



Newsletter December Quarter Issue 4. 2011



**Self Help Queensland Inc, Sunnybank Community Hall, 121 Lister Street
(PO Box 353) SUNNYBANK 4109**

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Self Help Queensland Inc is a network of self help organisations and groups in Queensland. The network was formed by self help organisations to share resources, support each other, assist in the development of new groups, raise community awareness of the importance of self help and provide a strong united voice on issues which affect our members.

From the President

Hello Everyone

Those of you who have been listening or watching our business leaders and politicians will have heard them talk about our two-speed economy. That is, while some things are forging ahead and making lots of money, other things are languishing and working below the 'bread-line'. Some of our 'sector', that is, community services are used to working miracles with little money, I know.



Thea Biesheuvel

Not long ago, however, the Productivity Commission published figures that suggested there is also a two-speed economy in our 'sector'. There were percentages published showing that for some, quite large, charitable institutions, the donated funds were substantially used to pay its workers and operational costs, rather than being passed on to its clients in the form of subsidies.

Apart from the inequity of this situation, we have to keep in mind that the same Productivity Commission also calculated that the not-for-profit sector contributed some \$43b to the Australian economy. They recommended that a Reform Council be set up to monitor the not-for-profit sector, looking at Incorporation rules and organisational constitutions. None of this should worry self-governing groups made up of volunteers.

I'm sure you have also experienced a two-speed operation in your own groups, though. That is, that part of your operations which is visible to the public or to other groups and that part of your operations which makes up the 'back room' chores. Or perhaps you would have two-speed operations in that you have groups of volunteers carrying out some of that work while there is also staff employed under the Community Services Award, with regular pay increases and all the other 'on-costs' associated with the employment of people. Or perhaps you would have two-speed operations in that some of the work is clearly client focussed, while other parts of it are clearly funding focussed.

Our business leaders and politicians see the need for a 'balanced' economy, where some of the fast growing sectors help support the slower parts. I'm not canvassing the rights or wrongs of approaches discussed by them.

(Continued Page 3)

Self Help Queensland Management Committee Members

President	Thea Biesheuvel
Secretary	Joe Soda
Treasurer	Chris Spriggs
Members	Casey Barber Cathy Wu Clemencia Naranjo

Committee Meetings

If you would like to attend our meetings, please contact us for dates and times. Everyone is welcome to attend.

SHQ Staff

Co-ordinator

Trish Fallon

Project Officer - Mental Health

Gina Jacobsen

Project Officer - General

Mosmin Mareidiya

Administration Officer

Janette Evans

BOCD SG Co-ordinator

Pat Minnaar

Office

The office is attended Monday to Friday, 9am to 4.30pm. However, staff are sometimes required to liaise with groups or attend meetings away from the office.

If you wish to call in to use the office facilities or talk to the project officer, please phone first to ensure that someone will be available to meet with you.

Office Location:

Sunnybank Community Hall
121 Lister Street (Cnr Gager Street)
Sunnybank 4109

Postal Address

P.O. Box 353, Sunnybank QLD 4109

Phone/Fax: (07) 3344 6919

Email: info@selfhelpqld.org.au

URL: www.selfhelpqld.org.au

Thanks to Queensland Health for providing funding to Self Help Queensland to help carry out its activities, and for supporting the publication of this quarterly Newsletter.

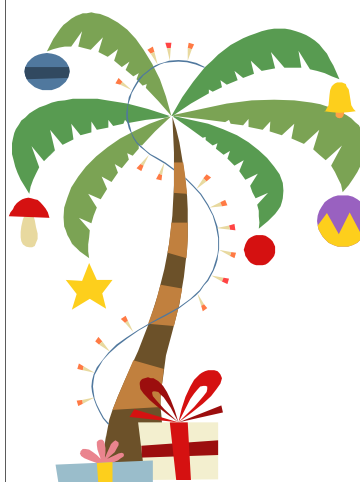


Disclaimer

The views expressed in this publication are those of the individual authors and not necessarily those of Self Help Qld

The material supplied is for information purposes only, and is not to be used for diagnosis/treatment, or as legal, tax, accounting or any other type of advice. The SHQ newsletter editor reserves the right to edit contributed articles.

Wishing You a Safe Holiday Season and Happy 2012



from

*All at
Self
Help*

Queensland

Contents

President's Message	1
SHQ Management, Staff, Office Contacts	2
On Leadership	3
Jargon Busters	4
Genetic Matters	5
ausEE	6
Rectoceles	7
Photographic Snapshot Awareness Day	8
Evaluation Data Awareness Day	9
Thank you & Summary Awareness Day	11
Mercury Rising Update	14
Twitter and Facebook Legal Risks	15
Sandgate Community Connect	16
Carer's Queensland	18
Help Needed for Siblings	19
What the Person with a Chronic Health Problem CAN Do	19
Ostara Inc	20
Lifeline Project	21
LifeTec	22
A Quiz for People who Know Everything	23
In Lieu of Diary Dates till 2012	24

Thank you to all our current funding bodies - Qld Health, Dept Communities (Mental Health Branch), Brisbane City Council.

(Continued from Page 1)

It is clear however, that we also have to balance our organisations. It is great to have a good public image. It is not so good if it comes at a cost to the volunteers or the paid staff. It is great to have a smooth flowing office. It is not so good if it comes at a cost to the services that clients might need or that the organisation needs to set a clear path to the future. It is great to have lots of people volunteering to help you achieve your goals. It is not so good if that hinders some professional expertise being injected.

So, as in all things, we need to strive for balance. Weigh up some interests and concerns against what it will cost our volunteers, our staff and our organisation if matters tip the scales too heavily one way. An annual balancing day is a good idea, so is an annual plan of action. You may not achieve the balance or implement actions, but at least you'll know what factors caused the imbalance and what might be done about them.

I hope you all have a great festive season and take some time to look at your own balancing act as well.

Happy holidays
Thea

**SHQ Has a New Email Address - Please Change to:
info@selfhelpqld.org.au**

On Leadership

"Leadership is not magnetic personality — that can just as well be a glib tongue.

It is not 'making friends and influencing people' — that is flattery.

Leadership is lifting a person's vision to higher sights, the raising of a person's performance to a higher standard, the building of a personality beyond its normal limitations."

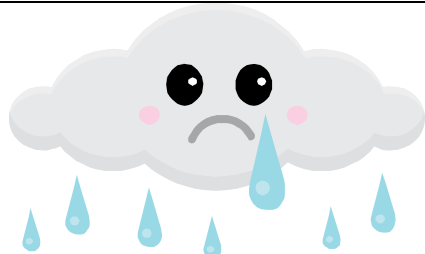
Peter F. Drucker 1909 — 2005

(Peter Drucker, born in Vienna, Austria, is known as the father of modern management. A prolific writer, business consultant and lecturer, he introduced many management concepts that have been embraced by corporations around the world.)

"Outstanding leaders go out of their way to boost the self-esteem of their personnel. If people believe in themselves, it's amazing what they can accomplish."

Sam Walton 1918 — 1992

(Sam Walton, born Oklahoma USA, was a businessman, entrepreneur and founder of Walmart.)



Gina came to SHQ to do a Project. She gave it all her skills, talents, abilities, wisdom, experience, head and heart. She did a great job and left a great legacy. Thank You Gina.

Farewell and Thank You Gina Jacobsen!

We Will Miss You Terribly!

You're a Fantastic Colleague!

Your Work Practices are Brilliant!

You are Respected by Many!

We'll Miss Your Bright Ideas!

SHQ's Loss is Another Organisation's Gain!

We Wish You a Fun Filled Adventurous Future!

Jargon Busters - Your Top 10 Hated Words

Inspired by a similar campaign in the UK, 'Our Community' recently asked members to contribute to a list of words it believes the public sector should stop using. 270 good humoured (but exasperated) community group representatives replied. Here's what came in at the top of your hit-list.

1. Incentivising: To provide someone with an incentive for doing something.

A quarter of our respondents nominated this as one of their top three hated words.

2. Synergies: The interaction or cooperation of two or more organisations, substances, or other agents to produce a combined effect greater than the sum of their separate effects. It's a word that sounds nice and means nice things, but it's despised by almost a quarter of our respondents.

