



Child Health Special Edition

THE CHRONIC DISEASES NETWORK

Vol 7.8

Local, National & Global News

Inside this issue:

New Community Child Workers for Central Australia	3
Immunisation for pre-term babies	6
Exciting developments for Health Promotion in the NT	7
Katherine West Health Board – Healthy Child Program	8-9
Oenpelli Update – GAA and HSAK	13
Health Promoting Schools	14
Murry Downs – HSAK Program	15
Nutrition Grant – Maningrida Story	17
The School Breakfast Program	19
Strong Women Strong Babies Strong Culture	20-21
The Early Years	23
National News	24-25
Global News	26-28

Editor

Barbara Paterson, Program Director,
Maternal, Child and Youth Health
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New Child Health Team!

With great excitement, our new Child Health Team came into being late last year as a result of the Department of Health & Community Services (DHCS) restructure and the NT Government's Child Health & Well Being Initiative funding. This is the biggest single boost ever to child health services in remote communities. The focus will be on a coordinated and consistent approach to evidence-based services and interventions to improve maternal child and youth health outcomes, based on local needs.

We are in the process of establishing an NT-wide network of town-based and community-based child health staff. Our multidisciplinary team is being formed with the new specialist child health positions and some existing staff (see box next page).

Town-based staff are located in Darwin, Nhulunbuy, Tennant Creek and Alice Springs. In the Katherine area an Aboriginal Health Worker (AHW) has been employed in Borroloola as other communities are serviced by Katherine West and Sunrise Health Boards, who receive their funding directly.

The team will provide program support, training and practical assistance to remote area health centres and communities.

Priorities

Priorities for the first 12-24 months will be staff orientation and training, full implementation of the Growth Assessment and Action (GAA) Program, with an emphasis on "Action" for those children who are not thriving, roll-out of the Healthy School-Age Kids Program (DHCS/Department of Employment, Education & Training) and further development of "Early Years" strategies. The latter will take a community development approach based on local needs and include maternal health, early nurturing and care and child health monitoring for early detection and intervention for problems such as ear disease and hearing loss. A feature of local planning will be the development of a child health plan in each community. These may start simply ... for example, working on the action component of GAA and develop over time to a whole of community plan involving the school, crèche, council and visiting health and community services staff.

(Continued on page 2)



CEO Message



It is a great pleasure to be a part of this, the special maternal, child and youth health edition of The Chronicle.

The work done by all of you who deal with children and young people is not simply admirable and important, it's also potentially life-changing. Whether it is a focus on prevention, cure or the more structural aspects of

children's lives such as family, parenting and community, the initiatives you will read about in this supplement are making a very real difference to the present and future of kids and adolescents. We know this more and more from the science and we know it from service delivery experience.

What excites me is the breadth and depth of our responses across the Territory – in government, non-government and together. There is a real and shared commitment to investing now in child and community health, by nurturing young people and supporting their families, however those families are made up.

Within the Department of Health and Community Services, the launch of a new Territory-wide network of child health workers is

a precursor to an exciting new period. With an optimum mix of town-based and community-based staff, the multi-disciplinary team of new specialist child health professionals and existing staff will move our service provision in this field to a new plane.

Given that one of the key messages of the Government's new five-year framework, Building Healthier Communities, is "Giving kids a good start in life" there will be an ever-greater emphasis on – and appreciation of – the work you are all doing day-to-day. You have my firm guarantee that the Department will continue to support and appreciate your efforts.

Robert Griew
CEO, DHCS

The Child Health Team so far

Darwin

Karen Doyle, A/Top End team Coordinator
Tess Narkle, Aboriginal Child Health Worker
Claudia Hudson, Child Health Nurse
Tina McKinnon, P/T Child health Nurse
Megan Wingrave, Nutritionist
Marlene Liddle, SWSBSC Coordinator
Terry Cubillo, SWSBSC Coordinator
Toni Thompson, Aboriginal Health Promotion Officer
Vicki-Ann Buck, Administrative Support
2 Aboriginal Child Health Workers: Mundullullu Koops (Borrooloola), June Nadjamerrek (Oenpelli).
Recruitment is in progress at Maningrida and Port Keats.

Nhulunbuy

- Patricia Hansen, Child Health Nurse
- 2 Aboriginal Child Health Workers, Djiliri Garrawirrdja (Milingimbi/ Ramingining) and another East Arnhem community pending.

Alice Springs

- Melanie Van Haaren, A/Central Australian Team Coordinator
- Mollie, Child Health Nurse
- Libby Nugent, Child Health Nurse (starts May)
- Francie Turner, SWSBSC Coordinator
- Mary Williams, SWSBSC Coordinator
- Jacqui Dawborn, GAA Coordinator/CCHW Coordinator
- Willy Satour, Aboriginal Men's Health Promotion Officer
- Giselle Greenfield, Administrative support
- Marion Swift, Aboriginal Child Health Worker, Hermannsburg
- 5 part time Community Child Workers: Carol Giles (Docker River), Elaine Quin (Yuelumu), Lottie Robinson (Yeundemu), Doreen Stirling (6 Mile/Ti Tree) Lorraine Ngalaia (Hermannsburg).

Tennant Creek/Barkly

- Colleen Edwards, Child Health Nurse
- Jennifer Kitching, Aboriginal Health Promotion Officer
- 2 part time Community Child Workers: Rhonda Plummer (Elliott/Marlinja) based in Tennant Creek, Louise Rankin (Alekerange).

Barbara Paterson, Program Director

New staff shown in blue, existing positions in black SWSBSC = Strong Women Strong Babies Strong Culture

Of the 25 new child health positions, 18.5 will be employed by DHCS and funding for 6.5 positions has already been transferred to the existing Health Boards. Health Department and Health Board staff will work closely together.

For further information and assistance contact:
Karen Doyle A/Top End Coordinator tel 89 227816
Melanie Van Haaren, A/Central Australian Coordinator tel 89 517818

Barbara Paterson, Program Director.

NEW COMMUNITY CHILD WORKERS FOR CENTRAL AUSTRALIA



Rhonda Plummer

Members of the newly formed Central Australian Child Health Team met together for the first time at the Red Centre Resort in February to welcome and orientate 6 new part-time Community Child Workers. It was a time of sharing stories, getting to know one another and planning how we will work together for the benefit of child health throughout Central Australia.



Aileen Brody & Carol Giles

During the four day meeting time was spent looking at ways of bringing up children - similarities and differences, and at some influences on child health outcomes. As issues were identified and discussed the Community Child Workers developed their own ideas and plans as to how they could apply their skills and interests to positively influence 'child health' in their communities as well as supporting initiatives already in place.



