

Healthy Development Adelaide

A Research & Innovation Cluster in South Australia

Volume 5, Issue 3

June 2009

www.adelaide.edu.au/hda

Newsletter

Upcoming Events...

• **10-13 June**

The Annual Meeting of the Endocrine Society ENDO 2009 will be held in Washington, DC.

• **16-19 June**

The Network in Genes and Environment in Development (NGED) forum will be held in Palm Cove, North Queensland.

• **28 June-1 July**

The 25th annual European Society of Human Reproduction and Embryology (ESHRE) meeting will be held in Amsterdam, The Netherlands.

• **8-11 July**

The 7th annual meeting of the International Society for Stem Cell Research will be held in Barcelona, Spain.

• **16-20 August**

The 4th international conference on community health nursing research 'Health in Transition' will be held in Adelaide, Australia.

• **2-4 September**

The Australian Research Alliance for Children & Youth (ARACY) will be holding its national conference in Melbourne, Australia.

Further information at

www.adelaide.edu.au/hda/events

An initiative of the University of Adelaide since 2004



LATEST NEWS

New HDA Steering Group Members



A/Professor Jane Scott
Flinders Clinical and Molecular Medicine, Nutrition and Dietetics
Academic Head of Programs
School of Medicine

A/Prof Scott will be taking over from Dr Nicola Spurrier as the Flinders University representative on the HDA Steering Group. Her research interests are in public health nutrition and nutritional epidemiology in area of infant feeding practices.



Dr Maria Makrides
Deputy Director of the Women's and Children's Health Research Institute (WCHRI) and Professor of Nutrition at the University of Adelaide.

Dr Makrides will be taking over from Prof Heddy Zola. Her research interests are in nutrition for preterm infants and perinatal fatty acid nutrition.

HDA would like to thank Prof Heddy Zola for his valuable contributions to HDA since our inception in 2004.

HDA's 5th annual Oration

Professor Eric Haan AO

**Head: South Australian Clinical Genetics Service, Women's & Children's Hospital /
Clinical Affiliate Professor
Discipline of Paediatrics, University of Adelaide**



Genetics and Disease in Children

Thursday 11 June 2009

5.30 - 7.00pm

Arrival at 5.15pm for 5.30pm start, Cocktail Food & Drinks following Oration

State Library of South Australia
Institute Building Lecture Theatre
(Corner Kintore Avenue and North Terrace)

Professor Haan will be presented with the Healthy Development Adelaide Award for 2009

RSVPs essential by Friday 5 June.

✉ anne.jurisevic@adelaide.edu.au or ☎ (08) 8303 8222

HDA Partners



RECENT HDA EVENT

HDA Scholars Welcome Function

On 16 April 2009, HDA officially welcomed our second cohort of HDA Scholars at a welcome function held at the University of Adelaide. Seven young Adelaide researchers have been awarded PhD top-up scholarships to help them continue research into healthy development. The HDA Scholars will each receive an extra \$5,000 a year for three years with major funding contribution by the Channel 7 Children's Research Foundation.

The Scholars will be undertaking their projects in the area of healthy development at the University of Adelaide and the University of South Australia and will be enrolled in the HDA Research Training Program with mentoring, career development opportunities, and research training placements. Further information on our Scholars can be found on HDA's website.



pictured l to r: back row - *Natasha Schranz (Scholar)*, *Georgie Crichton (Scholar)*, *Prof Michael Sawyer (HDA Co-Convenor)*, *Prof Caroline McMillen (HDA Co-Convenor)*, *Mr Glenn Rappensberg (Executive Director, Channel 7 Children's Research Foundation)*, *Prof Rob Norman (HDA Co-Convenor)*. front row - *Luca Prisciandaro (Scholar)*, *Lisa Aksion (Scholar)*, *A/Prof Pat Buckley (Chair, HDA Research Training Program Working Group)*, *Dorota Zarnowiecki (Scholar)* and *Zhi Yi Ong (Scholar)*.