3. Going Forward: In the future. A phrase one Guardian journalist described as "superfluous, meaningless, ubiquitous"; a "kind of burp" – 'going forward' was hated by 22% of our respondents.

4. Can-do Culture: A feature of organisational culture characterised by willingness and ability to act. Just over 19% of our respondents have a can-do attitude to eliminating this word from the vernacular for good.

5. 360-degree feedback: A performance appraisal tool that takes in feedback from many directions – e.g. subordinates, peers and supervisors, rather than just from the top down.

Exactly 19% of our respondents nominated this as among their top three hated terms.

6. Working families: Definition unknown (families who work?)

Described by political author Dr Nick Dyrenfurth as "the latest in a long line of rhetorical appeals to the middle ground or swinging voters of the Australian electorate based upon the politics of grievance", this is a phrase despised by 18% of our respondents.

7. Moving forward: Definition unknown (antonym: moving backwards)

Not to be confused with "going forward" this phrase was popularised by Prime Minister Julia Gillard when she used it 24 times during her 2010 election launch speech (prompting Chaser comedian Julian Morrow to reflect on the 'vomit principle' – "If you haven't said it so much that saying it again will make you vomit, you haven't said it enough"). A total of 17% of our respondents would prefer to never hear these two words together again.

8. Paradigm: A worldview underlying the theories and methodology of a particular concept or subject. A word with scientific origins, the movement of 'paradigm' into government parlance has irritated 17% of our respondents.

9. Promulgate: To promote or make widely known an idea or cause. 14% of our respondents would like to make it widely known that they do not approve of the use of this word in official government documents.

10. Disconnect: A break in connection; as in, 'There is a disconnect between this and that'. When used in the traditional way, as a verb ('to disconnect the power'), there's little to complain about. When used as a noun, there is a vast disconnect between what our bureaucrats like to say and what our respondents like to hear – 14% would like to see the word banned.

(Courtesy of 'Our Community' Newsletter Page 7, Edition 7, 2011 www.ourcommunity.com.au)

Genetic Matters

by Kim Summers PhD

Is it catching? Genetics of infectious disease

Traditionally we associate genetic diseases with rare, devastating conditions which are often fatal in childhood and run in families in well understood patterns of inheritance. Infectious diseases may also seem to run in families but that's probably because all the family are exposed to the infectious agent (virus, bacterium or parasite) at the same time. We frequently hear of families where first one than another comes down with a cold or tummy bug in quick succession. The same thing can happen among unrelated people who share an office, suggesting that catching an infection is a consequence of being exposed to the germ and nothing to do with genes.

For some years, however, it has been clear that not everyone who is exposed to an infection actually shows signs of the disease. Many people show a positive test for tuberculosis, and yet they have had no clinical disease and have never been vaccinated. Similarly, a large percentage of the population have a positive antibody response for Epstein Barr virus (that causes glandular fever) without ever having been diagnosed with the condition. The swine flu scare of last winter petered out with very few people developing symptoms of the flu and even fewer being hospitalised with the worst symptoms. Yet most of the population were exposed to the virus, as demonstrated by testing for specific antibodies.

In the animal world, some sheep are highly susceptible to the sheep version of mad cow disease, called scrapie, while others with the same level of exposure never get the disease. Cows grazing in the same field have variable levels of parasite infection. Some chickens succumb rapidly to the virus causing Marek's disease while others are resistant to its effects.

So what's going on? Why do some people suffer debilitating, potentially fatal symptoms after exposure to an infectious agent like the flu virus, while others experience at worst a day of feeling off-colour? The answer seems to lie in the genes. Because of the economic importance to the food industries of infectious diseases in livestock, there has been considerable focus on the factors which control susceptibility or resistance to infections in our farm animals. Differences in sheep susceptibility to scrapie are largely due to a single alteration in the DNA of one gene. This has enabled breeders in the UK reduce the level of the disease in commercial flocks to almost zero using breeding programs based on genetic testing for this variant.

In humans it has been known for many years that some children are highly susceptible to infectious disease caused by a range of pathogens, and suffer multiple recurrences even with repeated use of antibiotics and other new drugs. These "child in a bubble" cases with severe combined immunodeficiency (SCID) highlighted the importance of genes controlling white blood cell function in susceptibility and response to infection. Variation in a number of genes has been associated with susceptibility to infection with papilloma viruses causing warts. Children with cystic fibrosis (caused by mutations in the CFTR gene) are at risk from severe bacterial lung infections. These are extreme examples of genetic susceptibility to infectious disease.

The other side of the coin is where people show unexpected resistance to infections where most of the population succumbs. In a classic example, some individuals with a variant haemoglobin protein in the red blood cells are resistant to infection with malaria.

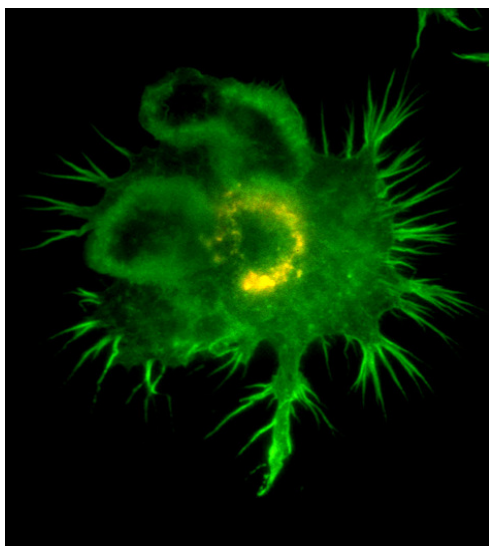
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Resistance to HIV/AIDS is conferred by mutations in a gene which codes for a protein on the cell surface used by the virus to invade the cell. It might be expected that natural selection would favour these variants, but frequently there is a cost to the resistance to infection: the abnormal haemoglobin which allows resistance to malaria is not as efficient as the normal version, and people who are resistant to HIV may be more susceptible to infection with West Nile virus. They are only at an advantage when the infectious agent is at high levels: along the equator where malaria is endemic for the haemoglobin variants, or where HIV levels are high and West Nile low for the cell surface protein variant.

As well as these clear examples of single genetic changes conferring resistance or susceptibility to infection, there are probably many genetic variants that contribute to infection status. Identifying these genes is becoming easier with modern molecular techniques, particularly where there is a relatively strong effect (such as the effect of the transplantation antigens in susceptibility to tuberculosis). A recent study identified a pattern of gene expression associated with active tuberculosis. This signature was also found in a small proportion of people with latent tuberculosis and the authors predict that these are the people who will go on to develop the active disease. Examining genetic variation in the genes involved in this expression signature may lead to understanding of the genetic factors which determine who gets the full-blown disease.

The study of genetics and the study of infectious diseases might once have been seen as quite distinct, nature vs nurture, inheritance vs environment, but the two areas are now co-operating to unravel the complex interactions that determine whether we get sick or not. It seems that avoiding infection is not just a matter of washing your hands and staying clear of friends who are already infected; it also involves choosing your parents wisely to maximise your resistance and minimise your susceptibility!



The image shows a macrophage, one of the cells responsible for resistance to infection. Macrophages engulf parasites and destroy them, stopping the infection.

Kim is Professor of Comparative Genetics at the Roslin Institute, University of Edinburgh, and a member of the School of Medicine at UQ. Kim is also a valued past member of the SHQ management committee.

The old SHQ email will cease on 31 December 2011
Change From: selfhelp@gil.com.au



Australian Support Network for Eosinophilic oEsophagitis and Related Disorders

www.ausee.org

ausEE Inc is a registered Australian charity dedicated to providing support and information to anyone diagnosed with or caring for someone with an Eosinophilic Gastrointestinal Disorder (EGID) including Eosinophilic oEsophagitis (EE or EoE), Eosinophilic Gastritis, Eosinophilic Enteritis, Eosinophilic Colitis and Eosinophilic Gastroenteritis.

Eosinophilic Gastrointestinal Disorder (EGID)

Eosinophilic gastrointestinal disorders occur when eosinophils, (pronounced ee-oh-sin-oh-fills), a type of white blood cell, are found in above-normal amounts within the gastrointestinal tract.

Eosinophilic oEsophagitis (EE) or (EoE)

Eosinophilic oEsophagitis is the most common type of eosinophilic gastrointestinal disorder, where there are a large number of eosinophils found in the oesophagus.

