

Appendix A



QUESTIONNAIRE

ON PSYCHO-SOCIAL CARE OF CHILD PATIENTS
(AND FAMILIES) IN HOSPITAL

**To be completed by the Director of Nursing,
Nursing Unit Manager (Paediatric) or
Clinical Nurse Consultant (Paediatric).**

When completing this questionnaire please:

- 1) Place a tick in the square alongside the appropriate answer – you may tick more than one.
- 2) If there is insufficient space to make comments please use the back of the booklet.
- 3) Space has been provided at the end of the questionnaire for general comments.
- 4) If you would like to include any further information, please attach and return with the questionnaire.

All of your responses will be treated in the *strictest of confidence* and it will not be possible for any person to identify individual responses in the final report.

After you have completed the questionnaire please return it in the stamped addressed envelope provided.

**If you have any queries please contact AWCH on 02 9631 9208,
Fax 02 9631 9390 or
email awch@awch.com.au
or contact:**

Anne Cutler
National Liaison Officer
Association for the Welfare of Child Health
PO Box 113
Westmead 2145 NSW

Date completed: / /

Position of person completing the questionnaire :
eg NUM.....

We thank you for your time in completing this questionnaire.

We understand that smaller or general hospitals will possibly not have the same range of services and facilities as the larger paediatric hospitals.

1. SEPARATE PAEDIATRIC & ADOLESCENT FACILITIES

1.1 Please indicate the type and location of your hospital within the following three groups:

		YES	NO
a) Public.....	1	<input type="checkbox"/>	<input type="checkbox"/>
Private.....	2	<input type="checkbox"/>	<input type="checkbox"/>
b) City/Metro.....	3	<input type="checkbox"/>	<input type="checkbox"/>
Country.....	4	<input type="checkbox"/>	<input type="checkbox"/>
c) General Hospital admitting paediatric and adult patients.....	5	<input type="checkbox"/>	<input type="checkbox"/>
Specialised Paediatric Hospital admitting only paediatric patients.....	6	<input type="checkbox"/>	<input type="checkbox"/>

1.2 Total number of hospital beds 7

1.3 Total number of paediatric beds 8

1.4 If general hospital:

		YES	NO
a) Are children in separate ward(s)?	9	<input type="checkbox"/>	<input type="checkbox"/>
b) Are children placed amongst other patients?	10	<input type="checkbox"/>	<input type="checkbox"/>

1.5 Please indicate the allowed minimum and maximum age of admitted paediatric patients:

a) Minimum	11	.....
b) Maximum	12	.....

1.6 Does your hospital have a day surgery ward that is used by paediatric patients?

	YES	NO
13	<input type="checkbox"/>	<input type="checkbox"/>

1.7 Please indicate where adolescent patients are placed:

		YES	NO
a) In a unit designated for adolescents only?	14	<input type="checkbox"/>	<input type="checkbox"/>
b) Amongst other patients?			
i) Paediatric	15	<input type="checkbox"/>	<input type="checkbox"/>
ii) Adult	16	<input type="checkbox"/>	<input type="checkbox"/>

2. PREPARATION FOR ADMISSION

2.1 Do you offer any of the following *pre-admission* preparation information or activities for elective child patients and their families:

		YES	NO
a) Familiarisation visits to the ward?	17	<input type="checkbox"/>	<input type="checkbox"/>
b) Audio-visual presentation, eg. puppet, slide, video?	18	<input type="checkbox"/>	<input type="checkbox"/>
c) Other?.....	19-20	.....	.....

If no, please proceed to 2.4.

2.2 How do families and children hear about these pre-admission activities?

		YES	NO
a) Medical staff verbally?.....	21	<input type="checkbox"/>	<input type="checkbox"/>
b) Admission letter?.....	22	<input type="checkbox"/>	<input type="checkbox"/>
c) Schools/community groups?.....	23	<input type="checkbox"/>	<input type="checkbox"/>
d) Other?.....	24-6	.....	.....

