



**FAMILY CAMP 2002**

**Sixth Annual Camp  
for Families Living with  
or Closely Affected  
by HIV**

Sponsored by a grant from Community Benefit SA

**The Sixth Annual Camp for Families Living with  
or Closely Affected by HIV is a joint project of:**

**The Adelaide Diocesan AIDS Council \* Mosaic Counselling Service  
The AIDS Council of South Australia \* The HIV Womens' Project  
The Positive Living Centre, People Living with HIV/AIDS (SA) Inc.**



# Family Camp 2002

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# **FAMILY CAMP 2002**

*October 25th - 28th 2002*

## **INTRODUCTION**

The Family Camp is an annual event, in its sixth year in 2002, dedicated to supporting children and families who are closely affected by HIV/AIDS, either by their own or an immediate family member's infection. It represents a successful collaborative effort by several HIV/AIDS support agencies in meeting a social need that has been clearly and repeatedly expressed by affected families.

Over the years the Camp has been operating, government support for community based HIV/AIDS programs has declined in real terms, and any new or emerging challenges must be met from the same declining pool of funds. As a result, the Camp remains an effective and highly valued program operating without dedicated and recurrent agency funding.

The Family Camp Planning Committee has been fortunate with agencies and other benefactors giving generously in the provision of direct or in kind support, such as staff and volunteer time, discounts and gifts, fundraising, and insurance cover.

## **PLANNING**

### ***The Family Camp Planning Committee***

As an interagency project, the Camps have worked well with minimal oversight by agency management (other than budgetary), and a steering structure made up primarily of workers and volunteers from:

- The Positive Living Centre (PLC)
- The Adelaide Diocesan AIDS Council (ADAC)
- Mosaic Counselling Service (Relationships Australia (RASA), incorporating the Centres for Personal Development (COPE)). MCS is a collaborating agency for the first time this year
- Positive Services at the AIDS Council of South Australia (ACSA)
- The HIV Women's Project (Women's Health Statewide - WHS)

Committee membership included HIV positive peer workers from several agencies.

The Camp Committee was ultimately responsible to the Board of PLWHA (SA) (as grant administrator) for all aspects of the Camp, including planning, implementation, evaluation, and reporting/grant acquittal.

Counsellors from the Mosaic Counselling Service (a free service for HIV and hepatitis C infected and affected people), participated in the Camp for the first time this year, and contributed to achieving Camp aims by:

- Familiarising families with the project workers and what they can offer,
- Educating workers about the lived experiences of HIV affected families and,
- Providing opportunities for individuals and families to explore the services offered by Mosaic.

Previous camps have had differing emphases or employed differing modalities for delivering health promotion messages, from peer interaction to informal discussion groups or more formal teacher-listener models. The Mosaic workers' close integration into the Camp experience provided another way for participants to access messages about wellness and strategies for maintenance of a sense of personal well-being.

### ***Ensuring an Enabling Legal and Insurance Environment***

Family Camp 2002 was auspiced by the Positive Living Centre (PLC), the main direct client services program of People Living with HIV/AIDS (SA) Inc. (PLWHA (SA).)

PLWHA (SA) receives the majority of its funding for the PLC through the HIV/AIDS and Related Programs Unit (HHARP) of the Department of Human Services (DHS), and is insured under contract with the Department's insurers.

As a specified contracted activity of the PLC, Family Camp liability insurance cover (to \$20m) is explicitly included in PLWHA (SA)'s coverage under DHS's self insurance scheme, though no DHS funds are provided to the PLC to directly assist with Camp expenses. PLWHA (SA) is also registered for GST and maintains gift deductibility status.

Recruitment of Camp Volunteers has fallen mainly to the Adelaide Diocesan AIDS Council, and their processes and criteria have ensured appropriate selection and high ethical standards in delivering services.

### ***Client Participation in Planning Activities***

Client needs and expectations were assessed more formally through consultation with family members (accessed through one or other of the collaborating agencies), and by examination of evaluation sheets from previous Family Camps.

Development of a program and logistical planning began in late 2001. It built upon the worker and volunteer experience gained from the Camps held in each of the five preceding years. Evaluation sheets from prior Camps<sup>1</sup> and ongoing community consultation informed the Planning Committee's work.

The presence of an HIV positive peer worker on the Camp Committee further ensured HIV affected families had considerable input into planning for the Camp by reflecting family needs and ideas. Promotional activities (advertisements, articles, fliers, web page notices and noticeboards) were inclusive of HIV positive gay men with children, whether as the custodial parent or not.

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<sup>1</sup> See Appendix 4 for typical feedback questions.

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## CAMP RATIONALE

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HIV/AIDS has been characterised primarily as a disease of gay men, and much of the literature and research emanates from centres with larger populations of gay men such as New York or Los Angeles in the US, or Sydney and Melbourne in Australia. Often the statistics are further biased toward those strongly identified with a community of choice, or to those whose involvement with services also renders them more accessible to researchers.

With these caveats in mind, local and interstate studies indicate South Australian demographics differ somewhat from the eastern states. The percentage reporting homosexual or bisexual contact as the most likely infection route is 73%.<sup>2</sup> (vs 80-85% in larger centres.) 11% cited only heterosexual contact, and 9% only intravenous drug use as the most likely routes and 11% of HIV positive people are female.<sup>3</sup> Around 600 – 650 individuals are living with HIV infection in South Australia.<sup>4</sup> Depending on the source of information and the sampled population, from 11% to over 20% are also living with hepatitis C

Funding constraints can mean services are provided on a “one size fits all” basis. Agencies rely on additional funding sources to provide appropriate services to the identified needs of smaller demographic groups within the HIV epidemic. The ability to pool resources between agencies (financial, “in kind” and personnel) for a project such as the Family Camp is vital to its success.

