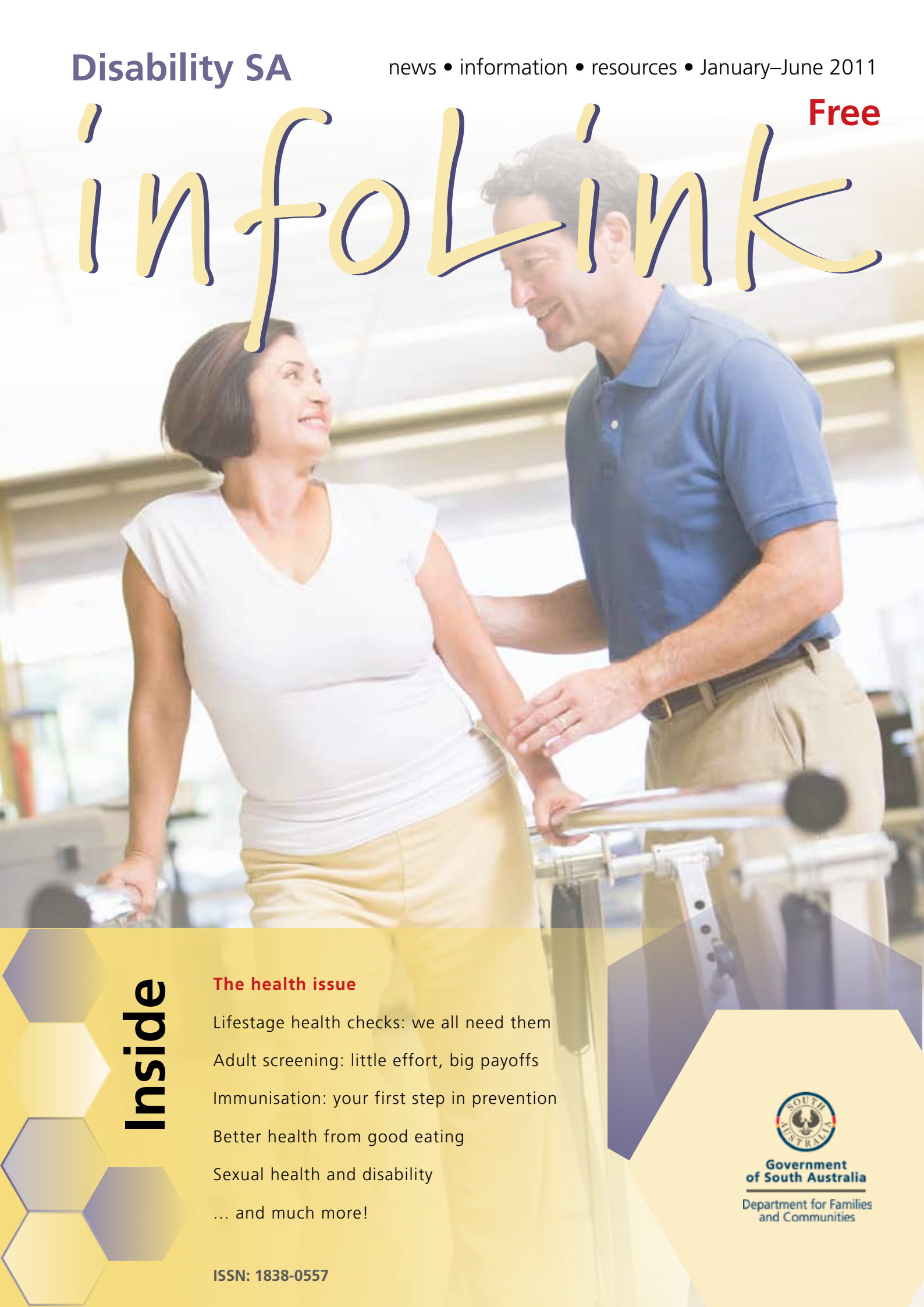


# infolink



## Inside

### The health issue

- Lifestage health checks: we all need them
- Adult screening: little effort, big payoffs
- Immunisation: your first step in prevention
- Better health from good eating
- Sexual health and disability
- ... and much more!

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Government  
of South Australia  
Department for Families  
and Communities

*infoLink* is for people with disability, and their carers and families. The magazine will also interest those providing services to people with disability.

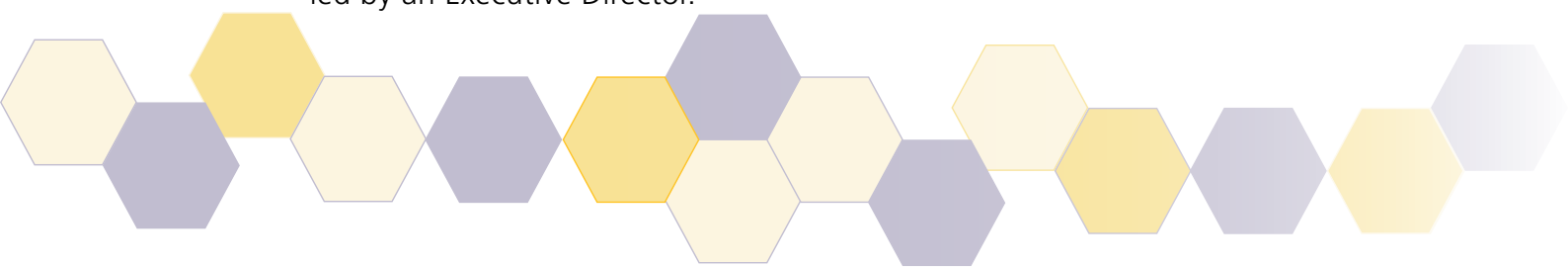
Above all, *infoLink* is meant to be informative and useful. The magazine focuses on practical help, news and articles that will keep you up-to-date about initiatives, programs and services.

*infoLink* is published twice a year. This edition focuses on health: preventing illness, promoting wellness and maintaining good health. The next edition in 2011 will focus on social and recreational options.

Disability SA has two divisions—Disability Services and the Office for Disability and Client Services—each led by an Executive Director.



Chief Executive,  
Department for Families  
and Communities,  
Joslene Mazel



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The information in this publication can be provided in an alternative format or another language upon request. Please contact Disability SA on 1300 786 117.

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# Message from the Minister

Knowledge is power—particularly when it comes to our health and wellbeing.

Being informed enables us to make good decisions about what we eat, how we can exercise and what we need to do to stay healthy.

This edition of *infoLink* provides plenty of tips on mental, physical and emotional health as well as preventing illness. These are issues we all face and I think you'll find many have a particular significance for people with disability.

The State Government believes South Australians with disability should be given information and support so they can make their own choices and be as independent as possible.

Now, for the first time in South Australia, people with disability are directly receiving funding through self-managed funding agreements.

These agreements give people with disability more control, allowing them to choose the services and arrangements that best meet their needs.

This flexibility has been backed up by the Government's commitment to funding for the disability sector. Despite recent

economic constraints, we were still able to significantly increase funding for disability services in the State Budget with \$70.9 million over four years to support South Australians needing accommodation, community support and respite services across the State.

In addition, we've committed \$13.8 million over four years towards equipment for people with disability and an extra \$4.2 million over four years to support children with autism—something I know will please many parents.

Supporting people with disability is not just about money. It's also about making sure that the services are delivered effectively and that our systems work for those who need them.

I have asked my Disability Advisory Council, led by Dr Lorna Hallahan, to investigate how best to protect vulnerable South Australians with disabilities from abuse and neglect.

Our Ageing and Disability Service Improvement Project, now underway, will see the joining of these service agencies and the policy arms that support them. Thanks to the feedback received, we'll be able to provide easier access and quicker responses to meet client needs.



Minister for Disability,  
the Hon. Jennifer Rankine MP

Meantime, development of the Disability Blueprint is gathering momentum. This initiative will ensure a more coordinated approach to delivering disability services in South Australia. It's great that so many people from the disability community have contributed through the consultation process for this initiative. Your experiences and insights are at the heart of how we shape our disability system for the better.

I hope you enjoy the second edition of *infolink*. If you have any ideas on how to improve it or suggestions for what you want to see featured, please pass them on to Disability SA. Remember, this is your publication and your opinion will drive its relevance and its success.

A handwritten signature in blue ink that reads "Jennifer Rankine". The signature is fluid and cursive, with a large loop at the end of the name.

**Jennifer Rankine**  
**Minister for Disability**

# Lifestage health checks: we all need them

All of us should have regular health checks throughout our lives. People with disability need at least the same checks as everyone else and, in some cases, others that are specific to their disability (see page 19). It might be that special arrangements have to be made for people with disability (an accompanying carer, equipment that accounts for restricted mobility or simplified instructions). These particular needs, though, should never prevent someone from getting the necessary health checks.

If a person with disability cannot perform some of the self-checks needed around, for example, breast and testicular cancer, a medical practitioner should perform the check, with appropriate permission and after clearly explaining to the person what will be done and why.

## Children

Parents and carers of children should follow a comprehensive list of health checks from the child's birth ([www.cyh.com/HealthTopics/HealthTopicDetails.aspx?p=114&np=304&id=1480](http://www.cyh.com/HealthTopics/HealthTopicDetails.aspx?p=114&np=304&id=1480)). Australian guidelines recommend checks at birth, 1–4 weeks, 6–8 weeks, 6–8 months, 18 months, 2½–3½ years, and 4–5 years. Tests cover:

- **hearing** ([www.cyh.com/HealthTopics/HealthTopicDetails.aspx?p=114&np=304&id=2695](http://www.cyh.com/HealthTopics/HealthTopicDetails.aspx?p=114&np=304&id=2695))
- **vision** ([www.cando4kids.com.au/Portals/0/Healthy%20Eyes%20brochure%20web2.pdf](http://www.cando4kids.com.au/Portals/0/Healthy%20Eyes%20brochure%20web2.pdf))
- **immunisation**—all babies should receive the Hepatitis B immunisation soon after birth (usually on the day they're born). Immunisation ages for kids under five are at birth, 2 months, 4 months, 6 months, 12 months, 18 months and

4–5 years. Get details and answers to many common questions at [www.cyh.com/HealthTopics/HealthTopicDetails.aspx?p=114&np=303&id=1841](http://www.cyh.com/HealthTopics/HealthTopicDetails.aspx?p=114&np=303&id=1841).

## Language, motor skills and social skills

Acquiring language, and becoming fluent in it, is one of the milestones of childhood development; so too are well-defined levels of motor skills (the ability to manipulate objects and the self in space), and social skills (the ability to interact with other people and in groups).

The Child and Youth Health website provides a summary of information about these developmental milestones at [www.cyh.com/HealthTopics/HealthTopicDetails.aspx?p=114&np=122&id=1906](http://www.cyh.com/HealthTopics/HealthTopicDetails.aspx?p=114&np=122&id=1906). Other links are provided to more detailed information around the different stages of infancy and childhood, and what to expect; well worth a look.

## Nutrition

The risks of developing so-called lifestyle illnesses (such as obesity, Type II diabetes and gout) can be reduced by providing good nutrition and establishing sensible eating patterns during childhood. Visit Child and Youth Health's page at [www.cyh.com/HealthTopics/HealthTopicCategories.aspx?p=302](http://www.cyh.com/HealthTopics/HealthTopicCategories.aspx?p=302) for a detailed topic list on everything from breastfeeding to fussy eaters to school lunches. Some children may have food allergies, are unable to swallow easily or need special supplements; a dietitian should be consulted in such situations. Numbers of visits each year to a specialist or allied health professional might be covered under a GP Health Plan (see pages 24 and 25).



