

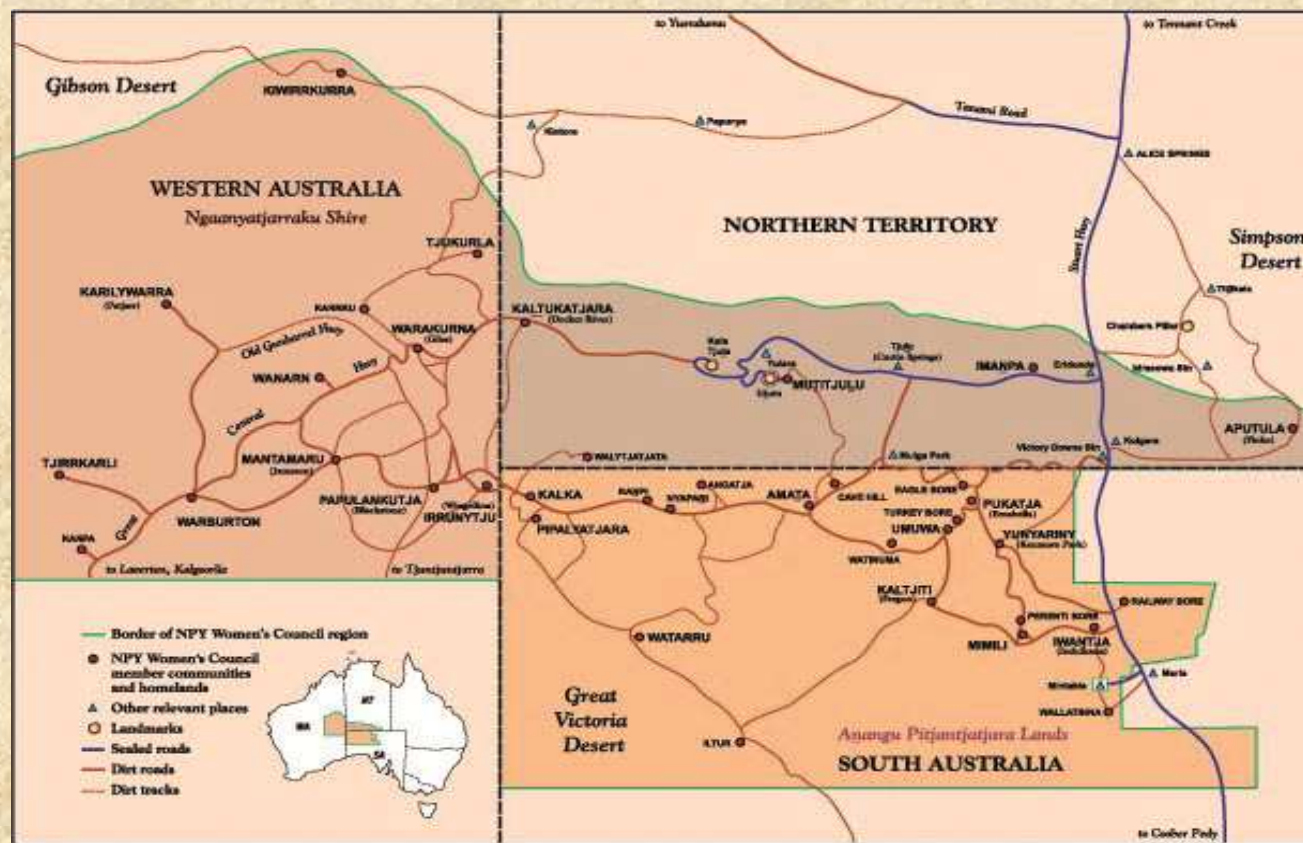


NGAANYATJARRA PITJANTJATJARA YANKUNYTJATJARA WOMEN'S COUNCIL

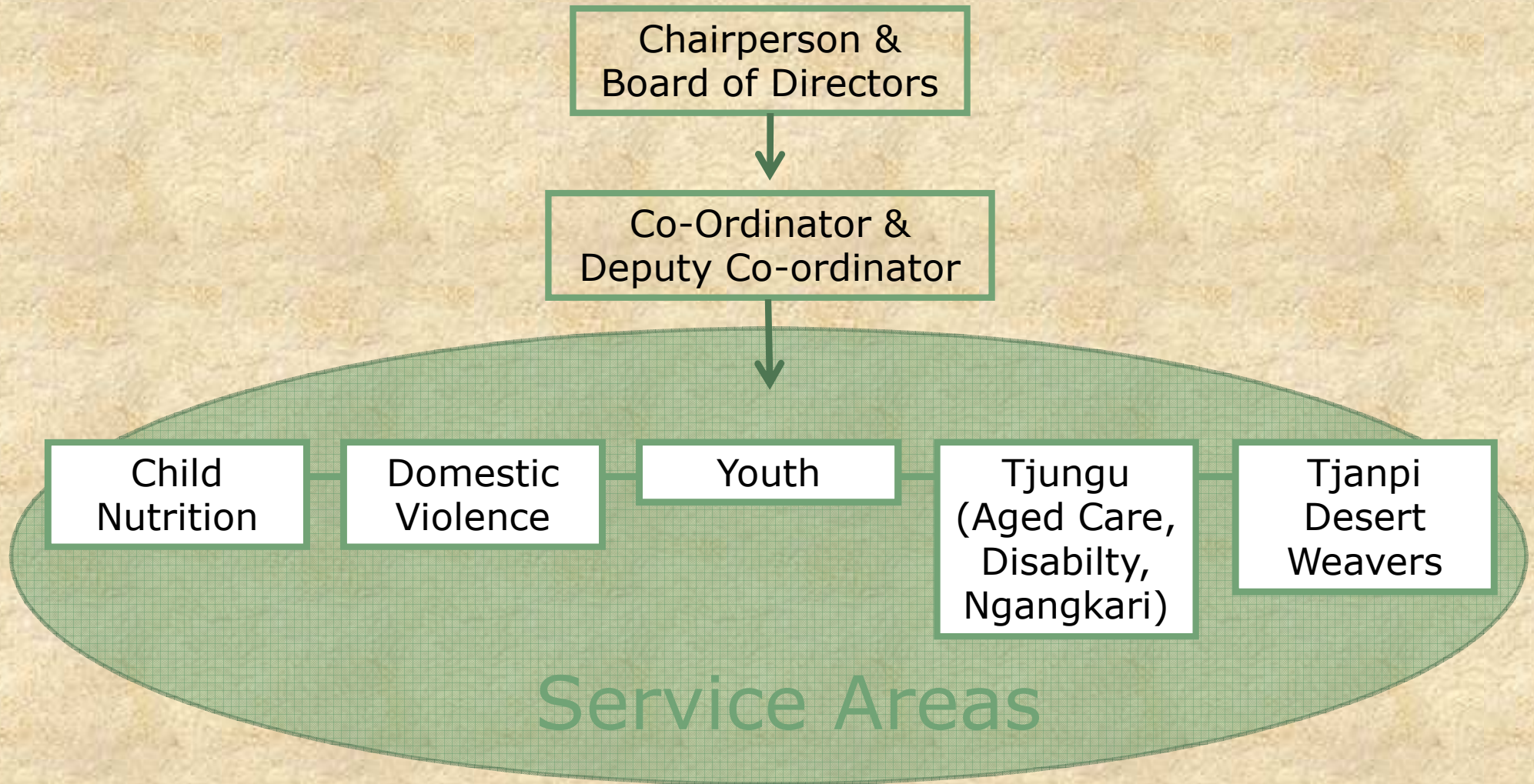


NPY Women's Council Region

The NPY Women's Council region covers a vast, remote, semi-arid to arid region of Central Australia (350,000 square kilometres) and crosses the borders of South Australia, Western Australia and the Northern Territory.



NPY Women's Council Structure



NPYWC Child Nutrition Program

- Aims to improve the health and wellbeing of children 0-5 years old in the NPY region
- Aims to assist communities to be healthier and more active in promoting and providing good nutrition

History

The NPYWC Child Nutrition Program began in 1996 with a one off six month Commonwealth Health grant.

NPYWC members' expressed concern about the high prevalence of children failing to thrive and the consequent 'welfare' intervention.

The program began as teaching mothers how to cook healthy food for their kids.

Program Development

The program has grown from its beginnings to a broader public health model including:

- Nutrition education and promotion
- Individual support , advocacy and intensive case management
- Resource Development
- Community Development

The program aims to address the broader social issues around Failure to Thrive and child well-being, combining prevention and intervention strategies.

