

From the President

Community and Family seminars - Adelaide, Brisbane and Sydney

I am excited to announce that the FXAA has several events planned for later this year.

Randi Hagerman, Paul Hagerman and Louise Gane, Fragile X experts from the MIND Institute in America, will be in Australia for the 16th International Fragile X and Other Early-Onset Cognitive Disorders Workshop and have kindly agreed to present at Family and Community Days in Adelaide, Brisbane and Sydney. They will also be providing short clinic appointments for members in Adelaide and Brisbane.



Randi Hagerman is a developmental and behavioural paediatrician and the Medical Director of the MIND Institute. She is internationally recognised as both a clinician and researcher in the fragile X field.

Paul Hagerman is a molecular biologist with a passionate interest in understanding the basis for disorders related to fragile X. In 2001, Paul and Randi Hagerman reported their discovery of FXTAS a neurological disorder associated with carriers of FXS.

Louise Gane is Senior Genetic Associate at the MIND Institute. Louise is involved in counselling patients with Fragile X syndrome and their family members. In her role Louise helps families understand and deal with the diagnosis, assesses genetic risk, and explains reproductive options.

As well as Randi, Paul and Louise there will be Australian Fragile X experts speaking at each session.

We are still finalising the details but at this time we can reveal the dates of the Family and Community Days - **Adelaide Monday 16 September 2013, Brisbane Monday 23 September 2013 and Sydney Wednesday 25 September 2013**. The clinics for members will be held on the day following the Adelaide and Brisbane sessions. There are limited places for the clinics and if they are over subscribed then we may have to consider individual applications based on need.

Fragile X Training and clinic - Launceston

I am also extremely happy to advise that we will be holding a Fragile X Training day for families and community professionals in Launceston in late October. There will also be a clinic for members.

We are grateful to the Tasmanian Community Fund, an independent community funding body, which has provided the grant to the FXAA to meet the costs of the training and clinic.

The FXAA will provide more details about these events including any costs, venue and program as soon as they become available. If you have any questions or want to register your interest in attending please contact the Association on 1300 394 636 or by email at support@fragilex.org.au.

John O'Connor

Queensland - survey and Stepping Stones Triple P

Queensland is currently hosting the world's first ever population-wide survey of what it's like to parent or work with a child with a disability.

The first phase of the project involves the My Say surveys. The My Say survey is a state-wide survey (www.mysay.org.au) of Queensland parents and caregivers of children with disabilities aged between 2 and 10 and professionals who work with these families.

On completion of the survey parents are able to register their interest to receive Stepping Stones Triple P programs *free of charge*

The survey is only open for parents of children with a disability aged 2-10 years, parents who have children with a disability aged 11 or 12 years are also eligible for free programs when they commence later this year.

The Stepping Stones Triple P project aims to:

- raise awareness of the importance of early intervention for emotional and behavioural issues in children with disabilities
- provide parental access to free evidence-based Stepping Stones Triple P parenting programs.

The project will be rolled out in Queensland first, followed by Victoria and New South Wales. A project of this scale – involving thousands of people who care for or work with children with disabilities across three states – has never been done before in the world.

Information gathered from the *My Say* survey which closes in April 2013 will be used to inform the state-wide roll-out of professional training and parent programs.

Clinic with Tracy Murman Stackhouse

Tracy Murman Stackhouse is visiting Sydney and has offered to run a clinic for families on 30 April 2013.

Tracy is president and co-founder of the Developmental & Fragile X Resource Centre (Developmental FX) in Colorado. She is a leading pediatric occupational therapist (OT) involved in clinical treatment, research, mentoring, and training regarding OT intervention people with FXS and autism. Tracy has a master's degree in developmental psychology. Tracy has written several book chapters on sensory integration and neurodevelopmental disorders and teaches nationally and internationally on sensory integration, fragile X and related topics.

The consultation involves a half hour review of records, one hour with the client, a half hour parent feedback and brief written report with recommendations. Tracy can see children of all ages and adults.

The cost of the clinic is \$350 per family. This fee will not be covered by Medicare.

Date	30 April 2013
Location	Move About Kids Clinic T1 Building, Unit 304 14 Lexington Drive Bella Vista 2153

Interested families should contact Tracy directly for paperwork/to make arrangements. Tracy can be contacted by email tracy@developmentalfx.org

Understanding Clinical Trials

The Association promotes and encourages participation in trials and research to advance the understanding and treatment of FXS.