The symptoms vary from one individual to the next and can include: feeding difficulty, poor appetite, difficulty swallowing, nausea, vomiting, reflux, abdominal or chest pain, failure to thrive, food impaction, difficulty sleeping. In other types of eosinophilic gastrointestinal disorders, symptoms depend on which part of the gut is affected (e.g. abnormal stools if the small or large intestine is involved).

The cause of EE in some individuals appears to be due to an allergy to food(s) and/or aero-allergens. Males are more commonly affected than females. The current* estimated prevalence of EE is 1–4 cases per 10,000 individuals and rising. People with EE commonly have other allergic diseases such as asthma or eczema. EE affects people of all ages, gender and ethnic backgrounds, in certain families, there may be an inherited (genetic) tendency.

Endoscopy and biopsy is the ONLY way to confirm a diagnosis of EGID and EE

Support Groups

ausEE Inc is establishing support group meetings across Australia so that adults, parents and kids can get together to share experiences and gain support. Support group meetings are held at the following locations at a mutual place, date and time suitable to those members attending.

***Sunshine Coast**

***Brisbane**

***Gold Coast**

(To locate groups in other States please check the website at www.ausee.org)

For further information, or if you would like to start a group, please contact:

General enquiries: admin@ausee.org

Sarah Gray, President & Founder: sarah.gray@ausee.org

Mercedez Hinchcliff, Vice-President: mercedez.hinchcliff@ausee.org

Postal address: ausEE Inc., PO Box 9303, Pacific Paradise Qld 4564

You can also join ausEE Inc on Facebook, Twitter and You Tube

ACNC Taskforce Launches its Website

The Australian Charities and Not-for-profits Commission (ACNC) Taskforce has launched its website to keep you up-to-date on their activities.

<http://ato.gov.au/content/00297534.htm>

Invitation to Join Rectocele Research Project

I am currently doing a diploma of Specialised Bowen Therapy through the Border College of Natural Therapies. **Bowtech** – the original Bowen Technique was developed in the 1950's by the late Tom Bowen from Geelong. This gentle form of bodywork addresses the musculoskeletal framework, fascia, nerves and internal organs.

If you are living with rectocele I am looking for volunteers to participate in a non invasive research project.

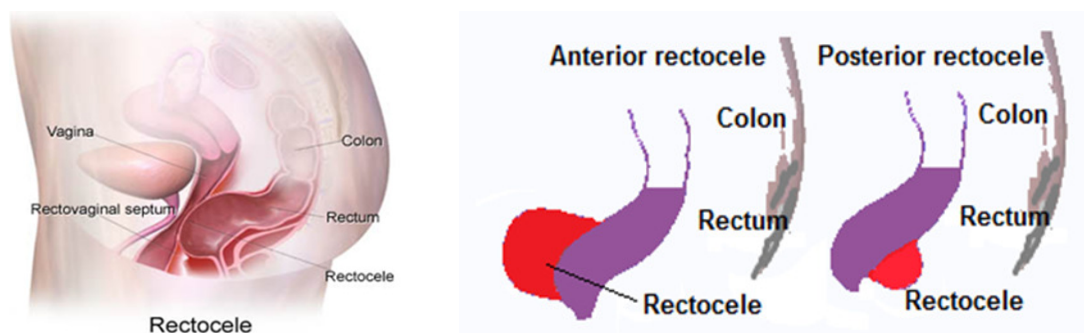
Research is running from December to April, located at Brighton, Qld

There is no charge for any treatment

If interested or just have enquiries please contact Gail:

Phone: 07 3269 9061 or Email: rectocele_bt@hotmail.com

Rectocele (REK-to-sel) an anterior or posterior bulge of the rectal wall. This is a long-term condition that does not heal on its own and is a common problem that mainly occurs in women, often not talked about because of shame and embarrassment.



The underlying cause of an anterior Rectocele (most common type) is a weakening of the pelvic support structures and thinning of the rectovaginal septum - a thin wall of tough, fibrous tissue (fascia). It separates the rectum from the vagina. A Rectocele occurs when this becomes weakened, allowing the anterior wall of the rectum to bulge into the posterior wall of the vagina.

Some of the events that may weaken or thin the rectovaginal septum and cause a rectocele include: hysterectomy, pelvic surgery, chronic constipation, straining to pass bowel motions, advancing age in women and obstetric events being the most common.

Some rectoceles are asymptomatic, whereas others may cause symptoms including constipation, incomplete rectal emptying, a vaginal bulge, lower abdominal, back and rectal pain, rectal pressure, painful or impossible vaginal intercourse, and faecal incontinence (FI). This is the loss of regular control of the bowels causing involuntary excretion and leaking. – one of most embarrassing complaints.

Spanish Talking Glossary of Genetics Available Online

¿Cómo se dice "gene" en español? The National Human Genome Research Institute (NHGRI) (<http://www.genome.gov/>) recently released an updated online Spanish Talking Glossary of Genetics to provide a resource to the Spanish-speaking community seeking a better understanding of genetics and genomics.

New features of the glossary — originally launched in 2003 — include an alphabetically organized navigational tool and lists of related terms. It includes over 200 genetic terms and concepts.

Find the Glossary at www.genome.gov/GlossaryS/

National Self Help and Support Groups Awareness Day 2011 Snapshot



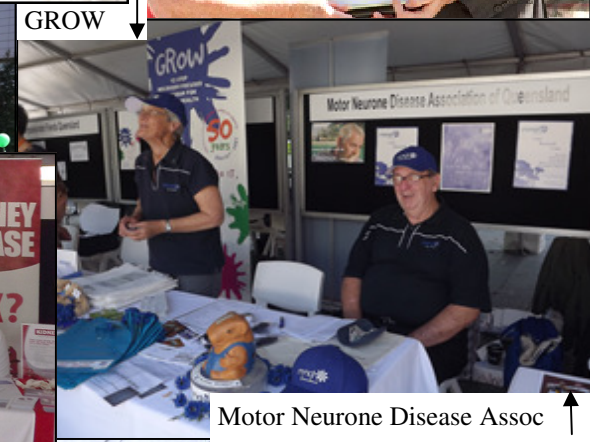
Women in Tune ↑



Lord Mayor Quirk & Haemochromatosis Soc ↓



Enjoying the Entertainment ↑



GROW ↓

Motor Neurone Disease Assoc ↑



Asbestos Related Disease Support Society Qld ↑



Kidney Support Network ↑



Maternal Warriors ↑



Matu Community Assoc ↑



'Team Xtreme' Blowing Up Hot Water Bottle ↓

National Self Help and Support Groups Awareness Day 2011 Snapshot



↓ Voice of Samoan People

↑ Albinism Fellowship & SHQ President

↑ Lord Mayor Quirk meets AusCongo Network ↓

↓ Wanwood Association

↓ Pacific Dream

↓ Parkinson's Qld

↓ Griffith Uni Genetic Counselling Students

↓ Solace Qld & SHQ President

↑ Metro North Breast Cancer Support Group

↑ AusCongo Network

↓ Women's Health Qld Wide

National Self Help and Support Groups Awareness Day 2011

Your Verdict!

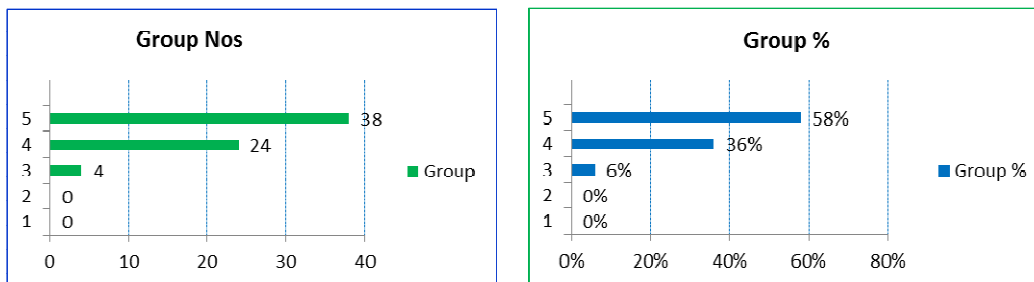
The evaluation of National Self Help and Support Groups Awareness Day was conducted via the distribution of evaluation forms to 70 participant groups on the day. There was one form per group/booth, with 6 questions asked.