2.3 Approximately what percentage of children over the past 12 months do you consider attended a preparation activity prior to their admission?
27 %

2.4 Would you like to offer preparation information or activities? **YES** **NO**
28

If no, please proceed to 2.7
If yes,

2.5 What factors currently prevent you from doing this? **YES** **NO**

a) Lack of staff..... 29

b) Lack of finance..... 30

c) Other..... 31-32

2.6 If you are already planning to offer such a program, please advise details, eg.

a) Expected date of commencement month/year... 33-34

b) The kinds of activities you intend to include...
.....
.....
..... 35-7

2.7 Does your hospital provide written information for parents to: **YES** **NO**

a) Help prepare their children for a hospital experience? 38

b) Provide basic information about the hospital? 39

If no to both, please proceed to 2.8
If yes,

c) When is the information distributed: **YES** **NO**

- prior to admission? 40

- on or after admission? 41

d) Is this information available in languages other than English? 42

2.8 Were you aware of AWCH and the services it provides prior to receiving this questionnaire? **YES** **NO**
43

3. ACCOMMODATION FACILITIES FOR FAMILIES

3.1 Is it possible for a parent to sleep in the room with his/her hospitalised child? **YES** **NO**
44

If yes,

3.2 What sort of sleeping accommodation is available: **YES** **NO**

a) Fixed or folding bed beside the child? 45

b) Fixed chair beside child? 46

c) Recliner chair beside child? 47

What other sorts of sleeping arrangements are available?

d) Bed in area near ward? 48

e) Flat? 49

g) Other?..... 50-2

3.3 Are you able to accommodate all parents who ask to stay with or near their child overnight?

	YES	NO
53	<input type="checkbox"/>	<input type="checkbox"/>

3.4 Are **all** parents routinely advised of your overnight facilities?

	YES	NO
54	<input type="checkbox"/>	<input type="checkbox"/>

3.5 How are parents notified of these facilities:

a) In writing? 55 **YES** **NO**

b) Verbally? 56 **YES** **NO**

3.6 What costs are involved to parents staying with their child?

.....

 57-9

3.7 What is available on, or conveniently near, wards for parents? **YES** **NO**

a) Access to toilet or handbasin 60

b) Lounge area for parents 61

c) Private space for parents to grieve or talk with staff 62

d) Showering facilities 63

e) Public telephone 64

f) Facilities for making tea/coffee 65

g) Facilities to wash/dry personal laundry 66

3.8 Are there any special meal facilities or arrangements available to -

a) Live-in parents? **YES** **NO**

i) Hospital cafeteria 67

ii) Meal tickets 68

iii) Food preparation areas 69

iv) Ward food 70

v) Staff cafeteria 71

vi) Other..... 72-4

b) Visiting parents?

i) Hospital cafeteria 75

ii) Meal tickets 76

iii) Food preparation areas 77

iv) Ward food 78

v) Staff cafeteria 79

vi) Other..... 80-2

4. CHILD MINDING PROVISIONS

4.1 Does your hospital provide child minding facilities for siblings of child patients?

	YES	NO
83	<input type="checkbox"/>	<input type="checkbox"/>

If no, please proceed to 5.1

If yes, please indicate:

a) The age range catered for 84

b) Days available 85

c) Hours available 86

4.2 Are children with disabilities catered for in the child minding facilities?

	YES	NO
87	<input type="checkbox"/>	<input type="checkbox"/>

4.3 Please tick the staffing arrangements in your child minding centre:

	YES	NO
a) Professionally trained Director/staff	88 <input type="checkbox"/>	<input type="checkbox"/>
b) Volunteers only	89 <input type="checkbox"/>	<input type="checkbox"/>

5. VISITING HOURS

5.1 Does your hospital have a 24-hour visiting policy for parents of paediatric patients?

	YES	NO
90	<input type="checkbox"/>	<input type="checkbox"/>

If yes, how are the patients advised of this policy:

- | | | | |
|-----------------------------|----|--------------------------|--------------------------|
| a) In writing? | 91 | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Verbally? | 92 | <input type="checkbox"/> | <input type="checkbox"/> |
| c) A sign in the ward area? | 93 | <input type="checkbox"/> | <input type="checkbox"/> |

Please proceed to question 5.3

5.2 If you do not have a 24-hour visiting policy for parents, please outline the policy you do have.

.....

