Allied to Kids is an initiative of the NSW Children’s Healthcare Network. The newsletter will be circulated regularly to provide updates and information to support Allied Health professionals who work with children.

**Allied to Kids**

**Implementation Plan**


**Vision**

Allied health professionals are educated and supported to provide children and families with the right care, in the right place, at the right time.

**Right care:**
- Effectively meeting the needs of the child and family.
- Provide inclusive, family centred, culturally respectful and age appropriate care.

**Right place:**
- Strong links with all the areas that provide Allied Health services (e.g. Tertiary facilities, other LHDs, key stakeholders NGOs etc.).
- The child and family have a seamless journey through the health system – continuum of care in place.

**Right time:**
- The child and family are seen by the most appropriate service at any point in time.
- Allied health professionals are able to engage services for children and their families within appropriate time frames.

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Implementation Plan cont:

Key Activities include:

- Allied Health Telehealth – fortnightly videoconference education sessions.
- Allied to Kids Newsletter – monthly newsletter distributed by email, website and HSNet.
- Educational Secondments – opportunity to be supported in attending tertiary or specialist centre for up to 5 days.
- Orientation Package
  - Core skills for working with children.
- Simulation
  - Delivering difficult news to children’s families.
- Targeted clinical areas
  - Cerebral Palsy: guideline.
  - Congenital Talipes Equinovarus: eLearning, workshop, guideline, educational secondment.
  - Paediatric Feeding: guideline, Home Enteral Nutrition eLearning, clinical support networks, seminar/workshop, online resources.
  - Plagiocephaly: eLearning, guideline.
  - RESUS4Allied Health: eLearning, simulation.
- Research
  - Beyond Milestones for allied health professionals.

For further information on the Implementation Plan or to arrange a time to discuss any of the above initiatives to please contact your local Allied Health Educator.

**Carmel Blayden**
Allied Health Educator, Western Region
Phone: 6369 8120 / 0418 313 930
Email: Carmel.Blayden@health.nsw.gov.au

**Jenny Nicol/Sue Sims**
Allied Health Educator, Southern Region
Phone: 02 9382 4471
Email: Jennifer.Nicol@sesiahs.health.nsw.gov.au
Susan.Sims@sesiahs.health.nsw.gov.au

**Sonia Hughes**
Allied Health Educator, Northern Region
Phone: 02 6592 9164 / 0423 823 633
Email: Sonia.Hughes@hnehealth.nsw.gov.au
NSW Paediatric Palliative Care Programme
Bereavement Support Service

The Bereavement Co-ordinators at the 3 tertiary children’s hospitals have recently developed a flyer for health professionals which outlines the bereavement support service which is part of the NSW Paediatric Palliative Care Programme www.nswppcpprogramme.com.au. The flyer can be found at the NSW PPCP website http://www.caresearch.com.au/caresearch/Portals/0/Paediatric/NSW-PPCP-Bereavement-Information-Sheet.pdf.

Mission
To provide compassionate and coordinated bereavement care to all bereaved families whose child was cared for through the NSW Paediatric Palliative Care Programme.

What is the Bereavement Support Service?
The Bereavement Support Program forms an integral part of the NSW Paediatric Palliative Care Programme (PPCP). Best practice palliative care ensures the availability of bereavement care for relevant family members prior to the death of a child and through bereavement. The Bereavement Support Program is managed by the Bereavement Co-ordinator. The professional discipline base of the Bereavement Co-ordinator is social work. The PPCP Bereavement Support Program provides information and support during the acute phase of grief and includes routine and ongoing risk assessment. There are three specialist services in the NSW PPCP, each of which has access to Bereavement Co-ordinators.