Words of inspiration by past HDA Scholar, Leigh Guerin from the Discipline of Obstetrics & Gynaecology, University of Adelaide.

The value that Healthy Development Adelaide offers to its scholars is its inherent broad scope. HDA's scope spans from the interaction of two proteins that may affect the production of a handful of genes, through to the implementation of public health policy that may affect 100,000's of south Australians, and it covers research that ranges from the production of a single sperm or oocyte, through conception, and all the way through to a fully formed, functioning, and ultimately healthy adolescent. This scope provided a unique opportunity to me and will afford the same opportunity to their new scholars to allow them to broaden their view of their research.

I once heard an expert described as "someone who knows more and more about less and less, until they eventually know everything about nothing". Now I would like to think that I haven't spent the last 3 years studying absolutely nothing, but it does highlight that we can become so acutely focussed on our research that we lose perspective of how our piece of knowledge fits into the much larger puzzle. And it can become extremely difficult to broaden our view, especially when we have the pressures and the distractions that come with a PhD. So first and foremost this is the value of being a HDA scholar.

Personally it gave me additional opportunities. When I started my PhD I had an interest in research commercialisation. The resources within HDA allowed me to explore this. As part of the research practicum I got to visit Bioinnovations SA and ITEK (UniSA) as well as a small biotech company, Micronix. This gave me an avenue to pursue my interest in this area, as well as getting an understanding of the realities of research commercialisation. Now whilst this was something that I was extremely interested in, it really wouldn't have been something that I would have pursued if it wasn't for HDA.

The other thing that I have personally found extremely rewarding from being a HDA scholar is the mentoring program. Through HDA I was paired with my mentor Melissa Brasted, who initially was chosen on the fact that she had completed a PhD and then move into the commercial area, so she had followed a career path similar to one that I was interested in. And certainly she provided some great in site into this path.

But beyond this she has actually given me some great personal support throughout my PhD. And this is something that has continued even though she has moved interstate to Sydney, and we frequently catch up on Skype. Ultimately I think that I was really lucky in that I was paired with a mentor who was someone that I could relate to, someone that could afford me the time and also got something back from the whole experience. And the experiences that she had in her PhD really gave me some perspective when I was struggling with mine.

But ultimately I think that the HDA training program is really what you make of it. So I implore all of the new scholars to take full advantage of the resources that are available to them through HDA. These resources are really something unique that very few other PhD students have access to. So make the most of it, and hopefully you find it as rewarding as I did.



MEMBER PROFILE - DR KIRSTY ANDERSON

THE ROBINSON INSTITUTE, UNIVERSITY OF ADELAIDE



My name is Dr Kirsty Anderson. I completed my Bachelor of Medicine and Bachelor of Surgery (MBBS) at the University of Adelaide in 2001 and did my intern year at the Royal Adelaide Hospital (RAH) in 2002. I decided early on that I was keen to balance clinical medicine with another arm of work, and thought I would try my hand

at research and teaching. I first got involved with HDA when I was doing my PhD in Medical Education at the University of Adelaide in 2003-2006. This period of doing a PhD, enjoying some teaching and also working part time as a resident medical officer at the RAH Emergency Department was one step towards a hybrid career in health.

However, it became clear that gaining further clinical qualifications would be helpful, so the past 3 years have been spent working in the hospitals and clinics in order to train as a General Practitioner (GP). Up until 2009, whilst getting my

head around GP land and studying for exams, I was quite "academically dormant". However, I then chose to do an Academic Term until February 2010 as my final block of GP training, so I'm now back at the University of Adelaide Robinson Institute and Medical School!

My week is currently split between doing 6 sessions in a city general practice, teaching clinical skills to first year medical students and doing 10 hours research with Professor Robert Norman with help from various others.

My initial project is a Cochrane Systematic Review of

Preconception advice for couples presenting for infertility treatment. This is a nice complement to the work I do with many young women and children in general practice.

