



Whispers from the Willows NEWSLETTER

Welcome to our newsletter for October.

We hope that you enjoyed our previous newsletters.

We will continue to bring you as much news, important facts and fun things in our upcoming newsletters and continue here with our October issue.

Hope that you our residents and your family on the outside as well as our staff here at The Willows Private Nursing Home enjoy.

OUR PHILOSOPHY

To provide optimum health care and rehabilitation in an environment which respects the rights, dignity and feelings of the residents.

Our health care is given with compassion, care, love and encouragement with every consideration for privacy, comfort and the independence of our residents.



From the Admin Desk



Hi All

We are enjoying the warmer weather and have taken the residents out into the garden to enjoy the sunshine and the warmer days. It looks like it's going to be a very hot season, but we are keeping everyone hydrated and, in the shade, when we are outside. It seems like COVID has slowed down but there are still a few viruses out there including Influenza A and B and Rhinovirus, so we still need to be vigilant and keep the residents safe. When you visit, please make sure you are RAT testing every 72 hours and we still require the wearing of masks while you are in the facility.

As always, my door is open if you'd like to discuss anything or feel free to call or email me if you would like to discuss any complaints or concerns.

A reminder to please go to our Facebook page where we regularly post photos and other interesting content.

Maryann Inbari - CEO

From the Lifestyle Desk



Hello Everyone

The warmer weather has been a welcome change to those chilly winter days! Thank you to everyone who helped us to celebrate a successful Father's Day. Throughout October we will be continuing to introduce new and exciting activities! Please continue to give a warm welcome to all the new faces at The Willows Private Nursing Home including our new residents and new staff members!

Cheers,

David and Tess





Thought
of the
Month

THE ONLY WAY
GOD CAN SHOW US
HE'S IN CONTROL
IS TO PUT US IN
SITUATIONS

WE CAN'T CONTROL.

7

QUESTIONS

Care Planning

BY ERIN POWELL

This month let's explore the essential questions of care planning. Care planning may seem like an extremely complicated topic for a one-page article, and it is. Every single person needing care has different preferences, different support systems, different financial situations, and different physical and mental issues requiring different types and frequencies of care.

So no, it's not a simple topic.

What can be a little simpler are the initial questions you – as a caregiver – need to ask yourself when beginning the journey of care planning. These questions are tools in your caregiver tool belt that can help you refocus, revisit, and clarify the care planning discussion. Let's go back to the basics and make sure we aren't missing the forest for the trees.

When someone needs care, there are only two ways that can happen. Either the care comes to them, or they go to the care.



1

What does my loved one want?

It's critically important to start here, even if this can't always be where the answers are found. Be cautious of making sweeping promises, but don't hold back from active listening, showing empathy and compassion. Remember that few ever ask to be in the position of needing care.

2

Does the care come to them, or do they go to the care?

I regularly pull families back to this core question. When someone needs care, there are only two ways that can happen. Either the care comes to them, or they go to the care. This can take a huge variety of forms – family, friends, home health, adult day healthcare, and care in facility settings. You may start one way and later switch to another, or you may find a hybrid way of providing care. Ultimately, the core question can be helpful to refocus attention on immediate needs.

3

What does the frequency of care need to be?

Depending on the diagnosis or issues, care needs may change over time. A set-up that may work perfectly well early in a diagnosis may shift dramatically a year from now. If a care situation is feeling strained, this question may need to be readdressed.

4

Can care continue to happen at home? AKA: the long-term care discussion.

Most people I speak with want to stay in their homes. This regularly starts as a primary (and worthwhile) goal for families, but for some, this can't always be the case. Thinking through the "ifs, whens, and wheres" of long-term care is a discussion worth having – preferably before the need becomes critical.

5

What are the resources?

This is more than a discussion of finances. Though finances and assets are certainly a part of the discussion, resources should also include what support systems exist already, including family and friends willing and able to help with care needs. If there's long-term care insurance, that policy should be read closely to see what it will cover and for how long.

6

What are our options?

A combination of many of the questions above, this is the point where you sort through the resources and the care needed and see what possibilities exist.

7

Should we get help with care planning?

If care planning questions seem overwhelming, it helps to talk about the options with others. Talk to friends, consult with a support group, attend a caregiver conference, or get one-on-one care consultation support.



Wellbeing

PREVENTING FALLS WITH SENSOR TECHNOLOGY



A consortium involving aged care provider Whiddon and national science agency CSIRO hopes to improve falls prevention in residential care using sensor technology.

Falls are Australia's number one cause of injury hospitalisation and death, contributing to 42% of injury hospitalisations and 40% of injury deaths, according to the Australian Institute of Health and Welfare.

HSC Technology Group, aged care provider Whiddon, Anchor Excellence and CSIRO have teamed up to change these statistics and improve outcomes for older Australians. The consortium is running a feasibility study involving Talus, a new sensor platform algorithm originally developed and tested in an in-home care setting by CSIRO as part of their Dementia and Aged Care Services trial using the Smarter Safer Homes platform, involving sensor technology to prevent falls in residential aged care.

Consulting Clinical Research Director for HSC Technology Group Dr Maggie Haertsch said the prevalence of falls is unacceptably high in residential aged care and more research is required to support quality and safer care.

SMART DETECTION

The consortium has received an Aged Care Research and Industry Innovation Australia (ARIIA) grant valued at around \$400,000 to run the feasibility study.

"The ARIIA funding will be used to develop the BEST CARE Project, which will provide an excellent opportunity to be smarter in detecting functional changes early and help design care to enable older people to have timely support as their needs change," Haertsch said.

"The aged care workforce is currently under stress and there is much that this technology can do to help. The first step toward implementation of the technology is to address how to make it easy for adoption."

IDENTIFYING ADOPTION BARRIERS

Talius uses a combination of sensors placed around the residential aged care home with settings adjusted to individual risks to identify factors that can lead to a fall. The study will explore the acceptability of these autonomous sensors and the use of an individual's 'sensor story' to inform residents, their families and care staff of the older person's wellbeing. The study will also identify any barriers to adoption and the impact of this technology on the organisation's operations.

Principal Research Scientist at CSIRO's Australian e-Health Research Centre Dr Marlien Varnfield said the use of CSIRO's monitored smart technologies in home care has demonstrated that for older adults with Home Care Packages, the intervention benefited their social-care-related quality of life.

"Using similar sensors and the aggregation of this data into the Talius platform for the prevention of falls in residential aged care is a logical next step," Varnfield said.