Lorraine Ngalaia & Marion Swift

The work of the Community Child Workers will complement programs such as GAA (Growth Assessment & Action) and Healthy School Aged Kids and underpin new programs as they are developed in consultation with their communities. Some suggestions included working with young women during the antenatal period and postnatally with their babies, supporting the GAA Program follow up, breakfast programs, school initiatives and the cooking program at Six Mile which has now been running for some time.



Melanie Van Haaren

The communities supported at present by Community Child Workers are Elliott/Marlinja, Alekerange, Docker River, Yuelamu, Six Mile and Hermannsburg.

The Community Child Workers have identified areas in which they need further training and are continuing to develop resources to support their work.



Jenny Kitching's Story

The meeting was a successful beginning to a new and exciting program.

Colleen Edwards, Child Health Nurse, Barkly



Amanda Justice



Cathy Moody

Lynette Ellis

Doreen Stirling

Colleen Edwards

**First it was the train
Neonatal hearing screening trial soon to commence at Royal Darwin Hospital**

What a year for the NT. First it was the train arriving 100 years late, now we have achieved a four year dream of gaining funding for a six month neonatal hearing screening trial at Royal Darwin Hospital (RDH).

RDH will be commencing the trial later in the year, depending on finalising the preliminary work to iron out rural and remote support and language issues. Our ultimate aim is to conduct universal neonatal hearing screening (UNHS) in all Territory hospitals, which is similar to the procedure used in other States.

Over the past three years, we have done a number of smaller trials and

have established the most appropriate testing device for RDH. We are most grateful to the NT Aboriginal Hearing Program for funding this trial.

So what is neonatal hearing screening? It is a very quick, non invasive check done shortly after birth and gives us an opportunity to detect bilateral sensorineural (nerve) deafness. The trial at RDH is different to programs in other states in that we plan to raise parental awareness of the effects of middle ear disease and conductive hearing loss, as a preventative measure at the time of this screening. To that end we are currently designing culturally and linguistically appropriate resources to use with parents during the UNHS screening process.

Fiona Sutherland, Senior Audiologist, RDH and Bev Hayhurst, Hearing Policy Officer.

NT Child and Family Health Nurses Association

Do you work with children (birth to 18 years)?
Are you interested in networking and professional development?
If so, membership of the NT Child and Family Health Nurses Association is for you.

Through affiliation with two National Nursing Organisations, membership includes a quarterly refereed journal.

For more information contact the President Marie Land

**Tel: 89 854 978
email marie.land@nt.gov.au**

**CHILD HEALTH CALENDAR
We Need Your Help**

The New Child Health Team is putting together a calendar for this year from June 04 - June 05.

We would like to include photos or art work of babies, children, teenagers and youth from various communities. These photos can be of them playing, singing, playing sports, having health checks or just having fun. We are also advertising in the calendar health messages and events that are happening in those months.

If you would like to donate or send copies of photo's please do not hesitate to contact the Senior Aboriginal Health Promotion Officer, Child Health Team.

Toni Thomson on 89228162 or email on toni.thomson@nt.gov.au

We will need to send you out a consent form for you to fill in and send back so we have permission to use your photos or art work.

Ear Health Training

DHCS has received interim notice from OATSIH to fund the delivery of Ear Health Training at Cert 111/Cert 1V level for Aboriginal Health Workers. This training will commence in July and will support the Department's child and maternal health initiative in remote communities.

For further details contact Bev Hayhurst 89992754

Territory parenting support plan

Di Halloran and Lesley Taylor in the DHCS Office of Children and Families have the job of developing and coordinating the implementation of a Territory parenting support plan. To date they have been consulting with a range of people about the Framework for a plan, based on Isaac Prilleltensky's "eye of prevention" - building good universally available information and support for parents; assisting at times of difficulty, and taking action to keep children and families outside the statutory welfare system where possible, or tracking in that direction.

Following endorsement of the Framework, the next stage will be to talk with people about putting the direction into practice - so WATCH THIS SPACE, and keep an eye out for Lesley and Di. They can be contacted through 89992779.

Helen Crawford

Happy Dadada

(Babies and Children) at Borroloola

What a great start to 2004! Since employment in November 2003, community people at Borroloola have strongly identified why GAA and Maternal and Child Health is so important. Having an Aboriginal Community Based Worker, such as myself, has made a big awareness of improving maternal and child health issues. Activities that we have done include education; hands on cooking lessons; one-on-one counselling; shopping guide; home health and hygiene improvement; environment where they live; husbands and boyfriends are interested in the program; and culture coming back.

I invited Cath, Top End Coordinator for the Child Health Team and Tess Narkle, my equivalent in Darwin Rural, to travel out in December 2003 to help out with our Christmas party. Small tummies were rumbling, as children, mothers and council members were all

spoilt with a banquet, or what I call a 'feast'. There was a giant cake, donated by Macarthur Mines, fruit satays, shepherd's pie, tropical fruit punch drink, and egg salad floating on a

program has also made an impact with the community shop, which now has shelving with appropriate foods for babies, which mothers can easily identify.



I would like to thank my off-sider, Carol Simon, who has been helping me out, as a CDEP worker.

My vision, mission and goals, as a community-based worker, are to see our strong and healthy babies, infants and children, to carry on our traditional culture.

I'm hoping to achieve this by working together closely with a strong team.

Mamuk (goodbye for now).

Mundullullu Koops
Child Aboriginal Health
Worker,
Borroloola

water lily. Everyone had a wonderful afternoon, with balloons making a lovely rainbow colour.

To end the happy story, I would like to say there is no shame business among the mothers, who are able to comfortably walk in and talk about child and maternal health issues. The



Karen Bangarrappa

Most of the community based Strong Women Workers are not qualified Aboriginal Health

Karen Bangarrappa Retires After 10 Years

Karen Bangarrappa from Galiwinku has retired as a Strong Woman Worker.

Bangarrappa has worked tirelessly in this position for ten years, she was one of the first workers to join the program in 1994.

Workers, but are women selected by their communities, some are senior women, but all are highly regarded and have specialised cultural knowledge relating to their community. Bangarrappa was all of this and more.

Bangarrappa will certainly be missed by the clinic staff at Galiwinku and certainly by the Strong Women coordinator, Marlene Liddle, and by the DHCS.

We all wish Bangarrappa well.

"Bangarrappa my dear friend after many years of telling me this you have finally done it, I will miss you".

Marlene Liddle

Immunisation for Pre-Term Babies

There has been debate recently over the immunising of premature infants. It can be unnerving to have to give such tiny babies injections but we have to remember that these babies are much more susceptible to the diseases we are trying to prevent, especially meningitis.

The infants usually receive their first dose (and sometimes even second) whilst still in hospital so there is no justification for delaying injections because of prematurity.

The schedule does differ slightly once the infants reach six months of age. These differences are based on birth weight and gestation as outlined opposite. I would encourage everyone to transcribe these 'extra' vaccinations onto the chart which you refer to in the health centre.

