Arc Phil’ Campaign &
SYDNEY CHILDREN’S HOSPITALS FOUNDATION

IMPACT UPDATE 2018
SYDNEY CHILDREN’S HOSPITAL, RANDWICK
THANK YOU

Sydney Children’s Hospitals Foundation is incredibly grateful for the wonderful support we have received from the Arc Phil’ campaign in helping us fund the priority areas for our young patients and their families.

This funding update will highlight how Arc’s donations of $76,403.43 through 2017’s Fun-a-Thon and other wonderful fundraising activities, has translated into positive outcomes in the department of Child Life and Music Therapy.

SUMMARY OF SUPPORT

The Arc Phil Campaign has made a major commitment to the children in our care by part-funding the following major projects:

- Position of Child Life Therapist in the Emergency Department
- Position of Music Therapist

On behalf of all our Child Life and Music Therapists, along with all their patients and families, we truly thank you for coming on board our team in such a major way.
Child Life and Music Therapy is key to providing the very best possible care to children and their families at Sydney Children’s Hospital, Randwick. The dedicated team work to reduce the traumatic impact of pain and fear that can occur during a hospital visit using a variety of techniques.

First and foremost, play normalises the hospital environment, helping to relieve stress and boredom and create a more positive experience. Therapists use therapeutic and developmental play as well as medical play to support the needs of patients. Therapeutic and developmental play allows continuity of life away from hospital, including working towards developmental milestones. Medical play is focused on allowing the patients and families to become familiar with medical equipment and desensitised to things that might usually be confronting.

Distraction is another key element of Child Life Therapy, particularly for emergency presentations or children who need to undergo a distressing or painful procedure. The team use a variety of items and techniques including books, iPads, breathing, imagery and bubbles to provide a positive focus throughout.

Our Child Life therapists will also facilitate ‘procedure education’, which is the child-friendly explanation of any procedure a child may need to undergo in hospital. They will use
appropriate language and resources such as social stories, medical dolls, books and pictures to make sure children and their families understand what is ahead. The team can also use special dolls to show how certain medical procedures work to make sure patients are prepared before, during and after treatments such as MRI’s and cannula and central line insertions.

Child Life and Music Therapy empowers children and makes them more resilient in their ability to move forward through daunting experiences. Both are vital to creating a positive environment and making Sydney Children’s Hospital, Randwick an outstanding healthcare facility for our young patients and their families.

HOW YOU HAVE HELPED TO MAKE A DIFFERENCE

Thanks to your very generous support in 2017 we have been able to continue funding the vital Child Life Therapist position in our busy Emergency Department (ED) to support children who may be scared or anxious when in an urgent need of care. We have also been able to continue funding our Music Therapist’s position for the entire hospital to help children express emotions related to their hospitalisation in a creative and non-threatening way.

PROVIDING SUPPORT FOR YOUNG PATIENTS IN EMERGENCY
Due to your constant support, we have been able to continue funding the Emergency Department’s Child Life Therapist; Amy Langron. Amy is helping young patients and their families with what is often a very stressful and anxiety provoking experience.

The Child Life Therapy position in Emergency is critically important as ED is often the first hospital experience that a child may face – sometimes at the beginning of what can be a devastating diagnosis and long healthcare journey ahead. An ED admission usually involves multiple examinations, tests, scans and procedures, all of which can be incredibly daunting.

Child Life Therapy helps to make this experience as positive as possible by ensuring that play and toys are an integral part of the ED environment as well as providing training and support to ED staff to ensure that playfulness is integral to the approach staff take with all children who present to ED.

Additionally, Child Life Therapy supports the child and their family with age-appropriate information about the tests they need to undertake and in developing individualised refocusing strategies and coping techniques for these often painful or invasive tests. These combined interventions allow the child to feel empowered by being part of their own care journey as well as providing familiar and comforting experiences with play to desensitize them to the highly clinical ED environment.