The National Health and Medical Research Council has recently launched a website called Australian Clinical Trials that provides answers to some commonly asked questions about drug trials

- What is a clinical trial?
- Phases of clinical trials
- How clinical trials work
- Who can be part of a clinical trial?
- Informed consent
- Potential benefits and potential risks
- Leaving a trial
- Why be part of a clinical trial
- How to find a trial
- Clinical trials and children
- How to be part of a clinical trial
- Questions to ask
- What happens when a trial is complete?

For answers to these questions go to <http://www.australianclinicaltrials.gov.au/> or contact the National Health and Medical Research Council on 13 000 64672 or by email

AustralianClinicalTrials@nhmrc.gov.au

Apps - any suggestions?

We have recently received enquiries from parents asking for information about apps for iPods, iPhones and Androids for children and adults with Fragile X. We would love to hear about apps you have used and recommend and will feature your suggestions in the next newsletter.



We have found some online recommendations

<http://www.fragilexfiles.com/2012/01/more-ipad-apps.html>

This blog is written by a mother of twins with Fragile X who are eight years old. In this post she recommends apps that her sons have used and enjoyed and gives a short description of each.

Use of app technology by individuals with Fragile X and a review of some apps we recommend - H. Laurie Yanko Ed D and Vicki Sudhalter - <http://nfxf.conferencespot.org/2bicki/1>

That's an App! Dawn Rohlik, - <http://nfxf.conferencespot.org/2bick5/1>

These two papers were presented at the 2012 Fragile X Conference in Miami. They highlight a range of apps that families have found useful. The papers are available for download from the Conference website until 11 July 2013.

The FXAA also has copies of these papers if you want to read them after the Conference website closes.

Quote



If a man does not keep pace with his companions, perhaps it is because he hears a different drummer. Let him step to the music he hears, however measured or faraway.

(Henry David Thoreau, 1854)

Janie Roberts—Counsellor



Counselling at Fragile X Association

Janie Roberts is the FXAA Counsellor and has a postgraduate diploma in counselling and psychotherapy. Janie is a clinical member of Counsellors and Psychotherapists Association of New South Wales Inc (CAPA) and Psychotherapy and Counselling Federation of Australia (PACFA).

Healthy Relationships

There have been a number of phone calls recently with women who are carriers or who are fully affected by Fragile X experiencing forms of **domestic violence** in their relationships.

Domestic violence is a range of abusive behaviours carried out in a person's home by someone who is known to them. In 95% of cases reported the abuse is carried out by men.

Domestic violence comes in many forms and is not restricted to **physical assault**.

Statistics indicate that 90% of women with intellectual disability have been **sexually abused** and 68% of women with an intellectual disability will be subjected to sexual abuse before they reach 18 (Frohman, 2002).

Sexual assault is when a person is forced into any type of sexual activity without freely giving consent.

Emotional or psychological abuse refers to damage to a person's self-concept and self-confidence. This is caused by the use of verbal abuse (like shouting or name calling), continued rejection, threats of abuse, harassment and intimidating, bullying behaviour. Threats of harm to children or threats to remove them from their mother's care are also used. Acts of destruction or threats to destroy belongings or pets are also acknowledged as abuse.

Neglect indicates harm that is caused by refusal to provide sufficient food, shelter, clothing or clean conditions for living.



Financial abuse indicates unequal access and control of shared or personal monies.

Social abuse is the term used for when a person is isolated from their family and friends by the perpetrator.

Women with Fragile X Syndrome can struggle with low self-esteem and lack of confidence and may believe that they are not worthy of equality in a relationship. The unequal distribution of power in such relationships can increase a person's feelings of vulnerability, anxiety and disempowerment. Some women may have a sense that their marriage or partnership is not healthy for them but the alternative of separating and going into the unknown is inconceivable.

(Frohman, C., (2002), There is no justice –There's just us, The status of women with disabilities in Australia, Women with Disabilities Australia (WWDA), Canberra.

Increasing self-esteem will make it easier for women to look at uncomfortable feelings and traumatic things that have happened in their lives. It can also open up opportunities to find strategies and confidence to make changes.

Here are some fundamental rights based on the idea of assertiveness. These are adapted from Manuel Smith's 1975 book, *When I Say No I Feel Guilty*.

Fundamental Rights

I have the right to have and express my own feelings and opinions, and to experience the consequences

I have the right to judge my own behaviour, thoughts, and emotions and to take responsibility for their initiation and consequences upon myself



I have the right to offer no reasons or excuses justifying my behaviour and to accept the consequences of my behaviour.