MONITORING AND ALERTS

Aged care provider Whiddon is introducing Talius to improve residents' safety and to support staff to continue to provide high-quality care. The Talius platform combines information from different types of sensors to provide real-time information about residents' care needs to mobile devices and healthcare dashboards used within the service.

This technology using the Internet of Things (IoT) can reliably monitor and alert staff to an older person's changed health status. Talius is sensor agnostic and can link any number of sensors autonomously collecting data into its platform. In this study there will be six different types of sensors with a total of 967 sensors installed throughout the home.

CEO of HSC Technology Group Graham Russell said the technology-using sensors have been trialled by CSIRO in people's homes.

"Many aged care providers asked me if this technology could also be used in residential aged care homes as they saw how the data moved from a reactive to proactive solution," Russell said.

"I am very pleased that we have won this grant and with the collective expertise of our partners, refine our approach. Using autonomous data collected through the sensors ensures dignity for older people — it is not invasive like a camera or CCTV, and can be very sensitive to help predict a change," he said.

SMART SENSING MESSAGING SYSTEM

Whiddon's Executive General Manager Technology and Property Regan Stathers said, "We are excited to introduce Talius, linking real-time information through a variety of the sensors into one dashboard and alerts to handheld devices.

"The Talius platform provides us with information that informs care and up-to-date information on the residents' changing needs. This technology is like a smart sensor messaging system and we are eager to better understand the experience of our residents and staff using Talius," he said.

Managing Director of Anchor Excellence Cynthia Payne said the organisation was delighted to be involved in this collaboration to help find solutions to the serious impact of falls.

"As part of this research program, we will be working with the clinical team to identify high-impact, high-prevalence risks for each resident and ways the Talius platform can send out alerts and prompts that support the team with their care," Payne said.

"This is an area of great need in the sector and the ARIIA grant is enabling this innovation to take the next step towards implementation. We are looking forward to seeing the results and how this can support innovation across the sector," she said. ■



How much caffeine are you really drinking?



evergreen
Health

In large doses, caffeine can be bad for your health, so it pays to keep a lid on your intake. But how much is too much?

And are you consuming more than you think?

Caffeine is found in coffee and tea as well as energy drinks, chocolate and some soft drinks, so it's easy to see how consumption can climb. If you're thinking, "So what?", remember caffeine is a drug.

"It is classified as a stimulant drug, which means it speeds up the messages travelling between the brain and the body," Alcohol and Drug Foundation CEO Dr Erin Lalor says. "Consuming caffeine can make a person feel more alert, energetic or sociable; however, for some, it can also have negative side effects including anxiety, irritability, interrupted sleep, dehydration, headache and stomach pains."

Regular, heavy use may even cause an irregular heart rate, low blood pressure and, for women past menopause, osteoporosis.

Caffeine may be bad for your brain

While research shows light-to-moderate coffee consumption is good for heart health, an Australian study suggests drinking too much is bad news for your brain. "We found that higher coffee consumption was associated with smaller brain volumes, and consumption of more than six cups per day was linked to a 53 per cent increase in risk of dementia," lead researcher Kitty Pham, of the University of South Australia, says.

While the study didn't explore the exact mechanism, Kitty says they weren't surprised by the findings.

"The link we found between coffee and brain health is consistent with an earlier randomised control trial which found that higher caffeine was associated with smaller grey matter volumes," she says.

How much caffeine is in a cup of coffee?

Or in an energy drink or a can of cola? And how does tea stack up? The amount of caffeine in an espresso is around 145mg per 50ml, while a teaspoon of instant coffee contains 80mg. There's about 36mg of caffeine in a 375ml can of cola and 80mg in a 250ml serve of energy drink, while a cup of black tea contains 50mg of caffeine.

The Food Standards Code actually restricts how much caffeine can be added to energy and cola-type drinks, saying they can't contain more than 32mg and 14.5mg per 100ml respectively.

Products available for general sale in Australia meet these standards, but those available via online retailing sites may not. For example, Prime Energy, the energy drink with a cult-like following, contains a whopping 200mg of caffeine per can. That is significantly more than – and sometimes even double – the recommended daily maximum level of caffeine for kids and teens.

How to rein in your caffeine consumption

"We suggest drinkers exercise moderation in their coffee and caffeine intake," Kitty says.

"And remember to have a cup of water with your coffee to stay well hydrated."

Food Standards Australia New Zealand guidelines suggest adults should consume no more than 400mg of caffeine a day – which is 5 teaspoons of instant coffee, or roughly 2.75 espressos – while those under 18 should avoid consuming more than 3mg of caffeine per kilogram of bodyweight, in a single daily serving. And if you're pregnant, stick to no more than 200mg of caffeine a day.

Dr Lalor says if you're unhappy with your caffeine consumption or its causing you negative side effects, it might be time to cut back. "Thinking about your reasons for wanting to cut back, such as better sleep or reduced anxiety, can help you form strategies to do so," she says. "Strategies to reduce your intake might include replacing some of your caffeinated drinks with non-caffeinated beverages, or distraction techniques if you experience cravings, such as going for a walk, playing a game or even brushing your teeth."



15-21 OCTOBER 2023

MILLIONS OF REASONS TO CARE

This National Carers Week we celebrate more than
2.65 million unpaid carers in our community.

 **CARERS WEEK**  MILLIONS OF REASONS TO CARE
CARERSWEEK.COM.AU

ELDERLY HOME SAFETY CHECKLIST

BATHROOM



- ☐ Grab bars in shower/tub and by toilets
- ☐ Bath seating or a shower stool
- ☐ Non-slip mat in tub
- ☐ Install a toilet seat riser
- ☐ Remove clutter or debris on floor to reduce chance of trips and falls
- ☐ Remove locks from doors for easier accessibility by family or first responders in an emergency
- ☐ Multiple bath mats with non-skid backing

KITCHEN



- ☐ Ensure smoke detectors are present and working properly
- ☐ Make sure a fire extinguisher is available and easy to access
- ☐ Place food and dishes in cupboards and cabinets within reach
- ☐ Stock kitchen with no-prep or easy-to-make meals
- ☐ Replace small appliances, such as toasters and slow cookers, with auto shut-off features
- ☐ Install auto shut-off device on stove
- ☐ Cleaning products and poisonous materials are easily identified and stored separately

BEDROOMS



- ☐ Ensure that lights are accessible
- ☐ Lamps have pull chains for easy access
- ☐ Phone and charger within reach of bed
- ☐ Heating/air conditioning working properly
- ☐ Extra blankets easy to access
- ☐ Replace bed frame with low-profile frame if getting in and out of bed is difficult
- ☐ Install a night light