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## CAMP AIMS

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- Decrease isolation for affected children and their families.
- Increase knowledge concerning health issues.
- Build on networks of support and friendship for children, young people, and adults.
- Ensure families are as informed as possible concerning issues that affect their lives.
- Encourage the development of constructive, open relationships between families, volunteers, and service providers.

### *Decreased Isolation*

For “experienced” Camp participants, the motives for continued attendance include the quality of previous camps, the opportunity to catch up with friends, and perhaps make new ones, and the knowledge that their confidentiality will be respected.

For some families, support from parents and siblings can be erratic due to current or prior illicit drug use and the Camps serve to let them know they are not alone.

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<sup>2</sup> Grierson et al, (2002) *HIV Futures 3: Positive Australians on Services, Health and Well-being. Monograph Series Number 37*, Australian Research Centre in Sex, Health & Society Monographs. LaTrobe University, Melbourne Australia.

<sup>3</sup> Grierson et al, *HIV Futures Regional Reports: South Australia*, P2 Australian Research Centre in Sex, Health & Society Monograph Series 24, LaTrobe University, December 2000.

<sup>4</sup> Consensus figure, derived from surveillance data (DHS) and actuarial figures.

For families with more recent histories of HIV infection, the Camps can often be that first step in “coming out” from extreme isolation and seclusion, to a position where they feel more confident in engaging with needed services.

The Camp is promoted to these more isolated HIV affected families, through leveraging the good relationships between HIV agencies and HIV medical and other contact points to encourage referral. Volunteer recruitment processes can also increase awareness of services.

### ***Increased Health Knowledge***

Camp participants are a highly diverse group with varying capacities to absorb complex health messages, often delivered within the space of a brief and hurried HIV check-up.

The acquisition of enough basic information to enable informed decision making is problematic where there are varying literacy levels, lack of access to information in languages other than English, isolation, and lack of peer support networks to compare experiences.

Other complicating factors such as poverty, acute or chronic mental illness, disrupted lifestyle due to substance abuse, self esteem issues and the demands of being a carer for others, may push informed self-management of HIV far into the background.

Children of HIV positive parents are often “left out of the equation” in acquiring health knowledge, both about HIV and about their own responses to their situation. This is especially relevant as children approach their teens, where support from their peers within the general community can be lacking, and a mind-set of “shame and blame” may begin to consolidate.

Anticipatory grief, a perceived lack of options, and isolation within a constellation of seemingly insurmountable problems, form a dangerous set of risk factor for self-harm<sup>5</sup>. Meeting peers living in similar circumstances may help to reduce these risks to manageable levels, even if ongoing contact is sporadic.

Younger children characteristically see the family’s “normal” GP, who may be inexperienced in HIV medicine or may not know the family is living with HIV. Their parents may go elsewhere for specialist management of their HIV with the children usually not being involved in that relationship. Therefore, they may lack essential primary medical care, including information provision about HIV-related issues, and appropriate assessment and referral for psychosocial issues.

Although the focus of the Camps is not primarily on structured health promotion, Camp participants welcome the opportunity to actively compare and contrast differing medical experiences and options. Participants have access to trained workers and accurate, up-to-date, factual material (brochures, pamphlets, articles.)

### ***Build on Networks of Support - Children, Teens, Adults***

Agency workers are able to foster continuance of relationships developed at the Camp. Often, the obstacles to maintaining relationships stem from eminently “fixable” causes, such as transport, childcare availability, and distance.

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<sup>5</sup> Various Authors, “*The Uninfected Children of HIV-Seropositive Parents*” Pp76-81, Chapters in: “*HIV & Psychiatry: A Training And Resource Manual*,” p78

Agencies have been encouraged to successfully apply for funding for family and/or child friendly activities such as school holiday activities for children of HIV positive parents and participation of younger people affected by HIV on decision making bodies that directly affect them.

Networks built between families can smooth the way towards accessing peer support. Often, the greatest needs occur at times when people are most vulnerable, such as when experiencing illness, treatments side effects, or changes in existing patterns of support (eg, the death or illness of a grandparent or parent). Access to trusted peers with similar experiences greatly reduces the senses of isolation and despair felt at those times.

### ***Inform Families on Other Issues Affecting their Lives***

The diversity of life circumstances and lived experiences of families affected by HIV is immense, and HIV may not be the major stressor. It can play a distant second to more pressing issues such as poverty, housing, safety and security, substance use, and maintenance of relationships.

Workers are able to facilitate information and knowledge sharing by validating this diversity and providing a safe environment. The success of the Family Camps owes much to the participation of a trained peer support worker who is able to demonstrate and articulate the value of peer support in their life.

Issues such as employment, housing support, income support, effects of poverty and costs of illness figure greatly in the lives of HIV affected families. 55.2% of HIV positive adults in South Australia report an income below \$270/week.<sup>6</sup> For HIV positive women, the proportion living in poverty is much greater than for HIV positive males.

The ability to network, and exchange and explore experiences with others in similar circumstances, rates highly for Camp participants.

### ***Develop Open Healthy Relationships between Families, Volunteers & Service Providers***

Like most community-based programs, this joint undertaking relies extensively on high quality volunteers with adequate training and understanding of their roles. The Camps have provided a unique focus for volunteers from several different agencies to work together over several years. This has been a catalyst for agencies to embark on joint training and other programs to assure high standards for quality of service.