HDA has been a great introduction to the benefits of multidisciplinary research and has also helped me to think about combining the different parts of my work that I enjoy. Bring on more collaboration to enhance developmental health!

Dr Kirsty Anderson

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RECENT HDA EVENT

HDA Thematic Evening: 'Vaccination: more than just a shot in the arm'

On 28 May, HDA held its 1st Thematic Evening for the year on *Vaccination: more than just a shot in the arm* at University of Adelaide. The event attracted 100 attendees and Chaired by A/Prof Claire Roberts from the Robinson Institute, University of Adelaide.

"Infectious diseases have been the scourge of humanity for millennia. The advent of public hygiene systems, clean drinking water and sewerage systems in the early 20th century made a huge difference. By the early 1950s antibiotics and vaccination became important weapons in the fight against infectious diseases. Many infections which commonly killed many people in the past have either been wiped out by vaccination or are relatively rare in nations where vaccination programs are active. The best known example is that of the global eradication of smallpox declared by the WHO in 1980. Clearly, vaccination is a mainstay of public health in our era". *Excerpt from Chair's introduction...*

Four highly distinguished speakers provided their insights on this important topic.

Prof James Paton, Director: Research Centre for Infectious Diseases, University of Adelaide - *Pathogenesis and prevention of pneumococcal disease*.

Prof Geoffrey Davidson, Senior Gastroenterologist: Centre for Paediatric and Adolescent Gastroenterology, Women's and Children's Hospital - *The rotavirus story - from discovery to oblivion*.

Prof Eric Gowans, Director: Women's and Children's Health Research Institute - *Problems in HIV and HCV vaccine design*.

Dr Helen Marshall, Director: Paediatric Trials Unit, Women's and Children's Hospital - *Vaccination trends for Australian children and adolescents*.



A new diagnostic test for reflux in infants is being trialled by researchers from the University of Adelaide and the Women's and Children's Hospital, CYWHS.

There are two types of reflux, volume and acid reflux, and in diagnosis it's important to distinguish between them. Acid reflux is when stomach acid comes back up, whereas volume reflux is non acidic e.g. milk.

Most adult patients have acid reflux, which produces symptoms like heartburn. Babies differ because milk feeds are a good acid buffer. Therefore reflux during the first 1-2 hours after a feed tends to have a high volume (often associated

with vomiting) and is not acidic, while reflux 2-4 hours after a feed tends to have a low volume (rarely associated with vomiting) and is acidic. Infants with reflux disease may have symptoms due to volume reflux, acid reflux or both.

Acid related reflux disease can be diagnosed by upper gastrointestinal endoscopy and/or a pH-probe study. In reality most infants are commonly prescribed suppression therapies, such as proton pump inhibitors (PPIs) based on symptoms alone, without investigation with these tests. The acid suppression therapies do not change volume reflux; they only change how acidic the reflux is. Therefore, despite being mainstream therapy for reflux disease, PPI

therapies are only effective in infants with acid-related reflux disease.

Researchers at the Women's and Children's Hospital, CYWHS have developed a new testing approach to the diagnosis of symptoms due to volume reflux, as part of a multi-centre international study. This test uses a specialised probe to detect volume reflux and combines probe measurements with a state-of-the art system which allows detection of symptoms such as irritability/crying, coughing/sneeze, choking/gagging and apnoea/bradycardia. The new test can correlate reflux with symptoms and determine if acid or volume reflux is the cause.

We hope that by using this test we can better identify infants that have volume reflux and apply novel therapies aimed at reducing volume reflux. We can also identify infants who do not have symptoms due to reflux and therefore can investigate other causes of symptoms (e.g. cow's milk allergy). We are currently recruiting children for the trial, who are 0-6months of age and have symptoms of reflux.