HALLS & STAIRWAYS



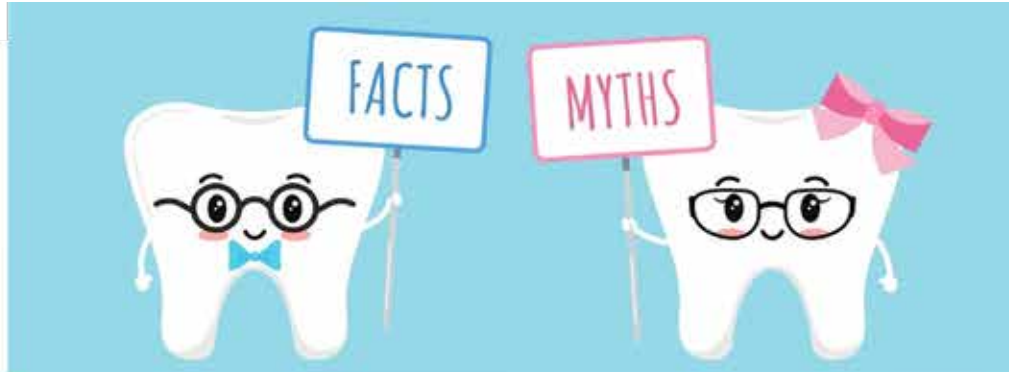
- ☐ Install handrails on both sides of stairs
- ☐ Cover wood or tile stairs with non-slip carpet runners
- ☐ Motion lighting or night lights in hallways
- ☐ Non-skid rugs or carpet runners on hard flooring in halls
- ☐ Clutter and debris removed from stairs

GENERAL



- ☐ Secure area rugs or replace with heavier, non-skid rugs
- ☐ Replace rugs with curled edges that can cause a fall
- ☐ Ensure daily-use items are within reach and easily accessible
- ☐ Replace round door handles with levers for arthritic seniors
- ☐ Install carbon monoxide detectors
- ☐ Check that outdoor stairs and railings are present and sturdy
- ☐ Ensure cords and cables are out of footpath to prevent trips





Five Dental Urban Myths

by Dr Ian Sweeney

For everything we do, there is an “urban myth” or “old wives’ tale”, telling us how we should be completing the task. Dentistry is no different. So, how do these preconceptions effect dentistry?

1. FLOSSING MAKES MY GUMS BLEED

A healthy gum will not bleed. A bleeding gum is generally a sign of infection or inflammation, generally due to plaque or calculus build up beneath the gum line. Flossing will help to remove bacteria between teeth. If you floss regularly and your gums still bleed, you should consult your dentist and have a professional clean.

2. HARD BRUSHES WORK BETTER

Hard or extra hard toothbrushes are far more likely to be responsible for toothbrush abrasion. A hard toothbrush will wear away tooth enamel over time. Hard brushes may also increase the rate of gum recession, resulting in longer more sensitive teeth. A soft or extra soft toothbrush, and proper brushing technique is always the preferred option.

3. YOU CAN'T SEE YOUR DENTIST WHEN YOU ARE PREGNANT

Pregnancy is a time of great hormonal

changes that may affect the gum health, resulting in inflammation/redness and swelling. This is quite common, however should be monitored by a dentist. Regular dental check-ups are recommended throughout pregnancy. Toward the final stages of pregnancy, lying flat may be uncomfortable for some women, however most dental chairs allow for a more elevated position that is comfortable for patient and dentist alike.

4. I LOST THE CALCIUM FROM MY TEETH DURING PREGNANCY

Teeth, once formed, are susceptible to tooth decay from acid attack caused by plaque build-up, however the calcium in a tooth will not be “leached” out during pregnancy.

5. ALCOHOL MOUTHWASHES WORK BETTER

Although both are effective in reducing plaque and gingivitis, Alcohol containing mouth washes have been shown to induce a greater degree of cellular damage in the mouth, potentially leading to mouth cancer, particularly when used with other risk factors such as smoking or alcohol.

Should you have any questions regarding your teeth or the rest of your mouth, you should seek the advice of your local dentist.

WHY YOU SHOULD GO NUTS FOR NUTS



If nuts aren't in your regular snack rotation, you're missing out on major disease fighting nutrients that may protect your heart, lower your cholesterol, and more. Different nuts have different health benefits, so it's important to eat a good variety. Just keep portions in mind as nuts are a calorie-dense food.



01

Walnuts are full of antioxidants and fight inflammation

According to an article published in February 2020 in the journal *Nutrients*, research suggests that eating a daily serving of walnuts can improve cognitive function and also reduce the risk of cardiovascular disease, depression, and type 2 diabetes, which are risk factors for the development of dementia. The article also notes that walnuts have antioxidant and anti-inflammatory effects on the body



02

Almonds may help you lose weight

Almonds boast one of the highest fibre counts of all nuts – with nearly 4g per 1 oz serving. Adequate fibre intake also lowers your risk of diabetes, heart disease, and some types of cancer.

PLEASE BE AWARE of allergic reactions you may have to NUTS. Do not eat nuts if you do not know your own medical background in relation to allergies. DIAL 000 in case of an emergency.



03

Cashews may help lower "bad" cholesterol

Cashews contain healthy fats, fibre, and protein, and they're also a good source of iron. They also contain zinc. Iron helps deliver oxygen to all of your cells and prevents Anaemia – and zinc is critical to immune health and healthy vision.



04

Pecans may help prevent heart disease and diabetes

Pecans aren't just for making tasty pies, they can also help improve your heart health. Pecans are among the most antioxidant-rich nuts. Pecans may help prevent plaque formation in your arteries.

WHY YOU SHOULD GO NUTS FOR NUTS



There are several reasons you'll find nuts on nearly every smart-snacking list. First of all, they're easy to pack if you're on the go, or to keep on hand in an office drawer or pantry. Plus, in addition to protein and other nutrients, all nuts contain cholesterol-lowering fibre, which makes you feel full longer and helps you eat less.

05



Brazil Nuts help fight free radicals

Just one Brazil nut packs more than 100 percent of the recommended daily allowance for the mineral selenium. Your body uses selenium for reproductive processes, thyroid gland function, DNA production, and to help prevent damage caused by free radicals and infection.

But it's important to note that you should limit how many Brazil Nuts you eat and how often.