Values of Care
The Bereavement Support Program acknowledges:

- The death of a child has a profound lifelong impact on a family
- Grief begins before the death of a child
- Each person’s grief experience is unique and individual
- Actively maintaining attachments with a child is an important part of the grief process
- Respect for cultural beliefs, values and preferences voiced by the family
- Bereaved families may find mutual comfort and support from each other

What does the Bereavement Support Program offer?
The key aim of the Bereavement Support Program is to ensure all bereaved families known to the PPCP have follow up and access to ongoing bereavement care following the death of a child, wherever they live across NSW. Care may be extended to the Australian Capital Territory depending on the family’s referral point.
Bereavement Support Service cont:

**Emotional Support**

Emotional support and counselling, by telephone, video conference or in person, both prior to death and during bereavement.

**Psychosocial Assessment**

Families with palliative care needs will have emotional, psychological, social and spiritual needs. Psychosocial assessment informs a holistic understanding of the person in their social and cultural context to help guide the development of individual care plans. Where existing psycho-social services are being provided to the child and family, the Bereavement Co-ordinator may take on a consultative role if required.

**Bereavement Care Plan**

Families facing bereavement may experience enormous emotional turmoil and changes. Effective planning in conjunction with families is the best way to ensure that relevant people have timely access to information, resources and support services.

**Referrals**

Families and carers may require different types of social and emotional support. To ensure that these families receive optimal psychosocial services, the PPCP Bereavement Co-ordinators maintain collaborative contacts with local community services and other related professionals and make appropriate referrals to these services as required.

**Anniversary Contact**

Whilst it is important to remember that reminders aren't just tied to the calendar the anniversary of a child's death can be a particularly difficult and challenging time. The PPCP Bereavement Support Program acknowledges this and recognises that in general families appreciate some sort of contact at this time.

**Consultation and Education**

Bereavement Co-ordinators can support metropolitan and rural health workers. Co-ordinators can provide education, consultation, and advice on self-care.

Where existing psycho-social services are being provided to the child and family, the Bereavement Co-ordinator may take on a consultative role if required.

**Research and Evaluation**

The Bereavement Support Program is committed to develop and participate in research, quality improvement and evidence based practice activities.

**Contact the Bereavement Support Service (part of the NSW Paediatric Palliative Care Programme):**

The Children's Hospital at Westmead
Natasha Samy-Bereavement Co-ordinator Email: natasha.samy@health.nsw.gov.au

Sydney Children's Hospital, Randwick
Danielle Beston-Bereavement Co-ordinator Email: danielle.beston@sesiahs.health.nsw.gov.au

John Hunter Children's Hospital, Newcastle
Simon Cavaliere-Bereavement Co-ordinator Email: simon.cavaliere@hne.health.nsw.gov.au
Genetic Testing and Counselling

When a child presents with a suspected change in DNA, genetic testing and screening may be used to confirm or disprove the suspected change. Genetic testing is very accurate and used for diagnosis and screening including prenatal, genetic carrier testing and screening, presymptomatic and predictive testing.

Different types of genetic tests will be used based on whether testing of chromosomes, the protein-product of a gene or the DNA itself are required. Tissues tested may include blood, skin, saliva and hair follicles. For prenatal testing, embryo, placental tissue and amniotic fluid may be tested.

Genetic testing can be used to diagnose whether a genetic condition exists by detecting gene variations or mutations. Genetic conditions such as cystic fibrosis and Huntington disease can be diagnosed using genetic testing.

Predictive testing determines whether there is an increased risk for a particular condition and results are usually expressed as a probability. Predictive testing can be used to identify individuals with an increased risk of conditions such as certain forms of breast cancer (BRCA).

Whole-genome and whole-exome sequencing is used to examine entire genomes or exomes in order to pinpoint genetic variations that may be the cause of certain conditions. This type of testing is currently used most often in complex diagnostic cases and only through specialised services.

What is genetic counselling?
Genetic counselling provides families and individuals with information and support about diagnosed conditions or health concerns which may run in their family. The genetic counsellor may be responsible for the diagnosis of a genetic condition (with or without a genetic test) as well as the provision of information and supportive counselling (advice and guidance) in order to help families and individuals come to terms with their diagnosis and/or prognosis. Genetic Counsellors can also provide support and information to health professionals who may be seeking clarification around specific genetic conditions.