*continued on next page*

## Adolescents

It's possible that the body and mind will never undergo more complex changes than during adolescence. Both boys and girls should receive reliable information on puberty, including menstruation, nocturnal emissions, secondary sex characteristics (such as the growth of underarm and pubic hair), acne, other physical changes, and emotional and mental changes. Child and Youth Health has detailed information on teen health topics at [www.cyh.com/SubDefault.aspx?p=159](http://www.cyh.com/SubDefault.aspx?p=159). There are topics on healthy body, healthy mind, relationships, society and teens, and drugs and alcohol.

## Adults (20s and 30s)

### Cholesterol and glucose

Cholesterol is necessary to the body, but too much of one of its two kinds can be harmful, leading to heart disease. A simple fasting blood test is used to test cholesterol levels; learn more about it at [www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/\(Pages\)/Cholesterol\\_explained?OpenDocument](http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/(Pages)/Cholesterol_explained?OpenDocument).

Tests for Type II diabetes should be started in the 20s (see [www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Diabetes\\_diagnostic\\_tests?open](http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Diabetes_diagnostic_tests?open)) unless there is reason at an earlier age to suspect the onset of this disease (for example, because of being extremely overweight in childhood). Diabetes can cause kidney and eye damage, heart disease and many other physical problems, and is a serious condition needing treatment.

### Pap smears and pelvic exams

Cervical cancer is treatable with good success if detected early. The test may be challenging for some women with disability, either because of physical difficulties or lack of understanding about the intimacy of the process. However,



Cervix Screening SA is aware of these issues and has released a brochure specifically about screening women with disability (see page 7); get it at [www.dh.sa.gov.au/pehs/Cervix-screening/pdfs/04\\_Women\\_w\\_disab\\_final.pdf](http://www.dh.sa.gov.au/pehs/Cervix-screening/pdfs/04_Women_w_disab_final.pdf).

## Sexually transmitted infections (STIs)

STIs aren't hard to catch. Anyone who is sexually active with another person should be checked periodically for these infections. Detailed information is available at [www.dh.sa.gov.au/pehs/sexual-health.htm](http://www.dh.sa.gov.au/pehs/sexual-health.htm), including a link to SHine SA (sexual health, information, networking and education) and Clinic 275 (an STI testing clinic that's part of the Royal Adelaide Hospital).

### Testes exams

Although testicular cancer is rare, it does affect more younger men than some other cancers; get detailed information, including about risk factors and self-examination techniques, at [www.andrologyaustralia.org/pageContent.asp?pageCode=TESTICULARCANCER](http://www.andrologyaustralia.org/pageContent.asp?pageCode=TESTICULARCANCER).

## Dental check and cleaning

Children's dental and oral health is supervised by their parents, but it's important for adults to pay attention to these matters, too. Poor oral hygiene, gum disease and cavities may be linked to heart disease, diabetes and possibly even stroke. More research is needed to establish a causal link with all these conditions but, in the meantime, it's clear that regular brushing, flossing and check-ups help prevent bad breath and painful cavities, and allow people to eat a balanced diet. See page 16 for more detail.

## Waist circumference, weight assessment

A large waist measurement and being overweight puts people at higher risk of developing chronic disease. More information can be found at *Measure Up* ([www.health.gov.au/internet/abhi/publishing.nsf/Content/home](http://www.health.gov.au/internet/abhi/publishing.nsf/Content/home)), including tips on healthy eating and exercise. Good food can be tasty and activity can be fun!

# Adult screening: little effort, big payoffs

We live in fortunate times. Medical diagnosis and treatment are advancing all the time. Research, super-fast computing, sharing information via the Internet—they've all contributed to disease being detected earlier and handled sooner. However, all the medical science in the world can't replace personal care and attention. It's up to us to use the screening programs available. People with disability, and their families and carers, need to obtain screening at the recommended intervals and take full advantage of the special needs arrangements that can be made for them.

## Good news about bowel cancer

The bad news about bowel cancer is that it is South Australia's second biggest cancer killer, but the good news is that it doesn't have to be. Bowel cancer is one of the most preventable and curable cancers if caught early.

Evidence shows that 90 per cent of bowel cancers can be cured after early detection, and that improved diet and physical activity together can help prevent up to three-quarters of bowel cancers.

Very often, there aren't any symptoms of early bowel cancer but a simple screening test can pick up signs that we can't see. This simple test can be done in the privacy of your own home and, if done every two years once you turn 50, could save your life.

Don't wait until you have symptoms. If you are 50 and over, get a screening test for bowel cancer today. You can order the test from Cancer Council SA, or get one from your GP or pharmacy. Call the Cancer Council Helpline on 13 11 20 for more information about bowel cancer and screening, and visit [www.cancersa.org.au/asp/detection\\_bowel\\_cancer.aspx](http://www.cancersa.org.au/asp/detection_bowel_cancer.aspx).

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## Breast screening

BreastScreen SA (BSSA) is the accredited statewide breast cancer screening program, providing free screening mammograms (breast x-rays) primarily for women aged 50–69 years without breast symptoms. It's estimated that, for individual women in this age group, having a screening mammogram every two years reduces the chance of dying from breast cancer by about 40 per cent. Women are eligible to attend from the age of 40 years.

BSSA aims to provide a screening and assessment service that meets the individual needs of clients with physical and/or intellectual disabilities and longer appointments are made available. Wheelchair access is available at all six metropolitan clinics and the two country mobile units.



*The mobile units of BreastScreen SA provide accessible entry for women in wheelchairs.*

If a woman's disability precludes screening or if she's unable to give informed consent, she and/or her carer are advised to seek advice from her general practitioner about alternative surveillance (screening) methods for breast cancer.

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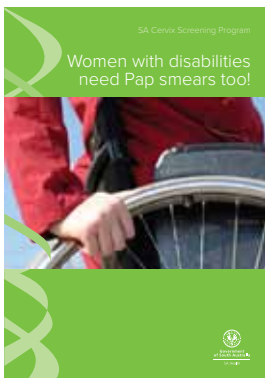
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Telephone BreastScreen SA on 13 20 50 for an appointment. Their website also has much information about breast cancer and screening at [www.breastscreen.sa.gov.au](http://www.breastscreen.sa.gov.au).

**Karen Shepherd/Karen Woodcock**  
**Promotions and Education Managers, BSSA**  
**Telephone 8274 7102**  
**Email [BSSAenquiries@health.sa.gov.au](mailto:BSSAenquiries@health.sa.gov.au)**

## Women with disability need Pap smears, too

It's been well-documented that women with disability are less likely than other women to participate in cervical screening. The SA Cervix Screening Program (SACSP) recognises the numerous structural, educational and attitudinal barriers faced



by women with disability. The program is committed to raising awareness and facilitating smoother access pathways to Pap smear services for this group. In light of this, SACSP has developed a resource package that includes an illustrated

8-page pictorial booklet, a flip chart, a CD PowerPoint presentation and a booklet titled *Women with disabilities need Pap smears too!*.

The illustrated story format provides information in an accessible way to women who have little or no experience of Pap smears. Many women, including young women and women with intellectual and/or learning disabilities, learn best through visual stories.

These resources can also assist support workers, carers and families to understand the importance of screening in the prevention of cervical cancer. Most women who are diagnosed with cervical cancer have not had regular Pap smears.

A list of Pap smear services in metropolitan Adelaide offering adjustable beds, lifts and/or hoists, wheelchair access, a signing interpreter and parking for people with disability is included as an insert with the booklet. Additional resources in Braille, large print and audio are also available. Contact SA Cervix Screening Program on 8226 8181 to place an order for resources. Visit [www.cervixscreening.sa.gov.au](http://www.cervixscreening.sa.gov.au).

**Christine Gates, Senior Project Officer and Megan van Zanten, Project Officer**  
**SA Cervix Screening Program, SA Health**  
**Telephone 8226 8183**  
**Email [christine.gates@health.sa.gov.au](mailto:christine.gates@health.sa.gov.au) and [megan.vanzanten@health.sa.gov.au](mailto:megan.vanzanten@health.sa.gov.au)**

## Prostate screening

Prostate cancer is the most diagnosed cancer in Australia and the second greatest cause of cancer deaths in men ([www.prostate.org.au](http://www.prostate.org.au)). The Prostate Cancer Foundation of Australia recommends testing as part of a man's regular check-up after 50 years of age (or earlier if symptoms appear). Men should speak with their general practitioner about having the PSA blood test and the DRE physical examination.

An information kit from the Repatriation General Hospital about prostate cancer, and screening for it, is available from the DFC Library and Information Service (Disability Collection); see page 34 for contact details. Get other material from the Prostate Cancer Foundation of Australia's website (above), and from the Cancer Council SA's section on prostate cancer at [www.cancersa.org.au/asp/detection\\_prostate\\_cancer.aspx](http://www.cancersa.org.au/asp/detection_prostate_cancer.aspx).





# Keeping our skin healthy

Why should we maintain healthy skin? It's our largest organ, keeps moisture inside, keeps us cool when hot and warm when cold, and is a barrier, keeping germs from invading our body.

Skin has its own defence systems and creates its own environment to help keep it healthy, its own oil (sebum) that keeps it supple and its own specialised microbes.

Skin plays an important role in keeping us healthy. We need to maintain our skin in good condition by keeping it intact and free of breaks.

Many studies have found three factors that influence our skin's health: skin hygiene; bladder and bowel control (continence or incontinence); and what we eat and drink—our nutrition.

## Skin hygiene

Soap can dry the skin by stripping away the sebum that protects it, making the skin vulnerable. Wiping the skin with washcloths or towels can further damage skin through friction. The skin's moisture and its barrier is wiped away, increasing the risk of damage.

Skin being cleaned should be cleansed, moisturised and protected. Soap substitutes can replace soap and soft cloths can replace rough towels and flannels. Pre-packaged toilette tissues can be used to clean the skin. Moisturiser containing a water-based barrier cream gently applied to the skin will also help protect and keep the skin supple.

## Continence and incontinence

'Incontinence' means accidental or involuntary loss of urine from the bladder or faeces from the bowel. The Continence Foundation of Australia ([www.continence.org.au/pages/whos-at-risk.html](http://www.continence.org.au/pages/whos-at-risk.html)) says over 3.8 million people have incontinence. Incontinence can range from a

small leak to complete loss of control. Urine and faecal material on skin increases its damage risk.

The level of acid or alkaline is measured as pH from 1 (acid) to 14 (alkaline) with 7 being neutral. Our skin's pH is 5–5.9, helping to provide a barrier against germ growth. Urine's pH is 5.5–6, almost the same as our skin. We need to drink between 1.5 and 2 litres of fluid each day to stop urine becoming concentrated and irritating the skin. Urine also makes the skin moist, increasing its vulnerability to damage. Bowel motions are alkaline and contain germs that can cause skin infections. The skin's vulnerability in the genital area is further increased by prolonged periods of pressure from sitting, or wearing ill-fitting clothes.



Continence products need to fit well to ensure there is no leakage and skin stays dry. Oily creams should be avoided as these interfere with continence product effectiveness. Contact the Continence Resource Centre on 1300 885 886 for help in meeting your individual continence product needs.

## Nutrition

Nutrition includes what and how we eat, and the fluids we drink. Many factors influence our nutrition, including our age, activity levels and how we're feeling generally, or if we have a chronic disease such as diabetes.

Healthy eating and other health strategies can improve skin health and contribute to the healing of persistent pressure injuries. A dietitian can help with your individual health needs. See pages 10, 11 and 12 about good eating, and pages 24 and 25 about services obtainable by consulting your general practitioner.

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# Immunisation: your first step in protection

Immunisation is considered the safest way to be protected against some diseases. Immunisation uses the body's own defence mechanism—the immune response—to build resistance to specific infections.

Babies, pregnant women and people with chronic medical conditions (including many people with disability) are more vulnerable or susceptible to infectious diseases. Immunisation will protect the vulnerable but they'll have added protection if people around them, or caring for them, are also immunised.