The Child Health Team and Immunisation Team in at the Centre for Disease Control, Darwin are liaising to try and find a way of bringing these to your attention for individual children as they are due.

If you have any questions please do not hesitate to contact your district child health nurse or the immunisation staff in Darwin (Nan Miller – 89228564) or the data base staff on 8922 8315.

Extra immunisations that pre-term infants need are:

- <32 wks need extra hep B vaccine at 12 months
- <28 wks or <1500g, extra dose Hib at 6 months
- <28 weeks, or pre-term with chronic lung disease

7vPCV at 2, 4, 6 months, 12 months
23vPPV at 4 years (or 2 years if Indigenous)

This pneumococcal vaccination schedule is the new schedule for any child with medical risk factors

Cath Moody

Reducing childhood anaemia

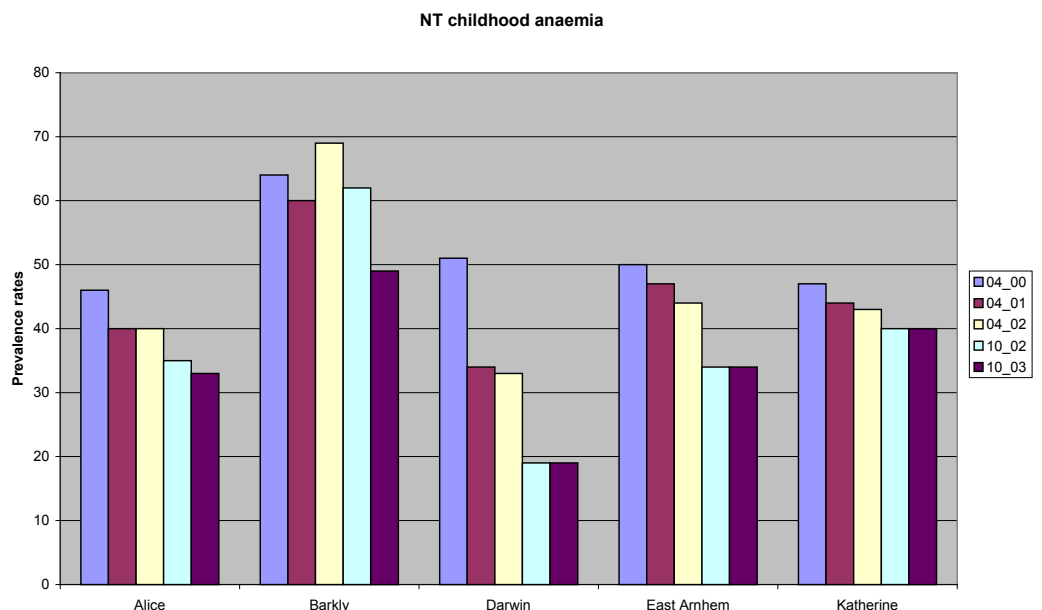
A public health intervention in Darwin Rural communities has achieved significant reduction in rates of childhood anaemia from 52% of children under 5 years to 19%. These lower rates have been maintained for over 12 months. The majority of childhood anaemia is due to iron deficiency, and local audits showed that health staff were not fully treating or rechecking children according to CARPA guidelines.

By focusing on improving our management through improved recall systems, "flags" in the child's record, education for health staff and families

and updated guidelines (included in CARPA 4th edition) there has been significant health improvements. Some large communities have achieved very low rates of 5%.

For a full report contact the Child Health Team on 8922 7712

Christine Connors



Exciting Developments for Health Promotion in the NT

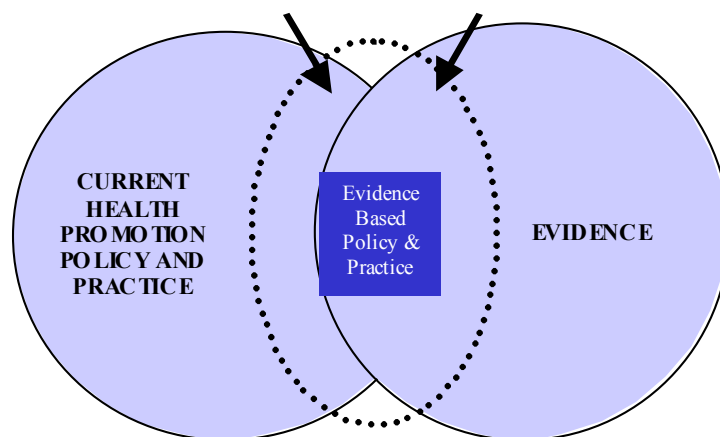
With the restructure of the Department, health promotion has taken on an exciting new look – no longer a separate ‘Program’ but part of everyone’s core business.

In his message to DHCS staff on the 1st August 2003, the CEO confirmed that “*health promotion is core business in all program areas.....unless we intervene more effectively at the health promotion and disease prevention end of the continuum of care, health outcomes will show only marginal improvement.*”

The way health promotion is being organised in the Department is around four key goals:

- 1 Health promotion will be evidence based and measurable;
- 2 Integrated into core business;
- 3 Coordinated to maximise effectiveness and minimise duplication; and
- 4 The focus will be on mental health, alcohol and other drugs, preventable chronic disease and **child and maternal health.**

Figure 1. Aim is to increase the amount of health promotion policy and practice that is evidence based



A small project team is working with the key focus areas to increase the number of health promotion interventions that are evidence based and have measurable impact (see Figure 1).

We have just started this process and we need your help.

- How do you incorporate evidence in your health promotion work?
- Do you know of any child and maternal health strategies that are effective?
- How do you know they’ve worked? What can we do to help improve your practice?

If you know of health promotion projects that are working or you would like more information about the health promotion reform project...give us a call or email us.

- Nikki Clelland 08 8999 2889 or nikki.clelland@nt.gov.au
- Paula Convery 08 8999 2845 or paula.convery@nt.gov.au
- Lanny Hoskin 08 8922 7771 lanny.hoskin@nt.gov.au

Karu Walijar-wu Punyuk-Warji:

Karu Walijar-wu Punyuk-Warji was the name given to the Katherine West Health Board (KWHB) Child Health Program in late 2002 at a planning workshop held to decide how we could best use our NT Government Child Health and Wellbeing Initiative (CHWI) funding. Since then the Healthy Child Program been rapidly growing and evolving into a comprehensive plan for how we will address maternal and child health in the Katherine West region.