Where can I find out more information?
Further information about genetic testing and counselling can be found by visiting the NSW Health Centre for Genetics Education website at http://www.genetics.edu.au/. This website contains information and fact sheets for individuals and families and health professionals. Contact details for Clinical Genetics Services in each of the Australian States and Territories can be found at http://www.genetics.edu.au/Genetics-Services/genetic-counselling-services.

Information obtained from http://www.genetics.edu.au/.
Ireland - IASLT Standards of Practice for Speech & Language Therapists on the Management of Feeding, Eating, Drinking and Swallowing Disorders (Dysphagia) 2012

This document is the Irish Association of Speech and Language Therapists’ (IASLT) official policy statement of professional practice for speech and language therapists (SLTs) working with feeding, eating, drinking and swallowing disorders (FEDS). Adherence to its content is the professional responsibility of the individual therapist.

This guideline refers to children and adults who have difficulty with FEDS.

SLTs have a pivotal role to play in the assessment and management of FEDS disorders. SLTs may have many roles to play including clinician, researcher, team manager and educator. The extent of involvement depends on the nature of the clinical setting and population.

This paper contains minimum standards of practice. It is not an exhaustive examination of the topic but is intended as a guideline for SLTs in assessing, treating and managing service users with FEDS disorders. The IASLT acknowledges that professional practice continues to grow and develop. Members should contact IASLT for advice about any areas of practice development relevant to this policy.

SLTs are strongly encouraged to develop their own local policies and procedures in relation to specific areas as outlined throughout this document.

SLTs working with FEDS disorders should adhere at all times to the IASLT code of ethics and work within their own scope of practice.

This document can be found at: http://www.iaslt.ie/docs/membership/guidelines/Standards%20of%20Practice%20for%20Speech%20and%20Language%20Therapists%20on%20the%20Management%20of%20Feeding,%20Eating,%20Drinking%20and%20Swallowing%20Disorders%20(Dysphagia)%202012.pdf

Fabio the Frog

The National Paediatric Toolkit™ (NPT) is a unique innovation which uses animated methodology to capture the opinions and experiences of children and young people in settings such as healthcare, education and social services – in fact anywhere where the opinions of this traditionally hard-to-engage audience are sought.

The NPT is a hand-held, computer based survey tool which has been developed at Alder Hey Children’s NHS Foundation Trust, one of Europe’s biggest specialist children’s hospitals, and is the first mechanism of its kind designed by children for children. It features the charming Fabio the Frog® and Alder Hey children have been hard at work developing his mannerisms and an army of equally charming friends!

The NPT has been developed at Alder Hey in response to the Trust’s own mission for best practice engagement methodology with its young patients. In addition, with the advent of World-Class Commissioning, healthcare providers in both the primary and secondary care sectors are being increasingly evaluated on patient related outcome measures.

For more information, visit: www.nptoolkit.com/documents/The%20NPT%20Case%20Study.doc.
Parents Guide to Instagram

Created in partnership between Instagram, headspace and Connect Safely this guide provides parents with valuable information on Instagram. Australians are amongst the highest users of social media in the world, averaging 22 hours per week per person. And more than 90% of young people aged between 12 and 17 regularly use social media. Add complex issues of mental health related content to the mix and parents may feel like they are 'up the creek without a paddle'. It's true social media can pose risks for young people, but it's not all bad.

Research indicates that social media platforms provide many young people with access to helpful information, support and counselling, in a timely and readily accessible way, which can be helpful for young people. And when it comes to apps such Instagram, young people feel extremely positive about the way it can help them communicate with friends and family. Instagram, and apps like that, also allow young people to express themselves creatively. Using social media can have good educational outcomes, encourage supportive relationships and promote a sense of belonging and self-esteem. But it can also present risks around the management of personal information and cyber bullying.

