

Birthdays

Wayne 1st Taimana 1st Josh 2nd Michael 3rd Vann 6th Yarwun 8th Jnaallii 9th Heather 12th Ivy 12th John 12th Kyeisha 14th Kimberly 17th Katrina 17th Melissa 17th Allan 18th Imogen 22nd Geoff 22nd Kiri 23rd Rickey 25th Mia 27th









Dr Hall

Tuesday 5th

Dr Chandan

Tuesday - 5th, 12th 19th, 26th

Friday -1st, 8th, 15th, 22nd, 29th

Dr Hedgland

Thursday 21st

Psychologist - Andy

Tuesday - 5th, 12th

Osteo - Lily

Thursday 7th

Chiropractor - Yoshi

Thursday 28th

Podiatry - Tanya

Tuesday 26th







Jess will be here on the 4th, 5th & 6th August
There will be 45 minute appointments to

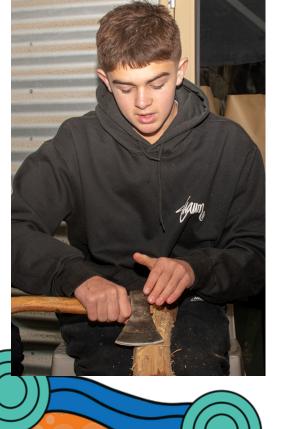
discuss anything women's health!

Please call recpetion to book in









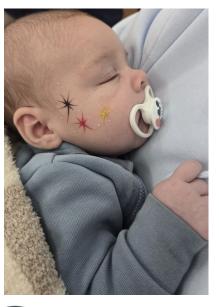




KHS Naidoc 2025













Social Support / Community lunch dates

Tuesday 5th - Social Support Lunch

Tuesday 12th - Community Lunch

Tuesday 19th - Social Support Lunch

Tuesday 26th - Community Lunch





Infectious respiratory diseases

As we head into winter, the risk and spread of common infectious respiratory diseases such as COVID-19 and influenza (flu) become greater.

This can be a dangerous time for older people, who are most at risk for severe illness from these diseases including hospitalisation or death.

Aged care residents are particularly vulnerable because of their pre-existing health conditions, complex care needs and close living arrangements. There are new variants and strains of COVID-19 and flu each year.

It's important older people are protected through regular vaccination before the peak of the winter season. Vaccination is still the best line of defence against severe illness.

Communicating with older people, their families and carers
Regular communication with older people, their families and carers is critical to keep vaccination front of mind.

Download the infectious respiratory disease toolkit on vaccination eligibility and access for older Aboriginal and Torres Strait Islander communities.

www.health.gov.au/resources/collections/infectious-respiratory-disease-prevention-eligibility-and-access

This toolkit provides information and material to support your communication with older people in your community, including: key messages

discussion guidance newsletter article video download

social media posts and tiles

Discussing vaccination may help your community, including aged care residents, their families and carers to help prevent the spread of infectious respiratory diseases.



The Hon Sam Rae MP

Minister for Aged Care and Seniors

Dear aged care providers

I am honoured to be your new federal Minister for Aged Care and Seniors.

I have spent my first three weeks as your Minister listening to older people, their families and carers, aged care providers, workers and others in the sector who have generously shared their views and feedback with me. I am privileged to be taking on an immensely important job.

You have told us you need more time to prepare your clients, support your workers and get your systems ready for the transition to the new Aged Care Act.

In order to deliver on the intent of these reforms and following careful consideration, the Australian Government has decided to briefly defer the start of the new Act from 1 July 2025 to 1 November 2025.

We will use this extra time to work with you to:

- help prepare older people for the changes
- finalise key operational and digital processes
- produce implementation guidance and training.

The brief deferral will ensure older people accessing home care services continue to receive safe, quality care and have the time to understand the Support at Home changes, including:

- service agreements and care plans
- service lists, prices and contributions to non-clinical services.

It will also allow for Parliament to consider an amendment Bill that will set up the final details of the Aged Care Rules and enable effective operation of the new Act.

We share a commitment to getting these once-in-a-generation reforms right to build a high-quality, sustainable and world-class aged care system for all Australians.

I will work hand-in-hand with you, your workers and older people to get the new Act implementation right for all.

Yours sincerely

Sam Rae

4 June 2025



Our Kokos have had a busy couple of weeks.

Our Under 12 Kokos enjoyed a trip to Geelong for one final big fun activity with Aaron before his final day. Supported by Tylah. They enjoyed Bounce and the Movies before a long bus ride home.