.....

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	94-6
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5.3 What are the visiting arrangements for the siblings of patients?

	YES	NO
a) Unrestricted 24 hours	97 <input type="checkbox"/>	<input type="checkbox"/>
b) Restricted, e.g. outside rest time or prior to 20:00 hours	98 <input type="checkbox"/>	<input type="checkbox"/>

6. OTHER PAEDIATRIC FACILITIES

6.1 Does your hospital make special arrangements for children whose parent/s cannot visit them regularly or at all?

	YES	NO
99	<input type="checkbox"/>	<input type="checkbox"/>

If yes, do any of your arrangements include:

- | | | | |
|---|-------|--------------------------|--------------------------|
| a) A granny scheme? | 100 | <input type="checkbox"/> | <input type="checkbox"/> |
| b) A parent surrogate scheme where parents nominate a substitute parent to the child or select a designated nurse, O.T., or another staff member? | 101 | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Other?..... | 102-4 | ..... | ..... |

6.2 Do child patients have access to any telephone (including ward phone) in the ward area to:

	YES	NO
a) Receive phone calls?	105 <input type="checkbox"/>	<input type="checkbox"/>

b) Make phone calls?	106	<input type="checkbox"/>	<input type="checkbox"/>
6.3 On admission does your hospital compile a personal sheet on the child, eg. eating, sleeping, toileting etc?		YES	NO
	107	<input type="checkbox"/>	<input type="checkbox"/>
6.4 Can your paediatric patients:		YES	NO
a) Choose their own food?	108	<input type="checkbox"/>	<input type="checkbox"/>
b) Dress in their own pyjamas/clothes?	109	<input type="checkbox"/>	<input type="checkbox"/>
c) Personalise their bed unit (with artwork, photos, bedspreads etc)?	110	<input type="checkbox"/>	<input type="checkbox"/>
d) Eat in ward dining areas?	111	<input type="checkbox"/>	<input type="checkbox"/>
6.5 Do you encounter difficulties in caring for disabled children in your hospital?		YES	NO
	112	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please indicate if these difficulties relate to:			
a) Staffing?	113	<input type="checkbox"/>	<input type="checkbox"/>
b) Facilities, e.g. appropriate toilets?	114	<input type="checkbox"/>	<input type="checkbox"/>
c) Other?.....	115-7	.....	.....

7. PARENT PARTICIPATION IN PATIENT CARE

7.1 Is it hospital policy that parents are encouraged to be involved with their child's care?		YES	NO
	118	<input type="checkbox"/>	<input type="checkbox"/>
7.2 Can parents participate in the care of their children in any of the following ways:		YES	NO
a) Basic care (feeding, bathing, dressing)?	119	<input type="checkbox"/>	<input type="checkbox"/>
b) Nursing care (e.g. taking temperatures, treatments)?	120	<input type="checkbox"/>	<input type="checkbox"/>
c) Please outline other ways in which parents can participate in their child's care.	121	.....	.....
7.3 Are parents able, if they wish, to be with their children during induction of anaesthesia?		YES	NO
	122	<input type="checkbox"/>	<input type="checkbox"/>
If yes,			
a) Please indicate approximately what percentage of parents are present during the induction of anaesthesia	123	.....	%
If no,			
b) What do you see as the main reason/s that prevent parents from being present?		YES	NO
i) Not supported by surgeons/anaesthetists	124	<input type="checkbox"/>	<input type="checkbox"/>
ii) Inadequacy of physical facilities	125	<input type="checkbox"/>	<input type="checkbox"/>
iii) Parents do not ask to be present	126	<input type="checkbox"/>	<input type="checkbox"/>
iv) Other.....	127-9	.....	.....