It’s important for parents to understand the types of social media their children are using, how it works and how it impacts on their lives. They should be open to talking to their young person about what they are seeing on social media and encourage them to talk about how this impacts them. This guide is an ideal way for parents to better understand how Instagram works so they can have constructive and meaningful conversations with their young person about privacy and appropriate behaviours.


Early Childhood Intervention National Guidelines for the NDIS

Early Childhood Intervention Australia (ECIA) is the peak national organisation promoting the interests of young children with disabilities and developmental delays and their families. ECIA is dedicated to ensuring that young children of all abilities can fully participate in family and community life.

The National Disability Insurance Agency (NDIA) has asked ECIA to provide recommendations for a set of national guidelines for Early Childhood Intervention (ECI) practice for the National Disability Insurance Scheme (NDIS). Current practices in ECI in Australia vary across and within states and territories. As a national scheme the NDIS requires guidelines that may be consistently applied in all states and territories. The national guidelines will be based upon best practice evidence and guided by national consultation with key stakeholders.

This collaborative process will enable NDIA to create guidelines supporting consistency when considering “reasonable and necessary” Early Childhood Intervention services for children, while continuing to allow families choice and control.

This is an opportunity for stakeholders to influence the design and contribute to the recommendations put forward to the NDIA in preparation for the NDIS full scheme roll out. There are proposed workshops in Sydney and Newcastle in early June.

For further information: http://www.ecia.org.au/events/category/workshops
Paediatric lymphoedema – A challenge for clinicians and families

Lymphoedema in the paediatric population is a condition often not recognised or understood by many health professionals. There are two types of lymphoedema:

Primary lymphoedema is either due to an absence or reduction in the number of lymph vessels in the affected area or a malformation of the lymph vessels that are present.

Secondary lymphoedema occurs when the lymph vessels have been damaged by disease or injury.

Children with lymphoedema usually have primary lymphoedema. It may appear before or at birth, during childhood or adolescence or later in adult life.

Primary lymphoedema usually occurs in isolation. Very rarely, genetic abnormalities are associated. Sometimes there are abnormal veins and capillaries in the affected area.

The lymphatic system is a one-way system which transports lymph from the tissues to the vascular system. A healthy system continuously and rapidly removes the interstitial fluid, plasma proteins, cells and debris. Lymphoedema is a build-up of lymph in the tissues. The fluid enters the tissues in the normal way but the lymphatics are unable to remove the fluid at a fast enough rate. This causes swelling.

If lymphoedema is left untreated, the protein rich fluid damages the tissues, interfering with oxygen delivery and increasing the risk of infection and poor healing. Because the lymph vessels are not able to do their job of removing fluid from the tissues, the treatment is aimed at providing alternative ways for this to occur. If tissue swelling is kept to a minimum, the risk of complications and long term problems will be markedly reduced.

Lymphoedema may produce significant physical and psychological morbidity. It can interfere with mobility and body image. Pain and discomfort are frequent symptoms.

There is no cure for lymphoedema but it can be alleviated by appropriate management. If ignored it can progress and become more difficult to manage. The gold standard for management is decongestive lymphatic therapy. This consists of education, meticulous skin care, manual lymphatic drainage, compression therapy and exercise.

Children with lymphoedema should be referred to a specialist service. There needs to be assessment and treatment with therapists trained in lymphoedema management. One of the many challenges for this population is accessing those services. Adult therapists are often unwilling or unable to treat paediatric patients and paediatric therapists are often not trained to manage lymphoedema.