The 12+ Kokos also had a trip to Geelong the following weekend with Aaron, supported by Corey. The boys had plenty of fun at Virtual reality, timezone and the movies.

The Koko blokes had a big NAIDOC week having performed at Kirrae's opening on Tuesday morning, followed by a huge performance at Gunditjmara on Wednesday morning.

The Kokos received plenty of positive feedback on the way they represented the Koko Blokes, their families, their community but most of all themselves during the performances.

A highlight was from Wednesday morning with the group inviting up community to perform the final "show off" dance with them. All was running smooth until Kaleb, best known as Bull in community, put his foot through a tile whilst shaking a leg. Everyone laughed it off and continued to celebrate the deadly week that was NAIDOC.

With school holidays coming to a close our next activity and Calendar will be posted out once finalized.









Cruz stepped out of his comfort zone to lead dance practice.

Sonny & Theo stepped out of their comfort zone and gave dancing a real go at practice





We had 5 of our Kokos attend a dinner along with our Marr Weerreeng Men's Group with guest speaker Joe Williams who spoke about the effects of mental health and how to navigate the conversations around this. Joe spoke openly about his challenges and how he deals day to day with his ups and downs. Joe connected very strongly with the whole group. On behalf of both the Mens Group and the Koko Blokes we would like to thank Aaron for all the tireless hours and hard work he has put in to give everyone the opportunities to do activities and experience events and places that we may have never had the chance to do ourselves.

Thanks Aaron





Social & Emotional Wellbeing

Call reception and ask to speak with some one from the SEWB Team if you need support for...

- Social and Emotional Wellbeing
- Alcohol & other drug use
- Youth



After hours crisis support lines

Available 24/7

13 Yarn: 13 92 76

Lifeline Call: 13 11 14 OR text - 0477 131 114

Artwork designed by Tanisha Lovett, proud Cundit/mara and Wojobaluk woman.

Heroin.



This resource provides a summary of heroin, including info on what it is, how it affects your mind and body, what happens when you have too much, mixing with other drugs, ways you can be safer and where to get support if you feel like you need it.

Also known as: smack, gear, dope, junk, hammer, H.

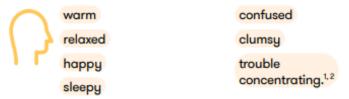
What is heroin?

Heroin is an opioid, which comes from the opium poppy plant.

Heroin can look like a white powder, or grains of light brown rock. It is packaged in foils or small balloons and sold as a 'cap'. Heroin is usually injected, but it's also smoked and sometimes snorted.¹

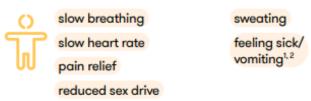
How heroin can make you feel (short-term):

Your mood before you use heroin, the people you are with, and the surroundings you're in can impact your experience. You might feel:



You will feel something immediately if injecting or smoking and in 10 to 15 minutes if snorting.²

What heroin can do to your body (shortterm):



This also depends on your size/weight and health, if you're used to heroin, if other drugs are taken around the same time, how much you use, and the strength of the heroin.

How long does heroin last?

3-5 hours.

What happens when I use too much heroin at once?

Using lots of heroin can slow down a person's breathing too much. This is an overdose and can lead to death. You might experience:

- blueish/grey lips and fingertips
- unable to speak properly
- cold and clammy skin
- very sleepy or passing out completely.^{1,2}

If you or someone you know reacts like this after using heroin, call triple zero (000) immediately. Ambulance officers do not have to involve the police unless there is a threat to their safety.

What happens if I use a lot of heroin for a long time?

Using heroin all the time may lead to:

- dependence/addiction
- damage to your veins and skin if you inject a lot
- damage to heart, lungs, liver and brain
- feeling sad all the time
- problems with sex drive and getting pregnant
- your Mob might get worried about you.¹⁻³



What happens when I stop using heroin after a while?

Giving up heroin after a long time can be hard because the body is not used to going without it, and you can go into withdrawal.

You might experience:

- sweating
- chills
- muscle spasms
- feeling annoyed or anxious
- trouble sleeping

- sore bones and muscles
- diarrhoea
- thirsty
- feeling sick and vomiting.1,2,4

It's important to speak to a doctor or other support person if you want to stop using heroin, you can also call one of the support numbers at the end of this page.

What happens when I mix heroin with other drugs?