Adults immunised when they were young might need booster immunisations to be sure they're still protected against some diseases.

The South Australian Immunisation Program recommends immunisations from an individual's birth to when they're 65 years of age and over. It's highly recommended that carers, health and child care workers, and anyone else caring for vulnerable individuals receive vaccines against the diseases named below.

**Hepatitis B**—a virus spread through the blood and body fluids. A course of three injections is needed to give long-term protection.

**Hepatitis A**—a virus spread by the faecal-oral route (changing nappies, toileting people, assisting with feeding). A course of two injections is needed to give long-term protection.

**Measles, mumps and rubella**—viruses that are very contagious, spread by sneezing and coughing. Two doses of vaccine are needed for protection.

## **Chicken pox (Varicella)**

—a very contagious virus, also spread by coughing and sneezing. Most adults have had chicken pox as children. People who don't remember having chicken pox should



be vaccinated to reduce the risk of catching and passing it on. Two doses are needed for those 14 years of age and over.

**Whooping cough (pertussis)**—a highly contagious disease that can be fatal for very young children and a debilitating disease for adults, leading to a non-stop cough lasting up to three months. Outbreaks of whooping cough occur every three to four years. Most people were vaccinated as young children; however, protection from childhood whooping cough vaccines decrease over time and a booster dose is recommended for all adolescents and adults—especially people living with or caring for those most at risk (babies and children). The whooping cough-containing vaccine (known as Boostrix® or Adacel®) also provides protection against tetanus and diphtheria.

**Flu (influenza)**—a potentially fatal disease, particularly in people at risk of complications. The flu is spread by coughing and sneezing, and by coming into contact with hands, tissues and other articles soiled by infected nose and throat discharges. Children are often infectious before symptoms appear. Carers looking after those most at risk of complications from the flu should be vaccinated themselves. The flu virus changes every year, so annual vaccination against it is needed to make sure of protection.

Speak to your doctor or contact your local council about getting immunised. There will be a cost for these vaccines.

Contact the Immunisation Section, SA Health, Monday to Friday between 9.00 am and 4.30 pm on 8226 7177 for more information or visit the website at [www.health.sa.gov.au/pehs/immunisation-index.htm](http://www.health.sa.gov.au/pehs/immunisation-index.htm).

**Immunisation Section**

**Communicable Disease Control Branch**

**Telephone 8226 7177**

**Email [CDCB@health.sa.gov.au](mailto:CDCB@health.sa.gov.au)**

# Better health from good eating

We all require a healthy balanced diet from the five food groups. Even where people's diets are modified because of swallowing issues or kilojoule-controlled because of weight issues, a variety of foods containing energy, fibre, vitamins and minerals is still needed to promote health and wellbeing.

So what are the five food groups and how much do we need?

The five food groups (otherwise known as 'every day foods') are:



## Breads and cereals

Bread (any type), cereals, rice, pasta, noodles

Aim for 5 serves every day. 1 serve =

- 1 slice bread
- ½ bread roll
- 1 cup cooked rice/pasta/noodles
- 1 cup cooked porridge
- 1½ cup breakfast cereal flakes
- ½ cup muesli

## Vegetables

Any fresh, canned or frozen vegetables and legumes (baked beans, chick peas, lentils)

Aim for 5 serves every day. 1 serve =

- 1 cup of salad/vegetable
- ½ cup cooked vegetables
- ½ cup cooked dried beans or lentils
- 1 medium potato

## Fruit

Fresh, canned, frozen, dried or juiced

Aim for 2 serves every day. 1 serve =

- 1 medium piece (apple, banana, orange)
- 2 small pieces (kiwi fruit, apricots, plums)
- 1 cup diced fresh pieces or canned fruit
- dried fruit—4 apricot halves, 1½ tablespoons sultanas
- ½ cup juice

## Milk, cheese and yoghurt

Milk (all types), yoghurt, mature (hard) cheeses

Aim for 2 serves every day. 1 serve =

- 250ml (1 cup) milk
- 40g (2 slices) cheese
- 200g tub yoghurt
- 1 cup custard

## Meat and alternatives

Red meat, poultry, fish (fresh or tinned), legumes, vegetarian substitutes

Aim for 1–2 serves every day. 1 serve =

- 100–150g meat/poultry (for example, ½ cup lean mince, 2 slices roast meat or 3 small loin chops)
- ½ cup cooked dried beans, lentils, chick peas or canned beans
- 80–100g cooked fish fillet or tinned fish
- 2 small eggs
- ⅓ cup peanuts or almonds
- ¼ cup sunflower or sesame seeds

If we eat the right amounts of the food listed above each day, we are giving our bodies the best chance to stay fit and healthy.

## What about other foods such as cakes, biscuits and takeaways?

All other foods are referred to as 'sometimes foods'. These foods are high in energy, fat, sugar and salt, and are often considered 'empty

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kilojoules' because they provide limited nutrients. These foods are part of the food supply to be enjoyed but eaten only occasionally in small amounts (twice weekly). 'Sometimes foods' include margarine, oils, butter, cream, ice cream, crisps, chocolates, lollies, cakes, biscuits, pastries and many takeaways.

### What about drinks?

Water is the best drink as it doesn't contain sugar or bubbles (food and phosphoric acids) which damage your teeth. Everyone should have around 2 litres or 8 glasses of fluid each day. If people don't like water, they can have diet cordials as these are low in energy and high in water content. Juices should be unsweetened and kept to 1 glass a day because of their natural sugar content (eating the fruit is better, though, to get the fibre). Milk drinks should be low-fat and kept to 2 serves a day.

Many people drink large quantities of drinks containing caffeine (coffee, tea and cola). Too much caffeine can contribute to dehydration and can interact with medications. Choose non-cola or decaffeinated varieties as an alternative.

### Sample meal plan

**Breakfast:** 2 weetbix or 1 cup cooked porridge, 1 cup skim milk, 1 piece wholegrain toast with 1 teaspoon margarine



and low-fat spread (for example, Vegemite), and tea/coffee/water

**Snack:** 1 piece fruit

**Lunch:** 1 wholegrain sandwich, 2 mountain breads or 1 small pita with 40g lean deli meat (ham, chicken, turkey), 1 cup salad, and tea/coffee/water/diet drink

**Snack:** 1 piece fruit loaf or 2 low-fat wholegrain crackers

**Dinner:** 100–150g lean steak/chicken/pork/mince/fish (for example, 2 slices roast meat, 2 small chops, ½ chicken breast), 2 cups cooked vegetables, 1 slice bread or 1 cup cooked rice or 1 cup cooked pasta, and coffee/tea/water/diet drink. (The savoury main-course elements can be served separately, or cooked together with low-fat Thai or Indian curry sauces.)

**Supper:** 1 cup tinned fruit (in natural juice), 200g tub low-fat yoghurt.

This meal plan provides 5 bread and cereal serves; 5 vegetable serves; 2½ fruit serves; 1½ meat serves; 2 milk, cheese, yoghurt serves ... and it's low-fat and high-fibre.

Want more information, including recipes? Check out [www.gofor2and5.com.au](http://www.gofor2and5.com.au).

Adapted from *The Australian Guide to Healthy Eating*.

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## Did you know?

People who've had or will have a chronic condition for at least six months are eligible for a GP Management Plan (GPMP). Patients with complex care needs are also eligible for a Team Care Arrangement (TCA). Five allied health services are available in any calendar year. These can be five allied health services with the same allied health professional, or a mix of five services with different providers, including visits to dietitians. Ask your general practitioner for information.

## Disability SA publications

Disability SA's *Licence to Cook* kit on nutrition, swallowing, dysphagia and mealtime management was ranked in the top 10 most visited resources on DINER in the third quarter of 2010. DINER stands for *Dietetic Information and Nutrition Education Resources* and is a members-only service of the Dietitians Association of Australia.

*Licence to Cook* is available through Service SA at <http://shop.service.sa.gov.au>, along with other publications such as *Are you ready?*, a toilet training manual, and *Sleepwise*, about sleep patterns in children with developmental delay.

# Healthy diets help control diabetes

The food and drink people consume can help keep their diabetes under control. Dietary tips for diabetes control don't differ for people with disability. The same general guidelines apply whether the diet is full or modified; that is, soft cut-up, minced and moist, or pureed (vitamised). Choosing healthy foods means you can:

- help keep blood glucose (sugar) levels within a healthy range to lower your risk of long-term complications
- help keep blood fats at a normal level
- help control your blood pressure
- help maintain a healthy weight (together with regular exercise)
- provide your body with all the nutrients for good health.

## The '7 Golden Rules'

**1** Eat at least three regular meals daily to help control blood glucose levels. Snacks between meals may be needed to help prevent hypoglycaemia (low blood sugar levels) when taking diabetes medication.

**2** Choose foods that are low in fat and salt. Low-fat foods include lean meats, trimmed of visible fat; poultry with skin removed; fish (avoid battered and deep-fried); and low-fat milk, yoghurt and cheese. Limit fatty snacks, deep-fried takeaways, cakes, biscuits, pastries and pies. Include fresh instead of processed foods where possible to eat less salt; choose no added salt, salt-reduced or low-salt canned foods, bread and margarine; and season food with herbs and spices instead of salt.

**3** Avoid **excessive** amounts of carbohydrate at meals as they may cause large variations in blood glucose levels. Carbohydrate foods include starchy foods such as bread, cereal, rice, pasta but also some vegetables (legumes, sweet potato, kernel corn), fruit, milk and yoghurt, and sugary foods such as soft-drink, cordial, chocolate and lollies.

**4** If you're overweight, it's important to reduce your weight. Your body can't make enough good working insulin when you're overweight and blood glucose levels may be too high. Losing weight can help your insulin to work better, which then helps to lower blood glucose levels.

**5** Eat plenty of fibre, including fruit and vegetables; 'good' carbohydrates such as wholemeal and wholegrain breads, crispbreads and breakfast cereals; pasta; rice (brown, Basmati or Doongara) and legumes. Fibre is filling: it helps control blood glucose levels and it can help reduce cholesterol.

**6** Limit your intake if you drink alcohol. Have no more than one standard drink a day if you're a woman and no more than two standard drinks a day if you're a man. Ideally, you should have two alcohol-free days per week.

**7** Keep as active as possible with regular exercise—even a small amount of activity can help a lot with good control.



**Katherine Ward**  
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# Preventing falls

A poster produced by *Stay On Your Feet, Adelaide West*, a project funded by the Commonwealth Department of Health and Aged Care for the National Falls Prevention for Older People Initiative, provides tips on preventing falls:

- **Medication:** know how it affects you and discuss any side-effects with your pharmacist or doctor
- **Keep active:** exercise regularly to maintain balance, muscle strength and flexibility
- **Eyesight:** have your eyes checked once a year and keep glasses clean; wear separate glasses for reading and moving around
- **Lighting:** increase light levels in your home, eliminate glare, use lights when getting up at night
- **Footwear:** wear well-fitting, flat shoes with non-slip soles
- **Slipping hazards:** use non-slip mats or floor treatments; have handrails installed in areas such as the bathroom, toilet and at the front and back doors
- **Tripping hazards:** remove tripping hazards around your home and garden
- **Take care:** ask for help when you're having difficulty; don't put yourself at risk
- **Getting help:** keep in daily contact with someone who can organise help if you need it, especially in an emergency.

Much information about falls is for older people. ASSIST South decided more falls prevention information was needed for Disability SA's adult client base and developed a project to trial a model of falls prevention that might apply throughout Disability SA; details about plans for 2011 can be obtained from Jasmin Fernandes (Senior Physiotherapist) or Judi McPharlin (Senior Occupational Therapist) on 8372 1495.

# Managing asthma



Asthma is one of Australia's most widespread chronic health problems, affecting over 2 million Australians; symptoms include wheezing, chest tightness and shortness of breath that is associated with narrowing of the airways and inflammation within the lungs. Asthma trigger factors include exercise, viral infections, smoking, allergens, environmental factors, food chemicals and some medications.