Similarly, although agencies may in fact compete for core funding, working together on a common recurrent project such as this encourages agencies to refocus on the needs of the client communities. As such, it has proved very successful in consolidating links between agencies, and delivering choice to clients who may only have been in contact with one agency.

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<sup>6</sup> Grierson et al, *HIV Futures Regional Reports: South Australia*, P14 Australian Research Centre in Sex, Health & Society Monograph Series 24, LaTrobe University, December 2000.

The Family Camps provide a relatively unstructured atmosphere for “clients” to mix with staff and volunteers and explore different models of engagement. They are often able to see each other as real people with commonalities that outweigh the differences. Again, the cross-over experiences of peer workers contribute greatly to the discovery and sharing of common ground.

Workers from agencies primarily dealing with gay men can lack exposure to issues for families, and their involvement in the Camp has helped agencies to be more child friendly, and more supportive of the special needs of HIV positive people with dependent children. Events and programs for HIV positive people are increasingly “family aware,” and proactive in removing barriers to access faced by families.

For the older children, the opportunity to observe agency workers at close quarters and on their own terms builds trust and familiarises them with these possible future support options.

## **THE FAMILIES**

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### ***Discrimination & Disclosure***

Families with an HIV positive member experience discrimination within the community, with additional dimensions to that experienced by single people with HIV, or families living with other chronic life-threatening conditions. Discrimination and avoidance can also come from members of the extended families. Conversely, it can happen that the extended family is not told, for fear of rejection and discrimination, and therefore they may be unavailable as support.

Consequently, parents and older children are especially protective of any disclosure of their status because of the very real risks of harassment and stigmatisation towards themselves and other family members. They may erect barriers to accessing peer support opportunities where they feel they have no control over who they will meet or whether the agency is connected with HIV/AIDS in the perceptions of the broader community.

Children lack the life experience that can cushion the impact of social alienation, whether caused by ignorance or malice. Accordingly, they may demonstrate extreme ambivalence in their evolving constructs of “love” and “support.” The existence of appropriate channels for accessing peer support and other positive reinforcement can contribute to development of more adaptive adjustments to changing circumstances.

### ***Uncertainty and Unpredictability***

Children living with HIV in the family also experience uncertainty and unpredictability about their immediate physical circumstances and in the fundamental constructs of a personal sense of security. Conflicting and changing messages of hope and hopelessness; about AIDS as a death sentence or AIDS as a manageable chronic illness, must be processed in relation to those nearest and dearest to them.

Children may already have lost a parent to HIV, or someone in the family's circle of friends and acquaintances has become ill and died from HIV or HCV, or both. The child can feel guilt in attending to their own psychosocial well-being in the face of catastrophic illness in others. "Because many of the children are not suffering from the disease itself, their struggles can be overlooked."<sup>7</sup>

### ***Into Adulthood***

Teenagers, who increasingly identify with their peer networks, experience considerable conflict between an idealised "normal" family situation and the reality of their circumstances as they establish their autonomy. The literature amply describes "...the increased risk for self-destructive acting out in this population."<sup>8</sup>

Adolescents may mimic their parents' behaviour<sup>9</sup>, which may be exacerbated where intravenous drug use has been a risk factor in a family member's acquisition of HIV, and especially if that drug use continues. Children find themselves in a contradictory relationship of love, trust and nurturing with family members, who the broader society regards with unrelenting hostility. If defence mechanisms break down, "...adolescents often develop chronic suicidal ideation ...to deal with their rage..."<sup>10</sup> at the "hand" life has dealt them.

The children experience a loss of hopes and expectations, such as their expectation of attaining employment or postsecondary education. When older children are normally ready to leave the family and establish their autonomy, the children living with an HIV infected parent or parents can feel compelled to remain.<sup>11</sup>

With pharmacologic advances in treatment of HIV, family structure is preserved for longer as parents lives are extended, and children of early teenage years are now at an age where they are constructing relationships of their own. Emergent issues may include finding new models of "family" unbeset by the fears and doubts they have experienced since early childhood.

Although the overall medical prognosis is more optimistic for families with more recent infection, the same issues of marginalisation and uncertainty are present. Long term consequences of pharmacologic treatment are unknown, in that these antiretroviral drugs were fast-tracked into the market amidst a clamour for access led by those who were dying.

Emerging long-term side effects include new morbidities such as disorders of fat metabolism and mitochondrial function, and consequent new causes of premature death. The known loss of efficacy of treatments over time, means HIV infection remains a complex uncertainty for the mid to long-term future.

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<sup>7</sup> Jessica Sculley, "A Family Affair: HIV-Affected Children," [http://www.savvyhealth.com/disp.asp?doc\\_id=826](http://www.savvyhealth.com/disp.asp?doc_id=826)

<sup>8</sup> Various Authors, "The Uninfected Children of HIV-Seropositive Parents" Pp76-81, Chapters in: "HIV & Psychiatry: A Training And Resource Manual," p78

<sup>9</sup> Loc. Cit. p78

<sup>10</sup> Loc. Cit. p79

<sup>11</sup> Loc. Cit. p77

Workers can take time at the Camp to develop intervention programs by assessing the family's needs and ability to cope, and matching them to available community resources. The literature suggests sharing strong emotions and fantasies can help adolescents to cope.<sup>12</sup> Therefore, establishing informal groupings "...to foster peer culture and diminish social isolation."<sup>13</sup> The groupings can also serve a didactic function when the children need information about HIV.

### ***Hepatitis C Co infection***

Concurrent infection with hepatitis C virus (HCV) is an issue for a significant proportion of HIV positive Camp attendees, due to similarities in infection routes. Increasingly, it is the main cause of severe disability and death for those people living with both viruses.