For advice regarding the management of children or young people with lymphoedema, please contact:

Margaret Patterson, Physiotherapist, Sydney Children’s Hospitals Network (Randwick)
margaret.patterson@sesiahs.health.nsw.gov.au Ph: (02) 9382 1050

OR

Johanna Newsom, Physiotherapist, Sydney Children’s Hospitals Network (Westmead)
Johanna.Newsom@health.nsw.gov.au Ph: (02) 9845 3369

On 2 June 2015 Margaret Patterson and Johanna Newsom presented an Allied Health Telehealth session ‘Paediatric Lymphoedema – a challenge for clinicians and families’. To view this session and access the handouts, go to the Allied to Kids website: http://www.nchn.org.au/a2k/telehealth.html.
Statewide Telehealth Education Opportunities
Available to allied health professionals who provide services through NSW Health

NSW Children’s Health Network Allied Health Telehealth Education
The Allied Health Telehealth sessions are held fortnightly on Tuesday from 1:00 - 2:00pm. Upcoming sessions:
PLEASE NOTE THAT THE CUT-OFF TO REGISTER FOR ANY SESSION IS 12 NOON ON THE WEDNESDAY PRIOR TO THAT SESSION.

16th June  Art for the HeArt  Shannon Anima
14th July  Brachial Plexus Management for Toddlers and Preschoolers  Fiona Sampson and Kerry West

To view the 2015 sessions as well as see details regarding the registration process please visit the Allied to Kids website http://www.nchn.org.au/a2k/index.html. Instructions for viewing recorded sessions online are also available on the website. Alternatively, contact one of the Allied Health Educators (details on page 10).

Sydney Children's Hospital Medical Grand Rounds
The SCH Medical Grand Rounds Education Program is held each Wednesday from 1:00 - 2:00pm. Upcoming sessions:

3rd June  Paediatric Traumatic Cardiac Arrest  Donovan Dwyer
10th June  Trauma: lessons from the Battlefield  Gary Williams
17th June  TBA
24th June  Tribute to Dr John Morton  Dr Michael Brydon/Les White

For further details, or how to view SCH Grand Rounds from your desk, or technical assistance, please contact Natalie Rogers at Natalie.Rogers@sesiahhs.health.nsw.gov.au.

John Hunter Children’s Hospital Paediatric Grand Rounds
The JHCH Paediatric Grand Rounds Education Program is held each Tuesday from 1:00 - 2:00pm. Upcoming session topics include (more specific details are released one week prior to the session):

9th June  Emergency Department  Marea Murray
14th June  General  Tania Gulliver
23rd June  Palliative Care  Christina Miteff
30th June  Community  Bruce Whitehead

For instructions on how to view these sessions online or to access previous sessions, please email Sonia.Hughes@hnehealth.nsw.gov.au.
Submissions for Future Editions of Allied to Kids

Let us know about your workshops, new programs, events, research or positions vacant. Clinical articles need to be evidence based with a relevant (albeit short) reference list. Submissions can be sent to any of the Allied Health Educators (email details are listed above) and need to be received no later than the 25th of each month to ensure inclusion in the following month’s edition. Remember, Allied to Kids is a newsletter for paediatric allied health professionals by paediatric allied health professionals.

Please note the inclusion of event/resource details in this newsletter does not constitute endorsement by the NSW Children’s Healthcare Network. Individuals are responsible for determining the credentials of events/resources in line with their own professional standards.

Save the Date

Neonatal Brachial Plexus Palsy in Children: Physiotherapy & Occupational Therapy Management

29th & 30th July

Dubbo, NSW

The workshop presented by Kerry West, Fiona Sampson and Alison Chivers will focus on:
- Common presenting problems in children with BPP
- Practical management strategies/assessments
- Therapy related to current surgical interventions
- Opportunity to practice assessment and intervention

For further information please contact Carmel.Blayden@health.nsw.gov.au
Conferences/Workshops

**Emotion-based Social Skills Training: Facilitator Training**

Emotion-based Social Skills Training (EBSST) is a treatment program researched since 2004 that aims to promote the well-being of young people with Autism Spectrum Disorders (ASD) and prevent the onset of mental health concerns by developing skills in understanding own and others’ emotions and emotional regulation. Research has demonstrated improved emotion skills targeted in EBSST comparing children in an EBSST treatment group to a wait-listed group (Ratcliffe et al. 2014).