The evaluation was anonymous so data collected was likely to be more honest and accurate if people were not required to identify themselves.

Forms, in envelopes, were collected after 2pm; just before closure. Of the 70 forms distributed, 66 were returned.

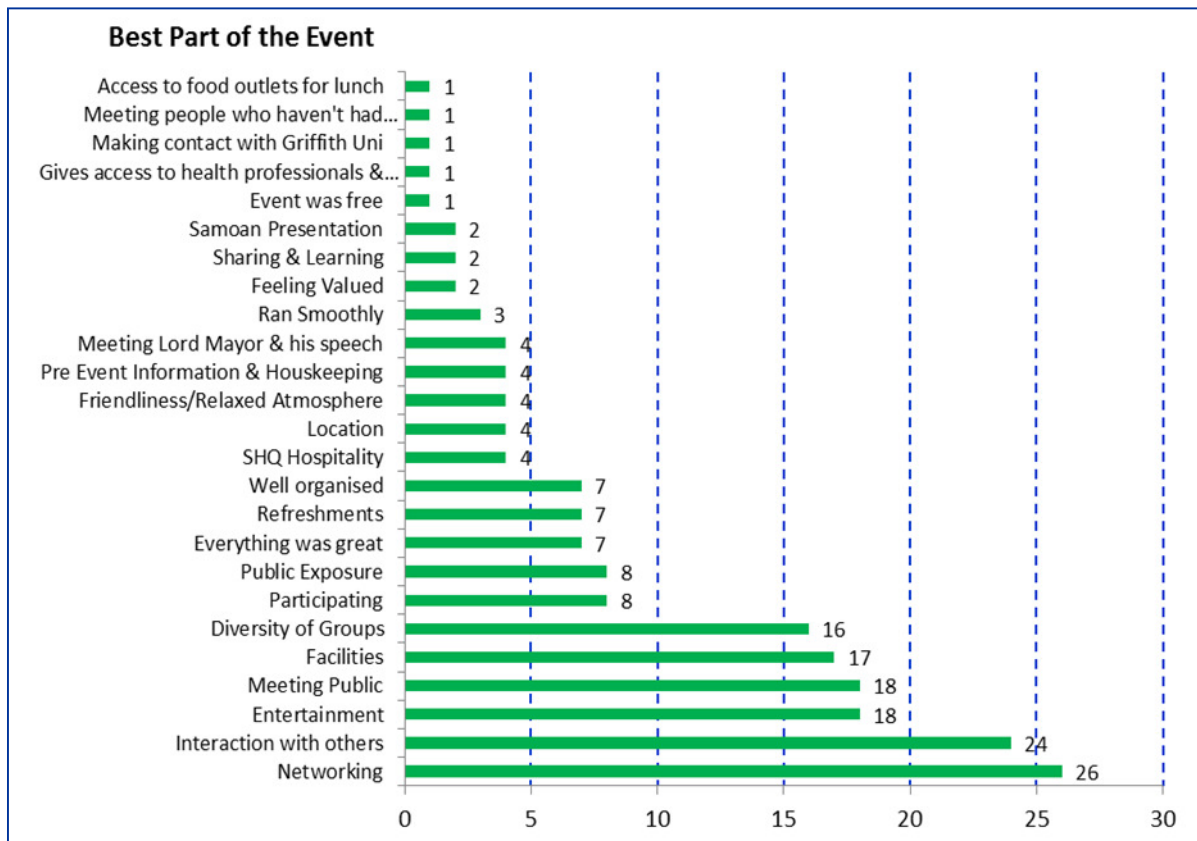
Question 1 What was your overall assessment of the event? (1 = insufficient; 5 = excellent)

Of the 66 groups that returned the form, there was a 100% response rate to this question.



Question 2 Which part of the event did you like the best?

Of the 66 groups that were asked this question, there was a 100% response rate. Each respondent gave between 1 to 3 answers which are correlated below.

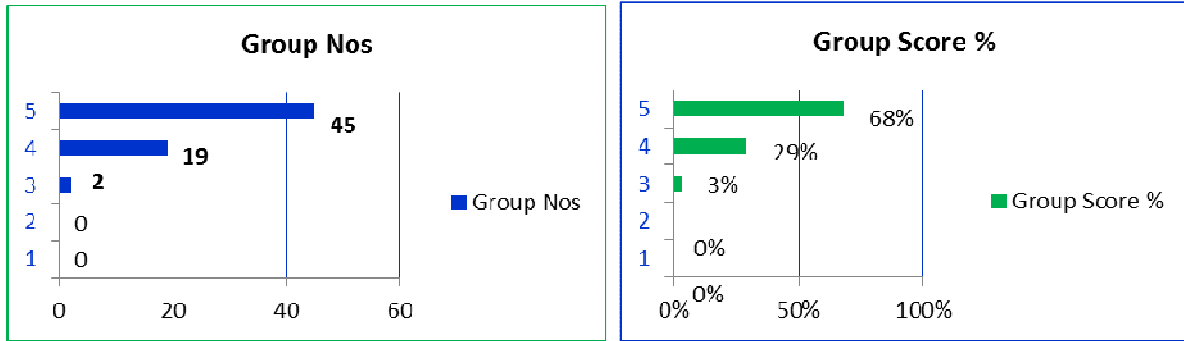


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Question 3

Please comment on the organisation of the event (1 = insufficient; 5 = excellent)

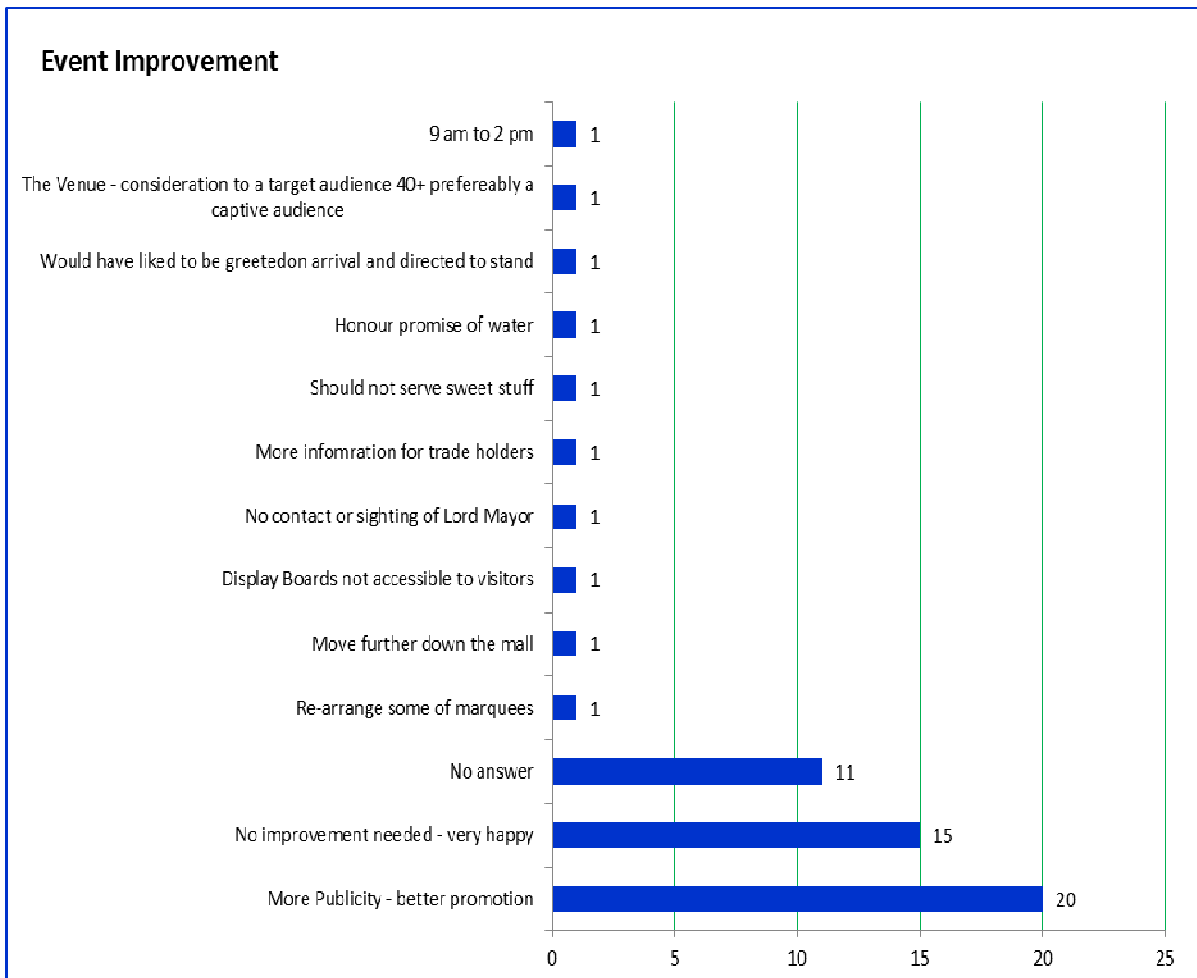
Of the 66 groups that returned the form, there was a 100% response rate to this question. The results are correlated below.