Compared to HIV, there can be an increased rate of transmission within the household environment. Options for successful treatment of HIV are greatly reduced when liver damage is severe, and HCV progresses more rapidly in some HIV infected people. Co-infection is characterised by severe fatigue, interfering with performance of many of the activities of daily living, associated with child care.

Treatment of HCV infection (which may be curative in some instances) involves 6 or 12 months of unpleasant side effects that include debility, psychiatric disturbance, and severe depressive illness. Additional support for families living with HIV/HCV is often warranted, especially during treatment, and the Mosaic workers have specialist expertise in this area.

### ***New Diversities***

Camp participants also include families with other risk factors for HIV such as recent residence in countries of high prevalence, possibly with poor English skills and complex cultural issues. Another risk group includes parents living with mental illness or intellectual disability.

HIV affected children of all ages are living with multiple psychosocial risk factors but are often unable to approach school counsellors for fear of disclosure. Efforts have been made to build bridges between community mental health services and the HIV sector<sup>14</sup>, but public sector specialist services are in short supply. Through the participation of the Mosaic Counselling team, and peer worker knowledge about "the system," Family Camp provides a referral link between affected children and more specialised services.

A major success of the Family Camp has been to build and maintain a strong sense of community and cohesiveness amongst these disparate groups.

Hopes for future camps include establishing culturally sensitive links with indigenous families living with HIV, and/or creation of dialogue with Aboriginal owned health services, to facilitate exchange of information and experiences common to all.

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<sup>12</sup> Roth J, Siegel R, Black S. 1994. "*Identifying the mental health needs of children living in families with AIDS or HIV infection.*" Community Ment Health J 30:581-93.

<sup>13</sup> Loc. Cit. Paraphrased in 5 above.

<sup>14</sup> Hamer, J "*Building Bridges - Links between Mental Health and HIV Services,*" COPE 1999-2000

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## THE EVENT

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### *Constraints*

This year's Camp had less certainty in up-front monetary resources than previous events and consequently the range of planned activities, particularly for older children, had to be cut back. All the participants understood this to be the case and feedback was more of wistful regret than anger at the Camp Organisers. The financial base was considerably extended as the date approached, by unexpected donations in kind, discounts, and by one cash donation, meaning the Camp finished in surplus to the original grant from Community Benefit SA.

In anticipation of these more straitened circumstances, we were able to organise a much less fragmented experience compared to previous Camps where many activities involved groups spending considerable time off site. This Camp was based around the venue and around building relationships between people. For some, there were still not enough hours in the day to experience all on offer.

### *Camp Norms*

Before the Camp, volunteers and participants were sent a welcome package with details about the physical site, the program, and a set of norms to facilitate achievement of the Camp Aims:

- "We celebrate and respect the diversity in our community by welcoming all participants."
- "The family camp will aim to provide a comfortable and relaxed environment where families can build friendships, share experiences, learn, unwind, and have fun."
- "All participants have a right to privacy and to express their own opinion without being criticised or put down."
- "Confidentiality must be respected at all times. Respect for confidentiality and privacy helps every participant feel reassured during and after the camp."

### *Orientation*

The Camp was held at the Aldinga Bay Holiday village on the Esplanade. The facility provided spacious outdoor and indoor areas for activities in a bush-land setting. Accommodation included four-star units for the positive and closely affected families with a kitchen, spacious living area, and 2 separate bedrooms. The volunteers shared accommodation in family "budget" units for up to 12 people.

Transport was by a combination of hired bus and agency and private cars. The agency cars remained on site to cover emergencies and local errands. Experienced caterers Ron and Brenda, who have assisted voluntarily at nearly all previous Camps, provided the enormous logistical task of food purchasing and preparation.

As families arrived, they were allocated their units and given welcome gifts by Mosaic counsellors by way of introduction. After settling in, the volunteers met to get to know each other and to orient themselves to the program for the weekend, and the various roles and responsibilities allocated to them. The volunteer team also met each morning for mutual support, "fine tuning," and information exchange.

### ***Childcare Arrangements***

The volunteers undertook to look after the children between breakfast and dinner on Saturday and Sunday morning, providing welcome respite for parents. Volunteers were matched with particular children for whom they undertook a more general responsible over the weekend.

This year saw an increase in the babies / toddlers age group. Some of this increase is very likely due to better parental health, and safer treatments options before, during and after pregnancy. Parents and volunteers organised to share meeting the higher dependency needs of these age groups.

After Orientation and Friday's dinner, the Mosaic counsellors led a series of games and activities designed to welcome all camp attendees and facilitate people getting to know each other and the program for the weekend.

### ***Activities On Offer***

*(see Appendix 1 for the Camp Program)*

- "Life – Be In It" 2 hour session on the beach
- Massage
- Fishing
- Shopping
- Bush walking
- Make over session
- Relaxation and rest (cabins)
- Children's Therapeutic component, Mosaic CS, and volunteers
- Yoga session for adults
- Beach activities
- Craft (structured or not)
- Face painting
- Swimming, sports and outdoor games
- Camp team orientated games
- Face painter
- Saturday night's dance party with DJ Andrew

As at previous Family Camps, a memorial tree planting ceremony was conducted in celebration of the lives lost to HIV/AIDS. This year and in some previous years, the ceremony held special significance, with people who attended the previous Camp among those who had died.