The Team

Manager

Assistant Manager

West Project
Officer

Warburton
Jameson
Blackstone
Warnarn
Warakurna
Tjukurla

Central Project
Officer

Docker River
Pipalyatjara
Kalka
Nyapari/Kanpi
Irruntju
Mutitjulu
Watarru

East 1 Project
Officer

Ernabella
Mimili
Indulkana
Kiwirrkurra

East 2 Project
Officer

Fregon
Amata
Finke
Imanpa

Town Project
Officer

Intensive
nutrition
rehabilitation

Our Approach

Failure to Thrive often the result of social causes
eg. poverty , family violence, substance abuse

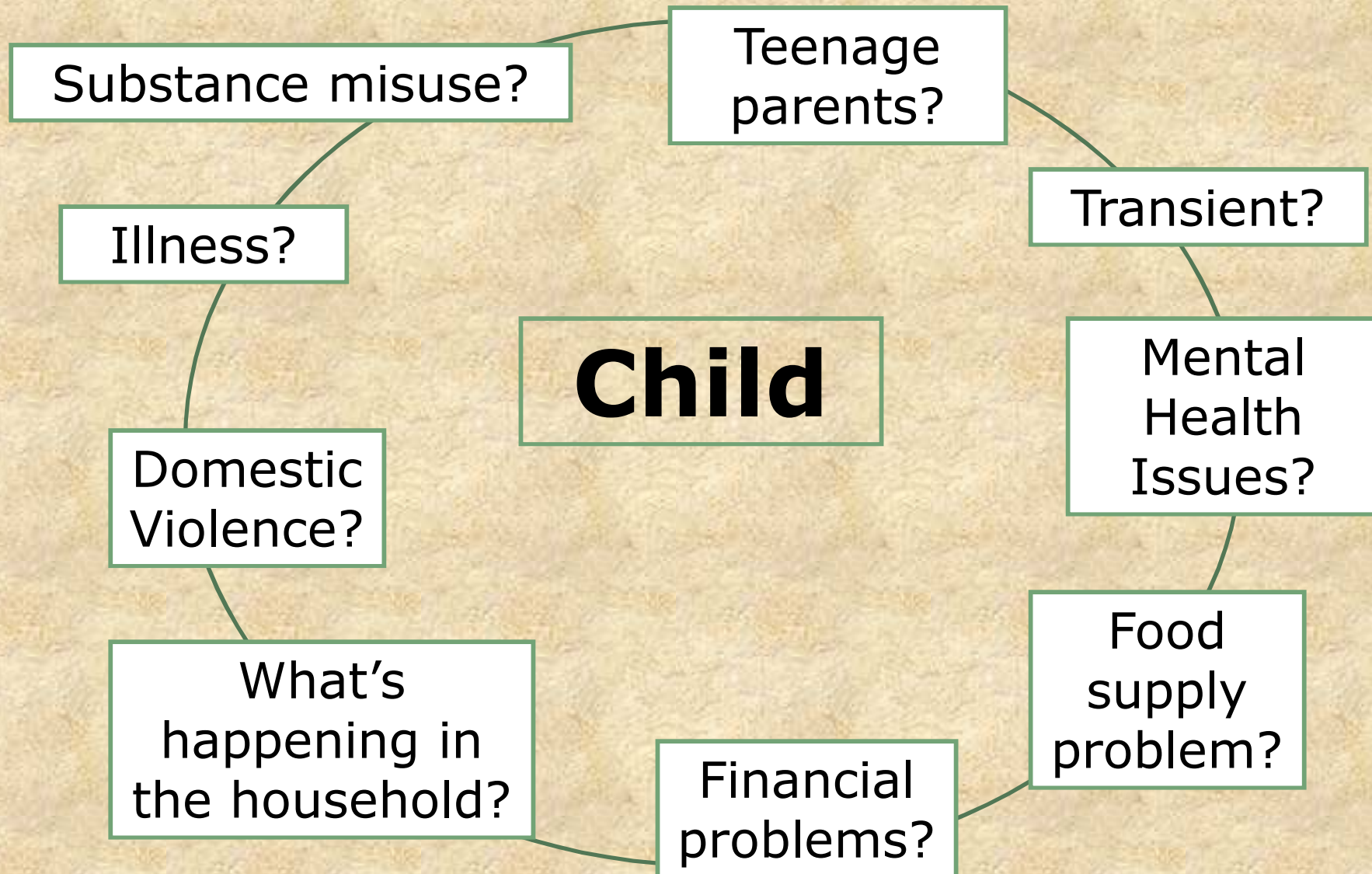
Case management of 124 current clients

Working with families in community

Our Approach

- Flexible service delivery
- Working in familiar context
- Program came from an indentified need in community
- Collaborative case work
- Community development

Our approach



Working Malparara Way

Malpa is the Pitjantjatjara word for friend.