Child Life Therapy Manager Janet Burke recently reported that funding from Arc’s Phil Campaign for this position has allowed us to support between 145 to 175 babies, children or teenagers each month. That means your support will have directly helped more than 1,300 young patients to have access to specialist therapy sessions involving play, procedure support, medication taking sessions and maintaining a positive hospital experience.
ADDRESSING THE PHYSICAL, EMOTIONAL AND SOCIAL NEEDS OF OUR KIDS THROUGH MUSIC THERAPY

Through Arc’s tireless efforts, our Music Therapist Monica Lee can continue to use music to address a patient’s physical, emotional, intellectual or social needs. She does this by offering opportunities for creative self-expression, distraction, relaxation and the development of resilience and promotion of self-esteem.

The use of Music Therapy also enhances quality of life during hospital stays and encourages social interaction between other patients, family members and staff. Our talented therapists use music to alleviate stress and anxiety and contribute to the reduction of pain through distraction or relaxation. Feelings of fear and isolation can be reduced by providing support and shared experiences.

In 2017, through your funding, Monica was able help over 1,980 sick and injured kids to provide coping strategies to assist in developing and maintaining resilience.

Most importantly, however, behind these large numbers are the individual children and families who you have directly helped. We’d like to share the story of just one of the children your funds have helped.
Case Study #1

Zoe was born at 34 weeks with a low birth weight and was diagnosed with Epidermolysis Bullosa with renal and cardiac complications that required multiple medical interventions. Zoe was transferred to Sydney Children’s Hospital after spending the first few weeks of her life in the Neonatal Intensive Care Unit.

Referral to Music Therapy was made with the aim to facilitate parent – child bonding, to provide age appropriate stimulation and to alleviate stress and anxiety & contribute to the reduction of pain through distraction and/or relaxation.

Zoe was seen four times over her hospitalisation. Both parents were present during the initial session. Zoe’s father had seen the music therapist work with another family on the same ward and showed interest in what music therapists could offer. Music therapist, Monica, spoke to both parents about her role and some of the goals they could work on together during Zoe’s hospitalisation period.

Zoe’s father received the offer of music therapy intervention with positivity however Zoe’s mother appeared a little distant, anxious and overwhelmed with the current situation and left the session. When Zoe’s mother left the room, Zoe’s father mentioned that they had received some devastating news earlier that day and that they were still trying to process and come to terms with their daughter’s illness. Music Therapist provided gentle music to promote relaxation and comfort.

Two days later, Monica went to see Zoe again. Upon approach, medical team staff were surrounding her bedside. Unfortunately, Zoe required a cannula insertion and a dressing change which upset Zoe and her parents.

As soon as all the medical staff left Zoe’s bedside, Monica was able to provide support to both parents and especially Zoe. It’s devastating to see daughter in pain and in distress, Monica encouraged parents to pick Zoe up from her cot and provide comfort; Zoe’s father picked up his daughter, placed her on his chest and she immediately curled up and began to settle. Monica provided gentle and age appropriate music to facilitate a positive parent – child bonding and encouraged the parents to hum or sing along.

Zoe was discharged from hospital as per her parent’s wish and end of life plan so that she could spend quality family time at home. Unfortunately, Zoe was re-admitted to hospital a few weeks later.

Zoe and her parents met with Monica again during her second admission.
The next day, Zoe was awake and was lying in her cot. Monica engaged with Zoe by providing gentle, age appropriate songs and musical stimulation. Zoe’s mum slowly began to show interest and came closer to Zoe, gently stroking her and began to hum along with the music therapist and as she began to connect with Zoe, tears began to fill her eyes and she look at Zoe with a smile. Zoe fell asleep as Mum continued to gentle stroke her and comfort her.

Music Therapy sessions facilitated and created opportunities to help the parents and Zoe bond and enjoy the quality time with their fragile little baby. Creating an environment where humming and singing felt safe and learning simple songs to sing, encouraging skin-to-skin time all promoted a positive bonding and learning experience. Watching the tired, sore little baby go off to sleep on dad’s chest gently vibrating from his humming was really special. The peaceful contented smile on her mum’s face was pretty amazing too.