06



Macadamia Nuts are full of healthy fats

Ounce for ounce, macadamia nuts are among most calorie-dense nuts, but they contain one of the highest counts of heart-healthy monounsaturated fat per serving. This 'good fat' helps lower LDL 'bad' cholesterol and blood pressure.

PLEASE BE AWARE of allergic reactions you may have to NUTS. Do not eat nuts if you do not know your own medical background in relation to allergies. DIAL 000 in case of an emergency.

07



Pistachios help you snack less

Pistachios have just 4 calories each, and if you buy them in the shell, they're especially diet-friendly. The shells automatically slow down your pace so the snack lasts longer and you eat less overall. Plus, they boast a roster of nutrients, including folate, which your body needs to make new cells and for heart health, as well as several other B vitamins.

08



Hazelnuts help protect against chronic disease

An all-around healthy nut, hazelnuts are notable for their high levels of monounsaturated fats, which can improve cardiovascular health and help to manage type 2 diabetes. They're also rich in several antioxidants that can help protect against chronic diseases, including certain types of cancer, heart disease, and inflammatory diseases.

SENSITIVE
READING

A LOUDER voice & action NEEDED FOR ELDER ABUSE

BY DEBRA NICHOLL, CEO, ELDER RIGHTS ADVOCACY

Often older people won't speak up or speak out about it because their loved ones are often perpetrators. As a result, they may not recognise what they are experiencing as abuse, or they will say, 'Yes, I am suffering, but I'm not going to say anything because I don't want to get them in "trouble"'.

Our work at Elder Rights Advocacy is around empowering the older person with information about the support that is out there so that they can make an informed choice about what to do.

Like other forms of family violence, many incidents of elder abuse occur behind

closed doors, so loved ones and carers need to watch out for signs, listen and offer help.

Elder Rights Advocacy is a founding member of the national Older Persons Advocacy Network (OPAN),

delivering the National Aged Care Advocacy Program (NACAP).

Our services are available to older people and their families/representatives who are accessing, or eligible to access, Australian Government-funded aged care services, including elder abuse.



**Elder abuse
includes a
single or
repeated act
or failure to act,**

What is elder abuse?

Elder abuse includes a single or repeated act or failure to act, including threats, that result in harm or distress to an older person.

This occurs when there is a relationship or an expectation of trust and a power imbalance between the party responsible and the older person.



Elder abuse is family violence and is unacceptable.

- Anyone can experience elder abuse. But there are some characteristics that mean some people are at higher risk of abuse. These include being of lower socio-economic status, single, separated or divorced, living in rented housing, or owning a house with a debt against it.
- The age group most at risk of abuse are those in the 65–69 bracket, although the likelihood of neglect rises for those aged 80 and above.
- People with poor physical or psychological health and higher levels of social isolation are also at higher risk of abuse.
- People who experience elder abuse are more than three times more likely to have psychological wellbeing scores indicative of probable serious mental illness than those who don't experience it.
- Having poor health or a disability or a medical condition lasting at least six months and causing

difficulty in everyday life doubles the risk of experiencing elder abuse.

- Those who experience elder abuse have a much lower sense of social support than those who don't experience elder abuse.



The age group most at risk of abuse are those in the 65–69 bracket

As part of the *National Plan to Respond to the Abuse of Older Australians* (National Plan, Council of Attorneys General, 2019), the Attorney-General's Department commissioned the National Elder Abuse Prevalence Study (NEAPS) to investigate elder abuse. This is Australia's first national survey and the most comprehensive study of elder abuse.

This research shows that 15% of the population aged 65 and over who live in the community (rather than in residential care settings) have experienced elder abuse in the 12 months before the interview.

Psychological abuse is the most common subtype (12%), followed by neglect (3%), financial abuse (2%), physical abuse (2%) and sexual abuse (1%).

Some people experience more than one subtype of abuse (4%). However, the most common combination of abuse is psychological abuse and neglect.

Who commits elder abuse and neglect?

- Adult children were the main perpetrator group for psychological abuse (18%). The next largest perpetrator group was acquaintances (12%), followed by sons and daughters-in-law (10%), friends (10%) and intimate partners (8%).



- For physical abuse, children are still the biggest perpetrator group (17%), followed by spouses (12%), neighbours (12%) and friends (10%).
- Perpetrator profiles differ significantly for sexual abuse, with friends (42%) followed by acquaintances (13%) and spouses (9%) most likely to commit this type of abuse.
- Children and intimate partners are significant perpetrators of neglect (24–25% for each). Professional carers (14%) and service providers (13%) are bigger perpetrator groups for neglect than other abuse subtypes.

Ageism is one of the drivers of elder abuse and occurs in families and the wider community.

- Entrenched ageist attitudes further hinder older persons from claiming their rights and undermine their autonomy to make their own choices and decisions, hence the importance of educating older people about their rights.

Types of elder abuse

There are six types of elder abuse: physical, sexual, psychological, social, financial and neglect.



Financial exploitation of older people is the most common reported abuse

Physical involves pushing, shoving and rough handling. And according to The Report into Residential Aged Care Abuse and Neglect, one in every 20 residents in residential care reported having been physically abused. Common signs are bruising to the body and significant and unexplained weight loss.

Signs of sexual abuse may include bruising, bite or burn marks to genitals, thighs,

breasts, rectum or mouth, as well as torn, stained and bloodied clothing.

Financial exploitation of older people is the most common reported abuse to support organisations. It ranges from the theft of small amounts of money, which, whilst low in value, may significantly impact those living on low incomes, to older people being coerced into gifting large amounts of money or even selling their homes. Examples may include threats or coercion to gain Power of Attorney, pressuring for early inheritance and living with someone without helping to pay for expenses. Signs may include 'missing' money or possessions, forcing someone to sign a will and changes to banking habits.



Psychological or emotional abuse appears to be one of the most common types of elder abuse and often occurs concurrently as an enabler and sustainer of financial abuse. Some signs may include fear, confusion and loneliness, feelings of helplessness, low mood, and depression.

Social abuse is forced isolation that prevents or restricts the older person's contact with friends, family or the community. It may include preventing a person from answering the door/ accessing friends and family/ receiving mail and phone calls, derogatory put-downs, and taking over their home without consent.

According to Aged Care Royal Commission in December 2020, the most prevalent type of elder abuse was deemed to be neglect (experienced by 30.8% of people). This may include the mis-administration of medications, not bathing or wearing soiled clothing, and not being fed adequately.

Why don't older people say they are being abused?