Malparara translates as working hand in hand.

In this instance it is usually a senior local Anangu person with the cultural authority, wisdom and respect alongside a non-Aboriginal person with the relevant professional skills.

We recognise that working this way optimises the skills and experience of each worker with the ability to learn and share with each other.

Nutrition Education


- Community based Nutrition workshops
- One-on-one education and support to mothers and carers
- School based workshops

Nutrition Education


- Feeding skills and behaviour modification
- Role modeling
- Parenting support
- Youth activities
- Store activities
- Food preparation and cooking
- Food travel packs
- Food and feeding guide
- Weaning

Resource Development

- Maiku Kulintjaku DVD
- Nutrition Manual
- Posters
- Food and Feeding Guide
- Currently working on FASD resources



**Ngaanyatjarra Pitjantjatjara Yankunytjatjara
 Women's Council (Aboriginal Corporation)
 MAIN OFFICE: Gate 2, 3 Wilkinson Street, PO Box 8921
 Alice Springs NT 0871
 Tel: (08) 89 582345 Fax: (08) 8952 3742
 Email: nutritionmanager@npywc.org.au Website: www.npywc.org.au**




Date: _____
 Name: _____
 Address: _____
 State: _____ Postcode: _____ Phone: _____
 Purchase Order Number: _____

NUTRITION PROGRAM RESOURCES

ORDER FORM (including GST)


Item (All prices are inclusive of GST)	Cost/unit	Copies	Amount
Mai Wiru – Mirrka Walykumunu	\$49.50		
Food and Feeding Guide for Infants and Children	\$11.00		
Nutrition Posters—set of 17	\$33.00		
Maiku Kulintjaku	\$44.00		
Good Food Songs	N/A		
Mai Wiru Stores Policy	N/A		
Postage and Handling (Express Post)	Postage		\$10.00
	Total		



Mai Wiru—Mirrka Walykumunu
 A practical guide to good nutrition from pregnancy to childhood for mothers and health professionals.

Food and Feeding Guide for Infants and Children
 An A2 size poster illustrating appropriate foods for babies as they grow

Nutrition Posters—set of 17
 A3 size posters illustrating key child nutrition messages as shown in Mai Wiru—Mirrka Walykumunu.



Maiku Kulintjaku
 Four-part educational series documenting nutrition requirements throughout life. Available on DVD (Ngaanyatjarra and Pitjantjatjara language).

Work with communities

- Support communities to run their own programs
- Support to Family Centres
- Support community initiatives
- Working with stores to promote healthy food and appropriate baby foods
- Mai Wiru Stores Policy

Individual Support and Case management

- Referrals
- Early Intervention
- Case planning with family and other agencies
- Individual nutrition education and support
- Intensive nutrition rehabilitation
- Assistance with health intervention such as clinic and hospital visits
- Emergency financial support
- Joint Case management

How do we get our clients?

Referrals from

- Hospital
- Community clinics
- Other NPYWC teams
- Family
- Self referral

Reasons for Referral

- Child shows no growth or slow growth over time
- Child appears not to eat or eats very little
- It is evident that the child or children do not have a nutritious diet
- Child born prematurely
- Child of a very young mother
- Child of a mother living with a disability or mental illness
- Child with actual or suspected foetal alcohol syndrome
- Child or children living with domestic violence
- Child or children living with substance misuse
- Child who appears inadequately cared for such as unsupervised, inappropriately dressed, constantly seeking food and comfort from staff members

Related issues

- 61% of all our current clients are children living with Domestic Violence
 - 39% of our clients are affected by serious substance misuse by one or more parent
 - 17% of these are confirmed to have prenatal exposure to high levels of alcohol and suspected FASD
 - 11% have one or more parent with a mental illness
- = need for joint case management and information sharing**

Working with Child Protection Agencies

- 46% of current clients are involved with the Statutory Child Protection System
- Facilitate communication between family and Statutory body – NTFC, FSA, DCP
- Shared case management
- Advocacy for kids and their families

Regional Responses

State/Territory and number of communities	Number of children involved with child protection	Child Protection Agency	Alternative family care	Number of children who are or have been in Foster Care
WA -8	27	20 – DCP 7 - NTFC	6	4 - NTFC
SA -8	39	27 – FSA 12 - NTFC	10	9 - NTFC
NT - 4	20	20 - NTFC	3	12 – NTFC

Therefore, if you are under 5 years of age with failure to thrive and become involved with NTFC, you have, on average, a 65% chance of spending time in formal foster care in Alice Springs.