Heroin + gunja: these drugs might increase the effects of each other slightly.3



Heroin + ice: heroin lowers your heart rate and ice speeds it up, masking the effects of each other. Depending on how much you take, you could overdose on either drug if one wears off before the other.3

Heroin + cocaine: cocaine speeds up heart rate and heroin slows it down, masking the effects of each other. Depending on amount taken, there is risk of heart strain and possible death.3



Heroin + alcohol/GHB/benzos: high risk of overdose, may feel clumsy or wobbly, slow breathing, sick and vomiting, memory loss, passing out, and possible death.3

How can I stay safer?

- Use around Mob you trust and somewhere you feel safe.
- Learn about carrying naloxone (reverses an opioid overdose).
- If injecting, always use new needles, don't share needles, and always wash your hands.
- Try a little bit first up to test how strong it is and how you react before using more.

- Think about snorting or smoking instead to reduce risk of overdose.
- If using a smoking device, boil in hot water to keep it clean.3

Where to get support:

National Alcohol and Other Drug Hotline (24/7): 1800 250 015

You can speak with a counsellor over the phone, get information on drugs and links to support services. They speak to family and friends too.

13 Yarn (24/7): 13 92 76

If you need some crisis support, you can get free assistance from this Aboriginal and Torres Strait Islander crisis support line.

Brother to Brother (24/7): 1800 435 799

Free 24-hour crisis line to support Aboriginal men experiencing issues relating to relationships, family violence, drugs and alcohol.

Yarning Safe and Strong (24/7): 1800 959 563

A service for Aboriginal and Torres Strait Islander peoples. You can get free counselling over the phone. They can also support friends and families who need to have a yarn with someone about their wellbeing.

Victorian Aboriginal Health Service (VAHS): 03 9419 3000

Provides a wide range of in-person health services for Aboriginal and Torres Strait Islander peoples in Victoria. You can find similar services in different locations across Australia using HealthInfoNet's resource: Map of Aboriginal and Torres Strait Islander health/medical services.

- 1. Campbell A. The Australian Illicit Drug Guide: Every Person's Guide to Illicit Drugs-Their Use, Effects and History, Treatment Options and Legal Penalties: Black Inc; 2001 [07.02.2023]. Available from: https://adf.on.worldcat.org/oclc/48404595.
- 2. Brands B, Sproule B, Marshman J. Drugs and Drug Abuse. Toronto: Addiction Research Foundation; 1998 [22.02.2023]. Available from: https://adf.on.worldoat.org/ oclc/38900581
- 3. Hi-Ground. Heroin [24.05.2023]. Available from: https://hi-ground.org/substances/
- 4. Black E, Shakeshaft A, Newton N, Teesson M, Farrell M, Rodriguez D. Heroin What you need to know. National Drug and Alcohol Research Centre: UNSW Sydney; 2014 [14.09.2023]. Available from: https://positivechoices.org.au/documents/b31vhThz8X/ eroin-detailed-resource-for-parentsteachers/.

This resource has been developed in collaboration with











Artwork by Mumbulla Creative



KIRRAE PLAYGROUP



Bonnie and Lilly playing in the school bus the kids made out of a cardboard box



Learning colours while making beatiful art with food dye paper towel and droppers



Amarli Cruising in the pink car at Playgroup



Braxtons first time at Playgroup showing the book he got to take home



Kior having a chat while watching the kids play



Rupert having fun playing with farm animals



Kash being a cute thrill seeker,



Tommy with his cool creation he made with the big blocks



Nara getting help from nan to climb the slide

Playgroup is on every
Tuesday during school
terms
10am til 12pm

Healthy snack and Lunch provided



Everyone enjoying snack time





There are few questions asked quite as much as: what's the difference between being bisexual and pansexual?

What do bi and pan mean?

BISEXUAL means being attracted to the gender the same as your own, AND to other genders. Some people use it to mean "attracted to two or more genders". A lot of people assume that BI-(meaning two)-sexual means is that bisexuals don't know non-binary people exist, or are never attracted to non-binary people, or completely discount trans people. You heard it here pals: that isn't the case. While some people might use bi to mean they only like girls and boys, that isn't a universal definition.

PANSEXUAL however, means attracted to (or has the potential to be attracted to) people of ALL genders. Binary or not.

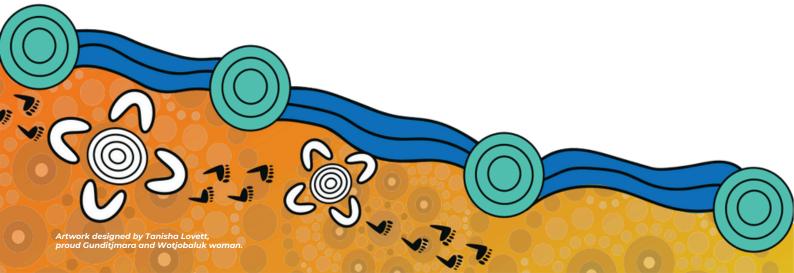
Some people use the word pansexual to be specifically inclusive of trans people, but keep in mind that trans people aren't their own separate category. Because "trans" in and of itself isn't a gender. It's a descriptor of how you experience your gender.