The main focus areas for the Healthy Child Program are:

- ◊ Child and maternal health screening and surveillance
- ◊ Communication with communities about the health status of their mothers and children
- ◊ Maternal, child and family health promotion
- ◊ Childhood vaccinations

Prior to receiving the CHWI funding, KWHB already employed a Senior Aboriginal Health Worker dedicated to Maternal and Child Health work. In May 2003 the Child Health Program Coordinator was recruited and then more recently we have recruited a Maternal Health Project Officer. Each health centre has identified a nurse and/or Aboriginal health worker to work in the area of maternal health and child health. These remote staff members together with the Child Health Program Coordinator, Maternal Health Project Officer and Maternal and Child Health Worker, form the KWHB Child and Maternal Health Team and are responsible for the effective implementation of child and maternal health strategies across the region.

Some of the initiatives that have commenced over the past year include:

Karu, Kurdu, Jarlik: Baby Book

A personal (parent held) child health record has been trialed in a few communities in the NT. The idea of implementing a personal child health record across the Katherine West region was met with great enthusiasm from staff and clients. In



May-June 2003 a Nutrition and Dietetics student from

Flinders University consulted extensively throughout the region to develop the Karu, Kurdu, Jarlik: Baby Book.

The book was modelled on a book developed in Minyerri and interstate child health records. It contains space to record growth, development, immunisations, illnesses and other concerns as well as

information about infant nutrition caring for a sick child, teething and being a healthy parent.

We had anticipated that the book would be ready for distribution in March 2004, however there have been delays with accessing suitable covers and the books should be available soon. We plan to distribute the book to all families with children under 24 months in the region and commence ongoing evaluation and review of its use, appropriateness and effectiveness.

Healthy mums, healthy kids- sharing antenatal health care project

KWHB has been successful in receiving a grant from the Commonwealth Department of Health and Ageing for our Healthy mums, healthy kids-sharing antenatal health project. This project aims to improve our maternal health services with a focus on the prenatal and antenatal periods. There are several components to the project:

- Clinical audit against best practice guidelines across the region
- Consultation with clients and staff about their perceptions and satisfaction with current maternal care and directions for future practice
- Development and implementation of maternal health program manual for use in our region
- Implementation of personal antenatal health records
- Implementation of community based maternal health activities (eg Mother's groups)

The project commenced in February this year and is funded until December 2005.

(Continued on page 9)

Healthy Child Program

(Continued from page 8)

Child Health Action Plans

Management of children who are growing poorly or have chronic health problems is a common challenge in the NT. One of the areas we have been addressing the Katherine West region is the use of Child Health Action Plans. We developed a new action plan proforma in consultation with remote clinical staff and a guide for how to do action plans. All staff in the region participated in an inservice on how to do action plans, emphasising the need for the family to identify the problems and solutions and to refer families to the Maternal and Child Health Worker for additional support.

We are in the process of auditing the uptake and effectiveness of our new action plan form and will implement the recommendations in the coming months.

Child health screening

Like most health centres in the NT, KWHB health centres participate in 0-5 year old (as part of Growth Assessment and Action program) and school aged (as part of Healthy School Aged Kids) screening.

We have expanded the 0-5 year old screening to include surveillance of ear and skin health. We have also included an annual ear examination for all school aged children. We hope that by routinely examining the ears of "well" children as part of screening we will be able to pick up cases of AOM that would have potentially been missed and treat these children aggressively.

We have approached child health screening in a coordinated way - with each community health centre doing most of their screening on alternate weeks so that additional resources and support can be provided by the Child and Maternal Health Team. This has been effective in ensuring good screening coverage and including health promotion activities as part of the screening.

Health education in schools

A number of schools from around the region have indicated their interest in linking with health staff to deliver some of the health education curriculum. In particular, Lajamanu school was very proactive in engaging the local health centre and Child and Maternal Health Team to establish a ten week

health education program. This program is ongoing and is being continually improved.

To ensure health education in schools is being done in a coordinated way, we are developing a health education kit for schools in our region. This kit will have key topic areas and brief outline of the content for each topic, education resources and activities and a list of contact people for helping with sessions. In Term 2, we will be inservicing health centre staff and teachers in how to use the resources and develop a program plan for each school.

Kids Health Information Days

One of our program areas in the Karu Walijar-wu Punyuk-Warji Program is to communicate with communities about the health status of their children. We have held information days at several communities to present information from the October 2003 0-5 year old screening and discuss the child health priorities for the community. At these sessions we have discussed issues such as ear disease and ear toilet, child developmental stages, anaemia and worms, long and short term effects of poor growth and development in early childhood, immunisations and child nutrition. One of the outcomes from these sessions has been production of a calendar featuring the children from Lingara community and including simple messages about how to keep kids healthy.

For more information:
Danielle Aquino
Child Health Program Coordinator
Katherine West Health Board
PO Box 147
Katherine NT 0851

Ph: 8971 9319
Fax: 8971 9340
Email: daniellea@kwhb.com.au

New Mothers & Babies Report

INTRODUCTION

The NT Midwives collection is a population census of all NT births in public and private hospitals as well as homebirths and community centre births. The following information is based on the 2000-2002 NT Midwives collection data and provides summary statistics on mothers and babies in the NT.

HIGHLIGHTS

	2000	2001	2002
Total Mothers	3557	3727	3675
Total Babies	3604	3770	3722
Indigenous mothers	37%	40%	37%
Hospital births	99%	97%	98 %
Birth rate*	66	68	68

*Births per thousand women aged 15-49 years.

MATERNAL AGE

Nearly 31% of indigenous mothers in the NT were under the age of 20 years whilst only 5% of non-indigenous mothers were in this age group.

FIRST TIME MOTHERS

Around 45% of NT mothers were first time mothers.

ANTENATAL CARE

	2000	2001	2002
Attended Antenatal visit/s	96%	98%	96%
Received an Ultrasound in pregnancy	90%	75%	84%

METHODS OF BIRTH

- Nearly 70% of mothers had a spontaneous vaginal delivery
- Approximately 24% of mothers had a Caesarean section.

BIRTHWEIGHTS

- Indigenous babies were twice as likely to be born with low birth weight than non-Indigenous babies (13.5% and 6.4% respectively)
- The majority of low birth weight babies are born to mothers under 20 years of age.
- Of the low birth weight babies, 36% were born between thirty-seven and forty-one week's gestation
- Indigenous mothers were significantly more likely to have a pre-term birth (15%) compared with non-indigenous mothers (8%).

Birthweight	Indigenous	Non-Indigenous
Less than 2,500 g	14%	7%
Greater than 2,500 g	86%	94%

PERINATAL MORTALITY

- Perinatal mortality per thousand births among indigenous babies (19 per 1000 births) is twice as high as non-indigenous babies (9 per 1000 births).

The Mothers and Babies full report is to be published once the analysis is completed.