Question 4

Which part of the event could be improved upon?

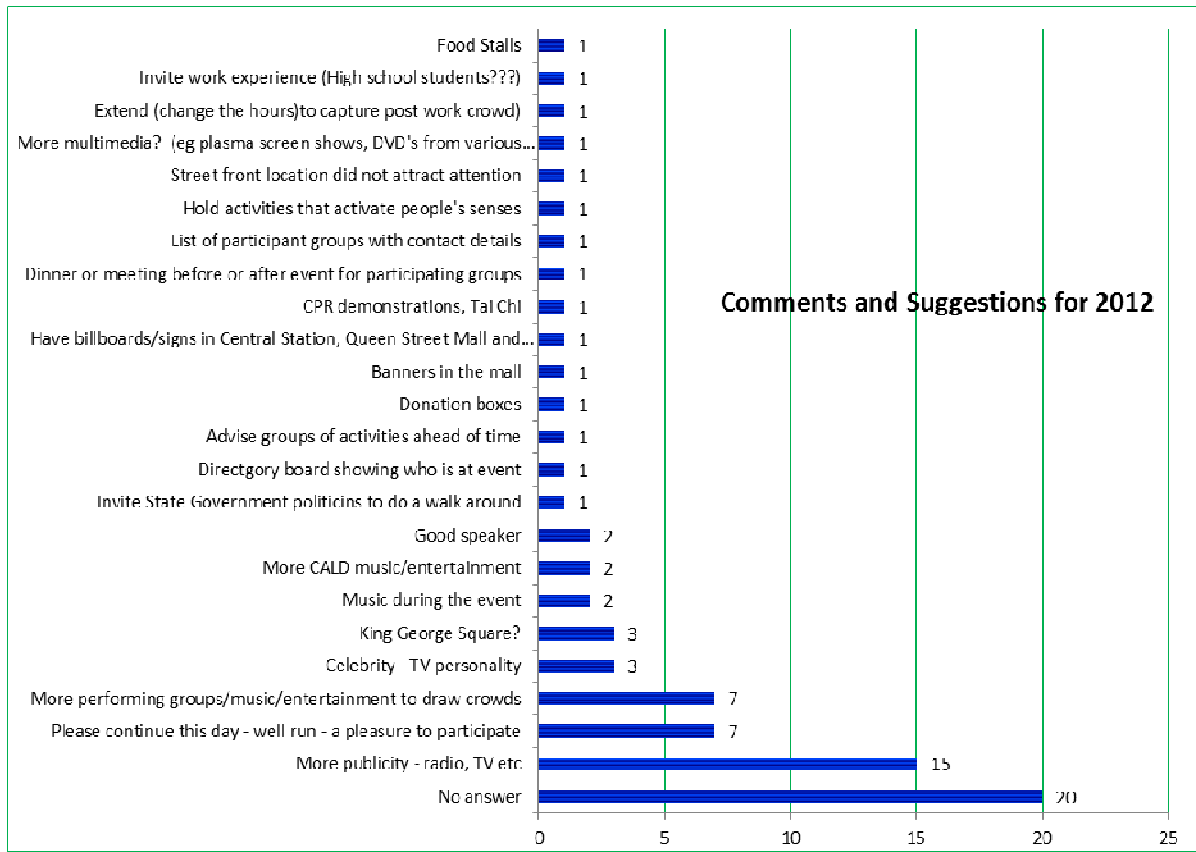
Of the 66 groups that returned the form, there was an 83% response rate to this question. The results are correlated below.



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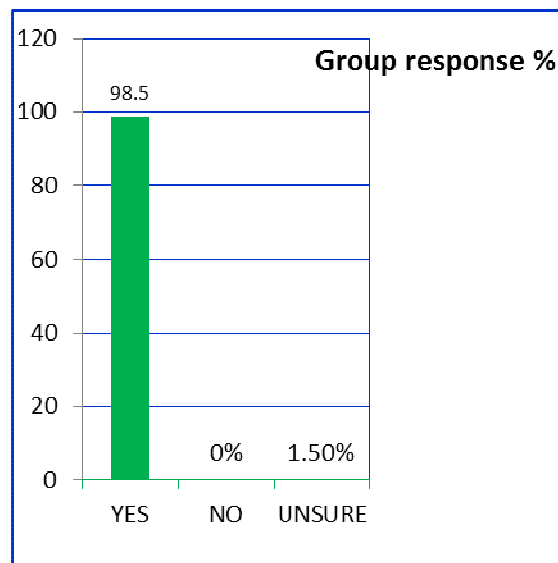
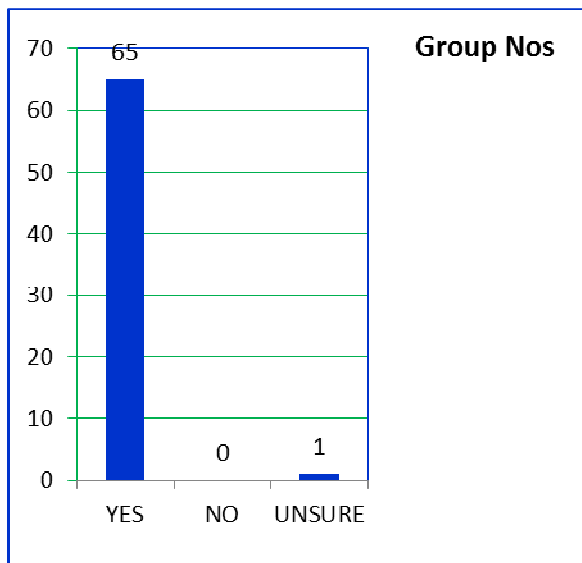
Question 5: Other comments and suggestions (including activities or initiatives you think would be useful for next year’s Awareness Day.

Of the 66 groups that returned the form, there was a 70% response rate to this question. The results are correlated below.



Question 6: Would you participate if the event is held again next year?

Of the 66 groups that returned the form, there was a 100% response rate to this question. The results are correlated below.



Watch Awareness Day 2011 on Video

A huge thank you to brilliant photojournalist Damian Caniglia, who so magnificently captured the essence of Awareness Day 2011 for us all. You can view a short video on Self Help Queensland's Face Book (if you like us please remember to click the button)

<http://www.facebook.com/pages/Self-Help-Queensland/254818971218377> or direct on Vimeo at <http://vimeo.com/31426903>

(Damian, a Professional who volunteered his time and talent, has promised a longer version on DVD in the not too distant future. Perhaps your group will be featured!)

Thank You Everyone for Supporting Awareness Day

Thank you to all the participant groups, entertainers, volunteers, Griffith Uni students, PR & Marketing volunteers, Photojournalist volunteers, Brisbane City Council and myriads of wonderful people behind the scenes who helped make the 2nd Self Help and Support groups Awareness Day in Brisbane such a warm and friendly occasion.

Self Help Queensland appreciates the huge effort it takes to mobilise the troops, have information/posters/brochures printed, cart heavy loads into the city, find parking, and give so much time and energy before, during and after such an event.

We are starting to plan for 2012 already, and we are asking for your ideas and help to make it so much better next time. While SHQ is happy to do the co-ordinating, and a lot of work, we would like the Sector to take some ownership of Awareness Day.