### ***Camp Wind Down and Cleanup***

After lunch on Sunday, people gathered for the taking of the Camp Group Photo, signifying the end of the formal part of the weekend. After clean up, the bus and other transport arrived and collected up equipment, leftovers, games materials and passengers and their luggage, and made their way back to the PLC and ADAC, dropping off people who live in the southern suburbs on the way.

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## **PARTICIPATION**

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71 people overall attended the 2002 Family Camp, broken down into the following groups

<b>Number</b>	<b>Group</b>
27	Adult participants (17F, 8M seropositive)
23	Child participants
16	Volunteers present at some stage over the three days
5	Paid staff organisers
<b>71</b>	<b>TOTAL</b>

**Table 1: The Camp participants**

Some family groups were enlarged or diminished by having some members staying only part of the weekend or additional members turning up after a day or two.

Of the 50 members of families closely affected by HIV, 5 adults and 8 children characterised themselves as of culturally and linguistically diverse backgrounds. (18.52% and 34.78% respectively.)

3 adults (11.11%) characterised themselves as living with an intellectual disability, with a roughly equivalent number of children (no confirmatory documentation was sought.)

Overall, there were members from 14 families, 10 with one or more members living with HIV, and 4 characterised as very closely affected because of recent bereavement or a very close caring role or similar.

## **SUMMARY**

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The 2002 Camp was a great success in meeting its formal aims, and in meeting its informal aim of providing a fun-filled weekend for the participating families! This was evident in the high level of participation in all activities, and in the general feedback provided to workers. It is also documented in some of the comments in the Camp Evaluation (Appendix 4) and in the Camp photos where the joy and fun is more than evident.

A high rate of early payment of client registrations, where most often every dollar counts, is another indicator of satisfaction with the experience provided.

The Camp was well planned and organised, with the range of activities facilitating interaction across age groups and between adults and children, young people and volunteers. The trained volunteers gained a greater understanding of the families they have chosen to assist. There was consensus that Aldinga Holiday Park was again the most comfortable venue and the favourite for future camps, especially with its access to so many activities.

Fortunately, no mishaps occurred requiring the attention of the first aid officer, and everyone worked towards maintaining an emotionally balanced weekend with a fair distribution of labour on the many tasks.

All participants are strongly in favour of continuing the Family Camp program in the hope it will be of as much benefit to new participants as it has been to them. Securing recurrent funding is thus a major aim of participating Agencies and a common goal in fundraising efforts.

This year for the first time the Camp balance sheet carried a surplus, as suppliers come to appreciate the bona fides signified by the annual recurrence of the event and familiarity with some of the organisers. Thus, many aspects of the Camp budget were unexpectedly assisted by discounts, donations of goods and other in kind support.

Due to poverty, single parenthood, disruptions to the extended family, behavioural factors, and lack of “safe” options, some parents have never experienced a break from child rearing. Younger parents, or parents of very young children in particular, may intimate that the task of parenting seems unrelenting at times, or discuss respite scenarios with some ambivalence towards seeking a solution. Even when parents are quite ill, fears of being regarded as a “bad” parent, or of possible government intervention, prevents an admission that they are not coping and that respite options need to be considered. An intervention acknowledging the difficulties inherent in parenting while living with chronic illness, and raising parenting skill levels and awareness of options, could in itself provide a “guilt-free” respite opportunity. Planning for an adult retreat that could develop this strategy further is in the very preliminary stages, including seeking avenues for funding.

## **OBSERVATIONS**

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Workers and volunteers made several observations at the Camp to assist future Camp planning that were collated at a post-camp debriefing meeting of the Committee.

1. Time estimates for the transport contractor must be accurate and realistic, to prevent a repeat of cost overruns due to incorrect scheduling of stops.
2. Group activities for the children may be easier for the volunteers to manage, as opposed to separate individual activities.
3. Insurance arrangements for the Family Camp should be defined at the point of writing funding submissions, particularly if another body were to become the auspicing agency.
4. The daily volunteer meeting was very useful and should be continued.
5. Activities located primarily at the camp location added to the bonding of participants but feedback indicated some wanted more external activities.
6. A consistent drug and alcohol policy needs to be spelled out in the pre-camp information. Some participants expected an alcohol-free zone while others consumed alcohol without incident. A policy should say no to illicit substance use, but permit alcohol if it is not consumed to excess and behaviour remains within explicitly agreed standards.
7. Supervision of children and parent/guardian versus camp worker and volunteer roles. It may be useful to have parents/guardians sign an agreement or disclaimer on the basis of the following scenarios:
  - 7.1. When children are involved in activities supervised by camp workers, workers take joint responsibility for child safety, actions and behaviour with the parent/guardian(s).
  - 7.2. When children are not involved in supervised activity, the child's parent/guardian(s) are responsible for their children's safety, actions and behaviour.
8. Agencies need better coordination of protocols for volunteer recruitment, including the use of police checks where appropriate, and consensus concerning the lead agency for ensuring the secure management of Camp Volunteer personnel records.

## APPENDIX 1

### THE CAMP PROGRAM

# FAMILY CAMP



## ALDINGA October 2002

### Camp Purpose

To provide opportunities for families to share life experiences and build friendships.

Principles of respect, tolerance and understanding underpin camp participation.

## **WELCOME !!**

You're welcome at the 6<sup>th</sup> Annual Family Camp where you can feel free to relax, play, enjoy yourself and meet new people. The purpose of the camp is to provide families with opportunities to share life experiences and similar situations. A comfortable and relaxed environment of respect and understanding are important for camp participation and allow new friendships to be formed. Social connections created at the camp are invaluable as they can provide a chance for real friendship and support.