This report will be available on:
<http://www.nt.gov.au/health/publications.shtml>

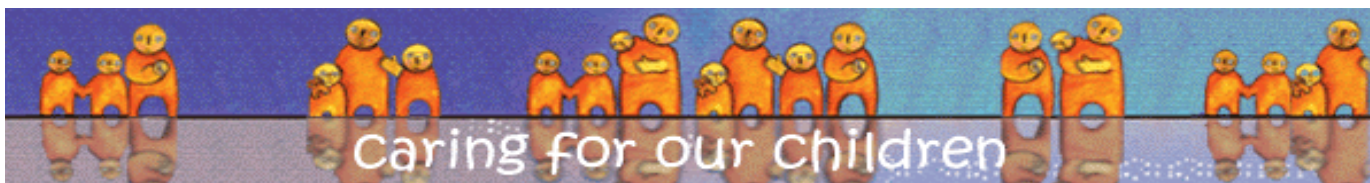
Margaret Stewart

For further information about this report or for any information on perinatal data please contact:
Perinatal Data Project Officer, Margaret Stewart,

Phone: 89227779, **Mobile:** 0431032210, **Email:** margaret.stewart@nt.gov.au

Address: PO Box 40596, Casuarina, NT 0811
 Block 6, Acute Care Information Services
 Royal Darwin Hospital, Rocklands Drive. Tiwi 0810

Office of Children and Families



The **Office of Children and Families** (OCF) is now established as part of the Policy and Partnership Branch of the Community Services Division of the Department of Health and Community Services.

Establishment of the OCF was an election commitment intended to promote a more whole-of-government approach to supporting children and families. The role of the Office is to promote awareness of the interests and needs of Territory children and families, and issues affecting them; to inform policy and strategy development, and to develop new programs and services to respond to child and family needs. Our approach is to do this in partnership with others, and to facilitate participation by children, families and the broader community in all levels of decision-making and action affecting their lives.

Key initiatives and projects in the Office currently include:

- improving access to information for families, initially through development of a family support website and parenting telephone helpline
- development of an NT strategy and plan to deliver new and revitalised parenting and family support services for priority target populations
- working with Department of Employment

Education & Training to implement an early years framework which will strengthen care, development and learning systems and programs for young children and families

- improving available information about children, young people and family needs and interests in the NT
- replacement of the Community Welfare Act with new legislation for children and families

The Office has eight members:

Helen Crawford	Manager, 92722
Nicola Jackson	Project & Admin Support, 92779
Sue Bertram	Senior Project Officer, 92496
Lee-anne Jarrett Sims	Project Officer, 92703
Di Halloran	Parenting Support Coordinator, 92478
Lesley Taylor	Parenting Support Coordinator, 92471
Barbara Kelly	Legislation Policy Officer, 92792
John Sheppard	Information Officer, 92483

If you have any queries about the Office or its current work, please contact us on 8999 2779.

The OCF is located on the 3rd floor, Health House, 87 Mitchell Street. We welcome your interest and look forward to working with a broad range of people to support children and families now and in the future.

Families website has been launched: www.families.nt.gov.au and [NT Parentline](http://NTParentline.com.au).

Help is available from **Parentline** on **1300 30 1300**. (Cost of a local call) or via email at parentline@kidshelp.com.au. Parents under 25 years can access KidsHelpline on 1800 55 1800.

Aboriginal Peoples Birth Cohort

Seventeen years ago, 686 Aboriginal babies were recruited at the Royal Darwin Hospital into a longitudinal prospective study of growth and nutrition. Shortly after recruitment it was recognised that this birth cohort was a valuable resource for the study of non-communicable chronic disease in Aboriginal Peoples.

At birth, information was collected on perinatal and maternal antecedents (Wave 1). Longitudinal growth data has been collected from health records since that time and hospital admissions are being monitored. Cross-sectional data was collected on

growth, nutrition and potential markers of chronic disease at a mean age 11.4 years (Wave 2). Vital status was determined for 95% and 86% of children were examined. Only child size and not birth size related to the markers of chronic disease. Continued study of this cohort will examine causal relationships between early life and subsequent outcomes and will help identify critical intervention times to decrease the development of chronic disease in this population.

Susan Sayers, Principal Investigator
Aboriginal Birth Cohort Study
Menzies School of Health Research May 2004



Sensing to Move Program (SToMP)



The Sensing To Move Program (SToMP), was collaboratively developed, implemented and evaluated by the Community Paediatric Team and Preschool teachers in Darwin and Palmerston. It aims to improve the sensory motor skills in preschool children.

What is Sensory Motor Ability?

It is the ability to perceive, interpret and organise sensory information (sensing) in order to carry out an appropriate motor response (to move). Skills such as jumping, throwing, climbing and so on involve sensory motor ability.

Development of your child's sensory motor skills may:

- Increase their balance, co-ordination, body awareness and strength
- Improve their readiness for transition to school
- Promote future learning (eg. Improve concentration, hand writing etc.)

SToMP was started following the success of various sensory motor programs run by the Community Paediatric Team in Preschools. The purpose of these programs was to provide specific sensory motor activities to children who were experiencing problems in this area, however the programs has progressed to involving all children at the Preschools regardless of ability.

Aims

The aims of SToMP are

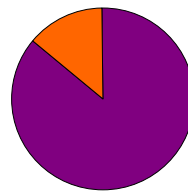
- To improve the sensory motor abilities of all Preschool children
- To improve the understanding of Preschool Teachers and staff about sensory motor

skills and their ability to identify children who have problems with these skills

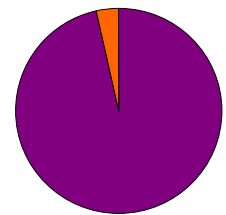
- To improve the links between Preschool teachers and the Community Paediatric Team

Of the 30 Preschools in Darwin and Palmerston area, fourteen schools used SToMP in Term 2, 2003 and four schools (154 children) provided complete assessment data on their children's skills including both initial and post assessment details for Term 2, 2003. The pie chart below shows the difference between the initial and post assessment in terms of the amount of children assessed as being below normal limits.

Teachers found SToMP was easy to use, flexible, not too prescriptive, children enjoyed SToMP and it was gratifying for teachers to see children's skills improve.



Initial assessment



Post assessment

Within normal limits
Below normal limits

Written by the Physiotherapist, Occupational Therapist and Speech Pathologists of the Community Paediatric Team, Darwin Urban.

Men are important too! Men's involvement in child health

Aboriginal fathers, uncles and grandfathers have had an important part to play in the raising of their children and in providing them with good male role models. In today's society it is even more critical that Aboriginal males provide leadership and responsibility in family matters. Aboriginal men's leadership can make a difference in building stronger communities and healthier families.

The Men's Health Policy Unit and new Child Health Team are working together with communities to promote men's involvement in child health. For further information contact Frank Spry on 8999 2424 or email: frank.spry@nt.gov.au.