7.4 Are parents able, if they wish, to be in the Recovery Ward following surgery and other procedures requiring an anaesthetic? **YES** **NO**

130

If no,

a) What do you see as the main reason/s that prevent parents being with their child in the Recovery Ward following surgery? **YES** **NO**

- i) Not supported by Staff involved 131
- ii) Inadequacy of physical facilities 132
- iii) Parents do not ask to be present 133
- iv) Other.....
.....
..... 134-6

7.5 Are parents able, if they wish, to be with their child during treatments and medical procedures when the child is conscious? **YES** **NO**

137

If no,

a) What do you see as the main reason/s that prevent parents from being with their child during treatments and medical procedures? **YES** **NO**

- i) Not supported by staff involved 138
- ii) Inadequacy of physical facilities 139
- iii) Parents do not ask to be present 140
- iv) Other.....
..... 141-3

8. EDUCATIONAL/PREPARATION FOR SPECIFIC MEDICAL TEST PROCEDURES

The following question explores whether, in your hospital, if a child has to undergo any tests, procedures and operations that could be distressing, psychological preparation methods are available.

Although such preparation is often informal or spontaneous, we are asking here about whether routine teaching is done on a regular basis, and is offered to every paediatric patient.

8.1 Are tests, procedures and operations explained to children (in a manner appropriate for their age), and their families in: **YES** **NO**

- a) All cases? 144
- b) Most cases? 145
- c) Few cases? 146

8.2 Does this preparation include:

- a) Explanations of the sequence, nature and reasons for the procedure? **YES** **NO**
- 147
- b) Descriptions of physical sensations the child may experience? 148
- c) Special teaching materials (e.g. printed materials, dolls, body outlines or photographs)? 149
- d) Opportunities to see and play with medical equipment (e.g. plastering a doll's legs in plaster)? 150
- e) Teaching of relaxation techniques or other coping strategies? 151
- f) Other? Please specify.....
..... 152-4

8.3 Is there a department/discipline in your hospital responsible for co-ordinating this preparation for medical procedures?

	YES	NO
155	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please identify those responsible:

	YES	NO
a) Nursing	156	<input type="checkbox"/>
b) Medical	157	<input type="checkbox"/>
c) Other.....		
.....	158	.....

8.4 Do you consider that there is an unmet need for individual preparation in your hospital about specific family diagnostic tests to all children and families?

	YES	NO
159	<input type="checkbox"/>	<input type="checkbox"/>

If yes, what has prevented your hospital from doing this?

	YES	NO
i) Knowledge/skills	160	<input type="checkbox"/>
ii) Staffing/time	161	<input type="checkbox"/>
iii) Funding	162	<input type="checkbox"/>

8.5 Does your hospital provide an information centre for parents and children regarding medical, developmental and psycho-social topics?

	YES	NO
163	<input type="checkbox"/>	<input type="checkbox"/>

9. PLAY, RECREATION AND EDUCATION

9.1 What space does your hospital provide for play for your child patients?

	YES	NO
a) Dedicated floor space within the ward	164	<input type="checkbox"/>
b) A separate playroom in or near the ward	165	<input type="checkbox"/>
c) Outdoor play area	166	<input type="checkbox"/>
d) Other.....		
.....	167-8	.....

9.2 Do you consider your ward has adequate toys, play materials and recreation equipment to cater for the age range of patients you usually cater for?

	YES	NO
a) Pre-school age?	169	<input type="checkbox"/>
b) School age?	170	<input type="checkbox"/>
c) Adolescents?	171	<input type="checkbox"/>

9.3 Do you consider the decoration of your ward given the age range you usually cater for, is:

	YES	NO
a) Inadequate?	172	<input type="checkbox"/>
b) Adequate?	173	<input type="checkbox"/>
c) Adequate but could be better?	174	<input type="checkbox"/>

- 9.4 Does your hospital provide the services of play or recreation staff? **YES** **NO**
- 175
- If no, please proceed to 9.7
- If yes, are they:
- a) Qualified in child development, early childhood/primary trained/diversional therapists? Please specify.....
-
- 176-81
- b) Staff not specifically trained in this area? **YES** **NO**
- 175
- c) Volunteers trained in this area? 183
- d) Volunteers untrained in this area? 184
- e) Other?.....
- 185
- 9.5 a) Please indicate the numbers involved in each of the above areas:
- i) Qualified..... 186
- ii) Not specifically qualified..... 187
- iii) Trained volunteers..... 188
- iv) Untrained volunteers..... 189
- v) Other..... 190
- b) Please indicate when this service is available (e.g. 9am-9pm every day)
- i) Days..... 191
- ii) Times..... 192
- 9.6 Are recreation/play staff employed to organise programs, activities and other experiences for adolescent patients? **YES** **NO**
- 193
- 9.7 Do you consider the arrangements for adolescent play on your ward to be adequate? **YES** **NO**
- 194
- If no, how would you rectify this?
- a) More space 195
- b) Improved facilities 196
- c) Increased staffing 197
- d) Staff training 198
- e) Other.....
- 199-201
- 9.8 If your hospital has school aged patients are the following arrangements made for continuing their education: **YES** **NO**
- a) Attend a school within the hospital school or have teachers from this unit visit patients on the ward? 202
- b) Correspondence lessons arranged? 203
- c) Informal arrangements made by parents? 204