Asthma and other respiratory conditions can greatly affect the lives of people with disability and their carers. Asthma Foundation SA is committed to helping South Australians breathe better by providing:

- information about asthma and related conditions through the Breathe Better Information Line; talk to an Asthma Educator by telephoning freecall 1800 645 130 (Monday to Friday 9.00 am to 5.00 pm)
- one-on-one information sessions with an Asthma Educator to discuss asthma, the symptoms, triggers, medications, devices and Asthma Action Plans
- written information about asthma and online shopping for asthma products from the Asthma Foundation's website
- free Asthma Control Packs to help you take the first step in controlling your asthma; the pack contains detailed information about asthma management. Register at [www.asthmasa.org.au](http://www.asthmasa.org.au).

Call 1800 645 130 or visit our website at [www.asthmasa.org.au](http://www.asthmasa.org.au) for more information about Asthma Foundation SA and its services.

**Clara Tait**

**Community Support Coordinator, Asthma SA**

**Telephone 8238 9300**

**Email: [clara@asthmasa.org.au](mailto:clara@asthmasa.org.au)**

# Healthy bladder and bowel habits

Awareness about continence issues, and an understanding of good bladder and bowel habits, helps people prevent or cope with problems in this area. It's important to pay attention to diet, fluid intake, exercise, pelvic floor muscles and good toilet habits.

## Diet

Eat appropriate quantities of cereals, fruits and vegetables to increase your levels of dietary fibre. Fibre helps prevent constipation, which can lead to straining that, in turn, can cause weakening of pelvic floor muscles. A healthy diet will help to maintain a healthy body weight; being overweight can also contribute to weakened pelvic floor muscles.

## Fluid intake

Adequate fluid intake keeps the body hydrated. Drink 6–8 glasses (or 1.5–2 litres) of fluid daily, unless advised otherwise by your doctor. Adequate fluid intake also helps prevent constipation. Limit drinks with

caffeine (such as tea, coffee, cola) and alcohol, as they can cause bladder irritability. Low fluid intake can lead to concentrated urine which can also irritate the bladder. Urine should be a pale yellow or straw colour.

## Exercise

Exercise is important for us all, as it helps with a feeling of general well-being. Exercise also helps to keep pelvic floor muscles toned, prevent constipation and maintain a healthy body weight. Even gentle exercise is beneficial.

## Pelvic floor muscles

These muscles support the pelvic organs and help bladder control and bowel function. Weakness of these muscles can lead to poor control. Exercising these muscles regularly helps maintain tone and strength, and promotes control. Continence physiotherapists and continence nurse advisors are trained to help people exercise and strengthen these muscles.

## Good toilet habits

Good bladder habits include going to the toilet when your bladder is full and when you feel the need to go; don't get into the habit of going 'just in case'.

Use the toilet when you have the urge to open your bowels. Delaying bowel movements can lead to constipation. Don't rush when going to the toilet; instead, take your time and empty the bladder or bowel completely.

## Health professionals

Bladder and bowel problems have many causes; continence assessment by a health professional is important to determine the problem's cause and to get follow-up with appropriate management. Get help from your general practitioner, continence nurse advisor or continence physiotherapist.

## Contact

Telephone the SA Continence Resource Centre on 8266 5260 or 1300 885 886 for more information. We're located at 11 Blacks Road, Gilles Plains, with the Independent Living Centre.

## Websites

**National Public Toilet Map** site at [www.toiletmap.gov.au](http://www.toiletmap.gov.au): showing public toilets around Australia

**Australian Government Bladder Bowel** site at [www.bladderbowel.gov.au](http://www.bladderbowel.gov.au): general information on bladder and bowel problems; information on the Continence Aids Payment Scheme (CAPS)

**Continence Foundation of Australia** site at [www.continence.org.au](http://www.continence.org.au): general information; many continence literature resources to order online

**Rosalie Donhardt**  
**Registered Nurse,**  
**Continence Resource Centre**  
**Telephone 8266 5260**  
**Email**  
**[continence@dfc.sa.gov.au](mailto:continence@dfc.sa.gov.au)**

# Independent Living Centre

The Independent Living Centre (ILC) provides a free information and advisory service on aids and equipment (assistive technology) to help maintain independence.

The service is provided by occupational therapists and is available to everyone in the community.

Individuals can telephone the ILC for personalised advice and information, or can make an appointment to visit the Gilles Plains centre to view and trial a range of equipment first-hand.

Brochures, fact sheets and written product information are available for all equipment areas, and include item descriptions, supplier details and approximate costs.

Areas of assistance include bedroom, bathroom and kitchen aids; mobility aids; adaptive clothing and dressing techniques; building access and design; seating; personal hygiene and medication management; emergency call systems and telephone access; lifting and transferring equipment; and other household aids.

Information is also available on equipment hire and loan companies as well as options for exploring second-hand items.

The service is available Monday to Friday, 9.00 am to 5.00 pm.

The ILC's mobile unit outreach caravan might be available for country residents. The wheelchair-accessible caravan is stocked with a large selection of equipment and brochures.

Contact staff at the Independent Living Centre on 1300 885 886 (SA/NT) or 8266 5260 or email [ilcsa@dfc.sa.gov.au](mailto:ilcsa@dfc.sa.gov.au) for more information. The equipment display is located at 11 Blacks Road, Gilles Plains.



# Children's Equipment Integration Project

A joint project of the Department for Families and Communities (DFC) and Novita Children's Services (Novita) was conducted over the last year to streamline providing equipment

for children and to align processes with other areas of the DFC Equipment Program. Changes started rolling out in September 2010.

One of the changes that's already occurred is that the Domiciliary Equipment Service (DES) is now responsible for the purchase, delivery, collection, refurbishment, repair and maintenance of DFC-funded equipment to all DFC Equipment Program clients, including children who are clients of either Disability SA or Novita.

There will be improved access to standard equipment for children who need it—leading to reduced waiting times. Disability SA therapists will keep working with children and their families to assess their equipment needs and complete prescriptions.

DES will continue working with Disability SA Child and Youth Service, and with Novita, to improve services and processes.

Please contact your local office and discuss any questions you have about equipment with your child's therapist or service coordinator. Feedback regarding equipment provision processes can be sent by email to [equipment.feedback@dfc.sa.gov.au](mailto:equipment.feedback@dfc.sa.gov.au). Repairs can be organised by calling 1300 130 302 during normal business hours and for after-hours emergencies.

**Zarinah Jaafar**

**Acting Program Manager, Children's Services**

**Telephone 8372-1411**

**Email [zarinah.jaafar@dfc.sa.gov.au](mailto:zarinah.jaafar@dfc.sa.gov.au)**

# Preventing oral diseases, promoting and maintaining good oral health

Preventing oral diseases and maintaining good oral health requires a team effort from:

- carers responsible for providing daily oral hygiene care, maintaining a healthy diet, screening for any oral changes and maintaining regular dental visits
- dental professionals responsible for clinical care and advice.



People with disability should be encouraged and supported to care for themselves, where possible, to maintain good oral health. Good oral health can be achieved by:

- eating a well-balanced diet, high in fruit and vegetables, and limiting sugary foods and soft drinks
- drinking tap water after meals to help with oral cleansing
- brushing teeth and gums twice a day (preferably after breakfast and after dinner) using a pea-sized amount of a fluoride toothpaste and a soft bristled toothbrush or electric/battery-operated toothbrush; the fluoride in toothpaste and water strengthens tooth enamel, making it more resistant to decay
- cleaning dentures (false teeth) after each meal with a toothbrush and leaving them in water overnight.

If someone can't hold or use a traditional toothbrush, it can be adapted so it's easier to manage. The handle can be thickened by inserting it into a rubber ball or bicycle handle

grip or, if a person has difficulty raising his/her hand, the handle can be lengthened by attaching an extender such as a ruler, tongue depressor or wooden spoon. The toothbrush handle can be softened under hot water to gently bend it, creating a better angle for cleaning inner surfaces of lower front teeth.

Some people with disability need help from their carers for daily oral hygiene care. Brushing other people's teeth can be difficult. The process can be made easier for the carer and more comfortable for the person by:

- working in pairs with one carer supporting the person's head, while the second carer brushes the teeth
- using a second toothbrush to brush the person's teeth if he/she bites on the toothbrush
- using three or four tongue depressors taped together as a mouth prop to keep the person's mouth open.

A regular dental examination is recommended. It may be necessary to seek dental advice as needed if any changes in the mouth or behaviour are noted, especially during toothbrushing or meal times. Infection and trauma should be managed straight away.

The dentist may recommend more frequent examinations for people who are less compliant and at higher risk of developing tooth decay and/or gum disease.

Visit [www.sadental.sa.gov.au](http://www.sadental.sa.gov.au) for more information.

**Dr Archana Pradhan**  
**Special Needs Unit, Adelaide**  
**Dental Hospital, SA Dental Service**  
**Telephone 8222 8350**  
**Email [sadental@health.sa.gov.au](mailto:sadental@health.sa.gov.au)**

# Sexual health and disability

For many people, 'sexual health' begins and ends with thoughts about preventing abuse, sexual infections and unplanned pregnancy. If you come from that perspective, then you're invited to think again.

A central part of being human involves expressing affection, receiving love and returning it, and feeling relaxed about having sexual feelings. If we want the humanity and the human rights of people with disability to be embraced and supported, then it becomes helpful to develop sensitivity to a broader view of sexual health as promoted by the World Health Organisation<sup>1</sup>: a view that includes minimisation of 'danger' but allows central place to 'pleasure'.

Sexual health, therefore, can be about the quality of our relationships and includes:

- knowing from a young age that your own body belongs to no-one else but you
- being able to confidently say 'no' to unwanted touch or disrespectful behaviour, and 'yes' to wanted touch, affection and friendship
- having social access to a range of people who listen, take you seriously and who don't deny your sexuality
- understanding your own body and being free from fear, shame and guilt about curiosity, sexual feelings and behaviour
- having basic social rules and rights about sexual behaviours (such as privacy, consent and age of consent) made clear and given practical support.

Intellect, memory, social senses, sexual imagination or sexual parts may not work or feel the same from one person to the next; nevertheless, all people remain both sexual and human. People with learning difficulties may be able to learn what they need to know with

the right support. Indeed, attempting to help someone to learn may be less dangerous than not attempting to educate at all<sup>2</sup>.

We have a long history of people with disability being treated as sexless beings who don't need information or support around sexual expression. When someone with disability begins to express a sexual self, he or she may be perceived as behaving inappropriately. SHine SA receives a steady stream of panicked telephone calls and emails about how to handle apparently 'inappropriate' behaviours. It's not fair that people with disability and their supporters are left in a system that doesn't

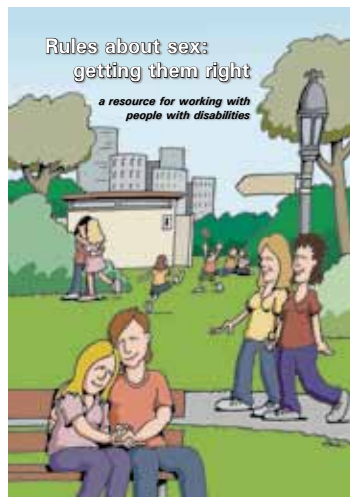
anticipate and prepare for these issues long before they arise and instead leaves them floundering without adequate information. Sexual health is everybody's business.

Many resources are available to support work in this area. Some are available from the SHine SA Library and Resource Centre, and the DFC Library (Disability Collection) at Strathmont Centre. SHine SA is also about to provide a training module and a visual

kit called *Rules about sex: getting them right* that will support learning about rights and responsibilities around touch and sexual behaviours. Details at [www.shinesa.org.au](http://www.shinesa.org.au) in coming months.