I have the right to change my mind

I have the right to make mistakes and be responsible for them

I have the right to ask for what I want

I have the right to choose not to assert myself

I have the right to get what I pay for

I have the right to ask for information from professionals

I have the right to say *no, I don't know and I don't understand*

I have the responsibility to recognise that everyone else has these same rights

If you have any concerns or questions then please ring Janie on 1300 394 636. or email janie@fragilex.org.au. Janie has previously worked as a counsellor for the Domestic Violence and Sexual Assault Helpline and for the NSW Rape Crisis Centre.

Janie is in the office on Monday, Tuesday and Thursday.

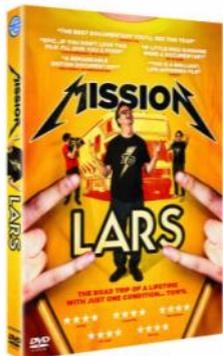
Telephone link up group

I am currently working with members of the group to develop the link up program. If you are interested in being involved in this regular link up please contact me on 1300 394 636 or janie@fragilex.org.au.



Joan MacDonald

Mission to Lars update



Mission to Lars continues to be a fabulous awareness vehicle for FXS. The Mission to Lars Facebook page alone has over 15,000 'likes'.

Soon anyone will be able to watch the film in Australia as Mission to Lars producers now have a distribution agreement and we are just waiting for a release date for the DVD.

In the meantime you can buy the DVD and Blu Ray disc from Amazon in the UK where the film is released on DVD on the 8th April, you can pre order here:



http://www.amazon.co.uk/s/ref=nb_sb_noss_1?url=search-alias%3Ddvd&field-keywords=mission+to+lars&rh=n%3A283926%2Ck%3Amission+to+lars

Please note Mission to Lars is region B which doesn't include Australia, you will generally need a region free DVD player which allows you to play any DVDs from any regions around the world.

Mission to Lars Blu-ray discs purchased on Amazon.co.uk should play in Australia if you have a Blu Ray player.

Linda Blair



Thank you to everyone who bought our Christmas cards or sold them on behalf of the Association. The Christmas cards offer us a great opportunity to raise much needed funds as well as increase awareness of FXS. A special thanks to Pages & Pages who sell our cards each year.



A very big thank you to Arnold Pacifico for his annual fundraising lights. Once again this has been a fantastic event. We would also like to acknowledge all the local businesses that donate to the event to make it the great success that it is each year.

Thanks also to Trish Piper and Barbie Barratt for organising the annual fundraising Card Day. More details about the Card Day are on page 12.

Member stories

We love to include member stories in the newsletter.

If you have anything that you would like to share - your experience, an achievement, a problem, an opinion, a picture, a poem-please contact Linda on 1300 394 636 or linda@fragilex.org.au.



Resources

Family Focus - talking to children about depression and anxiety

Australian mental health professionals are encouraging parents with depression or anxiety to talk with their children about their illness with free tools to get them started.

“Depression and anxiety affects the whole family. Children will notice changes in their parent but won’t necessarily understand and that’s why it’s important to talk about it with them,” said Mr Phil Robinson, Chair of the Australian Infant Child Adolescent and Mental Health Association.

A new DVD, [Family Focus](#), is now available to help parents talk about their depression and anxiety with their family.

“Family Focus is a huge step forward in mental health prevention. When parents talk openly about mental illness with their children, they are much more resilient to developing mental health problems themselves,” said Mr Robinson.



Federal Minister for Mental Health Mark Butler said it’s estimated that over a million children live in families where a parent has depression or anxiety.

“Up to 23 per cent of children live in a household where mental illness is experienced and these children face some unique challenges,” Mr Butler said.

“We know that these children are at greater risk of developing mental health or substance abuse issues.”

Associate Professor Michael Baigent, Director of beyondblue said, “a dilemma many parents face is deciding whether to talk about their experiences of depression and anxiety with their children; and if so, what they should say.”

“Family Focus highlights the importance of talking about mental illness with children and helps parents start the conversation,” said Assoc Prof Baigent.

“This DVD is the first Australian resource of its kind that helps parents communicate with their children about their mental illness”, said Associate Prof Baigent.

Family Focus was developed in collaboration with Australian psychiatrists, psychologists, mental health nurses, occupational therapists, social workers and researchers, and Australian parents and children with lived experience of parental depression/anxiety.