They are often fearful of more abuse, as well as feeling ashamed and humiliated. There may also be the threat of losing relationships with family, especially grandchildren and the additional threat of being moved from home into residential care.



**the most
prevalent type
of elder abuse
was deemed
to be neglect
(experienced
by 30.8%
of people)**

How to protect yourself?

It is important to stay socially connected, know your rights, control your finances, and access available support services.

Elder Rights Advocacy is to support the resident and or family with information about older person's rights. Connect them to information or services that can support them and encourage them to report it. We have a warm referral relationship with Senior Rights Victoria as they have a legal service.

Elder Rights Advocacy supports older people and their families or representatives with information about older person's rights. We connect

people to services that can support them and encourage them to report elder abuse. For instance, we have a close partnership with Senior Rights Victoria, a legal service provider, to ensure prompt and appropriate referral if legal aid is needed.

It is essential to respect older people, call out ageism, and recognise the signs of potential elder abuse. This means noticing the changes in behaviour or appearance and encouraging people to understand their rights in seeking social networks and connections.

- **Elder Rights Advocacy 1800 700 600**
- **Free, confidential elder abuse helpline - 1800 353 374**
- **Emergency-Police-000**

Older people can reduce the risk of elder abuse by ensuring their financial, medical, legal and other affairs are clearly stated and recorded in legal documents and/or discussed within the family. Older people must also be empowered to recognise the signs of elder abuse and encouraged to state when uncomfortable with an arrangement.

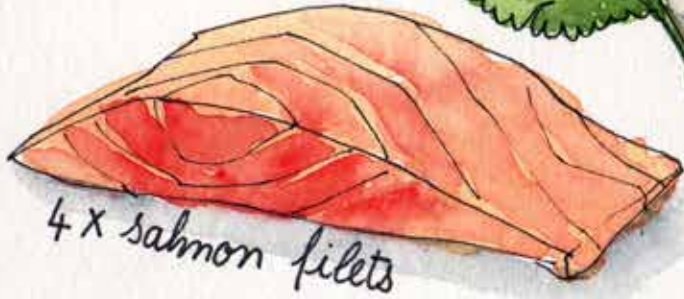
National 1800 ELDERHelp Telephone: 1800 353 374 (national free call phone number that redirects callers to an existing phone line service in their state) ACG



*from our kitchen
to yours*



Spicy Salmon Burgers



4 x salmon filets



1 tbsp
grated
ginger



Whizz in
food processor



1 bunch
coriander

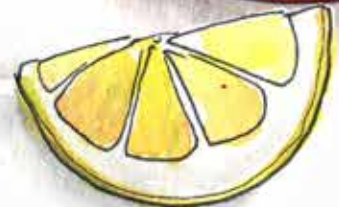


2 tbsp red
Thai curry
paste



Shape into
4 burgers

fry for 4 minutes
on each
side



schnitty



The Humble Chicken Schnitzel

You can walk into almost any restaurant or bistro in Australia and find some form of schnitzel on the menu.

Whether it is served with chips and salad or good old-fashioned veggies and mash, the humble schnitty is an Aussie staple. You can get chicken, beef, veal and all kinds of toppings and variations, making it a favourite in all corners of the country.

But have you ever stopped to wonder about the origins of the schnitzel? After all, it is not a distinctly Australian word. Yet, at some point, this golden crumbed delight leapt from European menus to Australian plates, so how did the humble schnitty become so popular in Oz?

The genesis of the schnitzel

What is chicken schnitzel? The concept is so simple. First, a slice of meat is pounded so it is thin and tender, then seasoned, crumbed and fried to perfection. So where did this simple but ingenious idea begin?

Going by the name alone, many people assume that the origins began in Germany or Austria, but it was Israel in the Middle East where the dish was believed to have been served first.

The earliest forms of this sumptuous dish were made from chicken and turkey (to remain Kosher), and it was a prevalent dish amongst the Jewish community. When the Ashkenazi Jews began to migrate into Europe their dish came with them, and its popularity began to spread.

It became trendy in Germanic lands and Italy and Austria, where locals would swap out chicken and turkey for veal, pork, beef and the famous European variant, Wiener schnitzel.

It rapidly became a staple across Europe, and when the time came for settlement in the new United States of America, German migrants brought their famous recipes with them. Unfortunately, veal was a rare commodity in the colonial days of the United States, so the Germans leaned towards beef instead, popularising the crumbed steak pub favourite that we know and love today.

So how did the schnitzel become so popular in Australia?

When you think of the early days of Australian cuisine, frying breaded products doesn't spring readily to mind. Instead, we think of open fires, dampers, stews and casseroles, sausages and other meat products that were a million miles away from the schnitzel.

It took a long time to come to Australia. While we appropriate dishes from many other nations - like pizza, pasta, curry and vindaloo - it wasn't until 1980 when the first schnitties started to appear. These versions were gourmet, served at fancy restaurants and stolen (erm, borrowed) from Italian menus. In those days, eggplant was the primary ingredient.

The meat version that we know and cherish today began to infiltrate our shores from America (along with many popular foods and cultural icons we enjoy today). Aussies couldn't get enough of it.

We slather it with cheese and ham and fight relentlessly over whether to call it Parmesan or Parma. We stack it in sandwiches and bread rolls. We freeze it by the bucketload, so we have a seemingly endless supply.

OCTOBER BIRTHDAY CELEBRATIONS

**Mohana
Karalasingham 4th**

**Kathleen
Joyce Smith 14th**

**Marianna
Aquilina 21st**

**Triestino
Daniele 26th**



HEALTH

Q&A

1

Q. My mum has dementia and refuses to have a shower. It's been weeks since we've been able to get her in the shower. Her head is itchy, her skin is itchy. I'm really concerned about her hygiene and welfare. What can I do?

Showering a loved one with Dementia can be tough. It is not uncommon for people with Dementia to have a fear of water, or a fear of entering a white space, which can present as a void to them. And, so understanding the reasons can be really helpful for you as a Carer.

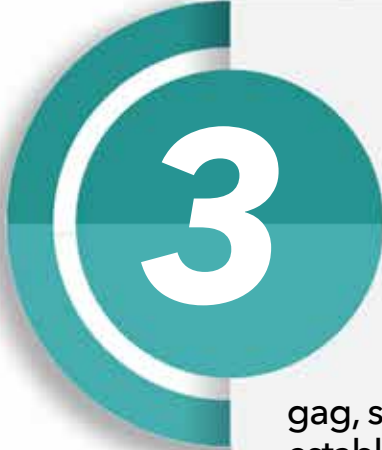
They may also feel powerless. Until you can get them in the shower/bath try sponge baths just to one part of the body per day, and possibly use dry shampoo to clean their hair until you are able to wash it properly.