**Who can attend this two day Workshop?**

EBSST Facilitator Training has been designed for Psychologists, Occupational Therapists, Speech Therapists, School Counsellors and related clinicians who have clinical experience in Autism and are interested in expanding their therapeutic skills.

**For more information go to:**

**Introduction to Paediatrics Study Day**

This is an introductory course for all healthcare workers who have new or limited experience in working with children in hospital. The program provides an overview of physical and developmental considerations when working with children and families.

**Who should attend:**
Any healthcare worker new to the paediatric setting.

**24 September** The Children’s Hospital at Westmead

**3 December** Sydney Children’s Hospital, Randwick

**For further information please contact:**
The Children’s Hospital at Westmead: Kathryn Den Hertog (Kathryn.Denhertog@health.nsw.gov.au) or Alice Morgan (Alice.Morgan@health.nsw.gov.au) on 02 9845 2214.

Sydney Children’s Hospital: Robyn Galway (Robyn.Galway@health.nsw.gov.au) on 02 9382 1895.

**A Clinician’s Guide: Caring for people with gastrostomy tubes and devices**

These 1-day education days are for clinicians who require experience or additional skills and knowledge to care for people who have gastrostomy tubes and devices. For example - Dietitians, Nurses, Speech Pathologists, Doctors, Ambulance Officers etc.

**17 June** Nowra Showground
**9 July** Coffs Harbour Health Campus
**29 July** University of Newcastle, Tamworth
**11 August** Liverpool Hospital

Go to https://www.research.net/r/GastrostomyEducation to submit your expression of interest to attend the education sessions. Your manager’s support is required.

Please note - numbers are limited and we would like to offer places to a wide range of staff from different LHDs and organisations.

**For further details contact:**
Tanya Hazlewood (0417 453 215) Network Manager Nutrition tanya.hazlewood@health.nsw.gov.au
Lyn Farthing (0427 83 45 83) Network Manager Gastroenterology lyn.farthing@health.nsw.gov.au
Conferences/Workshops continued

**Annual Susan Ryan Neonatal Seminar**
7 August 2015

Rydges Parramatta

This year the Susan Ryan Neonatal Seminar presents Dr Erin Ross from Feeding Fundamentals ‘Supporting oral feeding in fragile infants: the Soffi Method’.

The program consists of a one day conference designed for the practicing clinician (nurse, doctor, occupational and/or physical therapist, home visitor, speech pathologist, dietitian) working with medically and surgically fragile infants in the NICU.

For additional program information please consult the website: [http://www.cvent.com/d/xrq003](http://www.cvent.com/d/xrq003)

**The Sydney Paediatric Feeding & Dysphagia Conference**
3 - 4 September 2015

Liverpool Hospital, Liverpool, NSW

This conference is designed to bring together researchers and clinicians interested in the area of paediatric feeding and dysphagia. It will provide a 2 day extravaganza of world class speakers and researchers covering the streams of neonatal, disability, community health and hospital based feeding and dysphagia issues.

The event will be divided into different streams to allow delegates to attend the most relevant lectures and seminars, with topics ranging from fussy eating, to objective dysphagia assessment techniques. Keynote speakers are Dr. Suzanne Evans Morris and Dr. Julie Cichero with other seminars being provided by Dr. Kelly Weir, Susie Burrell, Dr. Donna Geddes and other world class clinicians and researchers.


Early Bird Registration will be offered at $495 (closes 15th of July 2015) and full registration will be $660.

For further information please contact [Jennie.Cusiter@sswhs.nsw.gov.au](mailto:Jennie.Cusiter@sswhs.nsw.gov.au)

**Kaleidoscope Paediatric Update 2015**
8 & 9 October 2015

Mercure Resort Hunter Valley Gardens

The Kaleidoscope Paediatric Update will be holding a multidisciplinary educational event. The event is open to everyone across sectors (private or public) and across disciplines (primary health care, acute services and community).