<sup>1</sup> World Health Organisation: [www.who.int/topics/sexual\\_health/en/](http://www.who.int/topics/sexual_health/en/) (as at 28/09/2010)

<sup>2</sup> Jorgensen C.: 'The Least Dangerous Assumption—A Challenge to Create a New Paradigm', *Disability Solutions: A publication of Creating Solutions, A Resource for Families & Others Interested in Down Syndrome & Developmental Disabilities*, Fall 2005, Volume 6, Issue 3



**Ralph Brew**

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# Puberty, PMS, pain and menses management

Studies indicate that women with disability don't differ from women in the general population around puberty, premenstrual syndrome (PMS) and menstruation. However, information provided by 95 parents/carers in my PhD questionnaire showed that women with disability *did* differ from those in the general population, and that there were differences among women with different disabilities and different communication abilities.



observe family members managing menstruation. Parents who reported most success with a young woman independently managing menstruation had realistically helped her to build up her skills over a year or more. Women unable to manage toileting independently need help to accept wearing a pad, as they'll be unable to use tampons.

Premenstrually, the most common symptoms were mood swings and irritability, occurring in 60 per cent

Parents described very definite cyclical changes for up to 2.5 years before the first period in 56.4 per cent of the young women. Mood swings or irritability in 25.3 per cent were not unexpected, considering that they also occur in women without disability, but the 33.7 per cent reported to have cyclical symptoms of uncharacteristic bladder or bowel accidents (despite having been independent from a young age), cyclical vomiting or increased seizures, was not alluded to in any literature. The cycles were occurring about monthly in many of the young women, but the relationship to hormonal changes was rarely recognised.

The interval from the first sign of puberty to first period (menarche) is usually quoted as two years, but in 52.6 per cent of the young women, the interval between the first puberty signs and menarche was under 12 months. This finding might lead to more young women with disability being prepared to manage menstruation when they need more training than do girls without disability, as it could lead to parents not procrastinating in the belief that menarche is two years away from the first sign of puberty.

Many women with disability don't cope well with the sight of blood, needing desensitisation to seeing it on a pad, so they don't panic thinking they are dying. Some parents used red dye on a pad mimicking blood to reduce the fear factor, or allowed the young woman to

of the young women with disability; 31 per cent of those with epilepsy were reported to have increased seizure activity. However, each young woman with disability was reported to exhibit fewer symptoms than young women without disability, possibly because some symptoms rely on self-reporting and their presence might not have been recognised.

Of 95 women with disability described, 68.4 per cent were reported to have pain with periods, 51.6 per cent with most periods, and 16.8 per cent with occasional periods. When analysed by expressive and receptive language ability, period pain was reported in 76 per cent of young women with good communication, but only 46.4 per cent with poor communication. It doesn't mean the young women with poor communication skills suffered less period pain, but that the non-verbal signs of pain weren't as well-recognised. Parents and others regularly seeing the young women picked up signs of pain better, but reported difficulty convincing professionals that they were in pain.

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# Health checks for people with intellectual disability

Professor Nick Lennox, Director of the Queensland Centre for Intellectual and Developmental Disability, and his international colleagues developed the *Health Guidelines for Adults with an Intellectual Disability* (see [www.iassid.org/pdf/healthguidelines-2002.pdf](http://www.iassid.org/pdf/healthguidelines-2002.pdf) and [www.ds-health.com/health99.htm](http://www.ds-health.com/health99.htm)). These checks are recommended:

- dental health
- sensory impairment
- vision and hearing
- nutrition and bowel habits
- epilepsy
- thyroid disease
- mental health
- gastro-oesophageal reflux disease (GORD) and *Helicobacter pylori*
- osteoporosis
- medication review
- immunisation status
- comprehensive health assessments
- genetics
- women's health.



People with intellectual disability, their families and carers should discuss these checks with their general practitioners. Read the article on pages 24 and 25 first so you can ask about items that might be covered by Medicare.

The DFC Library (Disability Collection) has a book titled *Medical Care in Down Syndrome: A Preventative Medicine Approach* (Roger and Coleman) which investigates health concerns by age group and by organ systems.

# National Standards for Disability Services Review



Over 1200 people across Australia, including those with disability, family members, carers and service providers, had their say in 2010 about the National Standards for Disability Services (National Standards). The consultation invited them to share their views and ideas on the current National Standards and what could be included in them in future.

## Having a say on National Standards

Nearly 900 people took part in group discussions, 270 people completed an on-line survey and 50 people wrote letters. This participation included group discussions with young people, Aboriginal people and people who speak languages other than English.

Over 460 of those people who had a say about the National Standards were people with disability; they formed the largest group consulted. Other groups that expressed views about the National Standards were:

- over 380 service providers, including peak disability organisations, government departments, advocates, local government and educational institutions
- over 200 family members, carers and friends of people with disability.

## More information

Find out the latest on the National Standards revision at the national project website on [www.dhs.vic.gov.au/disability/improving\\_supports/national-quality-framework](http://www.dhs.vic.gov.au/disability/improving_supports/national-quality-framework).



Contact the Office for Disability and Client Services (ODACS) on 8415 4355 for more information on the National Standards revision in South Australia.

# Anangu Pitjantjatjara Yankunytjatjara (APY) Lands Allied Health Service

The APY Lands Allied Health Service is provided by the Department for Families and Communities (DFC) to improve the well-being of adult Anangu with disability, or Anangu who are aged, living in the APY Lands.

The service aims to address individual needs to maintain an independent lifestyle and functional independence in the person's own environment.

The service is staffed by physiotherapists, occupational therapists and speech pathologists. Advice and support is also provided to aged care, disability and health workers in the communities.

The APY Lands Allied Health Service works cooperatively with other APY Lands service providers and accepts referrals from DFC Aged and Disability Project Officers, Nganampa Health Clinic Medical Officers, and Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council (NPYWC) Aged and Disability Project Officers.

The service provides assessment, intervention, training, practical advice and support, and helps maximise an individual's ability to be independent and effective in the areas of communication, mobility, mealtimes and daily living. Support may include providing equipment through the DFC Equipment Program. The service supports families and carers as they help the individual to function as independently as possible.

Contact Hilary Ashby, Senior Occupational Therapist, APY Lands Allied Health Service for

## Did you know?

Mike Turner has been appointed Disability SA's Program Manager, ATSI. If you need his services, you can contact him on 8372 1454 and by email at [mike.turner@dfc.sa.gov.au](mailto:mike.turner@dfc.sa.gov.au).

more information. Telephone her on 8266 5260 or 1300 885 886 (South Australian and North Territory callers only), fax her on 8266 5263, or email [hilary.ashby@dfc.sa.gov.au](mailto:hilary.ashby@dfc.sa.gov.au).

The APY Lands Allied Health Service will be visiting the APY Lands in 2011 on:

- Monday 21 to Friday 25 March
- Monday 9 to Friday 13 May
- Monday 27 June to Friday 1 July
- Monday 15 to Friday 19 August
- Monday 10 to Friday 14 October
- Monday 21 to Friday 25 November

Please note these dates are tentative and subject to change.

## Aboriginal Disability Network SA Committee

The Aboriginal Disability Network SA Committee is made up of people with disability and their carers from across the state, representing Aboriginal communities.

The committee is chaired by Josephine Judge Rigney.

### Our role

- Responsible for holding community forums in rural, remote and urban areas to talk, reflect and action people's concerns
- Responsible for sharing information with government and non-government organisations to address within their service areas

*continued on next page*

## Our aims

- Build a network of Aboriginal people to raise their voices and share this information respectfully and confidentially
- Influence government and non-government organisations to improve direct service provisions to Aboriginal people

## Our purpose

- We represent Aboriginal people with disability and their families, advising government about services for Aboriginal people with disability and their families; and ensure their voice is taken seriously and respected.
- Our commitment is to Aboriginal people with disability and their families, making sure their voices are linked and heard.
- We will endeavour to ensure a range of services are culturally sensitive and adequate for Aboriginal people that reflect quality-of-life principles.

## Our responsibilities

- We represent Aboriginal people with disability and family carers.
- We act as an advisory committee to government on disability matters.
- We are committed to listening, reflecting and acting on disability matters.
- We aim to share information respectfully and confidentially.
- We will ensure that Aboriginal people have minimal barriers to services.

- We will endeavour to enhance positive life pathways for Aboriginal people.
- We will hold four committee meetings per year in two metropolitan and two rural locations.
- We will host meetings with Aboriginal communities to listen, reflect, act and share information.
- We will engage with disability and allied services at every opportunity.
- We will report back to our network members via a newsletter.

Executive support for the committee is provided by the Office for Disability and Client Services; telephone 8415 4355, email [sandra.vandiermen@dfc.sa.gov.au](mailto:sandra.vandiermen@dfc.sa.gov.au).



### Aboriginal Disability Network South Australia

*Pictured left to right, front row: Tricia Ritchie (Disability SA), Jenny Warren (Marree), Graham Calma (Adelaide Metro), Judy Kropinyeri (Murray Bridge), Christine Wilson (Western Metro). Left to right, back row: Paul Sansbury (Southern Metro), Bevan and Leanne Wilton (Port Augusta), Josephine Judge Rigney (Chairperson), Martha Watts (Northern Metro), Colleen Roberts (Support Worker), Sandra Van Diermen (Executive Support ODACS). Not pictured: Gayle Rankine (Adelaide), Desmond Chuna (Yalata), Norma Benbolt (Ceduna), Tanya Benbolt (Care Worker), Bill Edmonds (Care Worker)*



# Tips for managing anxiety and depression

We're all different in the ways we've learned to manage the more difficult parts of our lives. Anxiety and depression are common reactions to situations where a lot of change happens quickly and people feel a loss of control. Our family background, personality, opportunities and experiences have an effect on how much resilience we bring to a situation, whether we ride it through easily or feel overwhelmed. We don't expect to become sick or disabled in some way ... it just happens to some people at a particular time and we have to learn to deal with it just as we have to learn to cope with

the fact that we will face our own death one day. We need to accept that some things are just out of our control. What we can do is focus on the things to which we can make a difference. We do have some control over the way we think about things that happen to us. We can change the way we think and we can change our behaviour; this is the basis of cognitive behaviour therapy, a common psychological approach to managing everyday problems. Look at some of the strategies below and see if you can find one or two you can use in your life.

- If you're feeling **anxious**, try to accept that's how it is at this time without struggling and fighting with those feelings in your body (increased heart beat, sweating, tense muscles, shallow breathing and so on). These feelings will soon pass (use positive thinking).
- If you're feeling down or **depressed**, distract yourself with something that relaxes you—a warm bath, peaceful music, a comfortable chair in which to practise deep breathing (keeping a hand on your tummy to check that it moves much more than a hand on your chest).
- Buy a **relaxation** CD to practise relaxing your body and mind at the same time. The voice might talk you through progressive muscle relaxation, breathing exercises and/or visualisations that calm and relax.
- Regular **exercise** at your optimal level helps physical and emotional well-being. Walking outdoors helps regulate breathing, and gets you in touch with nature and with your community. It's worth making the mental leap towards routine exercise to manage the stress in your life. Fresh air and sunshine can also help you sleep better at night.
- Have a special book in which you write only **positive thoughts**, the sort of thinking that can help overcome the tough times. It takes a lot of practice. No matter what's happening, put it down on paper with a positive twist. A problem can be seen as an opportunity, too—to learn, to see things differently, to understand what you didn't think about or see before. Personal growth can happen this way so that you no longer turn situations into catastrophes.
- Be **kind** to yourself; choose things to do and people with whom to connect that make you feel good.