Case Study #2

On C3S, the Adolescent ward, four girls aged between 13-17 were admitted for treatment and management of eating disorders. All four girls were referred to Music Therapy by their treating medical teams during handover. The girls were on very strict bed rest and treatment plans, being bed bound all day long meant that the girls could only participate in activities that required minimal movement. Music Therapist, Monica met with each child and their parents and introduced her role and what we could offer during their stay in hospital. Two of the four girls initially did not want to engage in any sort of therapy or intervention and appeared to have difficulty adapting to their treatment plan and hospitalisation experience.

The girls were in hospital for a total of 3-4 weeks. Two of the girls would required on-going medical treatment and support therefore were transferred to another hospital and two of the girls were well enough to be discharged at the end of their 4 week treatment. During their stay at Sydney Children’s Hospital, Monica saw the girls on a weekly basis.

Music Therapy goals and objectives for the girls included:
- Providing support as they adjust to hospitalisation and their treatment plan;
- To provide them with a positive experience;
- To engage them in positive and meaningful social interaction and;
- To share experiences in a safe and supported environment.

Music Therapist used various music therapy interventions such as song writing, playing musical games such as music bingo, music & lyric appreciation, playing musical instruments to engage and support the girls.
In one of the sessions, each of the girls were given an opportunity to write a song or write lyrics. In the session, the girls were encouraged to write about how they were feeling or what was important to them at this current moment.

One of the girls wrote about wanting to get out of hospital;

I don’t belong here

I don’t belong here in this room surrounded by doctors, nurses and therapist.
I don’t belong here in this bed where I have to stay all day long.
I don’t belong here yet I’m forced to stay
I don’t belong here cause I’m not sick
I don’t belong here and I don’t need help
I don’t belong here where I’m told what to do
I don’t belong here but I don’t get a choice
I don’t belong here with this NG tube down my nose
I don’t belong here and it’s driving me crazy
I don’t belong here but no one will listen

All I want to do is get outta here,
sleep in my own room and in my own bed,
All I want to do is hang out with my friends,
go out and workout and burn up all the fat.
All I want is to have my own space,
Just doing what I wanna do, is that asking for too much?

I don’t belong here so get me outta here
I don’t belong here please so let me go.

This lyric was written by a 14 year old girl, 2nd week into her 4 week treatment.
When the Music Therapist approached the girls in the room for the session, this girl was in bed in tears as she argued and demanded her mother to take her home.

All the girls in the same room could relate to this girl’s lyrics and her frustration about their current situation and as the lyrics were read out, the other girls were nodding their heads. This lyric started a group conversation and each of the girls had an opportunity to share their experiences and insights.

After our discussion as a group, they decided to write a song lyric all together.
One Day Soon

Right now, we may be at a place where we don’t belong
But one day soon we will go back to a place surrounded by our families and friends
Right now, we may be struck in this uncomfortable bed with clean white sheets
But soon we’ll be able to sleep on our own comfy beds with our soft cuddly blankets
Right now, we don’t like being told what to do
But soon we’ll be free to walk away

All we want is for our parents and doctors to listen to us
All we want is to get better and get out of here

One day soon, we’ll go back to our community where we belong
One day soon, we’ll visit the places we once visited
One day soon, we’ll go back to school and see our friends again
One day soon we’ll go get out of here and move on with our lives

One day soon……..

This session was aimed to facilitate and provide social interaction and to encourage the girls to share and support their experiences.
From the outset, it was clear to the Child Life and Music Therapy team that Arc had the department’s best interests truly at heart with the Phil’ campaign. There was a clear mutual understanding of motives and goals and a general sense from the Child Life and Music Therapy team that the Arc volunteers and participants understood the importance of the work being carried out.

Your Phil’ volunteers, participants and fundraisers have visited the Hospital on a variety of occasions to engage with staff, participate in group music therapy sessions, and get a better understanding of what they were raising funds for.

This level of investment shown by you demonstrated to our staff the dedication Arc had to making a positive lasting difference to the department.

**THANK YOU FOR MAKING A DIFFERENCE**

On behalf of our Emergency Department Child Life Therpaist, our Music Therapist, our patients and families, and of course our whole department, we would like to express our sincere gratitude for all your efforts in raising the funds to make a difference. We could not provide expert care to our patients without the generosity of community groups and organisations such as Arc and your support is making an immeasurable impact all over NSW and beyond.