2

Q. Whenever I visit mum and Dad their place feels like a sauna. Is that healthy for them?

It is difficult to try to reach a happy temperature medium for the elderly. They feel the cold so much more than everyone else.

Although it can become problematic for the elderly if a room falls below 18 degrees, it is also important that the room temperature doesn't go above 25 degrees, as this can bring on a whole range of other problems for them, like dehydration or urinary tract infections. Just keep an eye on that thermostat, and perhaps bring it to their attention by possibly marking clear lines or creating a sign with a safe temperature range.

3

Q. My mum won't take her medication. I've tried all sorts of things, but she stubbornly refuses!

It's a common thing for the elderly to refuse medication. There may be a number of reasons for the refusal, so consulting your GP is essential! Try to have a calm, rational conversation, and ask her why she is refusing to take it. It might be that they cause her to gag, she doesn't like the taste or smell, or some other reason. Try to establish that first, so you can discuss it with the GP. Also try to explain to her the purpose for each one, so that she understands that it was prescribed for a reason. There might also be different foods or beverages that she can eat it with which would make it more palatable. Whatever the reason, firstly establish what they are, then, in conjunction with her GP, try to reach a consultative solution.

4

Q. My dad recently came to live with us after a hip replacement, and I'm happy for him to stay there, but he is becoming really mean to my children and I. What should I do?

Unfortunately, caring for elderly parents can become dangerous to the care-giver and their family, when faced with behaviour that may include yelling, abuse, lying, excessive demands, name calling and even contempt. It's really important for you to practice self-care, explain the challenges your dad is faced with to your children so they have a better understanding of the cause of his behaviour, and seek the advice of a Geriatrician to see if they can identify any underlying causes, and strategies to help you deal with them.



5 Reasons Why Your Spine Loves Yoga

As kids, we were indestructible. We fell over all the time, but we bounced right back up every time. Watching your kids today, you may long for your more limber years. People around the world, of all ages, are using yoga to regain their youthful mobility. And what's at the centre of mobility? Your spine!

Ali Baaj, MD, is a famous neurosurgeon. He listed a few key reasons why yoga is so beneficial for spine health.

1. Greater range of motion

Yoga poses will encourage you to stretch beyond your regular day-to-day flexibility. Yoga can be better than isolated stretching because it often incorporates muscles across your body. For many people with lower back pain, hamstring tightness can be a problem. Full-body stretching is great for functional flexibility.

2. Breathing and relaxation

Stress can be a big cause of tightness throughout your body, especially in the neck and back. Certain yoga routines will focus on your breathing and even use meditation techniques to relax your body. Dr. Baaj added, "Breathing techniques and meditation can potentially lower the body stress and even speed the healing process. This can be especially useful after surgery and during the recovery process."

3. Better posture

Poor posture is more than just a bad habit. It is a symptom of weakness in your core. By strengthening your core, you'll find it much easier to sit up straight. With proper strength and flexibility, you may even be able to reverse unhealthy curvature and avoid back pain in the future.

4. Stronger core

The stretching you did in middle school gym class was great for loosening up. But yoga goes one step further because during your practice as you stretch certain muscles, you are flexing others. You may find that holding certain yoga poses is difficult at first. Just as a weightlifter starts with less weight, you should focus on doing easy poses correctly in the beginning and then incorporate harder poses as you improve. It can be hard to measure improved core strength when working out, but you'll notice over time that you can hold harder poses for longer.

5. Improved balance

Balance is a measure of strength, flexibility and awareness. Yoga is a great way to improve your connection to your body and teach your muscles how to be stable in different positions. This will help you to be more agile and to avoid injury.

Including yoga in your exercise routine is a great way to proactively avoid spinal injuries and weakness. You will find that everything in your life is easier and more comfortable when you are strong, flexible and in tune with your body. Dr. Baaj noted that practicing yoga can help you avoid common spinal ailments like joint and muscle stiffness, nerve impingements and poor posture.

There are so many ways to get started with yoga. From in-person classes to YouTube instructors, books and much more. Give it a try! Start easy and go from there.

Please consult with your medical practitioner before starting any yoga to see if it will benefit you.



**WHAT'S
ON?**

**DURING
THE MONTH OF
OCTOBER**



ITALIAN GROUP
2.00pm Wednesday 4th
BIRTHDAY CELEBRATIONS

2.00pm Friday 20th

ART GROUP THERAPY

2.00pm Every Monday

MENS BUSINESS

2.00pm Friday 6th

BINGO

1.00pm Every Monday

OCTOBERFEST PARTY

Wednesday 18th

HALLOWEEN PARTY/HIGH TEA

2.00pm Tuesday 31st

LADIES GROUP

2.00pm Friday 13th

SPIRITUAL SERVICES

Every Sunday 11.00am

VIDEO TV and LAPTOP

Catholic Mass, Italian, Arabic, Greek,
Orthodox, Tamil and Croatian Mass

HAPPY HOUR

2.00pm Friday 20th

BUS OUTING

9.00am Wednesday 2nd & 25th

KNITTING GROUP

2.00pm Friday 27th

* Subject to change.



**COLOUR
ME IN**



OCTOBER

SUDOKU

		4		5				
9			7	3	4	6		
		3		2	1		4	9
	3	5		9		4	8	
	9						3	
	7	6		1		9	2	
3	1		9	7		2		
		9	1	8	2			3
				6		1		