“Family Focus is a resource that has been tested to improve outcomes for children and families where a parent has depression or anxiety,” said Mr Robinson.

Family Focus was developed by the COPMI, (Children of Parents with a Mental Illness) national initiative which is funded by the Australian Government.

The DVD is available free from www.familyfocusdvd.com.au.

Families needed for a study on Family Experiences of delayed diagnosis of FXS - Vel McKeachie

In the summer edition of the newsletter I introduced my PhD project: "Family experiences of delayed diagnosis of fragile X syndrome". I have now received the required approvals and am ready to invite families to participate in this study.

I would like participants to tell, or write, their stories about their experiences of having a child with fragile X syndrome, before they knew the cause of their child's delays and other difficulties.

Another aim is to discover how parents compare 'not knowing' with how they felt and what their experiences were after 'knowing'; some families will have had multiple affected children so I will ask them to compare the different experiences with each child to see what changed, or how experiences might have differed, with an earlier diagnosis with a later born child.

My aim is to highlight the lived experiences, the ups and downs, the challenges and emotions of families as they search for an answer. I hope that this information will provide detailed, rich examples of what it is really like to live with fragile X syndrome while not having a diagnosis, and the ramifications of 'not knowing'.



This project aims to bring to life, through a holistic look at whole family situations, statistics and other quantitative data that have been presented in previous research papers about families living with fragile X syndrome.

My research methods will involve a short questionnaire to gain demographic data about the participants, including the family constellation and number of other known fragile X affected extended family members, as well as 'costs'.

I will conduct in-depth interviews with people who volunteer to take part, either in your home, or somewhere that you nominate and will feel comfortable having a conversation with me and telling your family story. The interviews will take 1-2 hours, and there may be follow up interviews in person or over the telephone to clarify any uncertainties that may arise, or to expand on some topics if you feel able to do so.

I am interested in looking at whole families to really gain an in-depth picture of their unique situation, so am inviting both parents, and if appropriate, adult children in the family including fragile X affected children, non-affected children and siblings. Grandparents and other extended family members who are affected are also invited to participate.

See the Summer 2012 newsletter for a more in depth description of my project.

If you feel you might be interested in participating, please contact me on: (02)6201-2014 and leave a message or email: vel.mckeachie@canberra.edu.au.

Clinical Trials - medication

Clinical Trial (Novartis) for adults and adolescents. Adult trial to close soon

There are currently ongoing studies for both adults and adolescents with Fragile X .

Thank you to all the participants and their families so far. The study involving adults is nearly full. We still have some way to go with finding suitable adolescent participants. Please do not hesitate to contact any of our centres below for any further information on the study.



Study for adult participants (over 18 years old)

NSW

Hunter Genetics, Waratah NSW

Contact: Jackie Boyle & Carolyn Rogers (02) 4985 3136

Royal Rehabilitation Centre, Ryde NSW

Contact: Jackie Boyle & Carolyn Rogers (02) 4985 3136

Victoria

Fragile X Alliance, Caulfield VIC

Contact: Melanie Van Buuren (03) 9528 1910

Study for adolescent participants (Between 12 & 17 years old)

NSW

Child Development Unit, Westmead Children's Hospital, Westmead NSW

Contact: Dr Natalie Silove on (02) 9845 2829

Victoria

Murdoch Childrens Research Institute, Parkville VIC

Contact: Dr Eppie Yiu (03) 8341 6374

For information on Clinical Trials in general please visit: <http://www.australianclinicaltrials.gov.au>

Social Research Study - An Australian Study of families who carry the fragile X gene

The Australian Research Council (ARC) has funded a 3 year study to help families, health professionals and educators understand how being a carrier of fragile X impacts on Australian families. If you are interested in this study please contact the study team in Melbourne or Sydney

Claudine Kraan (Melbourne)
Monash University
School of Psychology and Psychiatry
(03) 9902 4162
claudine.kraan@monash.edu

Rachael Birch (Sydney)
The University of New South Wales
Department of Developmental Disability
Neuropsychiatry
(02) 9931 9160
fxtas@unsw.edu.au

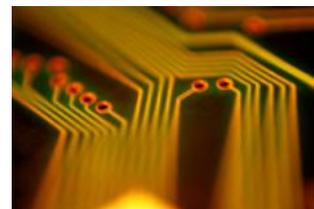
This study will close in May so if you are interested in being involved please contact Claudine or Rachael .

