

Abstract: The Starlight Children's Foundation of Australia was founded in New South Wales in 1988 through the commitment and passion of prominent business identities and sporting personalities. The Foundation is funded entirely within Australia, being a not for profit organization and non-government funded with all funds expended within Australia. All funds raised support seriously ill and hospitalised children in the State or Territory in which they are raised. The key components evaluated were: The Starlight Express Room; Captain Starlight; Starlight television channel; Starlight Express Van; Wish Granting Program; Volunteer Program; Starlight Fun Centres and Starlight Escapes.

Aim

The aim of the project was to develop methodology and instrumentation to evaluate the operations of the Starlight Children's Foundation in Australia and to trial them in Western Australian.

Sample

- parents/carers of children currently and previously involved with Starlight (n=125/305)
- current and past Captain Starlight (fulltime and casual) (n=5/7);
- volunteers (n=77/200); and
- current hospital staff (PMH, metro and regional hospitals) (n=52/74).



Instrumentation

- Self administered questionnaires
 - parents/carers – wish granted (G)
 - parents/carers – wish in progress (IP)
 - health professionals - PMH
 - health professionals– other than PMH
 - Captain Starlight
 - Volunteers
- Logs
 - TV channel
 - Fun Centres
 - Starlight Express Room



Methods

Six questionnaires and three recorded logs were developed for this project. The majority of the questionnaires were self administered with the exception of the questionnaire surveying medical personnel at Princess Margaret Hospital. This questionnaire was administered in an interview format. All self-administered questionnaires were distributed by Starlight with a clear instruction that confidentiality will be assured by returning it in a reply paid envelope provided to WA Centre for Health Promotion Research (WACHPR) at Curtin University of Technology.

Logs of usage of Starlight Express Room and the Fun Centres were recorded by the Captain Starlight or trained volunteer on duty. The television channel programming was also recorded. The period of recording keeping for this project was six weeks, including a two-week holiday period. All data were analysed and interpreted by the WACHPR. Ethics approval was granted from the Princess Margaret Hospital for Children and Curtin University of Technology Human Ethics Committees.



Results – Parents/Carers

- Starlight Express Room (SER) (Extremely/important to 87%)
 - children in hospital - enjoyment, socialisation, time out, fun, safe, distraction
 - siblings and family - fun, relieves boredom, stress free, welcome
 - changes - bigger, brighter, more activities/support for wheelchair bound, resource library
- Starlight Express Van (SEV) (Extremely/important to 96%)
 - children in hospital and families – essential
 - medical staff - excitement, uplifting
 - changes - more visits, more promotion
- Wish Granting Program (WGP) (Extremely/important to 97%)
 - wishes - expected within 12 months, 76% by 6 mths, 99% by 12 mths, 96% satisfied
 - children - something to look forward to, great reward for suffering, opportunity
 - siblings/families - relief from hospital, quality time, family experience/ shared enjoyment
 - volunteers - wonderful, professional, caring - didn't understand disability/ treat age approp.
- Escapes (Extremely/important to 88%)
 - 50% involved, sporting events or SciTech popular, 35% included family, 87% great idea
- Comments
 - "Captain Starlight and team make children laugh"*
 - "Forget about illness and medical procedures"*
 - "Wish ... memories... positive experience... huge boost... lifted depression... Improved well-being"*
 - "Gives chance to be a kid... allows family to bond... children can give wish to sibling"*

Results – Volunteers

- Involved - 58% 1yr, 70% up to 10 hrs/mth, 54% SER, 27% WGP
- Training past 2yrs – 27% 1-3 hrs, 42% 4-6 hrs, 86% manual helpful, 92% sufficient support
- Increase effectiveness – understanding SER, sharing experiences, training – craft, IT,
- Debriefing – 39% no formal debriefing, 60% found staff supportive
- Change about Starlight – more volunteers, more marketing/promotion, government funding
- Comments
 - "families...siblings play...interact...bond"*
 - "interact with children in safe environment"*
 - "satisfying....wonderful organisation...use talent's to brighten children's lives"*