For further information on Infant Reflux Trials please contact:

Ms Lisa McCall
Research Nurse
Gastroenterology Unit
Children, Youth and Women's
Health Service
Phone: 8161 1783



Media release 11 May 2009

University of Adelaide researchers are developing a world-first genetic test that can predict which pregnancies are at risk of complications long before symptoms arise. Led by A/Professor Claire Roberts, Senior Research Fellow in the University's new Robinson Institute and Scientific Director of the SA SCOPE study (SCReening fOr Pregnancy Endpoints) involving ~1400 women.

The researchers have identified subtle variations in specific genes within the mother, father or baby that indicate the mother is more likely to suffer from pregnancy complications. This advance will permit tailored, and sometimes potentially life-saving, antenatal care and constitutes a quantum leap forward in the care of pregnant women and their babies.

The research has also identified potential therapies for use in early pregnancy to improve placental development and function and reduce the risk from pregnancy complications. "Our findings show that it does actually take two for successful pregnancy," A/ Professor Roberts says. "Pregnancy success is determined by a complex interaction of maternal, paternal and environmental characteristics that together dictate how well the placenta develops and functions and how the mother adapts to pregnancy. "Defects in how well the placenta develops and functions are implicated in common pregnancy complications ranging from miscarriage, through preeclampsia, pre-term birth and fetal growth restriction. The problem with complications is that we are unable to predict which women are at risk until symptoms develop, and then therapies can be too little, too late."

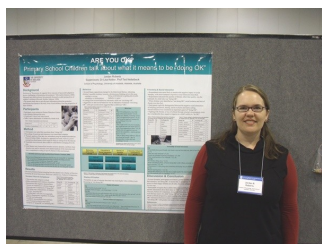
A/Professor Roberts presented her team's findings and discussed many other pregnancy risk factors at the University of Adelaide's regular *Research Tuesdays* free public seminar series.

For further information on these seminar series, past seminars and seminar downloads go to www.adelaide.edu.au/researchtuesdays/

WCH FOUNDATION RESEARCH PROJECT GRANTS

These grants support research into the health of children, youth and women by providing funding for research projects on an annual basis. Funding for up to \$50,000 per project is awarded. Applications will be accepted from staff who hold paid or other appointments at the CYWHS, WCHRl and SA Pathology (WCH campus). Members of the CYWHS core University Departments who are located at the WCH site may also submit applications. In addition, two grants will be awarded to new researchers, those researchers who have not received previous funding from the WCH Foundation, are post-graduates who have completed a doctoral degree within the last five years and are up to, but not more than, 40 years of age. Applications close 29 June, further info at www.cywhs.sa.gov.au or contact Katherine McPhail, on 8161 8175 for any queries.

HDA TRAVEL GRANT RECIPIENT CONFERENCE REPORT 2009



Ms Jordan Roberts
PhD Student
School of Psychology
University of Adelaide

With the support of the HDA Travel grant, I was fortunate to attend the Society for Research into Child Development's 2009 Biennial Meeting in Denver, Colorado, in early April. The three day conference addressed all facets of child development - psychology, biology, medicine, education, pre-natal experiences, parenting, etc - and there were 6000 attendees, from all around the world, including many from the USA, UK and Australia. The majority of talks I attended were from the psychological stream, although I saw some interesting cross-disciplinary presentations. I attended the conference in order to present a poster on my PhD research in the area of educational resilience in primary school children. Poster sessions ran for two hours, five times a day, for all three days of the conference, and were a

fantastic way to find out about the current state of child development research around the world. My poster received strong interest from other attendees and by the time my two hours were over I was thoroughly sick of explaining my research!