### **VALUES:**

- ✦ We celebrate and respect the diversity in our community by welcoming all participants.
- ✦ The Family Camp will aim to provide a comfortable and relaxed environment where families can build friendships, share experiences, learn, unwind and have fun.
- ✦ All participants have a right to privacy and to express their own opinion without being criticised or put down.
- ✦ Confidentiality must be respected at all times. Respect for confidentiality and privacy helps every participant feel reassured during and after the camp.

### **THANK YOU:**

The camp could not be possible were it not for the many volunteers who give of their time to help out at the camp. The volunteers helping out in the kitchen (Ron and Brenda in particular) always provide fantastic meals, while the massage volunteers provide a tranquil relief to so many adults. Likewise the organisers of games & fun for the kids provide great entertainment allowing the adults to have space to relax. The Saturday Night Dance is always popular and wouldn't be possible without the volunteers (Andrew in particular) who run it. The Camp Management Committee would like to say thank you to the many fabulous volunteers who are sure to make this camp a success.

### **CAMP NOTES:**

**Registrations:** Robert will collect all registrations on the Friday evening.

**Volunteers:** Please note that all volunteers will have name tags at the camp.

**Massage:** It is necessary for everyone who would like a massage to see Michael on Friday evening to arrange a massage booking (priority to positive people.)

**Smoking:** There is no smoking in the kitchen, recreation room, or in the units. Smoking is permitted on the unit balconies if an ashtray is used.

**Meeting for activities:** For all planned activities, meet in the common room.

**Swimming:** An adult must supervise swimming at the camp pool.


## **FAMILY CAMP PROGRAM**

### **ALDINGA - October 2002**

#### **Friday 25th**

3.00 p.m.	Depart ADAC - 247 South Road, Mile End
4.00 p.m.	Depart PLC - 16 Malwa Street, Glandore
6.30 -6.45 p.m.	Arrival at Aldinga Beach Holiday Camp (Check Dishwashing Roster)
6.30 p.m.	Volunteer Meeting
6.55 p.m.	See Michael to Book for Massages
7.00 p.m.	Dinner
8.00 p.m.	Camp Welcome Activities - Anne/Bill from Mosaic Counselling Service.
9.00 p.m. till late.	Social gathering of Adults

#### **Saturday 26th**

8.00 - 10.00 a.m.	Light Continental Breakfast
10.00 - 12.00 noon	Life Be In It - Activity for children - Parents welcome.
11.00 - 12.00 noon	Body Shop Make Over - (Adults)
12.00 - 1.00 p.m.	Lunch 
1.00 - 4.00 p.m.	Play & Craft - Ann/Bill from Mosaic (combined ages of children)
2.00 - 3.30 p.m.	Fishing, Beach activities (own arrangements)
2.00 - 3.30 p.m.	Yoga (Adults), Bush Walk (Adults - Maps Available)
4.00 - 7.00 p.m.	Face Painting - Fairy
5.00 - 6.00 p.m.	Tree Planting - Remembrance Ceremony
6.30 - 7.00 p.m.	Dinner
7.30 - 8.00 p.m.	Packup/Setup
8.00 - Late.	Dance Party with DJ Andrew

## FAMILY CAMP PROGRAM

### ALDINGA - October 2002

#### Sunday 27<sup>th</sup>

8.00 - 10.00 a.m.	Light Continental Breakfast
10.00 - 12.00 noon	Camp Games - All Welcome
12.15 - 12.30 p.m.	Camp Group Photo
12.30 - 1.30 p.m.	Lunch
1.30 - 3.00 p.m.	Clean up & tidy rooms
3.00 p.m.	Farewell & Depart
4.00 p.m.	Arrive PLC
5.00 p.m.	Arrive ADAC



#### Workers on Site

#### Responsibility

Pam Price (WHS) .....	Camp Convenor, Room Allocation
Katherine Leane (WHS) .....	Dance Party Set-up, Sunday Games, Room Allocation
Robert Cox (ADAC) .....	Registration collection
Ann (MOSAIC) .....	Children's Activities Saturday
Bill Gaston (MOSAIC) .....	Volunteer Co-ordinator
Michael Thomas (ACSA) .....	Massage Co-ordinator
Denise Crichton (volunteer) .....	First Aid Consultant