10. STAFFING

10.1 Does your hospital use a system of:
 a) Primary nursing where an individual nurse is responsible for identifying patient care needs, planning and co-ordinating care throughout a patients stay?

	YES	NO
205	<input type="checkbox"/>	<input type="checkbox"/>

b) Team nursing? 206

c) Other?.....

 207-9

10.2 Please indicate approximately what percentage of registered nurses working permanently in each paediatric area have postgraduate paediatric training:
210 %

10.3 a) Do psycho-social aspects of the hospitalised child and/or family feature in your ward in-service education program?
211

b) Please indicate if this in-service education is provided for:
 i) Professional personnel, e.g. nurses, doctors, technicians, administrators? 212

ii) Support personnel e.g. house-keeping staff, dietary aides, clerical? 213

iii) Volunteers working directly with paediatric patients and their families? 214

10.4 Aside from usual ward rounds and ward team meetings does your ward hold regular inter-disciplinary team meetings?
215

If yes, approximately how often do these occur?

a) Weekly 216

b) Monthly 217

c) Other..... 218

10.5 Is there a social worker available to families in the paediatric area?
219

10.6 Do families with limited English skills attend your hospital?
220

If no, please proceed to 11.1

10.7 Are recognised interpreter facilities other than a telephone interpreter service available in your hospital?
221

10.8 Do you consider that the services your hospital provides for indigenous and culturally and linguistically diverse groups are adequate?
222

If no, what do you consider would assist to rectify this?.....

 223

11. ACCIDENT/EMERGENCY AND OUTPATIENT SERVICES

11.1 Does your hospital have an Accident and Emergency area? **YES** **NO**
224

If no, please proceed to 11.2

If yes,

a) When non-urgent paediatric patients are awaiting treatment in the accident/emergency area, are appropriate play materials available for all age groups? **YES** **NO**
225

b) Is there a separate paediatric waiting area? 226

c) Is a supervised play program available in the accident/emergency area? **YES** **NO**
229

If yes, are the staff:

i) Qualified in child care, early childhood education or recreation? **YES** **NO**
230

ii) Other?.....
231-3

11.2 Does your hospital have an outpatient department? **YES** **NO**
234

If no, please proceed to 12.1

If yes,

a) Are appropriate play materials available in the outpatient area/s for all age groups? **YES** **NO**
235

b) Is a supervised play program available in the outpatient area/s? **YES** **NO**
236

If yes, are the staff:

i) Qualified in child care, early childhood education or recreation? **YES** **NO**
237

ii) Other?.....
238-40

12. EVALUTATION AND PLANNING

12.1 Does your hospital have the following:
a) A Parent Committee or a similar mechanism to obtain parent input for hospital administration and governing boards? **YES** **NO**
241

b) A Paediatric Patient Committee comprised of children who make suggestions to improve patient care? **YES** **NO**
242

c) A comprehensive paediatric patient satisfaction questionnaire to provide direct evaluation of hospital services? **YES** **NO**
243

13. HOSPITAL/COMMUNITY LIAISON

13.1 Does your hospital provide a formal "home care program" for children with special health needs?

	YES	NO
244	<input type="checkbox"/>	<input type="checkbox"/>

If yes, do you provide:

a) Home-based physical, occupational, or respiratory therapy? **YES** **NO**

245	<input type="checkbox"/>	<input type="checkbox"/>
-----	--------------------------	--------------------------

b) In-home nursing services? 246

c) Physician overview? 247

d) Social services? 248

e) Counselling? 249

f) Nutrition services? 250

13.2 Does your hospital provide care such as:

a) Emergency respite care for families with special health care needs?