Strategies for Failure to Thrive

- Family support
- Youth activities
- Store activities
- Food preparation and cooking
- Education
- Weaning
- Feeding skills and behaviour modification
- Role modeling
- Parenting support
- Intensive intervention
- Financial Management

Why is the Program Different

- Holistic - not just focussed on nutrition as a health issue
- Flexible – can respond to a range of needs as the Program is not set within the boundaries of a single function
- Family and community focussed
- Accountable to our member communities

Evidence of Success and Change

Reduction in growth faltering in the past 10 years

Only service in this region providing this form of wholistic case management

15 years of running the program

Research suggest that this multifaceted community-based approach is what works with growth faltering in indigenous communities.

Challenges

- Small team with a big area to cover
- Working tri-state (ie 3 child protection agencies, 3 health organisations, etc.)
- Dealing with complex social issues – need to focus on small gains and achievements

Achievements on the ground

- A severe FTT child establishes a stable growth curve
- A child who is a fussy eater starts to eat a range of foods
- A child who has been in foster care returns to their home community in the car of family
- The family of a child with FASD develop strategies to live with FASD and that child develops and grows

Case Study

- HISTORY
- Child is born in February 2009 at 38 weeks
- Birth weight 2.74kg – around 10th Centile
- Mother has suspected FASD
- Child and mother are transient between a number of communities:
 - WA community
 - NT community
 - SA community

Case Study

Services Involved

- Dept Child Protection
- NPYWC – Child Nutrition, Domestic Violence, Tjungu
- NT Families and Children's Services
- Ng Health
- Alice Springs Hospital
- Central Australia Aboriginal Congress
- Alice Springs Women's Shelter