**Verity Masters**

**Lead Clinician, Psychology:  
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Service**

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sa.gov.au](mailto:verity.masters@dfc.sa.gov.au)**

# Handling extreme heat and bushfire safety

Disability SA has been working with the Australian Red Cross, focusing on preparedness and responses to extreme weather to support Disability SA's vulnerable clients.

## Assisting vulnerable clients with extreme heat

Disability SA is increasing its collaboration with other organisations and departments that have a role in supporting vulnerable community members during extreme weather.

As the hot weather approaches, it is important to plan ahead and be prepared for extreme heat.

Work has focused on emergency REDiPlan and the Telecross REDi service. The Telecross REDi service provides trained Red Cross volunteers who call registered clients up to three times a day to ensure they are coping with the extreme weather conditions. If a call goes unanswered, or if the person is showing signs of distress, an immediate emergency response will be activated to ensure the safety and well-being of the client.

Please contact your local Disability SA office (see page 35) or telephone Disability SA on 1300 786 117 if you would like information on the emergency REDiPlan or to register for the Telecross REDi service. Information can be obtained, and registration arranged, by calling the Red Cross on 1800 246 850 or 8100 4697 (10.00 am to 5.00 pm) or email [SAClientServices@redcross.org.au](mailto:SAClientServices@redcross.org.au).

You can also visit the Red Cross site on [www.redcross.org.au/ourservices\\_acrossaustralia\\_emergencyservices\\_prepare.htm](http://www.redcross.org.au/ourservices_acrossaustralia_emergencyservices_prepare.htm).

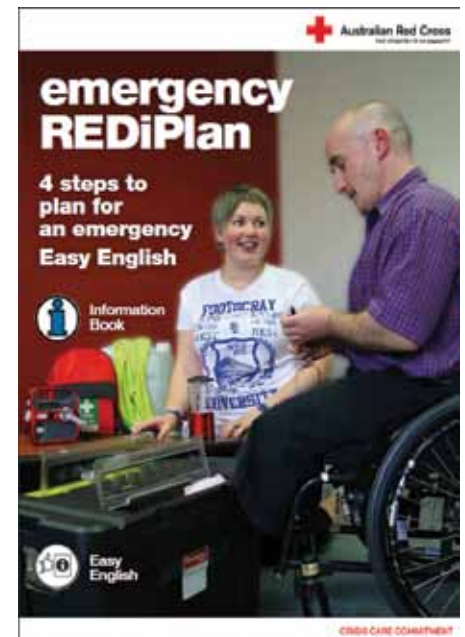
## Assisting vulnerable clients with bushfire preparedness

Disability SA—in association with the South Australian Country Fire Service (CFS)—has been offering short training sessions to staff on how to assist vulnerable clients in preparing their personal Bushfire Survival Plans.

The session provides up-to-date information on:

- bushfire behaviour
- understanding the new Fire Danger Ratings (FDR)
- what to do if caught in a bushfire
- how to prepare for the bushfire season
- how to assist vulnerable clients in preparing their personal Bushfire Survival Plans.

Contact your local Disability SA office or telephone Disability SA on 1300 786 117 if you would like information on how to prepare for the bushfire season or need assistance to develop a Bushfire Survival Plan. Contact the CFS Information Hotline on 1300 362 361 for more details or visit the web site at [www.cfs.sa.gov.au](http://www.cfs.sa.gov.au).



*Easy English version of the REDiPlan; there is also a workbook.*

**Jade Earles**

**Senior Project Officer, Customer and Business Support**

**Telephone 8372 1479**

**Email [jade.earles@dfc.sa.gov.au](mailto:jade.earles@dfc.sa.gov.au)**

# Accessing specialist health care and services by consulting your general practitioner

*infoLink* has spoken with a registered nurse working in a general practice. We asked her how people with disability can obtain specialist health care and services. She described two scenarios illustrating how patients have been helped to be involved in their health care and visit specialist services.

## Jazmyn and the psychologist

Jazmyn is a 7-year-old girl who visited the doctor with her mother on a recommendation from her school teacher. Her mum told the doctor that Jazmyn hasn't been able to concentrate at school. She doesn't seem to listen or hear instructions, and seems unable to concentrate when spoken to or asked to do something. Her mother said Jazmyn's speech seems delayed and that she gets anxious about small things. She described Jazmyn as having a 'short fuse'. Jazmyn's mum has noticed for herself, and had also received reports, that Jazmyn doesn't mix well with others and has difficulty making herself understood when talking to her classmates. However, she enjoys energetic sport and physical activities, and at other times seems a bit overactive for the occasion.

The doctor spoke with Jazmyn and her mum, and recorded all the information. It was then agreed that Jazmyn should be referred to a psychologist. The result, after several tests, showed a preliminary diagnosis of Asperger syndrome.

That initial diagnosis needed to be confirmed by another health professional for Jazmyn to get further health care support. The doctor referred Jazmyn to see a speech pathologist who specialises in this type of assessment.



Having a final diagnosis meant that Jazmyn can obtain other services and receive financial assistance for appointments. The doctor organised these benefits by starting a **GP Management Plan (Medicare-funded plan, item GPMP 721)**.

My role as a nurse was to start the assessment of Jazmyn and her health needs. We measured and recorded her height and weight to check her growth and development progress in line with the normal limits. We used special forms to help us gather the correct information. The information forms a baseline so changes in Jazmyn can be monitored. The assessment also identified the need for specialist allied health support such as speech pathology, occupational therapy or psychology.

This need for other services meant that Jazmyn is eligible for a **Team Care Arrangement (Medicare-funded item, TCA 723)** as specialists and specific allied health professionals are listed as being involved in her care. Each specialist worked with Jazmyn and her mum, and developed specific health goals for Jazmyn to achieve. With help from the allied health professionals, her mum implemented tasks at home and linked with school teachers to keep Jazmyn's plan of care

on track. After Jazmyn visited the allied health specialists, they provided her mum with verbal feedback and wrote to the doctor.

When all the documents were completed, the doctor authorised the **Enhanced Primary Care (EPC)**, a special status that helped Jazmyn's family to have five Medicare-funded visits in a calendar year to the allied health professionals who would best meet Jazmyn's needs.

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## Mr Hall's health assessment

Harry Hall lives at home with his ageing parents, the last child of a couple now in their late 70s. Mr Hall has an intellectual disability, is 47 years old and has lived at home all his life. He attended school as a boy but has become more house-bound as his parents don't go out as much. Mr Hall's parents (in practice, more his mother) have found him more dependent on them for his daily living needs. He needs reminding more than he used to about his hygiene, especially about cleaning his teeth.

Mr Hall's mother told the doctor her concerns and was happy for the doctor to arrange for him to have a **Health assessment for people with an intellectual disability**. My role started here, supporting both the doctor and client. I spoke with Mr Hall and his parents who helped him during our discussion. I made certain that my attention was with Mr Hall. I also undertook a full health assessment, taking about an hour, that included measuring his height and weight to calculate his body mass index (BMI), and taking his temperature, pulse and blood pressure. His urine, blood glucose level, hearing and vision were also tested. The assessment can be done every year and this first version gives a baseline to monitor changes in his health and support needs.

While taking these measures, I spoke to Mr Hall and his parents about different aspects of his daily living, such as his care, diet and eating preferences, daily routines for showering and dressing, bowel and bladder problems, and his mobility. We also covered his dental and podiatry care. It became clear that Mr Hall becomes anxious visiting the dentist and podiatrist, and his parents are finding it a challenge to manage his behaviour, even though they've managed it in the past; now they're concerned about his mood changes when his environment changes. His parents revealed that he sometimes can become aggressive.

The doctor was able to offer a **Mental Health Care Plan** because of that detail about Mr Hall's behaviour. The Mental Health Care Plan provided

access to a psychologist. In consults with the doctor and psychologist, Mr Hall's parents have learned to manage his behaviour and feel better about the situation. It was valuable for them to have his medication reviewed and to now have medication available to decrease his anxiety only when he goes to the dentist and podiatrist.

The doctor, using the health assessment information, discussed with Mr Hall the need to see a specialist about his high blood pressure and his weight. The doctor started a **GP Management Plan (Medicare-funded item GPMP 721)** with his parents' involvement. All his chronic conditions are documented on the plan and it lists the other health providers with whom he deals. The doctor set some health goals to improve his health outcomes, including reducing or stabilising his blood pressure with weight loss, exercise and medication.

The doctor then started a **Team Care Arrangement (Medicare item TCA 723)**. This document shows Mr Hall's access to other specialist health providers who agreed to be involved in his plan of care and give feedback to the doctor about the care and support they provide and suggest for his ongoing care.

The Team Care Arrangement meant the doctor could complete the **Enhanced Primary Care—Allied Health Professional (EPC)** form. Once the EPC is done, clients can obtain five Medicare-funded specialist health provider visits every calendar year from a specified list. Mr Hall and his parents chose to visit a dietitian four times to help him lose weight and to go once to the exercise physiologist who set a program for him to follow.

Mr Hall and his parents now go out more. He's lost weight and his mother told me that she now has more energy. To see the change with this family has been really rewarding.

**Lorraine Curtis**

**Clinical Practice Consultant, Community Nurse Team**

**Telephone 8272 1988 extension 338**

**Email [lorraine.curtis@dfc.sa.gov.au](mailto:lorraine.curtis@dfc.sa.gov.au)**

# The Centre for Disability Health

The Centre for Disability Health (CDH) has three clinics that have been developed specifically for clients of Disability SA. The North East Clinic and Strathmont Centre Health Clinic both specialise in services for people with intellectual disability. The Highgate Park Clinic specialises in services for people with acquired brain injury, physical or neurological conditions.

## Our vision

To ensure that the health and well-being of people with disability in South Australia is continuously improving.

## Our goal

To improve and maintain the health and quality of life for people with disability by increasing the capacity of the health system to deliver evidence-based clinical care.

## Clinical services

Clinicians refer patients to external allied health providers and other medical professionals as clinically indicated.

## Business hours

Clinics operate Monday to Friday 9.00 am to 5.00 pm. Appointments can be made by telephone during the same hours (see contact details at the end of this article).

## After hours

A locum service can be reached through any of our clinics when required.

## Learning opportunities

The clinical program is an important component in CDH's educational endeavors.

Registrar, medical student and general practitioner

(GP) training in disability health is an integral part of the clinical program. All clinical sessions can be attended by students and health professionals wanting to observe and learn (by prior arrangement and with the consent of the patient).

We are strongly committed to giving medical, nursing and allied health students from all Adelaide universities experience in the specific health needs of people with intellectual disability. CDH doctors lecture first-year medical students at Adelaide University.

## Australian Association of Developmental Disability Medicine Inc (AADDM)

The association provides advocacy for people with developmental disability and helps bridge the inequalities in standards of health care and health provision experienced by people with developmental disability compared with the general population.

## Australian General Practices Accreditation Limited (AGPAL)

The North East Clinic and Strathmont Centre Health Clinic have met the standards set by the Royal Australian College of General Practitioners. The standards are a performance benchmark for the delivery of safe, high-quality care within the health-care setting.

## Medical staff

Medical staff can provide telephone advice to general practitioners on the medical management of people with disability.

CDH will not generally provide ongoing medical management, but will provide shared care with general practitioners in the community. We have a number of GPs who consult at our clinics.



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Other practitioners who consult at our clinics include a consultant psychiatrist, neurologist, nurses and psychologists.

### Pre-appointment questionnaire

A comprehensive pre-appointment questionnaire has been developed by the clinical team, to be completed by the patient or someone who knows the patient well. Once we receive a form, staff will make contact by telephone to offer an appointment.

### For appointments

Consultations of various lengths are available to meet patient needs. Please notify reception if a longer consultation time is needed.

A referral letter from a GP is preferred, but referrals will be

accepted from families, carers and agencies.