Research

Study of cognitive training in children with fragile X

Researchers at the University of California Davis MIND Institute in the USA will examine whether children and youth with FXS can improve their working memory, cognition and behaviour by using an online computer-based cognitive training program, through a \$1 million grant from The John Merck Fund.

To conduct the innovative study, the researchers will travel to the homes of school-aged children around the country to instruct their families on how to use the program and deliver the intervention, called Cogmed, software designed to improve working memory.



David R Hessel Associate Professor of Clinical Psychiatry, UC Davis MIND Institute said that the study, launching early this year, will be the first to evaluate whether a computer-based cognitive training program can be effective in improving the working-memory skills, and possibly behaviour, of people with FXS.

"Although many medication trials are going on now, there never have been controlled studies of enhancing cognitive functioning in people with fragile X through behavioural training," said Hessel, who also is associate clinical professor in the Dept of Psychiatry and Behavioural Sciences.

Hessel and his colleagues hope that the intervention can be effective because it targets working memory, a serious deficit for individuals with FXS. Hessel is collaborating with fellow MIND Institute researcher Julie Schweitzer, associate professor of psychiatry and behavioural sciences and an ADHD expert.

The study will involve 100 children with fragile X between 8 and 18 years who will receive baseline assessment and training in their home. The participants will be divided into two groups, one that will receive a version of Cogmed that becomes increasingly challenging and one that does not. Families in both groups will deliver the intervention five days a week for six weeks.

The program monitors training time and how participants are progressing. In addition, at the beginning and after training, the participants' parents and their school teachers will be asked to rate their behaviour related to executive function to see if any improvements generalize to the person's daily life and school setting. Cogmed is providing access to the program for the research at no cost.

Hessel said that many current fragile X investigations are focused around developing targeted treatments — or medications — to improve patients' cognition and behaviour.

"There is a very heavy emphasis on pharmacological treatment of patients with fragile X that has initially been developed using animal models — so most of the clinical studies going on now are on developing effective new medications that could improve synaptic connections in the brain," Hessel said. "If this study is successful a next step would be to see whether Cogmed works even better in children who are taking these medications." Source [University of California - Davis Health System](http://www.ucdavis.edu/news/2014/04/01/cogmed-study)

Articles

These two articles about FXS screening recently appeared in the American Journal of Medical Genetics.

Maternal attitudes to newborn screening for fragile X syndrome Louise Christie, Tiffany Wotton, Bruce Bennetts, Veronica Wiley, Bridget Wilcken, Carolyn Rogers, Jackie Boyle, Catherine Turner, Jessica Hansen, Matthew Hunter, Himanshu Goel, Michael Field.
<http://onlinelibrary.wiley.com/doi/10.1002/ajmg.a.35752/abstract>

"It's About Having the Choice": Stakeholder Perceptions of Population -Based Genetic Carrier Screening for Fragile X Syndrome. Alison D. Archibald, Chriselle L. Hickerton, Alice M. Jaques, Samantha Wake, Jonathan Cohen and Sylvia A. Metcalfe.
<http://onlinelibrary.wiley.com/doi/10.1002/ajmg.a.35674/pdf>

FXS and Autism: Similar But Different

While it has long been known that individuals with fragile X syndrome often exhibit autistic tendencies, only very recently has the possibility been raised that the two conditions may have more overlap than previously thought.



Parents, educators and clinicians have continued to note the similarities and differences between the conditions so they can plan appropriate interventions based on the specific characteristics and needs of each individual. It was in that spirit that a well-attended panel discussion at the 13th International Fragile X Conference pondered the topic: “*FXS and Autism: Clinical Insights into the Similarities and Differences for Diagnosis and Treatment.*” The discussion provided clinical perspectives on the behavioural differences between fragile X syndrome and what are thought to be core features of autism.