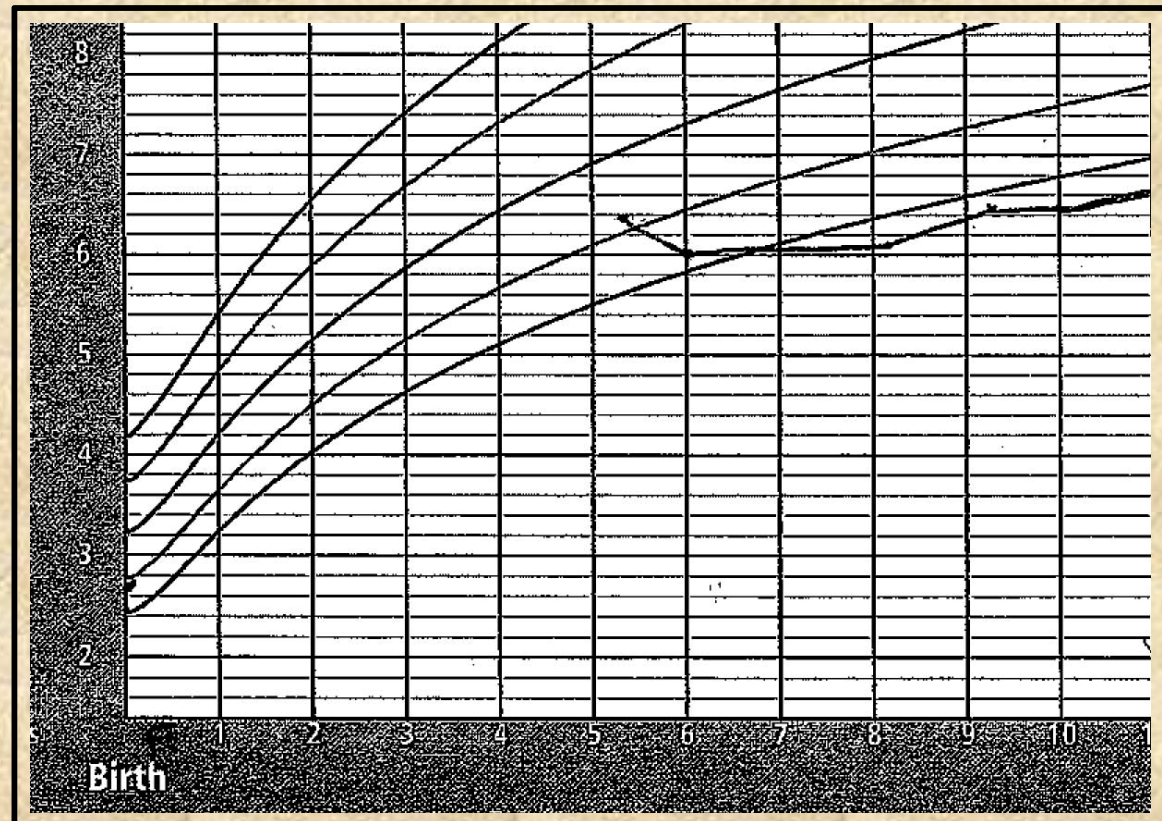
Case Study

- November 2009
 - Health worker in WA community has first concerns for child
- 10 December 2009
 - Child is 6.28 kg and well below 3rd Centile
 - NPYWC Child Nutrition worker supports mother to arrange to stay in NT community over Christmas
- 11-12 December
 - Child and mother drive to another community 200km away to see a GP. Child is referred to Paediatrician in Alice Springs

Case Study

- The child's growth chart to end of December 2009

Note: We have been unable to obtain growth data from birth to 5 months. Whereabouts of child in this period is unknown



Case Study

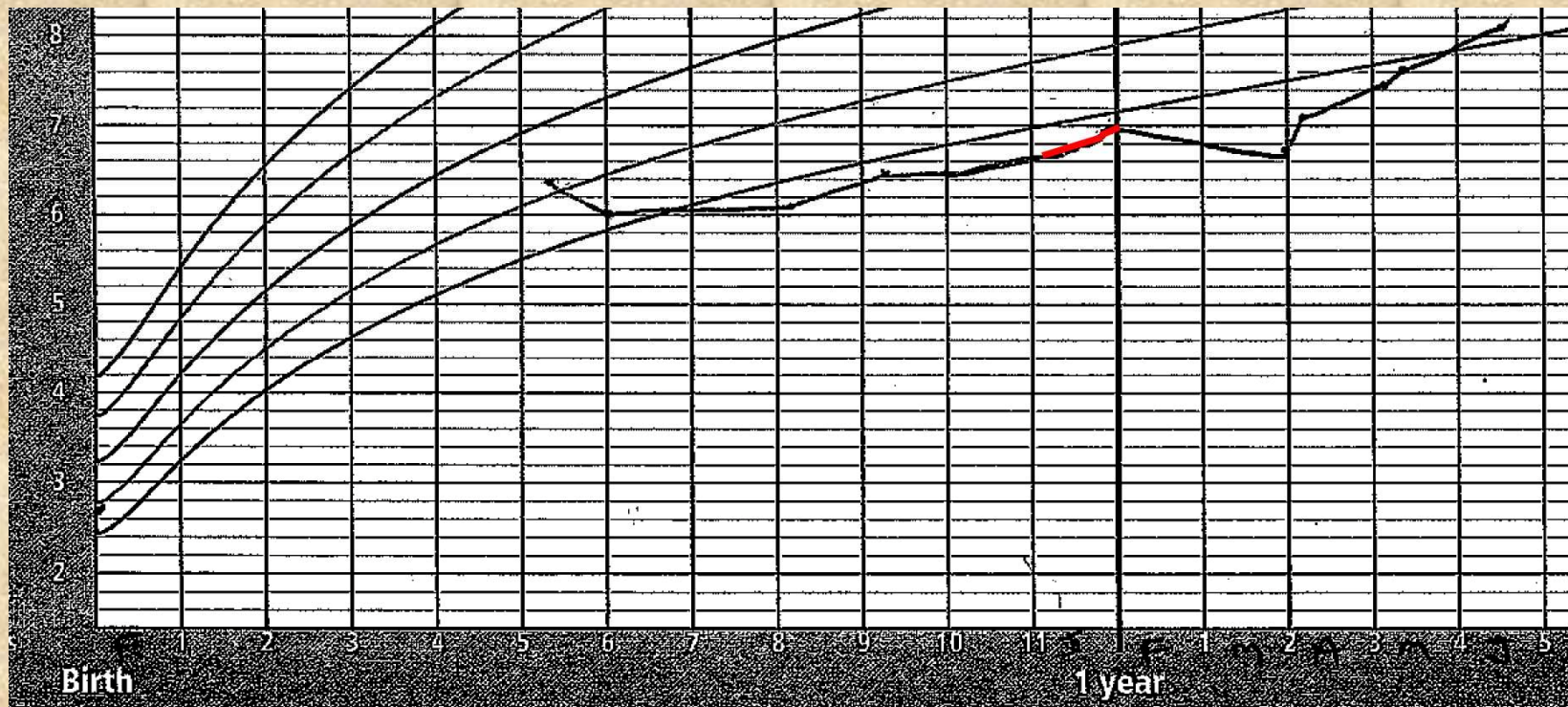
January 2010

- 5 – 12th January : ASH admission

Tube feeding over night, daily support from NPY CNP with feeding solids, weight gain of 180g