One conference session that was particularly interesting dealt with the importance of Omitted Variable Analysis in researching within child development. Chaired by Yoshikawa, five presenters presented work acknowledging that there are "invisible" variables that affect both the child's development, and the context within which the child develops, which can confound attempts to clarify relationships between aspects of the environment and development. New research models from Economics and Econometrics have been adapted to address these problems, and hearing about family fixed effects models, school fixed effects models, regression discontinuity analysis, instrumental variable analysis and using longitudinal sibling differences models made me want to improve my statistical skills! However, the presenters also made the point that in adopting these models, it's important that we don't lose our

current strengths, of theory-based hypothesis development and testing, in the rush to try these new econometric approaches.

Chantelle Dowsett's presentation on school readiness made the point that the "school readiness" discipline may have things backwards, and that it is the schools that need to be ready for the children (at whatever stage of development they are) by being more flexible and responsive to the children's needs, rather than children that need to be somehow "made" ready for monolithic and inflexible schools. Mary Ann Evans' work looking at parental attitudes suggested that while parents are happy to assist their children with literacy skills, they view numeracy instruction as the preserve of schools; this meshed well with Brenda Smith-Chant's work demonstrating that parents and children spend a lot more time practicing formal and informal literacy skills than practicing similar numeracy-based training activities. There were also many presentations based on results from large-scale longitudinal studies of child outcomes within the US (eg LONGSCAN, NSCAW), including such outcome variables as educational attainment, health, income level,

involvement with the criminal justice system, and relationship success. Recent work seems to be strongly focussed on the importance of a child's executive attention skills (Beverly Jo Wilson), effortful control (Lilliana Lengua) and self-regulation ability (Shauna Tominey) on success at school, with peers, and later in life.

The Presidential Address from outgoing president of SRCD, Arnold Sameroff, on the final day of the conference, was a fascinating integration of the field of child development. Taking the focus "The Development of Developmental Science" he proposed that the dialectal nature/nurture debate could be transcended by taking a unifying view that focussed on transactional relationships between child characteristics, parental skills in childrearing, and the broader environment. A version of the talk he gave is available at (www.ctl1.com/publicaccess/humanecology/hdru-20080922-eng-as/). It's worth a look if you have time.

I also attended two networking sessions: the Student and Early Career Reception and the Presidential Plenary Session, which allowed me to meet a lot of other researchers and exchange ideas and contact details.

100 OF AUSTRALIA'S YOUNG AND EMERGING LEADERS HDA MEMBER - A/PROFESSOR SARAH ROBERTSON



A/Professor Sarah Robertson
Reproductive Biologist and Co-Director of the
Research Centre for Reproductive Health, The
Robinson Institute, University of Adelaide.

The biology of reproducing ourselves is extraordinarily intricate and clever, and rather more similar to insect reproduction than we ever thought, says A/Prof Robertson. Her research interest is male sperm and how it transmits information at a molecular level that influences the female partner's ability to become pregnant.

www.adelaide.edu.au/robinson-institute

The Weekend Australian Magazine in association with *Microsoft* over the next few months will name 100 of Australia's young and emerging leaders – those who are set to make a substantial contribution to the nation over coming years. The 10 week series will be profiling people representing 10 key areas of national life – Society, Sport, Wealth, Science, Culture, Earth, Learning, Health, Thinking and Innovation.

The series will culminate in the selection by a judging panel of 10 top leaders with the top 10 profiled in *The Weekend Australian Magazine* on June 20-21. www.theaustralian.news.com.au

We are excited to let you know about new projects for 2009 and how you can be involved. We welcome input from family members and service providers (from disability, mental health, education, community services etc). Siblings Australia is the ONLY organisation in Australia to focus on siblings of children and adults with special needs. During the past 10 years (our 10th anniversary is this month) our focus has been on support, education, training and advocacy about and for siblings. We have provided workshops to thousands of parents and providers around Australia and overseas, developed written and online information, and provided support to siblings of all ages.

Our Mission is Siblings: Acknowledged, Connected, Resilient. By that we mean that siblings can be overlooked, both within families and by the community. They can then become isolated and be at risk for a range of mental health problems. However, if we acknowledge their needs and connect them to each other and to other sources of support, they are likely to become more resilient. We have worked directly with siblings (both children and adults), with parents to help them support

all their children, and with providers to help them support whole families more effectively.