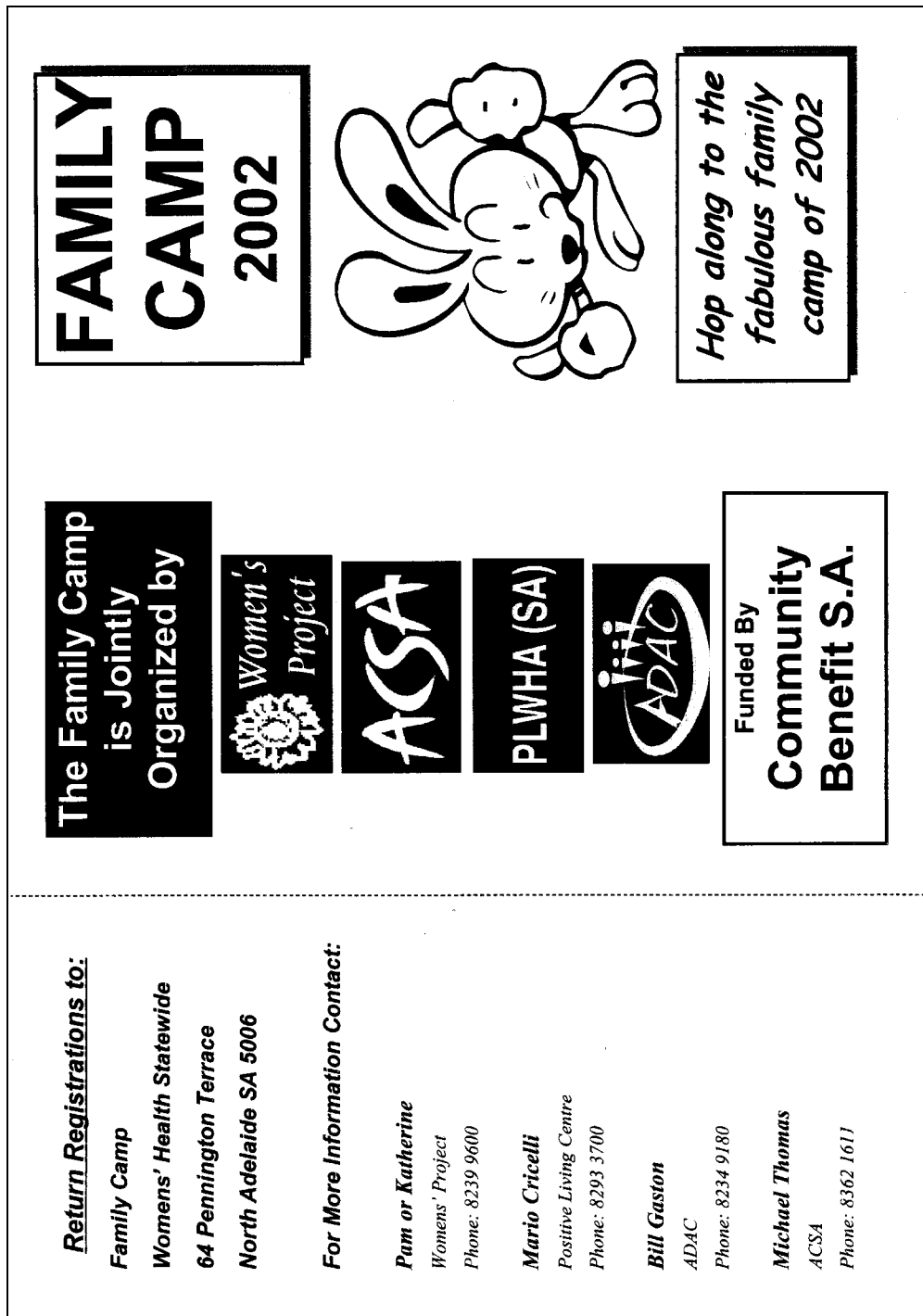


***HAVE A GREAT CAMP and BE SUNSMART!***

## APPENDIX 2

### CAMP REGISTRATION 1

Figure 1 Camp Registration Brochure Page 1



The brochure features a central illustration of a cartoon rabbit holding a baby. To the left of the rabbit is a box with the text 'FAMILY CAMP 2002'. To the right is a box with the text 'Hop along to the fabulous family camp of 2002'. Below the rabbit are four logos: 'Women's Project' with a flower icon, 'ACSA', 'PLWHA (SA)', and 'ADAC' with a stylized 'ADAC' logo. To the left of these logos is a box stating 'The Family Camp is Jointly Organized by'. To the right is a box stating 'Funded By Community Benefit S.A.'. At the bottom, there are two sections: 'Return Registrations to:' and 'For More Information Contact:'. The first section lists 'Family Camp', 'Womens' Health Statewide', '64 Pennington Terrace', and 'North Adelaide SA 5006'. The second section lists contact information for Pam or Katherine, Mario Cricelli, and Bill Gaston, including their respective organizations and phone numbers. A final contact, Michael Thomas, is listed at the bottom right.

**FAMILY CAMP 2002**

*Hop along to the fabulous family camp of 2002*

The Family Camp is Jointly Organized by

Women's Project

ACSA

PLWHA (SA)

ADAC

Funded By  
**Community Benefit S.A.**

**Return Registrations to:**  
Family Camp  
Womens' Health Statewide  
64 Pennington Terrace  
North Adelaide SA 5006

**For More Information Contact:**

**Pam or Katherine**  
Womens' Project  
Phone: 8239 9600

**Mario Cricelli**  
Positive Living Centre  
Phone: 8293 3700


**Bill Gaston**  
ADAC  
Phone: 8234 9180

**Michael Thomas**  
ACSA  
Phone: 8362 1611

Appendix 2 (Cont.)

## CAMP REGISTRATION 2

Figure 2 Camp Registration Brochure Page 2

<p><b>FAMILY CAMP 2002</b></p>  <p><i>Relaxation &amp; friendships</i></p> <p>Positive People and their families are invited to <i>Aldinga Bay Holiday Village (different camp site)</i> to relax, meet friends and enjoy the camp activities.</p> <p>The Camp is being held from 4pm Friday 25th October to 3pm Sunday 27th October</p> <p>School-aged children's activities available Saturday 10 to 4 pm. Limited child care for pre-schoolers will be available.</p> <p><b>Applications to the camp close on the October 1st.</b>          Space is limited  <b>Apply now !</b></p>	<p><b>ACTIVITIES</b></p> <p><i>Fishing (own equipment)</i>  <i>Swimming Pool</i></p> <p><i>Team Games</i>  <i>Nature Walks</i></p> <p><i>Ball Games</i>  <i>Massages</i></p> <p><i>Beach Games &amp; Reef Walking</i></p> <p><b>CAMP FEES</b></p> <p><i>Winged..... \$25.00</i></p> <p><i>Unwaged ..... \$15.00</i></p> <p><i>Children ..... \$5.00</i>  <i>3rd Child onwards FREE</i></p>	<p><b>Registration</b></p> <p>Name: _____</p> <p>Address: _____</p> <p>Postcode: _____</p> <p>Phone: _____</p> <p><b>Family Needs</b></p> <p>Adults attending from your Family Number: _____</p> <p>Number of Children attending Number: _____</p> <p>Age of Children attending Age: _____ Age: _____</p> <p>Do you need transport to the Camp Yes No</p> <p>What are your dietary needs _____</p> <p>Diet: _____</p>
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## APPENDIX 3