The event will be held over 1.5 days with a complimentary dinner on the Thursday 8th October where you will have opportunities to network with your peers.

The Paediatric Update is open to everyone who would like more information on Paediatrics, you do not have to be working in Paediatrics to attend.

For further information please contact [joanne.green@hnehealth.nsw.gov.au](mailto:joanne.green@hnehealth.nsw.gov.au)
### Conferences/Workshops continued

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<th>Event</th>
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<tr>
<td>For further information email <a href="mailto:Kathryn.Denhertog@health.nsw.gov.au">Kathryn.Denhertog@health.nsw.gov.au</a> or <a href="mailto:Alice.Morgan@health.nsw.gov.au">Alice.Morgan@health.nsw.gov.au</a></td>
<td></td>
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<tr>
<td>Neonatal Feeding Workshop for Nursing &amp; Allied Health Professionals</td>
<td>25 June 2015</td>
<td>Sydney NSW</td>
<td><a href="mailto:admin@harringtonspeech.com">admin@harringtonspeech.com</a> or 0468 566 595</td>
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Conferences/Workshops continued

Understanding Normal Movement for Paediatric Therapists
2-3 July 2015
Sydney, NSW
For further information phone 0400 083 356

Breastfeeding Workshop
31 July, 14 & 28 August 2015 Nepean, NSW
13 & 27 November, 11 December 2015 Blacktown, NSW
For further information email gwen.moody@health.nsw.gov.au

Making SENSE of Mealtimes - Gillian Griffiths & Dr. Denise Stapleton
16-17 July 2015 Brisbane, QLD
12-13 November 2015 Sydney, NSW
For further information email shannon@engagingyoursenses.com.au

The Feeding Relationship and Eating Competence: An introduction to the possibilities
11 August 2015
Sydney, NSW
For further information email eve@familiyfoodworks.com.au

SimHealth 2015: 11th Annual Conference for the Australian Society for Simulation in Healthcare
17-21 August 2015
Adelaide Convention Centre, SA

The Sydney Paediatric Feeding & Dysphagia Conference
3 & 4 September 2015
Liverpool Hospital, Liverpool, NSW
For further information email Jennie.Cusiter@sswahs.nsw.gov.au

Paediatric Brain Injury Forum
4 September 2015
John Hunter Hospital, Newcastle, NSW
For further information email Jennifer.Doyle@hnehealth.nsw.gov.au

Feeding Dynamics: Education and Intervention in Primary Care
5-7 September 2015
Sydney, NSW
For further information email eve@familiyfoodworks.com.au

Learning to say “Yes”: Moving from Gastrointestinal Discomfort to Inner-Directed Eating
10 & 11 September 2015
Brisbane, QLD
For further information email courses@abndta.org.au

Feeding the Whole Child: A Mealtime Approach
15 & 16 September 2015
Melbourne, VIC
For further information email courses@abndta.org.au

Trauma on the Coast
17 & 18 September 2015
Terrigal, NSW
For further information email Glenn.Sisson@health.nsw.gov.au
Inter-professional Health, Education & Practice (IHEP) conference
**5-7 October 2015**
Melbourne, VIC  

NDT Certificate Course: In the Management & Treatment of Children with Cerebral Palsy & Other Neuromotor Disorders
**5-28 October 2015** Southern Cross University, Gold Coast, QLD  
**7-27 January 2016** Venue to be confirmed  
http://us5.campaign-archive1.com/?u=133e04713d6044373609bdf99&id=9ba2985170&e=05c479b9df

11th National Allied Health Conference
**9-11 November 2015**
Crown Conference Centre, Melbourne, VIC  

The Future of Health is in Your Hands: Research driving better outcomes
**3 December 2015**
Port Macquarie, NSW  