- Fragile X syndrome causes a range of functioning across domains. It is a specific, identifiable condition with a known genetic cause. Autism is identified by a cluster of symptoms, and it has many causes, most of them unknown. There is overlap, in that some individuals with FXS may have autism, and some may not.
- Clinicians must understand the differences to avoid misdiagnosis and improper treatment. Likewise, clinicians must appreciate the similarities. Harnessing what is known about autism can help advance FXS treatment and educational plans.
- Characteristics common to both autism and FXS include poor eye contact, social deficits, atypical language and repetitive behaviours. The core deficit in autism is social interaction. The core deficit in FXS is intellectual function and hyperarousal/anxiety. People with FXS tend to be deeply desirous of human interaction, but the social anxiety often causes them to act otherwise. People with autism are largely unaware of the function others serve in relation to themselves, hence they rarely seek social interaction.
- Eye contact is a key element of social interaction, and though “poor” eye contact is symptomatic of both FXS and autism, the type of eye contact is substantially different. People with FXS directly avoid eye contact, looking off in another direction to cope with their social anxiety, people with autism are unaware of why they should use eye gaze as a source of information or interaction. Insisting on eye contact with those who have FXS is most always counterproductive, leading to greatly heightened anxiety. Insisting on eye contact with those who have autism simply tends to be ineffective.
- Even when they are staring off elsewhere, people with FXS tend to be acutely aware of their surroundings. They “read” a room effectively, accurately gauging others’ moods and anxiety levels. They long to participate, to joke and be joked with. They want to be inside a social circle-but they typically need a great deal of acceptance, invitation and training to be successful at it. People with autism more often really do want to be left alone, and attempts to include them in social activities face more severe obstacles than with FXS.
- Imitation is a pivotal developmental skill that is generally a strength for those with FXS and typically impaired in people with autism.
- Teachers and caregivers often say they don’t need to know about FXS because they have had children with autism in their classes or homes. But interventions appropriate for FXS may be quite opposite those of autism.
- FXS and autism are typified by repetitive behaviours, but in FXS, this is most commonly seen in hand-flapping and body-stiffening. Those with FXS tend to exhibit repetitive behaviours due to excitement, anxiety, or difficulty “stopping” or inhibiting their behaviour. People with autism engage in those behaviours as well, but for less specific and more varied reasons. What appears to be a need for vestibular stimulation results in much spinning and jumping; what appears to be a need for sameness results in restricted repeatable actions such as twirling a string; what appears to be a need for soothing results in pacing/rocking.
- At base, most FXS behavioural issues are traceable to the twin challenges of managing anxiety and hyperarousal. Autism, being the cluster of conditions it is, is more complex and multi-faceted in its behavioural roots and manifestations.

This is an edited version of the original article. The full article can be read at <http://www.fragilex.org/fragile-x->

National Disability Insurance Scheme

The NDIS Launch sites will start operation on 1 July 2013. The offices will be in Charlestown in New South Wales, Geelong in Victoria, Elizabeth and St Mary's in South Australia and Devonport, Launceston, ACT and Hobart in Tasmania.

Who will be eligible for support in the first stage locations of an NDIS?

When fully implemented, the NDIS will provide support to people who have a permanent and significant disability, which affects their ability to participate in the community or employment and requires care and support. Some launch sites will focus on specific age groups.

Tasmania

The first stage of NDIS in Tasmania will cover all eligible adolescents aged 15-24 as at 1 July 2013. Over the course of the first stage, young people may enter the scheme as they turn 15 years old. Once a young person has entered the NDIS they will continue to remain in the first stage of the NDIS regardless of age (i.e. 24 years onwards)..

ACT

NDIS individual support packages will be available to those people with a disability who are under the age of 65 years; and are an ACT resident.

Hunter (NSW)

NDIS individual support packages will be available for people living in Hunter local government areas of Lake Macquarie, Newcastle and Maitland.

Victoria

The first stage of the NDIS in Victoria will be available for new clients from birth to 65 years old and for existing clients in the Barwon area including the local government areas of the City of Greater Geelong, Colac-Otway Shire, the Borough of Queenscliff and the Surf Coast Shire

South Australia

From July 2013, the NDIS will be launched across South Australia focusing on children aged birth to 5 years with significant and permanent disability. By 2014 the age limit will be extended to 13 years and in the third year of launch all children up to 14 years.

You can find out more about the NDIS at ndis.gov.au.

Card Day

The ninth Annual Card Day was held on 6 April 2013 at Dural Country Club. Thank you to Trish Piper and Barb Barratt who once again organised this fantastic event. This year 120 people attended and heard from John O'Connor who spoke about the Association's work and Christine Kelleher who spoke about her experience of FXS.

We would like to acknowledge Bendigo Bank Galston Community Branch for sponsoring of the event. Photographed below with John O'Connor is Bernie Triebe, Branch Manager. We would also like to acknowledge the support of Dural Country Club, Wedgewood, Waterford, Royal Doulton, Ray's Florist, Woolworths Galston, Bunnings Dural and everyone who attended and made donations.



Left - John O'Connor, Trish Piper, Christine Kelleher and Barb Barratt



Right Bernie Triebe , John O'Connor