Frank Spry

Oenpelli Update

The staff at the Oenpelli Health Centre have worked hard with the community and visiting health professionals to enhance the outcomes of the Growth, Assessment & Action (GAA) and the Healthy School Aged Kids Programs (HSAK) in Oenpelli.

Growth Assessment & Action Program

The GAA Program has been running in the clinic since its inception in the NT in 1998. The staff find the regular checks for kids, and sharing information about growth and anaemia with community members helpful. In 2002 there was a big focus on treating anaemia, which has led to a large and sustained reduction in anaemia rates for children 0-5 years.

With the assessment part of the program under control and humming away, the clinic staff has turned their attention to what they could do in their capacity to promote good child growth in Oenpelli.

The focus of the growth promotion activities is to provide education and support to mothers with new babies and their family members. When a new baby has its first visit to the Health Centre, in addition to routine health care, the family also receives a package to promote health care and foster the development of a relationship with Health Centre staff. This package consists of a locally printed calico bag, tie-dyed singlet, cloth nappy, face washer and a personal calendar and hand held growth chart with the mother/carer and baby's photo on it. At the age of four to six months, a bowl, spoon and samples of rice cereal and tinned baby food are provided to add to the package.

In December last year, clinic staff, visiting health professionals and breastfeeding mothers or mothers to be, came together in a series of

sessions where discussion focused on promoting the Well Baby Clinic and healthy eating for infants. The Well Baby Clinic session covered topics such as growth assessment, anaemia, skin health, worm treatment, immunisation and mother's health. The healthy eating for infants session covered the importance of breastfeeding and providing enough appropriate bush and store foods for young infants from about 4 to 6 months of age.

Video footage of the workshops was taken and edited to produce videos that are to be used within the clinic and at other appropriate community events. The Well Baby Clinic video will be shown to families on the baby's first visit to the clinic, to explain what's involved in regular health checks and why they are important. Videos about the introduction of foods will be made available for families to watch as their baby grows.

Healthy School-Age Kids Program

The HSAK Program has been operational in Oenpelli since 1999. Over the last few years there has been a focus on informing the school children and their families about why HSAK is important and also to use the opportunity to incorporate health promotion activities.

Over the last two years, the Baby Clinic Nurse has been working together with the Child Health Nurse, a local interpreter and a Darwin artist to develop the HSAK Program flipchart for Oenpelli. The flipchart explains each stage of the screening process in terms of what the children can expect and why each step of the screening is important. The Health Centre and School staff are looking forward to trialing this tool this year. Hopefully the appeal to the children will be that they have participated in the making of the flipchart, they feature in many of the photos and it is written in both local language and



English.

Clinic staff have run health promotion activities in conjunction with school screening in the past. Two years ago, funding was sought to provide each child who participated in screening with a calico bag containing shampoo, soap, toothbrush, etc. to promote personal hygiene. Last year each child who attended received a calico shoulder bag printed with a local child's artwork. This year's program is still in the early planning stages, but is likely to include a focus on nutrition and physical activity, and a fun event such as a pool party organised in conjunction with the school.

Each of these public health promotion activities have required small amounts of funding or sponsorship and utilised local resources where possible. Thank you to the Gunbalanya Council, the Gunbalanya Community Store, the Health Promotion Program, Nutrition and Physical Activity Program and Heinz for the support they have provided.

The clinic will soon be employing a local Aboriginal Child Health Worker, through the Child Health & Well Being Initiative funding. This worker will play a vital role in the current team and help to expand the reach of growth promotion activities in the community.

For further information please call the Baby Clinic Nurse, Paula Harrison on 8979 0178.

Paula Harrison & Megan Wingrave

Health Promoting Schools Unit

The Health Promoting Schools (HPS) Unit is located in the Curriculum Services Branch and of the Department of Employment, Education and Training (DEET).

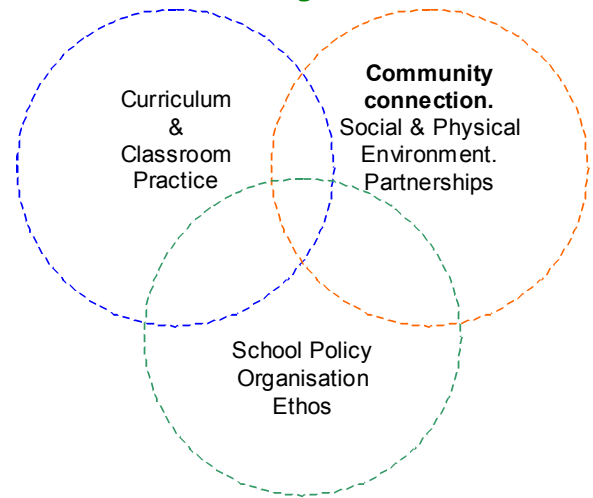
It is staffed by Curriculum Officers in Drug Education, Human Sexuality education, Nutrition, Physical Activity and Sport.

The Unit replaces the School of Sport Health and Physical Education (SHAPES) and is clearly distinct from School Sports NT, which remains and

operates independently. The Unit will operate with a clear intention of assist classroom teachers and schools to utilise the Northern Territory Curriculum Framework (NTCF) effectively in course programming within a HPS framework and to work on the development of whole school philosophy through cooperative engagement with the broader community.

The HPS Unit provides support to teachers for the Healthy School Age Kids Program.

Health Promoting School Model



The diagram above summarises the HPS approach.

How to contact HPS:

Darwin – First Floor, Harbour View Plaza, corner McMinn St and Bennett St Darwin.

- Mike Bowden, Manager, Ph: 8999 4176, Email: mike.bowden@nt.gov.au
- Nola Pearce, Manager Drug Education, Ph: 8999 4393, Email: nola.pearce@nt.gov.au
- Irene Moran, Drug Education, Project Officer, Ph: 8999 4328, Email: irene.moran@nt.gov.au
- Lesley Ollevou, Admin Assistant, Ph: 8999 4229, Email: lesley.ollevou@nt.gov.au Fax: 8999 4220

Darwin-based, provide visiting service to Top End Schools

- Rodney Gregg, Physical Activity Curriculum Advisor, Ph: 8999 3778, Email: rodney.gregg@nt.gov.au
- Jodie Ward, Health Curriculum Officer, Ph 89994355, Email: jodie.ward@nt.gov.au

Alice Springs, provide visiting service to Central Australian Schools

- Peter Peterson, Health/Physical Activity Curriculum Officer Ph: 89517022, Alice Springs Fax: 89517026, Email: peter.peterson@nt.gov.au

Mike Bowden
DEET

Home visiting in the remote community context

It is now well documented that the early years of life provide the foundation for future health and educational outcomes. In many parts of the world, including Australia, home visiting is being developed as a strategy to enable parents and other caregivers to support and facilitate their child's health and development. Supporting a child's caregivers is an acknowledgment of the central importance of parents in a child's wellbeing, and is based on a strengths rather than deficits focused approach that recognises the parents unique knowledge about *their* child. It is based on a developing relationship between the home-visitor and parents/caregivers as the vehicle to promote parental competency to achieve the goal of healthy child development.