We would love you to work with us to grow Awareness Day into a well recognised and heavily patronised annual Brisbane event.

Please consider joining us to form a 2012 Steering Committee Help us brainstorm a brilliant 2012 Awareness Day

Self Help Queensland would like to invite interested groups/individuals to:

- Attend a morning tea at SHQ in February 2012 to form a Steering Committee
- Meet bi-monthly (where possible) for morning tea at SHQ up until Awareness Day

It is not intended that people would be required to commit to a lot of time and work. It is your thoughts and ideas we are after. Perhaps 1.5 hrs bi-monthly, and then any other time given would be completely optional. Please contact Trish at SHQ if you are interested or would like further information. Phone 07 33446919 or info@selfhelpqld.org.au

A Very Big Thank you to Lord Mayor Graham Quirk and the Lord Mayor's Suburban Initiative Fund

Self Help Queensland was extremely fortunate to have the support of The Lord Mayor, the Hon Graham Quirk, for the Sector's biggest event of 2011.



Not only did the Lord Mayor graciously agree to open the event with a very warm and informed speech, he also spent time meeting and speaking with a large number of groups. It is very encouraging to know that our Lord Mayor, through his speech, demonstrated his depth of knowledge of the Sector and understanding and appreciation of the good work that is carried out by Self Help and Support Groups.

We are very thankful for his personal support, and for the extremely generous grant of \$10,000 towards the cost of the event through the Lord Mayor's Suburban Initiative Fund. The grant was very timely, and in light of the heavy costs incurred across Governments in 2012 due to natural disasters, very much appreciated.

Self Help Queensland looks forward to future Projects involving Brisbane City Council.



Mercury Rising Project Update

Explorer Grants Program

By Gina Jacobsen
SHQ Mental Health Project Worker

Mercury Rising Project Ends Next Month

With the Mercury Rising Project coming to an end next month, we would like to thank all the mental health and emotional wellbeing self help support groups who allowed us to explore, discover and appreciate their group. Understanding how your support group functions allows us to continue to support your group and advocate for further resources for you.

We discovered that there are so many diverse groups in the community using a variety of activities to improve their mental health and emotional wellbeing. We also discovered that individual groups have unique ways to build their capacity and sustainability. A more detailed summary will be available in the next newsletter and on the SHQ website by early next year.

Below is a summary of the types of small grants the groups chose:

NAME OF SPENDING AREA		EXAMPLES OF SPENDING ITEMS	TOTAL
Spending area 1	Operational costs for ongoing journeys	Transport, mileage, printing, promotions, tea and coffee, insurance, incorporation.	\$37,815 29%
Spending area 2	Learning and development to discover more	Courses relevant to running a group (financial, computer, first aid).	\$ 11,700 9%
Spending area 3	New Group explorations	For new groups to assist in early stages of how the group will find new members and manage itself	\$ 12,452 9%
Spending area 4	Creative connections and Networking	To create connections, build partnerships and networks with other groups in their local area, region or state.	\$ 7,865 8%
Spending area 5	Equipment to survive and thrive	Essentials in order to meet and provide support comfortably.	\$ 25,617 20%
Spending area 6	Events	Participation in an event or function or to run own local event or function.	\$ 17,860 14%
Spending area 7	Wellness resources	Wellness tools and resources that encourage and support emotional health and wellbeing.	\$8,962 7%
Spending area 8	Unchartered territory and other ideas	For needs that don't fit in with the above.	\$5,510 4%
Totals			\$127,770

Thank you again to the 100 groups who participated in the project, and please do not hesitate to contact SHQ for ongoing network and support purposes. Look out for a comprehensive project report in the next newsletter.

Gina Jacobsen (Project Worker) 21/11/11

Twitter and Facebook

- assessing the legal risks for community groups

Social media has become an important communication and marketing tool, and a tool for social activism. But what are the legal risks? Katrina Chow and Suhanya Ponniah from Moores Legal offer their view.

Many organisations, particularly not-for-profits, use Facebook and Twitter to promote their causes and interact with the community.

Social media is not just used by a young audience any more: it is used by 65% of adult American internet users, showing how influential it has become. There are now over 750 million people on Facebook alone.

Organisations are often unaware of the legal implications of using social media, which are briefly summarised here.

Issues to look out for

Social media law touches on many areas. An organisation can be liable for posts made on its Facebook or Twitter page, breaches of privacy, defamation and intellectual property issues.

Facebook and Twitter pages

The Federal Court recently determined that organisations can be liable for posts made by third parties on their Facebook and Twitter pages.

“The Federal Court recently determined that organisations can be liable for posts made by third parties on their Facebook and Twitter pages.”

In *ACCC v Allergy Pathway Pty Ltd (No 2)* [2011] FCA 74, Justice Finkelstein stated that a company was responsible for misleading reviews that customers had written on the company's Facebook page, because the company knew of the Facebook posts, had the power to remove them and did not take steps to do so.

►Tips:

- Set a policy of regularly monitoring your social media pages. Promptly delete incorrect, misleading, defamatory or discriminatory posts and content that infringes intellectual property rights.
- Include a statement on your website and social media pages that you are not responsible for content posted by third parties, but be aware that this is not absolute protection.

Intellectual property

Organisations may unwittingly infringe intellectual property law by posting photos, text or other content that the organisation does not own.

Organisations may also be liable if third parties post infringing content on their website or social media page. It is easy to copy and post material from one site to another, making such violations increasingly common.

►Tips:

- Develop a policy concerning use of other people's material.
- If the organisation is requested to remove material that allegedly violates intellectual property law, seek legal advice fast.

(Continued on Page 17)

(Continued from Page 16)

Privacy

Organisations should note that information gathered through social media may be subject to privacy laws that restrict how the information can be used. They should also be cautious about what information they put on social media sites, as the site may gain ownership of that information.

►Tips:

- Ensure that you and your employees do not disclose confidential information on social media.
- Develop an employee policy – see the tip below.

Employment law

Organisations can be liable for misleading, defamatory and other inappropriate statements that an employee makes on social media.

Alternatively, an organisation may wish to discipline or terminate an employee's employment if they behave inappropriately online. First check whether this is permitted under the law.

►Tip:

- Put in place an employee social media policy, to establish clear expectations for conduct. It may be helpful to seek legal advice on what to include in the social media policy.

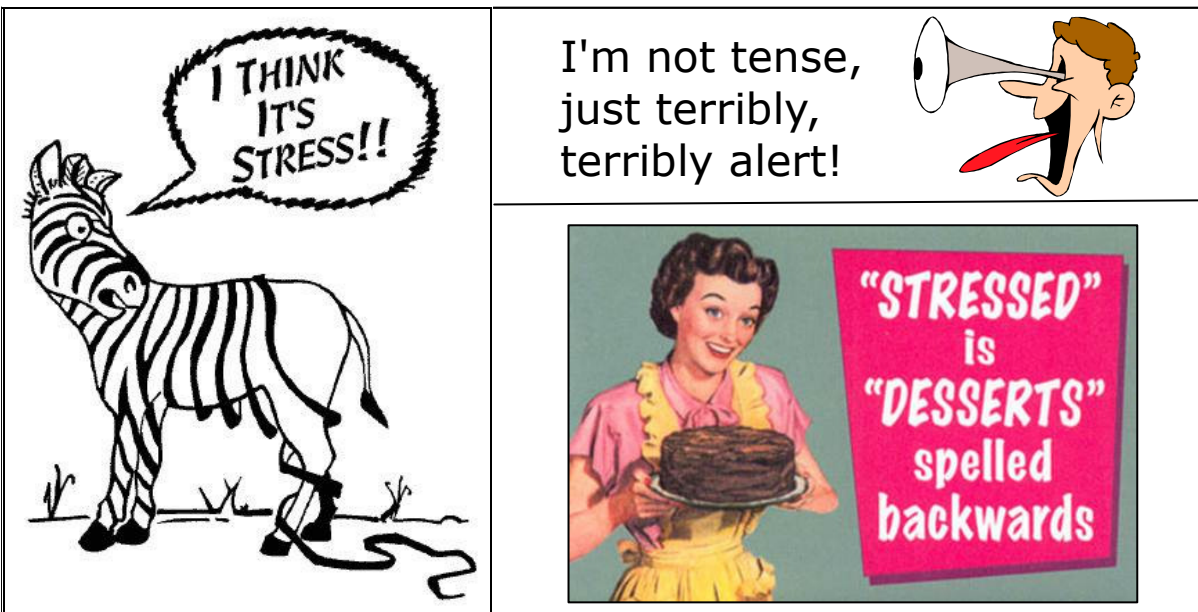
(Moore's Legal is a Melbourne law practice servicing clients in the corporate and community sectors as well as private clients. Visit www.moorelegal.com.au)

(Courtesy of 'Our Community' Newsletter Page 16, Edition 7, 2011)

Editor's note: If you have a good Twitter and Facebook Policy you would be happy to share with other groups, we would be very pleased to publish it in our next newsletter.