Results – Captains (not involved WGP)

- Involved - 1-3 yrs
- Training past 2yrs – all 1-3 hrs,
- Training needed – improvisation, media skills, watching others perform, readings, IT, crowd control
- Increase effectiveness – more support, more ward visiting, more contact btwn Captns,
- SER – extremely important to children, siblings and families – need more resources, organise room
- SEV metro – essential, reduces fear assoc. with hospital – need stage box, second vehicle
- SEV regional - essential, valued – need modified equipment for wards, activities for different wellness levels, more regular, include local schools and clinics, equip should be left in regional hospitals
- Comments
 - "kids gain confidence"*
 - "takes mind of surgery...focus of illness/treatment...respite from stress"*
 - "great relief for children in hospital full of grown-ups"*



Results – Logs – 6 week audit

- Starlight Express Room – 3364 visitors over 6 wks, most visitors 6-12 yrs (n=1449, even genders (Tables 1-2)

Table 1. Visitors to SER by age

		Age groups					Total
		<6 yrs	6-12 yrs	13-15 yrs	16-17 yrs	18 yrs or >	
wkly	wk 1	118	393	165	55	112	843
visits	wk 2	116	292	90	20	110	628
	wk 3	99	205	73	14	147	538
	wk 4	64	273	72	17	93	519
	wk 5	42	166	69	8	87	372
	wk 6	42	120	41	8	71	282
Total		481	1449	510	122	620	3182

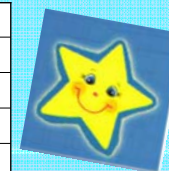
Table 2. Visitors to SER by gender

	gender		Total
	male	female	
Patient	650	459	1109
Sibling	331	305	636
Relative	351	338	909
Other	338	334	672
Total	1670	1656	3326

- Starlight Fun Centres – popular with patients and siblings, some fun centres not operational during audit (Table 3)

Table 3. Log of SFC usage

Location	Times used	Ages	# Patients	Ave time	What used
Albany	37	6-15yr	32	1-2hrs	Computer
Pt Hedland	26	6-12yrs	25	1-3yrs	Computer movies
St John God	47	6-15yrs	45	1-2hrs	Computer Movies
PMH	238	6-15yrs	81	<1hr	Computer



- Starlight Television Channel – free of charge to all in- patients, videos requested through telephone link, quizzes and games conducted each day, children in SER can be seen STC via video cam, children confined to ward can view performances, concerts and presentations by special visitors.

Results - Health Professionals

- Awareness – 93% SER, 85% SFC, 74% STC, 52% escapes, 100% WGP PHM, 32% WGP other hospitals (Fig-1-2)

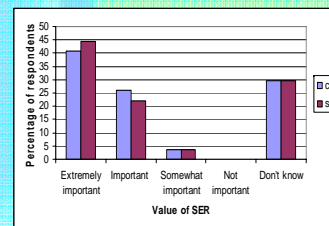


Figure 1. Value of Starlight Programs to child & siblings

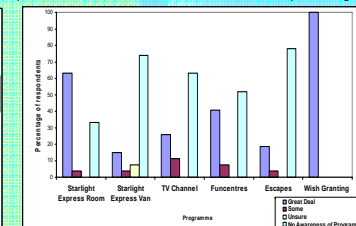


Figure 2. Importance of SER to child & Siblings

- Comments

"demystifies hospital & reduces fear associated with hospitalisation"
"improves rate of healing... reduce analgesic use and symptoms of illness... helps post op recovery"
"diversionary therapy... incentives for children to cooperate with treatment"
"SEV extremely useful in establishing country/regional hospitals as paediatric units"
"alleviates anxiety... visits on theatre days relax kids... lifts self esteem... needs govt funding"

Acknowledgments