This short project involves a review of the literature around home visiting to identify the components of successful home visiting programs nationally and internationally and to develop a local consultation plan. This will help the Department to determine the degree to which home visiting may be a useful strategy to assist with child health and wellbeing outcomes in remote Aboriginal communities. Some of the issues which need to be considered include:

(Continued on page 18)

HEALTHY SCHOOL AGE CHILDREN'S PROGRAMS AT MURRAY DOWNS SCHOOL

Murray Downs school is situated 33km's south of the closest Health Centre, which is located at Alakerenge community. The school is situated near the Murray Downs cattle station.

HEALTH AND HYGIENE

Currently, twenty-eight (28) children attend the local school on a regular basis. Some children as young as 3 years old attend school also. Young mothers and babies are encouraged and invited to attend school daily.

Prior to daily lessons, each student arrives at the school for their morning showers, a change of clothes, the enjoyment of a nutritious breakfast with lots of fruit, and some playtime.

The students daily ritual consists of nose blowing, ear cleaning, hair combing, teeth cleaning, attending to minor cuts and abrasions and then they are ready to begin their lessons for the day.

The treatment for head lice is conducted every 4 weeks at the school. The school stores head lice medicine and cream for scabies at the school and is available to parents anytime.

HEALTHY TUCKSHOP PROJECT

The children also are provided with a morning recess, early lunch, of sandwiches, fruit and juice and more play time in the school grounds. All monies received from the sale of foods from the tuckshop are re-invested back into the school for the student's benefits.

CLOTHES WASHING

Some students volunteer to hang out the clothes to dry. Before the children go home they collect the clothes off the line and change into clean clothes. By doing this

task at school on a regular basis, the students are now bringing other clothes to the school to wash and hang out to dry. A sense of pride and responsibility.

SCHOOL TEACHER

Margaret Griffiths the schools teacher has been teaching the students for a period of 6 years at Murray Downs. She does a pretty good job with the student's education considering her isolation and responsibility to the students.

Margaret encourages the students to set goals, where they are rewarded through incentives eg excursions to Alice Springs or Darwin going to movies, etc.

VEGETABLE GARDENS

2002/2003 the school developed a garden where the students were responsible for the preparation of soil, fencing, the planting of seeds, the maintenance of watering and weeding. Both years the students reaped the benefits of fresh vegetables.

The vegetables were used to make healthy lunches for the students with extra vegetables being sent home to families.

This project was supported with the help of Aboriginal Health Promotions Incentive Funds.

CITRUS, FRUIT AND NATIVE TREES

The students with the support of their teacher and Lyn Leah (assistant to the school) have also planted citrus, fruit and native trees during the past two years. They are mango, lemon, mandarin, mulberry, olives, pink grapefruit and passionfruit vines which the students benefit from with locally grown fruit to help fight disease and sickness.

NEW PROJECT – FRESH EGGS

During the past 9 months the students have received fresh eggs from their hens. Their little project consists 1 rooster & 3 hens who lay five eggs every second day, which gives them fresh eggs for sandwiches. The students feed the hens and collect the eggs. A very worthwhile project with good benefits for the students efforts.

The soil around Murray Downs lacks a lot of nutrients and water is in limited supply. Combined with the added problem of white ants, it is a constant struggle to keep trees growing, however the efforts of the teacher, Lyn and the students have developed a very peaceful and tranquil environment for all who use it.

Margaret and the students with the encouragement of Lyn continue to plant trees, grow vegetables and raise chooks to lay fresh eggs despite the odds and difficulties they encounter with their projects.

The Barkly Team consists of:-

- Alison Lorraine Nutritionist, Richard Elder EHO, Celina Bond Sexual Health Educator, Hannah Moran Sexual Assault Counsellor, Linda Carter/ Kathleen Garle FACS, Eugen Freudigmann Audiometrist, John Turahui/Carmel Morsi Health clinic staff, and Jenny Kitching

We all support Murray Downs school in a number of ways including, school screening, health promotions, good nutrition/ healthy eating education and training, and regular visits to meet their needs.

Jenny Kitching, Child Health Team, Tennant Creek

The Strong Teeth Study

Mary Beneforti
Project Officer, CRC for Aboriginal Health

A trial of water fluoridation is currently under way in remote Aboriginal communities to see if the high rates of dental decay among Aboriginal children can be reduced. While visiting dental therapists do their best to examine and treat children in these communities, the need is far more than they can meet. Irregular toothbrushing, poor diet and poor awareness of the importance of oral health all contribute to the high dental decay rates. Water fluoridation is able to reduce some of the disparities in dental health that disadvantaged communities tend to experience.

Many Northern Territory communities do not have sufficient amounts of natural fluoride in their water supplies to provide protection against dental decay. Darwin and Katherine have had their water supply artificially fluoridated for a few decades but the practice has not been extended to smaller and more remote communities in the Northern Territory. Water fluoridation was installed in Nguu and Groote Eylandt in the 70s, however it was discontinued because of problems with safety and maintenance. New technology means that it may now be feasible to safely fluoridate the drinking water even in quite small remote communities.

Menzies School of Health Research, the Cooperative Research Centre for Aboriginal Health, the University of Adelaide, the NT Departments of Health and Community Services, and Community Development, Sport and Cultural Affairs (Indigenous Essential Services), the Power and Water Corporation, and ATSIC are

conducting the three-year trial. Following a consultation process, water fluoridation plants have been installed in two remote communities. Operation and maintenance costs, health and safety issues, and overall cost-effectiveness of the plants will be closely monitored during the trial.

Dental health of children in the two trial and three control communities will be followed for several years. DHCS dental therapists have received additional training to assist them to more readily detect and more accurately record early decay. Data collection will take place through the routine children's dental health survey. In addition, baseline survey data about the past and current exposures to fluorides (e.g. toothpaste, diet, residence) have been collected from the parents/carers of 430 children in three of the study communities. Information about water fluoridation and general dental health was also provided to these parents/carers during the interviews.

The researchers hope that a successful outcome from the trial will pave the way for the future introduction of water fluoridation in other remote Aboriginal communities. This will remove some of the current inequities in oral health and will improve the overall health and wellbeing of children in these communities.

For further information contact
A/Prof Ross Baillie
NHMRC Senior Research Fellow
Ph 08-89228835; Fx 08-89275187
Menzies School of Health Research

Optimal infant nutrition guidelines

'Giving kids a good start in life' is a key priority outlined by the Government in its recently released vision, *Building Healthier Communities – a Framework for Health and Community Services*. Optimal infant nutrition is paramount for the growth and development of infants.