A carer/friend who knows the patient's health history should accompany the patient to his/her appointment. Health-related records and an up-to-date Medicare, pension and health care card should be brought to each appointment.

### Fees

Most consultations will be bulk-billed.



## Clinic locations

### North East Clinic

Level 2, Education Centre  
Modbury Hospital  
Smart Road  
Modbury SA 5092  
Telephone: 8397 8100  
Fax: 8397 8199

**Parking:** Two car-parking areas are available. First, enter from Reservoir Road; general parking is available, along with one carpark for people with disability, directly in front of the Education Centre. Second, enter from Smart Road; general and parking for people with disability is available. Use the walkway to reach the Education Centre.

### Strathmont Centre Health Clinic

696–710 Grand Junction Road  
Oakden SA 5086  
Telephone: 8266 8543  
Fax: 8266 8540

**Parking:** Enter from Grand Junction Road. General parking and parking for people with disability is available.

### Highgate Park Clinic

Level 1B Highgate Park  
103 Fisher Street  
Fullarton SA 5063  
Telephone: 8372 1442  
Fax: 8372 1491

**Parking:** Enter from Fisher Street; general parking and parking for people with disability is available.



## Contacting Medicare by telephone or online

Medicare provides a number of ways for customers to reach them; these methods are listed on [www.medicareaustralia.gov.au/about/contact.jsp](http://www.medicareaustralia.gov.au/about/contact.jsp). Call 132 011 for direct telephone contact.

Visit the Medicare Australia website at [www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au).

Use the large print and Assistive Listening Devices page at [www.medicareaustralia.gov.au/public/large-print.jsp](http://www.medicareaustralia.gov.au/public/large-print.jsp). The site has a page devoted to the accessibility of their pages and how to change settings for easier reading, slower connections and so on; you can visit it at [www.medicareaustralia.gov.au/about/accessibility.jsp](http://www.medicareaustralia.gov.au/about/accessibility.jsp).

# In focus ...

## around the regions

Disability SA offers many opportunities through all its offices for participation in groups and training, some of which are described below. If you are interested in these activities in your own area, contact your local office; see page 35 for telephone numbers to all of them.

### The Limestone Coast

Groups and programs will be offered in 2011 for the client group around Autism Spectrum Disorders (ASD), some depending on the numbers and funding.

#### **Tai Chi 4 Kidz: 2 to 4 groups**

Teaching techniques to help reduce stress and anxiety for children with Autism Spectrum Disorders. The Groden Stress Survey is used before starting and repeated one month after completing the six-week program to measure changes in areas identified as high stress.

#### **Social Skills/Emotional Resilience Program (Friends for Life): 2 sessions**

Delivered in partnership with Anxiety Disorder Association of South East (ADASE) as a pilot for five children with Autism Spectrum Disorders. This program, developed by Dr Paula Barrett, Pathways Health & Research Centre, Australia, is for early intervention/prevention. It was modified to meet the needs of the participating children. The collaborative approach saw many benefits for the children around social skills, emotional resilience and coping with anxiety. Parents are linked to ADASE to get support if required. Evaluations were positive.

#### **General information sessions for ASD: Communication, Behaviour, What is autism for grandparents and/or carers and others: 2 sessions**

These sessions meet the needs of parents and carers, targeting those new to the experience of their child's Autism Spectrum Disorders.



#### **Independence Skills workshop: 2 sessions**

These workshops are based on a model of building capacity and giving parents skills, confidence and resources to work on developing their child's independence skills.

#### **Little Picasso's Art Program for children with ASD: 2 sessions**

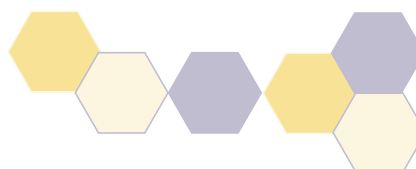
A local artist has worked with children with additional needs/emotional disturbance. She's currently working with a young child with autism. A project brief was approved to run a pilot group of children with Autism Spectrum Disorders to provide them with an art program using an art therapy approach; if the pilot is successful, the program will be offered in 2011.

#### **Pre-schoolers with autism: 1 session**

An education and skills training program for parents, developed by Avril Brereton and Bruce Tonge, and written specifically for parents and carers of young pre-school aged children who've recently had a diagnosis of autism. The program normally runs over a 20-week period, but has been successfully delivered over 10 weeks with a group session at the start, followed by an individual session later if required. The information from the manual is used on a day-to-day basis with most post-diagnostic sessions.

**Regional office:** telephone the Mount Gambier office on 8735 1800.

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## Southern Child and Youth Service

### SibworkS

The Southern Adelaide School Age and Youth Program, in conjunction with Siblings Australia, held several two-day SibworkS workshops during school holidays. Each group of about 10 participants was a mix of Disability SA and Autism SA registered clients.



The program is for siblings of children with special needs, aged 8–12 years, and provides a chance for siblings to connect with each other, to better understand their sibling's special needs, to develop coping skills, and to form networks and friendships.

We received positive feedback with kids learning about feelings, problem squashing, dealing with bullying, and how to treat and learn about their siblings.

Similar programs might run in the 2011 school holidays.

### SPOT Program

The School Age and Youth Program expects to run a SPOT (Speech Pathology

and Occupational Therapy) program in 2011. The therapeutic program offers school-age children (5–8 years) a chance to join in small group activities focusing on developing fine, gross and sensory motor coordination, communication (speech, language and alternative forms) and social skills.

The program will be offered as staff availability allows but is likely to be facilitated by senior therapists.

### Early Intervention for Children with Autism

The Preschoolers with Autism Program will be offered in Terms 2 and 3 of 2011 to support families with new diagnoses of Autism Spectrum Disorders who get state-funded Early Intervention Services in the Southern Adelaide Region. This program is education and skills training for parents and carers who want to learn more about autism and their child's behaviour, and to meet others like themselves.

The program has group and individual sessions, runs for 20 weeks and covers key areas such as understanding and managing difficult behaviour, changing and encouraging new behaviours, communication problems in verbal and non-verbal children, social problems, and how to work and play together.

Contact the School Age and Youth Program in the south on 8277 8566 for information on any of these activities.

### Aquaplay

The Early Childhood Program physiotherapists ran Aquaplay groups at the Noarlunga Leisure Centre. Aquaplay is a fun way of giving pre-school children with a global developmental delay an activity that improves their strength and movement quality, and supports the development of gross motor skills. The group provided a valuable opportunity for parents to network. The sessions ran weekly for five weeks for one hour each, with semi-structured group activity and individual free play supervised by two physiotherapists. All children were accompanied in the pool by a parent. It's anticipated the Early Childhood Program physiotherapists will run these sessions with one five-week block planned per school term during 2011. Places are limited and are determined by level of need.

Telephone the physiotherapists on 8277 8566 for more information.

## Northern Adelaide

### Autism Spectrum Disorders—Parent Information Sessions

The Child and Youth Service, Northern Adelaide (Gilles Plains and Salisbury) will offer information sessions in 2011 for parents/carers of children and young people with Autism Spectrum Disorders (ASD). Each session will

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focus on one topic, providing information and general strategies to try at home. These sessions have been very valuable in the past, bringing families together, helping them learn more about ASD and letting them share their knowledge and experiences.



Topics will be offered depending on interest, but may include sleep, mealtime issues, toileting, sensory issues, social skills, behaviour and communication.

Contact Sarah Harry, ASD Key Worker, on telephone 8366 7300 or email her at [sarah.harry@dfc.sa.gov.au](mailto:sarah.harry@dfc.sa.gov.au), to be notified of dates and venues in early 2011.

## Signposts

The Gilles Plains Early Childhood Program offered parents a *Signposts for Building Better Behaviour* program in early 2010. *Signposts* helps families prevent or manage difficult behaviour of children aged 3–16 with a developmental delay or an intellectual disability. The program helps families develop strategies to manage or prevent difficult behaviour, encourage appropriate behaviour and teach children new skills.

Eight parents attended the Gilles Plains sessions on 'Measuring your child's behaviour', 'Systematic use of daily interactions', 'Replacing difficult behaviour with useful behaviour', 'Planning for better behaviour' and 'Developing more skills in your child'. The program was extremely helpful for parents' better understanding of their child and his/her behaviour. The parents identified one

behaviour of their child that they wanted to increase and one to decrease, developed ideas for ways to change those behaviours, and spent a few weeks trying the ideas and monitoring their success. All parents achieved at least a small amount of success in changing their child's behaviour, with some achieving full success.



*Signposts* will run in Term 1, 2011 in Northern and Central Adelaide (Katya Falzon, 8348 6000), Southern Adelaide (Ben Akins, 8277 8566), Mount Gambier (Tasja Barelds, 8735 1800) and Murraylands (Maggie Georgiou, 8532 4503).



## Skype used to stay in touch with clients



Communicating with clients using Skype

Self-management facilitators, Jo Howlett (left) and Christine Messinger (right) have been keeping in close contact with clients participating in the self-managed funding arrangements and assisting them with those arrangements.

They're pictured here speaking 'face-to-face' with country participants using Skype software. Find more information about the *Phase One: Self-managed Funding Initiative* from the Office for Disability and Client Services (ODACS) on telephone 8415 4395 or send an email to [dfcdisabilityself-managedfunding@dfc.sa.gov.au](mailto:dfcdisabilityself-managedfunding@dfc.sa.gov.au).

# Ageing and Disability Service Improvement

The Ageing and Disability Service Improvement Project aims to develop for frail older people, people with disability and their carers a statewide community care system that provides consistent decision-making and equitable access to quality services for eligible people, appropriate to their level of need, and regardless of their age or location.

## Information sessions

Information sessions with a wide array of stakeholders were conducted in 2010, including with members of the peak industry body, Aged and Community Services (ACS), and with the Disability Consumers Advisory Committee and Disability Government/Non-government Relations Forum.

## Working groups

Four Department for Families and Communities working groups were established to address the work outlined in the initial consultation sessions. The working groups began to develop ways in which each of the functional areas of Intake and Assessment, Funds Management, Government Service Delivery and Policy, and Planning and Research will be implemented.

**The Intake, Assessment and Resource Allocation Working Group** is developing common intake and assessment mechanisms for ageing and disability that will provide an efficient and equitable process to link a client with his/her preferred service provider, and a vacancy management system to manage the wait list for services.

**The Funds Management Working Group** is developing the common funding allocation mechanisms for funds administered by the State Government under the Disability Services Program, and the Home and Community Care Program (HACC).



The Funds Management Working Group is designing a single system of funds management by the Department for Families and Communities for ageing, disability and carer services. The system will include an efficient process for delivering funds to the agencies providing the services and/or to individuals who are self-managing their funds, along with an interface with the intake and assessment area so that funds allocated to individuals will be rapidly available to the agency of the person's choice.

**The Government Service Delivery Working Group** will develop a common service delivery framework by DFC for ageing and disability that provides Basic Community Early Intervention (Level 2), Basic Community Packaged Support (Level 3) and Intensive Support (Level 4) services to eligible clients. It will also consider the interface with other directorates of the division and with other government departments—for example, the Department of Health, and the Department of Education and Children's Services—so that eligible clients and their carers are serviced quickly and efficiently.

**The Policy, Planning, Research and Evaluation Working Group** is considering the design of an 'Office' that combines the Office for the Ageing, Office for Carers, and Office for Disability and Client Services. The group will examine key functions, priority areas of work, a new Office configuration that maximises existing resources and retains areas of expertise, and clear governance structures for the role of the new Office and its interfaces with the Intake and Assessment, Funding and Service Delivery Divisions.

More information on each group is in the terms of reference at [www.dfc.sa.gov.au/adsi](http://www.dfc.sa.gov.au/adsi).

# Disability Advisory Network South Australia: health is more than physical



*Enablement and empowerment by you with you.*

Hello again. It's quite wonderful to be contributing to this edition of *infoLink*. The theme of this edition pertains to health and it couldn't be more timely. We all know that our health is very important. But for those of us living with disability, it is extremely important.