Please consider how you can be involved in the following:

Membership

If you would like to be a member of the organisation there are three different levels. If you are a family member or a person with special needs, membership is only \$10; for individual providers, \$30; organisations or government departments, \$100. All options include email updates and the choice of donations. We need your support to ensure we can continue to support siblings, not only for their own well-being but for the well-being of the person with special needs. More details can be found on our website.

Conference

The Federal Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) has provided support to Siblings Australia to host its 2nd National Conference in late 2009. This conference will be of interest to families, providers, researchers and policy makers. You can go to www.sapmea.asn.au/siblings09 to register your interest in this important event.

Scoping Project

We have also been funded by FAHCSIA to carry out a scoping project of all sibling support programs running around Australia. We encourage all providers to complete this short survey, and are aiming to hear from anyone who is involved in specific sibling programs. The survey can be found on our website.

Adult Sibling Project

This project, based in South Australia, and funded by the Julia Farr MS McLeod Benevolent Foundation is continuing to develop resources and services for adult siblings of people living with disability, and to explore how to strengthen those sibling relationships.

Parent information booklet

DADHC (NSW Department of Ageing, Disability and Home Care) is supporting the development of a booklet for parents of a child who has been newly diagnosed with special needs, on how they can support siblings.

Parent workshop DVD

We have received a grant to develop a DVD of our parent workshops which are able to be used by parents or by providers in working with parents.

Forums

Our website continues to host our forums for young, teen and adult siblings and for providers who are involved in sibling support.

Saturday Sibs/SibworkS

We are continuing to run programs for young siblings – recreational programs and the 6 week peer support program – in order for them to meet other siblings and share experiences. The number we are able to provide again depends on the funding we can access and we continue to submit grant applications for this work. Two SibworkS programs have been funded by Morialta Trust. And a recreational program for young siblings has been funded by Variety, the Children's Charity.

Please visit our website for more information or contact me for further discussion.

Kate Strohm
Executive Director

☎ (08) 8357 1214
✉ kate@siblingsaustralia.org.au



**NEWS
UPDATE**

COAG COMMITS TO CHILDREN AND YOUNG PEOPLE

Australian government committed \$61.6 million to improving child protection recently in Hobart for the Council of Australian Governments (COAG). This will allow federal bodies, such as Centrelink and Medicare, to share information with states concerning families with children at risk. The improved information sharing and data consistency aims to ensure vulnerable children and families don't fall between cracks, especially when moving from state to state.

Key COAG outcomes for children and young people:

- A National Research Agenda for Child Protection
- Workforce development projects including training and professional resources and tools to improve the capacity of all

services working with families and children

- \$10 million over four years to gather evidence to support improvements in child protection services
- Development of standards for out-of-home care for children
- \$10 million over four years to set up eight integrated sites in disadvantaged communities to prevent child abuse and neglect
- An increase in the Transition to Independent Living allowance, at a cost of \$5 million over four years
- Funding to reduce drug abuse by parents
- \$100 million incentive fund if states and territories lift Year 12 completion rates

The Statutes Amendment (Prohibition of Human Cloning for Reproduction and Regulation of Research Involving Human Embryos) Bill 2007.

A Bill bringing South Australia's human cloning and embryo research laws into line with the equivalent Commonwealth laws passed the Legislative Council on 26 March 2009. South Australia was the last state to amend their laws to fit into the national human cloning and embryo research regulatory scheme. All states except Western Australia now have nationally consistent laws (the Western Australian Bill was not passed by their Parliament). The South Australian Bill amended the *Prohibition of Human Cloning Act 2003* and the *Research Involving Human Embryos Act 2003*. Human cloning and embryo research legislation raises important moral and ethical questions that require deep consideration, and has been subject to a conscience vote each time in every jurisdiction including in the South Australian Parliament. In South Australia, clinical reproductive medicine practice is separately regulated by the *Reproductive Technology (Clinical Practices) Act 1988*.