Please Tell Us!

Self Help Queensland welcomes feedback on any aspect of our services. We invite you to tell us if you have identified any areas for improvement. Constructive criticism is always welcome. Of course we'd also like to know what you think we are doing right!





Thank you to Sandgate Community Connect for sharing this article and group photo.

By Paula Eveans

Sandgate Community Connect is a social group which encourages friendship and support and building community connections. The group based at the Sandgate Community Centre, meets each Tuesday afternoon around a program which includes outings, movies, art, games, coffee, barbeques, projects and some group work. Growing out of developmental processes the group began as a mental health peer support and friendship group which provided opportunities to connect with the local community. Sandgate Community Connect is supported by Self Help Qld who generously provides some funds to resource the group's development.

I recently engaged Sandgate Community Connect members in a group evaluation process aimed at gaining some insight into how they felt about being a member of the group and what they gained from this membership. It was both heartening and humbling for me to hear how the group is intuitively developing a therapeutic space of trust and love which is respectful and supportive of all members.

I was very moved by the frank accounts of belonging, and of feeling welcomed, and of the encouragement that members of the group give to each other. It was wonderful to see how articulate each person was at expressing how the group made them feel. There was a lot of trust and love in the room.

Sandgate Community Connect is a fantastic example of a 'Self Help Group' utilising its own resources and capacities to achieve amazing things together and support individual change. I look forward to working with them to further develop a caring and supportive framework.

Contact:
Sandgate Community
Connect
153 Rainbow Street,
SANDGATE QLD 4017
Phone: 07 3869 3244
Fax: 07 38691344
director@sandbag.org.au
www.sandbag.org.au/



Members of Sandgate Community Connect.

Some of the group's regular members were absent on this day.



New DVD for Parents

A new DVD, *Stronger Siblings*, developed by Siblings Australia and presented by Andrew Daddo, was launched in Adelaide on November 3rd. This DVD will assist parents, and those who work with families, to understand the experience of brothers and sisters of a child with disability and how to support them. Parents and siblings share their stories and, together with professionals, explore a number of issues. It is an ideal resource for organisations to use with groups of parents, especially given the DVD includes notes to facilitate further discussion.

An order form is available at http://www.siblingsaustralia.org.au/ps_resources.asp.



Carers Queensland Program Offering Help to People from Culturally and Linguistically Diverse Backgrounds.

Carers Queensland's CALD Program helps people from culturally and linguistically diverse backgrounds and their families to access and receive culturally appropriate home and community care services.

This includes domestic assistance, personal care, home modification and maintenance and help with transport and meals.

Our staff can:

- Decide if you are eligible for home and community care services or a Carers Queensland program
- Help you and your family decide which services you need and which services would be most appropriate for you
- Talk to individuals and other service providers to make sure you are getting the services you need
- Provide you with free interpreting services if needed

Carers provide unpaid care and support to family members and friends who have a disability, mental illness, chronic condition, terminal illness or who are frail aged. One in eight people in Australia provide care of this kind. Carers Queensland is the peak body that represents the diverse needs and interests of carers.

We also provide direct service provision through programs such as counselling, advocacy, a no interest loan scheme, life planning, mentoring, carer support groups and guided referral.

For further information, please call our toll free information line on 1800 242 636 or through our website at www.carersqld.asn.au

Help Needed Advocating for Siblings of Children with a Disability

The Royal Australian and New Zealand College of Psychiatrists (RANZCP), through the work of its Faculty of Child and Adolescent Psychiatry (FCAP), has recently published a position statement: *Addressing the needs of siblings of children with disability or chronic illness*.

You can now play a vital role in moving this advocacy forward.

Prior to a formal launch of the statement, the FCAP is asking for formal endorsement of the position statement from as many organisations as possible, to allow a coordinated approach to be presented to promote the importance of addressing the needs of siblings.

It is important that all organisations with an interest in families support this policy direction by endorsing the statement. More information on the documents and a link to an online endorsement process can be found at the following link.

<http://www.ranzcp.org/policy-advocacy/addressing-the-needs-of-siblings-of-children-with-disability-or-chronic-illness.html>

The position statement included in the above link will be periodically updated to reflect new endorsements received.

What the Person with a Chronic Health Problem Can Do

No one understands the full impacts of your health issue better than you.

Be informed and informing:

Seek advice from multiple sources and know that advice is subject to change and may not always be accurate. Be selective and keep in touch with those medics who are skilled, supportive, and have an awareness of the overall impacts on you and your life.

Have short descriptive notes of the condition including what your child can or can't undertake at school and be prepared to talk to the teacher/s to explain your child's condition and answer any concerns they might have and allay their fears.

Be Organised:

Keep notes of advice and have another person with you at medical visits, especially in times of serious treatment when you might be more susceptible to emotional reactions.

At surgery times have one family member or friend designated to update others of your condition and your 'visitor' needs.

When hospitalised for surgery have a Doctor's letter detailing any extra nursing requirements other than those which might specifically be being treated to ensure quicker recovery eg. bedding requirements to ensure those with other skeletal problems are comfortable and not compromised or perhaps slower healing ability of those with connective tissue or skin issues.

Keep long term records of:

- Doctors' names, dates and outcomes of advice
- Tests undertaken and results (including dates)
- Medications prescribed and any side effects experienced
- Surgeries - taking note of Doctors, hospitals, dates, outcomes, including problems encountered - remember this is a lifetime health issue and you may not remember at 50, a surgery you had at 20

Print multiple copies of small clear cards/notes of your:

- Medications
- Recent tests and Doctors' names who ordered them with dates
- Past surgeries or procedures with dates
- The variety of your health conditions in short note form including side effects which impact on your life
- The names of Doctors or other medical professionals who might be able to give a whole picture of your health problem

Use these cards/notes instead of having to spend hours repeating your history (particularly in hospital where staff changes often) and to encourage treating staff to consider your whole problem/s - also to pass on to training medical staff who want to use you as a learning model.

Seek support:

- Family and friends often want to help but might not know how - don't be afraid to tell them - they are usually grateful to have something to do or offer when they know you are in a health down time
- Try to find one doctor who can keep an overall view of your care and management of your condition to whom you can refer other medics when you are less able

(Continued on Page 10)

(Continued from Page 11)

- Keep positive people about you and negative ones away.
- Stay in touch with support groups for contact with people who are experiencing the same things that you are – even if at a distance – it can be good just to know that you aren't alone dealing with this
- It may seem trite but know that there will be times when you are strong and times when you need rest and respite – be kind to yourself in the bad times

Encourage lifestyles that focus on what you CAN do, and friends who have a positive outlook on life and a good sense of humour!

Marfan Association Qld Inc
A Family Support Group for people affected by Marfan Syndrome

maq@qld.chariot.net.au www.marfan.net.au/queensland
f: Marfan-Syndrome-Queensland



**Assisting Disadvantaged
Australians to Realise
Their Full Potential**

Disability Employment Services [DES] remain as critical as ever in helping people with a disability achieve their full potential, in life and in work.

The psychological benefits of having a job would most likely come as no surprise. The positive impact that employment has on feelings of self worth, confidence and happiness has been well established. What appears to be less known is just how substantial the risks are for people who are unemployed.

This year, in its *Consensus Statement on the Health Benefits of Work*, the Royal Australasian College of Physicians examined evidence regarding the effect of joblessness on wellbeing. Disturbingly, they found that young men are 40 times more likely to commit suicide once they have been out of work for more than six months.