	YES	NO
251	<input type="checkbox"/>	<input type="checkbox"/>

b) Planned respite care for families with special health care needs?

252	<input type="checkbox"/>	<input type="checkbox"/>
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c) Hospice care for paediatric patients? 253

d) Provide or have access to recreational/educational camps for children with special health care needs? 254

13.3 Does your hospital provide some mechanism for parent-to-parent support?

	YES	NO
255	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please specify.....

.....

..... 256-8

13.4 Does your hospital have: **YES** **NO**

a) A paediatric patient support group? 259

b) A sibling support group? 260

14. GENERAL DATA

If no specific information is available for the following two questions an estimation of the figures would be appreciated.

Please indicate with an "e" for estimate.

14.1 What is the approximate length of stay for paediatric patients in your hospital?

261

.....

14.2 Approximately what percentage of your paediatric admissions are scheduled admissions? 262 %

14.3 If you have a program, activities, services, policy, equipment or plans for any of the paediatric facilities mentioned in this survey that you think would be of interest to others, we would appreciate hearing about it. Please describe below, or include any materials you feel are relevant to this questionnaire, along with any other comments that you would like to make:

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.....

.....

.....

.....

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263-5

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- 15. INDIGENOUS PEOPLES**
 The previous questions in the survey are also very relevant to Aboriginal and Torres Strait Islander communities. The following questions are more specific to the psychosocial care of Aboriginal and Torres Strait Islander child patients and their families.
- 15.1 Does your hospital collect and use Aboriginal and Torres Strait Islander Origin Data?
 266 **YES** **NO**
- 15.2 When developing policies, strategies and services delivery, do you consult with the local Aboriginal community on the impact they may have on the community?
 267 **YES** **NO**
- 15.3 Does your hospital provide culturally sensitive brochures/information for Aboriginal and Torres Strait Islander people?
 268 **YES** **NO**
- 15.4 Does your hospital provide Aboriginal cultural awareness training for staff?
 269 **YES** **NO**
- 15.5 Does your hospital have an Aboriginal Hospital Liaison Officer?
 270 **YES** **NO**
- If yes,
 a) What is the role of this person e.g. counselling, advocacy, support?

 271-3
- b) Is this person involved in:
YES **NO**
 i) the admission process 274
 ii) the treatment process 275
 iii) discharge planning 276
 iv) other.....

 277-9
- 15.6 What accommodation does your hospital provide for the extended Aboriginal and Torres Strait Islander families?

 280-2
- 15.7 Does your hospital provide any hospital familiarisation programs for Aboriginal and Torres Strait Islander children?
 283 **YES** **NO**
- If yes, what are the programs?

 284-6

Hospital Name: (OPTIONAL)

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Thank you for your time in completing this survey.

If you would be interested in receiving any of the following information or services please do not hesitate to contact us or indicate below:

- Access to the AWCH Library to gain printed information. The library is a 'special collection' library and its collection includes:
 - History of hospitalisation
 - Play in hospitals
 - Australian based research
 - Parent issues
 - Facility planning
 - Policies, standards, rights, guidelines
 - Psychosocial research
 - Childhood illnesses
 - Impact of hospitalisation on children and their families
 - Information on the psychosocial aspects of paediatric care
 - Support groups listing
 - Conference Proceedings.

- Assistance in formulating psycho-social related policies or programs relating to children in hospital e.g. those relating to unaccompanied children, play programs, pre-admission programs, preparation for medical procedures.

- A guest speaker from AWCH to attend a staff in-service meeting to address a range of issues relating to psycho-social paediatric issues.

- Health care policy information.

- Copy of survey report.

- Bibliographies on specific subjects: e.g. Intensive care units, anaesthesia and anaesthetics, grief and bereavement, preparation for hospitalisation, play in hospital, child abuse. All items in the bibliographies are available photocopied.

- AWCH Publications: see www.awch.org.au or email awch@awch.com.au for a publications order form.