The national scheme and recent changes

Australia's national scheme for prohibiting human cloning and regulating embryo research includes

- ◆ Commonwealth legislation mirrored by legislation in each state
- ◆ the NHMRC Embryo Research Licensing Committee
- ◆ a monitoring and inspection regime
- ◆ and the NHMRC Ethical guidelines on the use of assisted reproductive technology in clinical practice and research.

This national scheme regulates the use of human embryos, but not animal embryos nor human embryonic stem cells. The Commonwealth laws require consultation and review every three-years. The original 2002 legislation prohibited creating embryos for research, allowed research using excess embryos donated by infertile couples, but restricted what could be done with them. Following the Lockhart Review, amendments to the Commonwealth laws in late 2006 extended the national scheme to also regulate embryos created by means other than fertilisation and

human oocytes used for such processes. The ethical guidelines were updated in 2007 to reflect legislative changes. To date, no South Australian researchers have sought a licence to conduct human embryo research, but have focussed their efforts on animal embryos and human embryonic stem cell lines developed elsewhere which do not require a licence. However research is often conducted as part of national collaborations, so legal clarity and national consistency are important. Currently South Australian embryo research and training activity is conducted within a corporation covered by Commonwealth law, or a university. It is legally uncertain whether universities are covered by Commonwealth legislation. Now that South Australian and Commonwealth laws are consistent, all SA researchers wherever they conduct their work are covered by substantially identical legislation, providing regulatory consistency and legal certainty.

The revised laws

The amended laws prohibit human reproductive cloning and retain limitations on research and training using embryos created by fertilisation. The new definition of an embryo pinpoints the completion of fertilisation rather than its commencement. The scope is extended to permit embryos to be created for research, but not through fertilisation which allows for somatic cell nuclear transfer and parthenogenesis. They cannot be developed past 14 days or implanted. Prohibitions include implanting a human embryo in an animal, creating a chimera and developing a hybrid embryo – except for a diagnostic test for sperm quality conducted under licence in reproductive medicine clinics, but not beyond the first cell division. A licence can be issued to create embryos for research using genetic material from more than two persons or precursor cells.

Ongoing review

Human embryo research is an area of rapid change in research capability and community attitudes and standards. The next review of the Commonwealth Acts commences December 2009.

Dr Jean Murray, Principal Consultant, Ethico-Legal Reform, SA Health



UNISA EVENT
THURSDAY 18 JUNE

Short term pain for long term gain: managing work life balance in a recession

Professor Linda Duxbury, Sprott School of Business, Carleton University, Canada

Thursday 18 June, 5.45pm for a 6.00pm start

Allan Scott Auditorium, UniSA City West campus, Hawke Building, 50-60 North Terrace, Adelaide

Many organizations and governments, busy with dealing with the recession, think that work-life issues are of secondary importance. This talk focuses on the consequences such an approach is likely to have. Using both Canadian and Australia data this talk quantifies the human and monetary costs of such an approach. Links are drawn between work-life conflict and increased demands on Australia's health care system, increased use of prescription drugs, and declines in physical and mental health. Dr Duxbury also presents data showing that employees who cannot balance work and family are more likely to cope by having fewer or no children - a strategy that will have significant implications on Australians ability to remain globally competitive in the seller's market for labour that is predicted to start in 2011, the exact same time that the recession is likely to end. Dr Duxbury also links work-life conflict to key organizational success factors such as recruitment, retention, and succession planning. The talk ends with a discussion of what organizations and governments can do to reduce work-life conflict in their workforce. Strategies discussed include increased flexibility, a focus on the immediate management and a change in organizational culture.

To REGISTER for this event go to <http://www.unisa.edu.au/hawkecentre/events/2009events/Duxbury.asp>