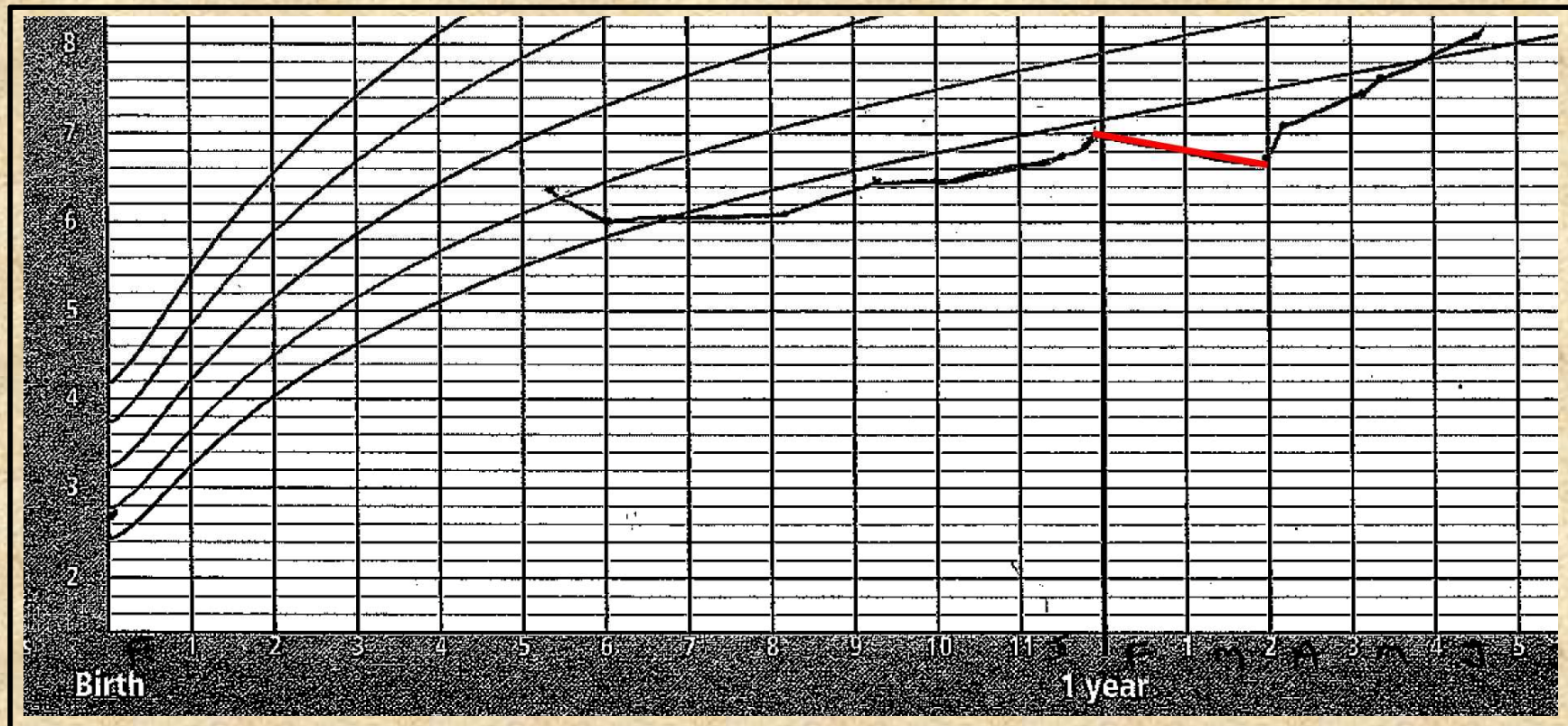
- 12th – 30th January : Stay at Hostel

Intense daily support from NPY CNP, weight gain of 330g



Case Study

- 30th January – 30th March 2010 :
Child's whereabouts unknown



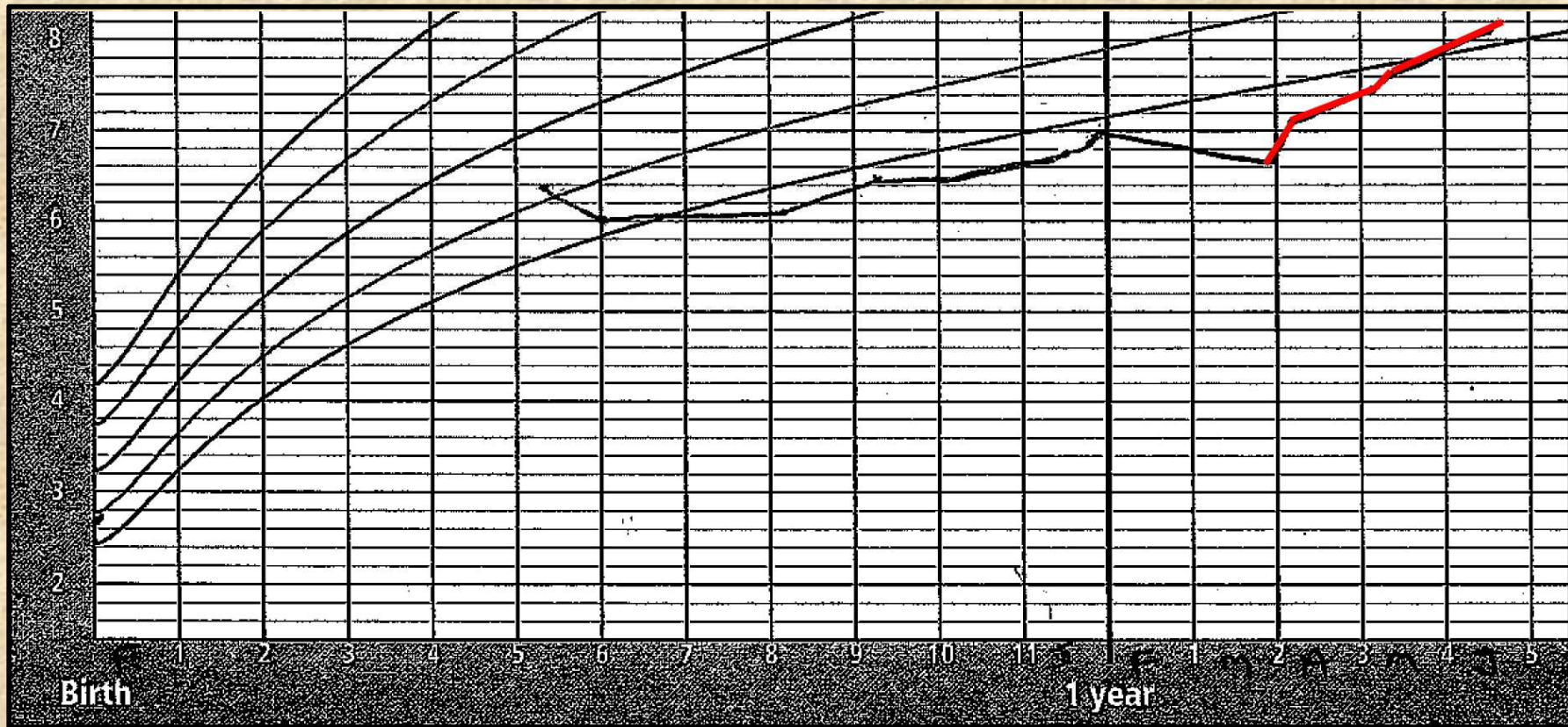
Case Study

March - April 2010

- End of March:
 - Mother and father of child involved in DV incident at Alice Springs town camp
- NPYWC Domestic Violence Team becomes involved
- 1st April: Child is admitted to ASH for gastro and FTT work up. Child has lost 270g since leaving Alice Springs in January. Discussion begins about an alternative carer.

Case Study

- April 1st to June 2010 :
ASH admission, support at hostel and with new carer



Case Study

- Complex social situation
- Intense support given by CNP
- An alternative care arrangement was necessary
- Multiple inter-team and inter-agency collaboration
- Working with agencies in NT, SA and WA
- Show how the system can fail:
 - Child should have been identified earlier

Case Study

- Ideally we intervene as early as possible, prevention is better than cure
- The community development and workshop aspects of our program assist in providing this early intervention

NPYWC Child Nutrition Program

We believe that all Aboriginal children on the NPY lands have the right to live in an environment that supports and promotes their physical, emotional, social and spiritual development.

We believe that all Aboriginal children on the NPY lands have the right to equitable access to the best possible child protection system; including health, housing, education and nutrition.

Contact us



NPYWCC main office reception: 08 8958 2345
Address: Gate 2/3 Wilkinson St, Alice Springs