://www.clininfo.health.nsw.gov.au/downloads/reports/GMTTSummaryA4_26Aug02.pdf) **Generic Issues Sub-Group** continues to meet on a regular monthly basis and both Anne Cutler, National Liaison Officer and Gail Tomsic AWCH NSW Committee member attend. The group has completed the Draft Framework & Draft Guiding Principles Document relating to Transition Care in NSW.

ACHS (www.achs.org.au)/**AWCH/ACPCHN** (<http://www.acpchn-nsw.org/>) met to discuss the *Guidelines for Hospital-based Child and Adolescent Care*. It was clarified by ACHS that the guidelines are not used by reviewers at the time of accreditation but rather as background resource material. The guidelines are due to be updated and AWCH/ACPCHN were invited to be part of that updating process. A document which may be useful to this process is the Draft New Zealand Standards for the Wellbeing of Children and Adolescents Receiving Healthcare <http://www.paediatrics.org.nz/documents/wellbeing/standards%20wellbeing%20long%20doc%20-%20may%2002.pdf>

Enquiries to National Office

During the 2002-2003 period there were 876 enquiries: 396 from health and other professionals, 187 from members, 169 from the general community. Community enquiries have included:

- Mother and baby prevented from staying with terminally ill child
- Parental leave for pre-school teacher
- Preparation for hospitalisation
- Parents Training Doctors
- Immunisation isolation from other children
- Rights of non-custodial parent to know that child was hospitalised
- Concern re Childcare Centre
- Concern about child left in car during the day
- New born baby with scabies
- Baby feeding
- Constipation in 4-month-old baby
- Immunisation records of child

National Action Plan for 2004

The National AGM and Annual National Council meeting were held on 25 October 2003. The National Action Plan for 2004 was developed and is outlined below. National Office in conjunction with the AWCH branches will be working towards implementing the action plan during 2004.

Action Plan 2004

- Recruitment and appointment of permanent office bearers to the Association

- Re-establishment of AWCH branches in South Australia and Queensland
- 2004 AWCH Conference *Early Interventions for Healthy Solutions*
- Permanent accommodation for the AWCH Library and National Office.

SA Branch Redevelopment

Anne Cutler and Irene Hancock travelled to Adelaide in July to discuss with Professor Philip Darbyshire and Victor Nossar the re-establishment of an AWCH branch in SA. Cynthia Baldwin, Manager Volunteer Services at the Women and Children's Hospital <http://www.wch.sa.gov.au/> showed Anne and Irene around the hospital. Meeting with play specialists and the hospital school principal was especially interesting. One play staff member was a very experienced and enthusiastic staff member and had worked at the hospital in play for 26 years. An innovative development at the hospital school was that now it remains open during the school holidays, as the staff were able to organise industrial conditions to be able to work throughout the year. It means the service is available in those extra busy times of school holidays.

AWCH Hospital Ward Grandparent Scheme

A training day and thank-you lunch was held on 26 August for the Ward Grandparent Volunteers. It was a very successful day with a lot of positive feedback with all the ward grandparents wanting another training day. Irene Hancock attended the opening session and the lunch which was much appreciated by the ward grans. Irene presented each ward grandparent with a certificate of appreciation and a badge to those who had not received them (Please *see* report on p.12).

*Anne Cutler
National Liaison Officer*

On-Line Articles

Importance of Play in a Child's Development

www.napcan.com.au click on the link to 'Information and Resources' and then link to 'supporting families'

Does early Intervention Help?

www.ed.gov/databases/ERIC_Digests/ed295399.html

Integrating Children with Disabilities into Pre-school

www.ed.gov/databases/ERIC_Digests/ed369581.html



Contact Details



AWCH NATIONAL OFFICE and AWCH LIBRARY

Postal Address:

PO Box 113
WESTMEAD NSW 2145

Telephone: 02 9633 1988
Fax: 02 9633 1180
E-mail: awch@awch.com.au
Website: www.awch.org.au
Toll Free: 1800 244 396

ISSN: 1442 4886

AWCH BRANCHES

AUSTRALIAN CAPITAL TERRITORY

Secretary
AWCH ACT
PO Box 98
WATSON ACT 2602

NEW SOUTH WALES

C/- National Office
PO Box 113
WESTMEAD NSW 2145

TASMANIA

Ngia Purton
15 Twelfth Avenue
West Moonah Tasmania 7009

WESTERN AUSTRALIA

Secretary
GPO D184
PERTH WA 6001

QUEENSLAND

C/- National Office
PO Box 113
WESTMEAD NSW 2145