When you further consider the risk of social isolation, financial stress and workplace exclusion that is faced by job seekers with a disability, then the significance of DES becomes clear.

The Australian Government recognises the importance of assisting people with a disability to gain sustainable employment and expanding the incentives for employers of people with a disability. Accordingly, more than \$3 Billion will be committed to DES over the next four years.

About Ostara Australia

Ostara is a nationwide not-for-profit organisation that assists people with a cognitive or physical health condition to find employment. Ostara works with job-seekers and their employers to ensure that they work in a safe and supportive environment. Ostara is fully equipped to assist with individually-tailored employment planning, addressing both vocational and non-vocational issues in partnership with community organisations. Its services are totally free.

**For more information:
Contact:**

www.ostara.org.au
valley@ostara.org.au
07 3250 4500
Level 7 / 269 Wickham St,
Fortitude Valley QLD 4006



Lifehouse Project works to "Provide a practical response to a need in our community" to effect social change that reduces poor health, poverty, homelessness and helplessness.

A program for teenagers called **Girls With A Purpose** believes it can help change the worrying trends of bullying, poor body image, family conflict and teenage stress.

Gold Coast charity Lifehouse Project, knows only too well that adolescence can be a difficult and even frightening time for many girls, which is why they run *Girls With A Purpose*.

Program author and President of Lifehouse Project, Ruth Knight says, *"It's time to talk with girls about real life issues, and help girls make good choices in the areas of body image and relationships."*

Youth workers also endorse the program and are witnessing its positive impact in the lives of the girls they work with. Kim Scott, a former Youth Support Coordinator in Bi-loela, Queensland says, *"Facilitating 'Girls with a Purpose' has been a great and rewarding experience. I believe this program should be offered to all girls from 12 to 16 years. It is very empowering to believe that your dreams can come true, and that we all have a purpose and destiny in life."*

The program was developed by Lifehouse Project Inc., a community organisation on the Gold Coast working with young women at-risk between the ages of 13-18 years.

For more information or a full **Media Kit**, please contact Ruth Knight
 Phone: 0412 526 264
 Email: admin@lifehouse.org.au PO Box 1179 Mudgeeraba
<http://www.lifehouse.org.au/> GOLD COAST QLD 4213

Consultation Paper Released: A Definition of a Charity

On 28 October 2011, the Assistant Treasurer and the Minister for Human Services and Social Inclusion announced the release of the consultation paper, A definition of charity. Some extracts from the joint media release No. 143 are included below:

The Government is seeking the views of charities and other stakeholders on a definition of charity and charitable purposes. The consultation builds on a range of previous inquiries including the 2001 Report of the Inquiry into the Definition of Charities and Related Organisations, the Charities Bill 2003 and recent court decisions including the High Court's decision in *Aid/Watch Incorporated v the Commissioner of Taxation*.

As this is the first round of consultation on this issue, the Government is seeking important feedback from the community. The Government wants to hear from the sector about how a single definition can best serve the needs of not-for-profits and their clients, as well as encourage charitable giving.

To view the Consultation Paper go to: <http://ato.gov.au/content/00297407.htm>

Closing date for submissions is 9 December 2011

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Cunnamulla, Wyandra.

South West Region – February 6th – 10th 2012

Are you or someone you know having difficulty performing daily tasks or would like some information on how to make life a bit easier?

LifeTec is an information and advisory service that can provide you unbiased professional advice based on your needs and wants. And because we don't sell the assistive technology equipment, you will have the opportunity to trial a range of items to make daily tasks easier without any pressure or obligation from us.

**For further details and bookings phone 1300 885 886 or visit
www.lifetec.org.au or www.facebook.com/lifetecqueensland**

A Quiz for People who Know Everything!

1. Name the one sport in which neither the spectators nor the participants know the score or the leader until the contest ends.
2. What famous North American landmark is constantly moving backward?
3. Of all vegetables, only two can live to produce on their own for several growing seasons. All other vegetables must be replanted every year. What are the only two perennial vegetables?
4. What fruit has its seeds on the outside?
5. In many liquor stores, you can buy pear brandy, with a real pear inside the bottle. The pear is whole and ripe, and the bottle is genuine; it hasn't been cut in any way. How did the pear get inside the bottle?
6. Only three words in standard English begin with the letters 'dw' and they are all common words. Name two of them.
7. There are 14 punctuation marks in English grammar. Can you name at least half of them?
8. Name the only vegetable or fruit that is never sold frozen, canned, processed, cooked, or in any other form except fresh.
9. Name 6 or more things that you can wear on your feet beginning with the letter 'S.'

Answers on Page 24

Need an Article for Your Newsletter or eNews?

The Public Trustee can supply you with tailored editorial for inclusion in your publications. We can discuss a range of topics including Wills, Enduring Powers of Attorney, Estate Planning and Deceased Estate Administration.

Phone Nadine Eckert 07 3213 9421 or email Nadine.Eckert@pt.qld.gov.au to discuss your editorial requirements.



Thank You KwikKopy!

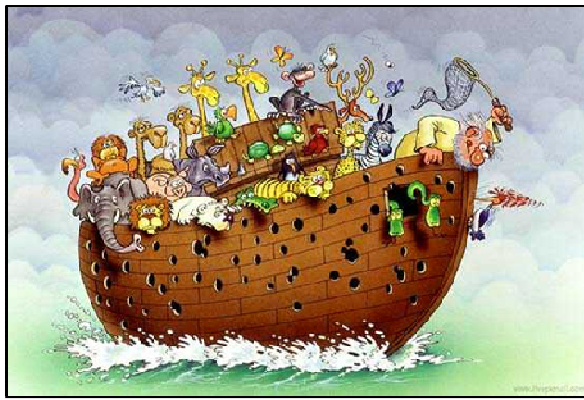
KwikKopy, Coopers Plains, has been generously supporting SHQ for some time now with reasonable rates for our printing needs, and helping out some member groups at our request. **John Benfield** knows the problems experienced by not for profits - he hears us cry poor all the time! If you would like John to visit, or compare a quote, just mention SHQ.

(We were not paid to print this!)

Ph: 07 3344 1800

E: sales@cplains.kwikkopy.com.au

The Woodpecker Might Have to Go!!!



Let us Join Your Conversation

If you're looking for a speaker at your next function let The Public Trustee know.

We're available to give free talks to your group about Wills, Enduring Powers of Attorney and Executor Services.

To book one of our speakers phone 1800 014 536 or submit your request online by visiting www.pt.qld.gov.au

Go Green - Read the Screen!

Are you willing to receive this newsletter by email rather than post? It would be a big cost saving to SHQ as well as the environment.

We are still happy to send it by post to small groups or individuals who do not have their own computer. Please let us know at 07 3344 6919 or email self-help@gil.com.au If you no longer wish to receive the newsletter we would appreciate hearing from you also.

Thank you

Answers To Quiz (from Page 23)

1. **Boxing**
2. **Niagra Falls** (The rim is worn down about two and a half feet each year because of the millions of gallons of water that rush over it every minute.)
3. **Asparagus and rhubarb.**
4. **Strawberry.**
5. **It grew inside the bottle.** The bottles are placed over pear buds when they are small, and are wired in place on the tree. The bottle is left in place for the entire growing season. When the pears are ripe, they are snapped off at the stems.
6. **Dwarf, dwell and dwindle...**
7. **Period, comma, colon, semicolon, dash, hyphen, apostrophe, question mark, exclamation point, quotation mark, brackets, parenthesis, braces, and ellipses.**
8. **Lettuce.**
9. **Shoes, socks, sandals, sneakers, slippers, skis, skates, snowshoes, stockings, stilts.**

Art Competition Open

The Australian Institute of Health and Welfare (AIHW) and the National Rural Health Alliance are conducting an art competition to source cover art for the AIHW's publication Australia's Health 2012.

The theme for the artwork is the health and wellbeing of Australians. Eligible entrants are people located in rural, regional and remote Australia. The winner receives \$1,000 with additional prizes of \$500, \$300 and \$200 for the runners up. Entries close 5.00 pm (EDST) Friday 6 January 2012.

Entry information: www.nrha.org.au
Close 5pm (EDST) Friday 6 January 2012



"My doctor told me to avoid any unnecessary stress, so I didn't open his bill."