This article is an opportunity to focus for a while on what this importance means. In writing this article, I've done my usual phone around with members, with most focusing on our physical health.

But one member recited a poem to me (included with this article) that illustrated that our health and well-being is much more than physical.

Our health and well-being pertains to our physical, emotional, mental, and spiritual states.

By 'spiritual', I mean what we believe about ourselves and the world in which we live—our relationship to this, our value and personal self-worth—our presence.

For those of us living with disability independent of parents, we experience the devastating impact of social exclusion. Yet, it is again a timely reminder that, in spite of this, we are responsible for ensuring that our health needs are communicated so that we have these met.

We need to learn how better to communicate our needs; this is vital as many of us face having to deal with experts engaging with

us more as a disability type than as a person. But, by learning to communicate what we need from respective experts, we express our ownership of ourselves. This communication is how we can take control of navigating the relevant expertise that we need to assist us in maintaining our health.

Our starting point then is the same as it is for everyone else in society; that is, we are the ones living in our bodies. We are the owners

of our bodies, our minds, our hearts and our souls. We are responsible for what we put into our bodies and what we allow to affect them. Even though many of us may have a carer(s) providing services to meet our needs, unless we can communicate effectively with the

carer or support worker about changes we perceive happening in our bodies, or about our ability to function, the chances are drastically reduced of our health needs being maintained in a timely and effective manner.

Thus we must ensure that the information we obtain is the right information we need, especially in relation to managing health requirements brought about by the respective disabilities we need to manage.

We will still fall ill to the usual illnesses that are found in society. Particular care must be taken when communicating the difference to health



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care professionals about that which is illness in relation to managing our disabilities, and that which affects our general well-being.

We all have struggled to communicate with some individuals at some time because not all individuals are receptive to communication from a person who lives with disability. The major avenue to effective communication then is the selection of the person or group of people who are both receptive to our communication and will act upon it immediately and appropriately.

A person living with disability is subject to other forces in their lives, such as frustration and anger from living with disability and having to rely upon others for assistance. When our communication mechanisms and behaviours are not meeting our individual needs, we need to be aware that this is happening.

Even though the anger that arises is understandable, it can be expressed as inappropriate behaviour and lead to our becoming more alienated from those from whom we need assistance, rather than being supplied with the answers we need to help us. It's about taking ownership and responsibility for how we respond despite the often distressing situation in which we are placed due to circumstances beyond our control.

This controlled response is vital to our mental health and emotional well-being. While we can't control a lot of what is going on around us, or obtain the actual assistance we need, how we respond can go a long way to feeling either totally powerless or to proactively mobilising others to solutions; this is social inclusion at its most basic level—yourself.

When we present ourselves in a way that communicates to others that we respect ourselves, others around us respond to this.



This situation is no different for those of us who have communication difficulties. Our health and well-being is our responsibility and we need to learn how to ensure that we learn the skills needed for effective communication to obtain appropriate assistance when needed.

Communication means not being hung up about speaking up in relation to our health needs. Others around us may be uncomfortable about our speaking about our respective disability and health needs but, if we aren't, we can get past this and on to what is needed. By doing so, we present ourselves as a person who lives with disability, rather than as a disability type.

I will close with the sentiment of one of our members that will illustrate what I mean.

Respectfully,  
Jamieanne Albrecht, DANSA  
Chairperson, and the DANSA Team

## Disability Perspective

*Mental illness is a disability*

*Bipolar is part of me,*

*I also have cerebral palsy*

*But I hope you can see*

*What has the potential to be.*

*For we all can share*

*What we have, and how we have the  
capacity to care,*

*Because there is compassion everywhere,*

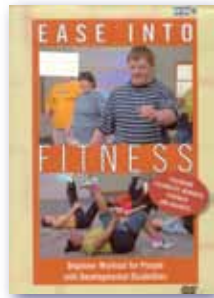
*So as you walk past the old lady in her  
wheelchair,*

*Remember the life that has lived there.*

**... a poem by Vanessa Brown  
DANSA team member**

# Library resources about health

*Ease into Fitness: Beginner Workout for People with Developmental Disabilities* (DVD). Iris Media Inc at [www.lookiris.com](http://www.lookiris.com).



*Walk Your Way to Fitness: Walk, Workout, Be Active for People with Intellectual Disabilities* (DVD-based training program). Iris Media Inc at [www.lookiris.com](http://www.lookiris.com).

*Gentle Yoga for Parkinson's* (DVD). VEA at [www.vea.com.au/healthcare](http://www.vea.com.au/healthcare).

*Get Stronger, Live Longer* (DVD). Commonwealth of Australia, Department of Veterans' Affairs, 2005.

*Going into hospital: A DVD which shows you what it's like to come into hospital*. Speakup and Bubble Media.

*Going to the doctor*, by Sheila Hollins, Jane Bernal and Matthew Gregory, illustrated by Beth Webb. Books Beyond Words, Gaskell and St George's Hospital Medical School, 1996.

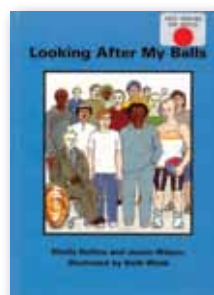


*Healthy mouths: how to look after your oral health*. Box Hill, Vic, SCOPE, 2008. Produced in easy English suitable for a person with disability.

*If you are ill....* British Institute of Learning Disabilities, BILD Publications, UK, 1998.

*Keeping Healthy 'Down Below'*, by Sheila Hollins and Jackie Downer, illustrated by Beth Webb. Books Beyond Words, Gaskell and St George's Hospital Medical School, 2000.

*Looking After My Balls*, by Sheila Hollins and Justin Wilson, illustrated by Beth Webb. Books Beyond Words, Gaskell and St George's Hospital Medical School, 2004.



*Looking After My Breasts*, by Sheila Hollins and Wendy Perez, illustrated by Beth Webb. Books Beyond Words, Gaskell and St George's Hospital Medical School, 2000.



*Looking after my heart*, by Sheila Hollins, Francesco Cappuccio and Paul Adeline, illustrated by Lisa Kopper. Books Beyond Words, Gaskell and St George's Hospital Medical School, 2005.

*Looking after your teeth*. British Institute of Learning Disabilities, BILD Publications, UK, 1998.

*Using Medicine Safely*. British Institute of Learning Disabilities, BILD Publications, UK, 1998.



*Secret Girls' Business* by Fay Angelo, Heather Pritchard (now Anderson) and Rose Stewart takes a girl and her carer step-by-step through the process of managing periods. Information is presented simply, with clear pictures and limited text. Also available for loan from SHine SA at [www.shinesa.org.au](http://www.shinesa.org.au).



You may borrow many Disability SA publications, and other material and resources, free-of-charge from the DFC Library (Disability Collection). Telephone 8266 8556 from 9.00 am to 3.00 pm weekdays or email us at [disability.library@dfc.sa.gov.au](mailto:disability.library@dfc.sa.gov.au).

## Did you know?

The Department of Health has a revamped site at [www.sahealth.sa.gov.au](http://www.sahealth.sa.gov.au): you'll find information about health conditions, alerts, services, reforms, health sector employment and more.

# Getting in touch with Disability SA



Your questions and feedback are welcomed. Visit us in person at one of our many offices, telephone us or email us.

## Offices

- Angaston—8563 8544
- Berri—8582 2400
- Ceduna—8625 2129
- Christies Beach—8384 7299
- Clare—8842 3744
- Daw Park—8277 8566
- Head office (Highgate Park at Fullarton)—8272 1988
- Gawler—8521 4700
- Gilles Plains Central—8366 7333
- Gilles Plains Northern—8366 7300
- Kadina—8821 0200
- Kangaroo Island—8553 2270
- Mount Barker—7424 7888
- Mount Gambier—8735 1800
- Murray Bridge—8532 4503

- Port Augusta—8641 1600
- Port Lincoln—8683 2170
- Port Pirie—8632 0155
- Regency Park—8348 6000
- Salisbury—8282 5500
- Victor Harbor—8552 0600
- Whyalla—8648 8686

## Information and referrals 1300 786 117

Telephone this number to ask questions or make a referral for services. Customer information staff will do their best to help you. We'll ring you back if we can't answer your questions straightaway.

## Information by email

Email your questions to:  
[disabilityinfo@dfc.sa.gov.au](mailto:disabilityinfo@dfc.sa.gov.au).

## Information on the website

Visit our website at [www.sa.gov.au/disability](http://www.sa.gov.au/disability) to find a wide range of information sheets (select 'Information and Publications') plus links to other resources and sites.

## Planning now for adult children with high support needs is 'caring for their future'

All carers know a time may come when they're unable to provide their adult children with protection of their financial and lifestyle choices. The Multicultural Advocacy and Liaison Service of South Australia (MALSSA Inc) is pleased to announce its program *Caring for their Future—Planning Now*.

The program offers practical direction, information and assistance to all carers of adult children with high support needs to safeguard the future of their children. *Caring for their Future—Planning Now* gives essential knowledge about legal



options to create lasting plans for the future. Carers of adult children with high support needs cannot afford to be without this important information and support.

A booklet and audio CD are available in English, Greek, Italian, Polish, Vietnamese and Cantonese languages. The booklet is easy to read and understand, on the topics of enduring powers of attorney, guardianship, wills and trusts.

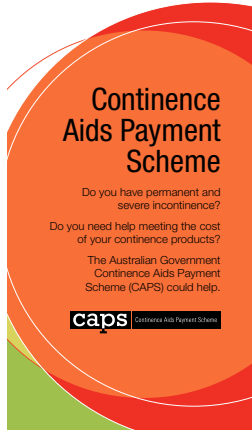
Contact MALSSA Inc on 8351 9500 for a copy of the booklet and audio CD, and to register your interest in an information session. Visit their website at [www.malssa.org.au](http://www.malssa.org.au).



## Did you know?

The Continence Aids Payment Scheme (CAPS) provides an annual payment of \$489.95 (plus indexation) to help eligible people with permanent and severe incontinence to meet some continence products costs. **Further information on CAPS:**

- telephone Medicare on 132 011
- telephone the Department of Health and Ageing on 1800 807 487
- visit the website at [www.bladderbowel.gov.au](http://www.bladderbowel.gov.au)
- contact the Continence Resource Centre, 11 Blacks Road, Gilles Plains, telephone 1300 885 886 (SA/NT) or 8266 5260, and email [continence@dfc.sa.gov.au](mailto:continence@dfc.sa.gov.au).



## Health and Community Services Complaints Commissioner: working toward resolution

The office of the Health and Community Services Complaints Commissioner (HCSCC):

- helps people (service users, carers and service providers) to resolve complaints about health and community services, including child protection services, when a direct approach to the service provider is either unreasonable, or has not succeeded
- covers health and community services across the public, private and non-government sectors
- handles complaints confidentially and impartially

- monitors and reports complaint trends
- makes recommendations to improve safety and quality
- is an independent statutory office
- operates a telephone inquiry service
  - Monday to Friday, 9.00 am to 5.00 pm
  - telephone 8226 8666
  - toll-free in regional South Australia 1800 232 007
  - fax 8226 8620

Get more information on the website at [www.hcsc.sa.gov.au](http://www.hcsc.sa.gov.au).

### We hope you enjoyed the latest edition of *infoLink*.

And, now that you've read it, perhaps you'd like to pass it on to others. Your neighbours, friends, family and carer(s) might find the articles interesting, too.

Remember, there are always *infoLink* copies online if you want to re-read anything, at [www.sa.gov.au/disability/publications](http://www.sa.gov.au/disability/publications).

Share the wealth and pass it on! Or, tell people about the website versions, including a text-only copy.