### FINANCIAL REPORT

Table 2 Income and Expenditure: Family Camp for Families Closely Affected by HIV/AIDS

#### INCOME AND EXPENDITURE STATEMENT

Income	GST Inclusive
Community Benefit SA Grant	\$ 5,885.00
<sup>1</sup> Client contributions (\$550.00 budgeted)	\$ 500.00
<sup>2</sup> Donations (purchases without recompense, other unquantifiable contributions and discounts count towards reduced expenditure from grant funds, rather than an accurate dollar income amount)	\$ 0.00
<b>Total Income</b>	<b>\$ 6,385.00</b>

Expenditure	GST Inclusive
Venue Hire	\$ 2,307.00
Catering	\$ 1,900.00
Travel (bus contractor), petrol allowance (volunteers)	\$ 655.00
Activities – Prizes, gift to DJ etc	\$ 97.38
Yoga instructor	\$ 100.00
Art instructor	\$ 60.00
Art Materials	\$ 70.00
Activities - Games, films and film developing, sun block, misc other	\$ 118.60
State Flora (trees for tree planting ceremony)	\$ 43.00
<b>Total Expenditure</b>	<b>\$ 5,350.98</b>

<sup>3</sup> Surplus	<b>\$ 1,034.02</b>
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<sup>1</sup> **Registrations:** Nearly every family registered paid their contributions early this year. The rates were:

Adult Full	\$25.00	Adult Unwaged	\$15.00
Adult One Night Only	\$10.00	Child	\$5.00
		Third or More Child	Free

<sup>2</sup> **Donations:** These took the form of unquantifiable assistance in kind, a \$500 grant applied to the camp by WHS, and refusal of transport assistance, all of which diminished expenditure from the CBSA grant in almost every expense line.

<sup>3</sup> **Surplus:** Notes 1 & 2 explain how this grant was under spent. In the original budget estimates, it was impossible to anticipate near complete payment of registrations (one family outstanding.) The grant from Women's Health Statewide was also unexpected, and donations in kind, discounting, gifts, and cash subsidies (purchases made by volunteers and staff with no recompense sought) greatly exceeded last year's amounts. In total, these amounts represent some \$1000 in income or reduced expenditure.

## APPENDIX 4

### ACKNOWLEDGEMENTS

- Bob Parr of Wallis Theatres, who provided free movie passes and concession tickets
- Cunningham's Warehouse Black Forest, for their discount on all purchases, and the bright cheery service from all staff
- Our Anonymous Donor for the \$100 extra in game prizes and activities materials
- The Body Shop at Westfield Marion (especially Sue!)
- Disk Jockey Andrew and the equipment donation from BenFX Lighting
- Troy and Life- Be In It
- The TAFE students who assisted with some of the logistics
- Ron and Brenda and Family, the kitchen and food co-ordinators
- Arthur for working with the children in art and canvas painting activities
- Terry and Georgia who gave freely of their time and massage skills
- Brony the Fairy who entranced the littlies with face painting etc
- Deborah for Yoga activities
- To all the volunteers, who contributed so enthusiastically over the weekend, whether with activities with the children or in the kitchen or at clean up
- A special thanks to the following workers for their contribution during the weekend
  - ADAC (Robert)
  - The Women's Project: (Pam and Katherine)
  - Mosaic / Relationships Australia (Bill and Ann)
  - ACSA (Michael) for Program design
  - Thanks also to PLC workers and volunteers (Mary-Ann, Grant, Mo and Shaun) - for securing and administrating the funding grant, report writing, and assisting with transport arrangements
- Thanks to the Family Camp Planning Committee members whose work in coordinating tasks helped it all come together.

## APPENDIX 5

### FEEDBACK

Individuals were asked to complete a short anonymous feedback questionnaire on their likes and dislikes, suggestions for future events and other comments. 17 responses from families were received and 5 from volunteers.

Apart from a few comments about the inclement weather and the lack of enough hours in the day, feedback was extremely positive and indicated the Camp met or exceeded expectations for responding participants.

**Table 3. Camp feedback from families – affirmative** (*in alphabetical order.*)

<b><i>What did you like best about this year's family camp?</i></b>	
Acceptance of all the children	Structure of days
Accommodation – nice and spacious, heating and electric blankets, privacy	The disco
Craft activities, tree planting and beach games	The face painter
Excellent!	The more intimate setting
Food – delicious	The way everyone got along, especially the children
Kids enjoyed their lolly bags	Variety of activities
Lack of pressure to participate	Watching the children enjoy themselves
Mixing with other people	Winning formula
People are nice and polite/friendly	Wonderful work of the volunteers
Set-up good for supervising children	Yoga and makeover for adults was great!
Socialising and going for a walk along the beach	

**Table 4. Feedback from families – unenthusiastic** (*in alphabetical order*)

<b><i>What didn't you like about the camp this year?</i></b>	
Activities for older children (14-19) were limited	The fish on Saturday's menu
Lack of activities such as horse riding, but understands funding constraints	Weather
Not enough hours in day	Worried about go-karts
People not supervising their own children	