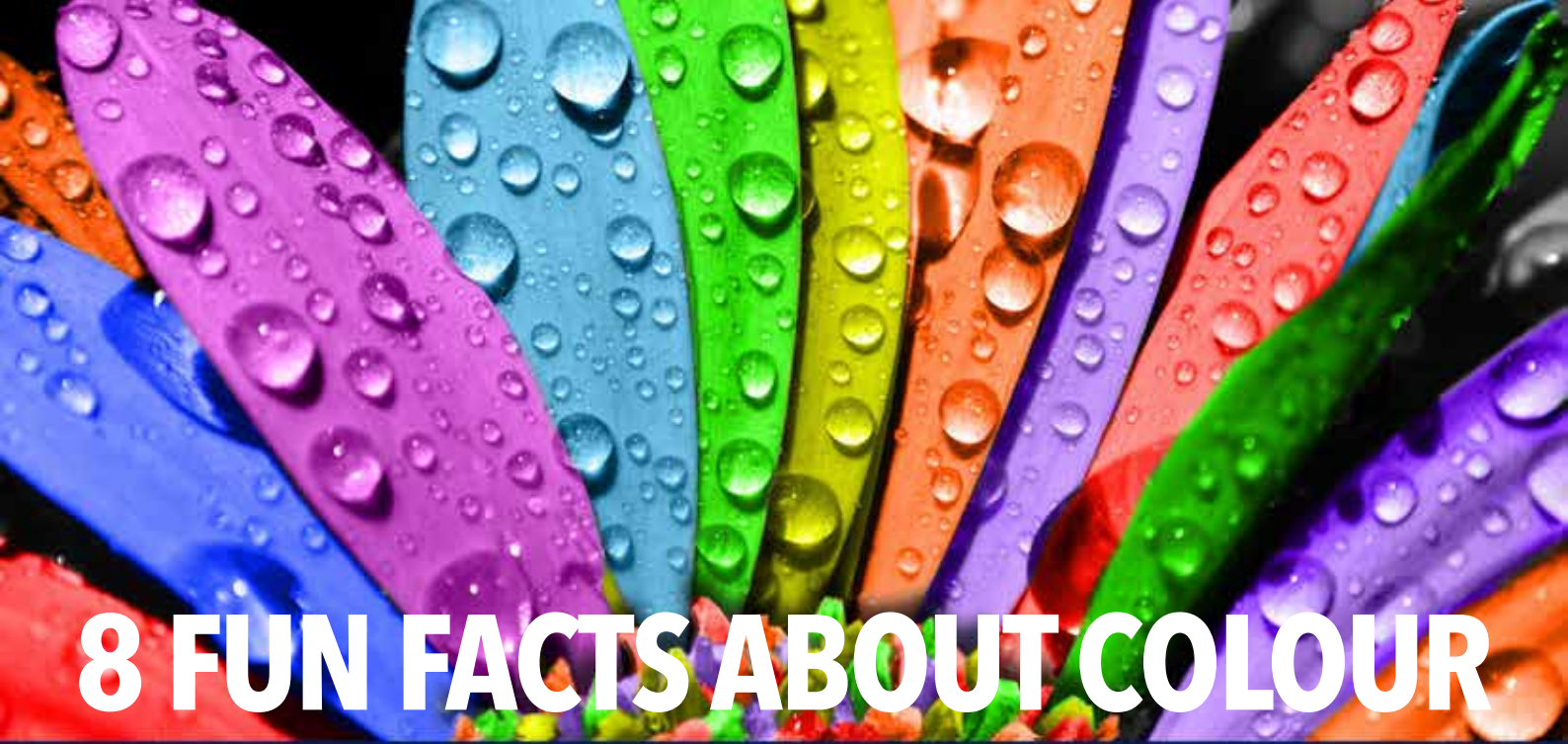
Answers on last page



Quiz time

- 1** What is the second-largest ocean in the world — Indian Ocean or Atlantic Ocean?
- 2** In which country was influential physicist Albert Einstein born in 1879?
- 3** Ablutophobia is the fear of what?
- 4** How many white stars appear on the Australian flag?
- 5** Who was the last of Elizabeth Taylor's eight husbands?
- 6** What is the condition caused when uric acid builds up in the human bloodstream and forms urate crystals in a joint?
- 7** In what year was Canberra officially named the federal capital of Australia?
- 8** In which country are the 2026 Winter Olympics scheduled to take place?
- 9** What is the name of the small sheath, made of plastic or metal, used at the end of a shoelace or drawstring?
- 10** Which planet in the solar system has the greatest gravity?
- 11** Who is Bluey's younger sister in the Australian children's television series *Bluey*?
- 12** Frontal, temporal, occipital and parietal are lobes located in which area of the human body?
- 13** In which country is the city of Yakutsk, one of the coldest cities in the world, with temperatures below -50°C ?
- 14** What is the first book in the Bible?
- 15** In what year was the first portable music player, the Sony Walkman (TPS-L2), released in Japan?
- 16** From which country did Finland officially declare its independence in 1917?
- 17** Which character did Matthew Perry portray in the US television series *Friends*?
- 18** What chemical element in the periodic table has the symbol Ca?
- 19** How many stars appear on the flag of the US state Texas?
- 20** What are incisors, canines and molars?
- 21** Which leader suffered defeat at Waterloo in June 1815?
- 22** Bromodosis is the medical term for what?
- 23** Which country has the largest population — Nigeria, Bangladesh or Russia?
- 24** What are the five basic tastes that stimulate a person's taste buds?
- 25** Silkworms predominantly feed on the leaves of which tree? ●

Answers on last page



8 FUN FACTS ABOUT COLOUR

Colour can be both amazing and complicated, but how exactly does it work? At its most simple, different wavelengths are reflecting off an object and back to our eyes, where they hit the eye's retina. Yet, this simple reflection of wavelengths has an effect on people that is far from simple.

Colour can change a mood, set a scene, or attract you to a person (or not!). We use colour to create a home we feel safe and comfortable in. We dress ourselves in colours before we present ourselves to the world and we use colour in pigments or dyes to express our most complicated emotions. Colour's influence over all of us is powerful and endlessly fascinating and there are many fun facts about colour that surprise us.

Next time you're walking outside, meeting with friends or shopping for a new item in your home, think about how your perception of the colours is influencing your mood or decisions. Do you notice any of these fun facts about colour out in the wild? And now, what's your favourite colour?

1

Men & women see the colour red differently.

Researchers at the University of Arizona discovered the ability to see red comes from a gene that is attached to the X chromosome. Since women have two X chromosomes, the two copies of these genes help women perceive the red-orange spectrum better.

2

Pink soothes the nerves and is often used for anger management.

Pink has been known to suppress anger and anxiety and have an overall calming effect. It is often used in mental health care institutions and even prisons to help create a sense of calm.

3

Some people have a phobia of colour.

Chromophobia, or Chromatophobia, is an ongoing and irrational fear of colours that can have a negative impact on a person's daily activities. This fear often stems from a traumatic event associated with a particular colour.

4

Yellow and red together make you hungry.

Fast food chains figured this out years ago and use this colour combination over and over in branding, advertising and restaurant decor.

5

Isaac Newton invented the colour wheel.

Around 1665 Isaac Newton used a prism to turn white light into a rainbow and identified seven colours. He felt the last colour, indigo, was a recurrence of the first colour, red and decided to arrange the colours in a circle.