Really, it just means "attracted to all genders" and that can include that you don't factor gender into whether you're attracted to someone at all. You can have gender preferences and still be pan, but you can also genuinely not care.

So, how are they different?

Well, they don't have to be. You can identify as bi and pan, because they can definitely fit into a broadly similar definition (depending on YOUR experience of being bi or pan). But there are a few reasons why you might prefer one over the other.

yourself!





Bisexual, for starters, can mean you're attracted to same and other genders – but not all of them. You might be attracted to boys and non-binary people, girls and non-binary people, boys and girls, or a range of specific non-binary genders but not all of them. You might be attracted to any number of people with any number of different identities, and that's totally cool. Don't feel like you have to like everyone to call yourself bi.

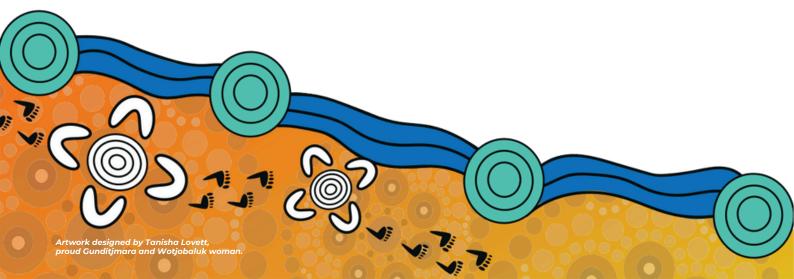
On top of that, bisexual has a long, long history. Holding onto the label of bisexual can be about remembering all the people like you who came before you, and aligning yourself with them as a community.

You might prefer pansexual, though, because it makes it really obvious that you mean all genders. It makes it easier to communicate what your preferences are without getting specific, and makes it well known right from the start that you mean non-binary people too.

Is there anything wrong with using one over the other? No! Not at all. Just remember that you preferring one term doesn't make the other one bad, and don't assume that everyone who uses that term over the other means it in a bad way.

Not everyone who is bisexual is clueless about non-binary things, and not everyone who is pansexual believes in being "gender blind". If you're defining your identity as how it's better than someone else's, you can really hurt people. They're both legitimate identities, and there's plenty of good reasons to use either term for

minus18.org.au





Hello everyone as part of the August Newsletter I am writing about one of the most basic needs, SLEEP.

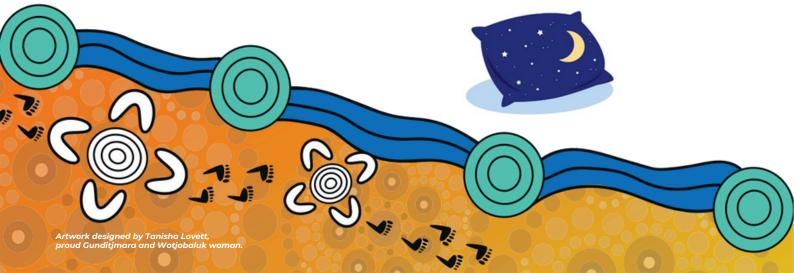
Firstly, why do we actually sleep? Sleep is the single most effective thing we can do to reset our brain and body health each and every day! Sleep enriches a lot of functions, including our ability to learn, forming memory and make logical decisions and choices. Sleep also strengthens your immune system, preventing infection and all sorts of sickness.

How much sleep at different ages? Age 6 to 12 years 9 to 12 hours Age 13 to 18 years 8 to 10 hours Adults 7 or more hours per night

What happens if you do not sleep enough – sleep deficiency?
Many chronic problems including heart disease, kidney disease, high blood pressure, depression diabetes and stroke are influenced by not enough sleep. To little sleep also increases the risk of injuries.

What can you do to get a good night's sleep?
- Wind down before going to bed
- Make sure your bedroom is dark, quiet and cool
- Avoid alcohol and caffeine close to bedtime
- Regular physical activity can improve sleep quality
- Sometimes a relaxation technique helps to fall asleep
Do you think you had enough sleep lately?

It is best to talk to your GP if you have sleeping problems





We love feedback! If you have any feedback for us, please let us know. Just drop it into reception any time.