6

Red is the first colour a baby sees.

Red has the longest wavelength of the colours and scientists speculate this makes it easier to process in developing receptors and nerves in a baby's eye. This definitely helps explain every baby's love of Elmo!

7

People are more likely to forget something when it's in black and white.

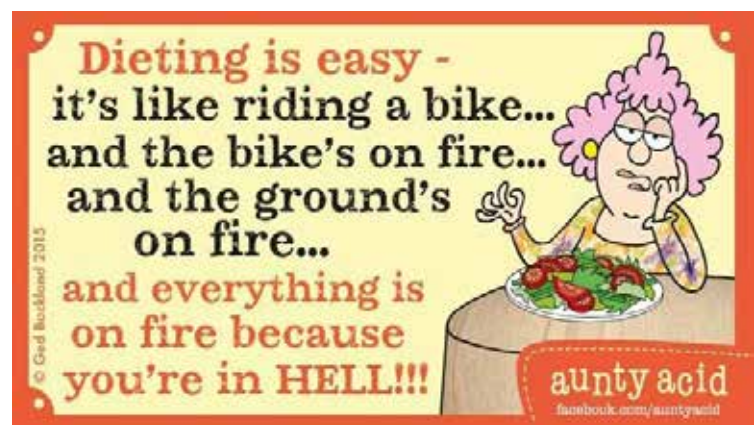
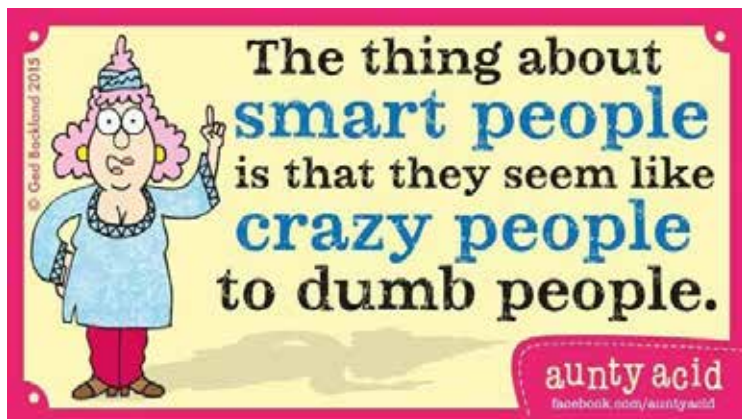
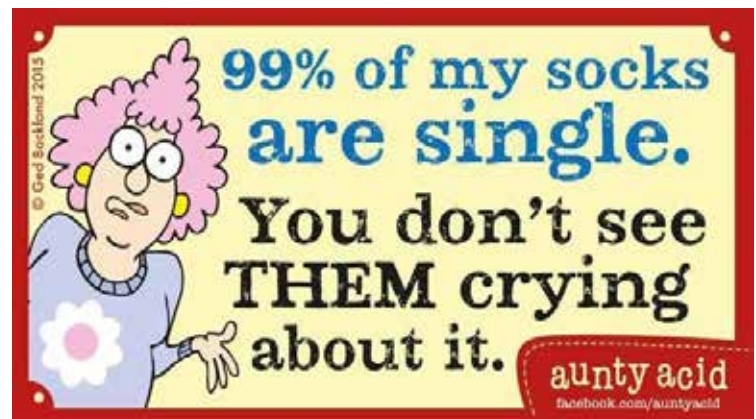
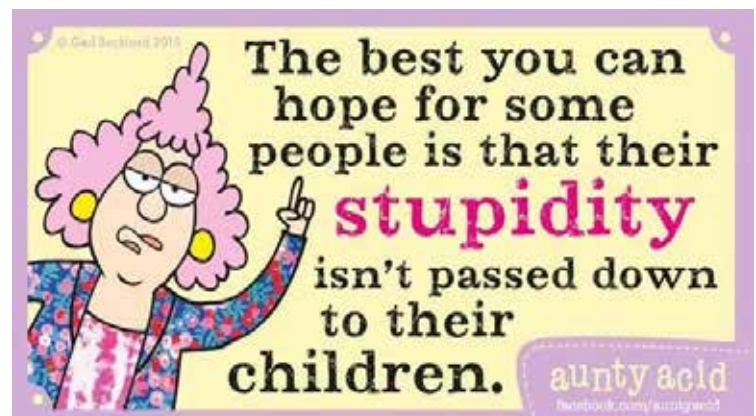
A black and white movie, or photograph is often not as easy to recall as a colour image. Scientists believe this may be because colour has a stronger appeal to the sense and as a result makes a more lasting impression on the memory.

8

Wearing black makes you appear more powerful.

The power suit, the little black dress, graduation gowns, judge's robes; wearing black comes with a gravitas that is often perceived as power. Going on a job interview or into a meeting to ask for a raise? Wear that black outfit!

Senior Moments



SUDOKU

Answers

2	6	4	8	5	9	3	1	7
9	8	1	7	3	4	6	5	2
7	5	3	6	2	1	8	4	9
1	3	5	2	9	7	4	8	6
8	9	2	5	4	6	7	3	1
4	7	6	3	1	8	9	2	5
3	1	8	9	7	5	2	6	4
6	4	9	1	8	2	5	7	3
5	2	7	4	6	3	1	9	8



Answers

1 Atlantic Ocean; **2** Germany; **3** Fear of bathing or washing;
4 Six (Commonwealth Star and the five stars of the Southern Cross);
5 Larry Fortensky; **6** Gout; **7** 1913; **8** Italy; **9** Aglet; **10** Jupiter;
11 Bingo; **12** Brain; **13** Russia; **14** Genesis; **15** 1979; **16** Russia;
17 Chandler Bing; **18** Calcium; **19** One; **20** Teeth; **21** Napoleon
 Bonaparte; **22** Foot odour; **23** Nigeria; **24** Sweet, sour, salty,
 bitter and savoury; **25** Mulberry.

Hope you enjoyed our newsletter

***DISCLAIMER: THE ARTICLES IN OUR NEWSLETTERS
DO NOT PROVIDE MEDICAL OR FINANCIAL ADVICE.**

All our articles, including but not limited to, text, graphics, images and other material contained herewith are for informational purposes only.

No material in this newsletter is intended to be a substitute for professional medical advice, diagnosis, any treatment or financial advice. Always seek the advice of your physician, a qualified medical professional or financial advisor with any questions you may have regarding any articles herewith.

Remember to **LIKE** and **FOLLOW US** on **FACEBOOK**