A Project Officer has recently been employed in the Nutrition & Physical Activity Program to progress work which will lead to the development of optimal infant nutrition guidelines for the NT.

The key focus of the project will be to:

- review the NT DHCS *Breastfeeding Policy and Strategic Plan 1994-2000*
- review the evidence which has informed recent WHO and NHMRC recommendations related to optimal timing of

exclusive breastfeeding and how this may relate to the NT population

- plan a broad consultation process to be conducted in the second half of this year, to discuss these findings and inform the development of Optimal Infant Nutrition Guidelines for the NT.

For more information contact
Vivienne Hobson, Program Director Nutrition & Physical Activity on vivienne.hobson@nt.gov.au or 8999 2953.

Maningrida Story – Nutrition Grant

Two exciting kids programs - “The Weaning Foods Project” and “Catch-up Kids” have been running in Maningrida for the past two years. Staff working at the Health Centre at the time identified a need for such programs and set about sourcing donations and funding to support their ideas. The programs have evolved today such that they are supported by a DHCS Nutrition and Physical Activity grant, provided to Bawinanga Aboriginal Corporation (BAC). Maningrida Health Centre runs the Weaning Foods Project during the Well Baby Clinic and the Catch-up Kids Program is run at the Women’s Centre with their help when required.

The Weaning Foods project aims to improve the health of children through the promotion of timely and appropriate introduction of solids. Nutrition Worker Phyllis Dungudja and Baby Nurse Anita Blandford work together to provide education to mothers with young babies. All mothers with young infants are given take home packages suitable for their child’s age (4, 6 and 12 months). The colour coded calico bags contain a bowl, spoon, age suitable samples of baby cereal and baby food (donated by Heinz) and a one-page handout. The 6-month bag contains a feeding cup for the older infant. The growth and development of children is also monitored through the Growth Assessment and Action (GAA) Program and any child identified as growth faltering is placed on a one-month intensive action plan. This intensive action plan is

followed on with the “Catch-up Kids” Program if necessary.

The “Catch-up Kids” Program aims to provide healthy food to undernourished children. Children may enter the program by being identified through the GAA program or having recently been discharged from hospital following a severe illness with associated weight loss. Catch-Up Kids is run at the Women’s Centre, where Phyllis prepares a healthy meal for the children 3 days a week. Mothers may bring their children, or are picked up and taken to the Women’s Centre where they receive the healthy meal, fruit and a drink. Two of the days coincide with playgroup at the Women’s Centre to provide extra social activity for the children.

These programs have proven to be successful in improving the health of children, especially those at risk of Failure to Thrive and have also increased the awareness of nutrition needs of children. Plans for the future are orientated towards including mothers in food preparation, cooking and health discussions about their children.

For more information, please contact Anita Blandford or Phyllis Dungudja at the Maningrida Health Centre Ph: 8979 5930.



Children grow from good beginnings

The *Good Beginnings* National Parenting Project offers support to parents to create nurturing environments in which babies and young children can thrive. *Good Beginnings* fosters partnerships between parents, volunteers, all levels of government, community based services and business.

In the NT, the first Good Beginnings program was established in Katherine in 1997. Trained volunteers supported by professionals, visit parents in their homes. This program is still providing support to Katherine families and includes home visiting groups, school programs and one to one counselling.

Good Beginnings also operates the Prisoners and their Families Program in Darwin and Alice Springs Prison supporting children and their families affected by the imprisonment of one or both parents. This program aims to strengthen the skills and knowledge of those parents, so that despite their imprisonment they can confidently create a better future for their children - outside the crime cycle. An emphasis is placed on the impact of violence on children (ie abuse, crime, domestic violence) and the great benefits of open communication and expressing love.

Barbara Wellesley, Director, *Good Beginnings*

2004 Northern Territory Child Health and Wellbeing Survey

This groundbreaking initiative is a joint project of the NT Department of Health and Community Services (DHCS) and the NT Department of Employment, Education and Training (DEET). It is designed to collect information on physical and mental health, educational and general wellbeing of NT children. It is widely recognised that school, family and community environments represent the predominant influences on children and their development. This survey is the first occasion in the NT in which these influences will be measured at population level.

Interviews will be conducted in August with parents or guardians of 2000 randomly selected children in the NT aged 12 years and under using Computer Assisted Telephone Interview (CATI) techniques. Parents or guardians of survey children will be asked to give consent for the survey team to contact their child's teacher. A paper-based questionnaire will be sent to teachers and they will be asked to record pertinent education and behavioural information on individual children participating in the survey. Information will be collected on a range of mental and physical health conditions and protective and risk factors in children as well as education specific information. Specific topics include:

- general health
- disability
- behavioural and developmental problems
- chronic health conditions such as asthma
- injuries
- health and community service use

- physical activity, body mass index, nutrition
- sun protection
- family functioning
- child behaviour
- involvement in community activities, participation in after school activities
- school performance (academic attainment) and connectedness, need for academic support
- interaction with peers, risk behaviour at school eg. bullying, threatening, graffiti etc

Health Gains Planning, DHCS is taking a lead role in the project and will oversee the collection and analysis of data. Survey responses will be grouped and presented in a variety of formats relevant to the needs of participants, the public and health and education professionals.

The collation of information on the status and determinants of child health and wellbeing will directly inform DHCS and DEET policy and program development. Information collated will also be relevant to other NT Government initiatives including those of the Social Policy Unit, Department of the Chief Minister, the Early Childhood Committee of the Education Advisory Council and other combined Education and Health initiatives.

Mary-Anne Measey
Health Gains Planning, DHCS

(Continued from page 14)

- Should home visiting be provided to all children between certain ages (a universal service) or be targeted to high-risk families (eg adolescent mothers)?
- When should it start, pre or postnatally, how often and for how long?
- Who should provide home visiting, health professionals and or 'lay home visitors'?
- What is the purpose of the visiting? For example, pre natal visits, may focus on the importance of nutrition for the mother, and the effects of smoking and alcohol on the baby's health. Postnatally visits may focus on feeding, or issues around crying or sleeping, or assisting the parents develop appropriate expectations of their child by learning about cognitive and physical development, the importance of play

- and stimulation. Some homevisiting programs focus on enhancing the caregivers informal support system and members of the extended family or friendship group. Other programs include assisting the family with broader issues to do with family wellbeing such as budgeting.
- Is the homevisiting appropriate, would other venues be more appropriate and how best can families be engaged.

I will be working on this project part time until the end of June, based with the Child Health Team in Alice Springs. Please contact me on 0408859819 if you would like to talk about this project or have any information or suggestions that may be helpful.

Nettie Flaherty

The School Breakfast Program



The School Breakfast Program is an initiative “to introduce a pilot nutrition program for 500 students in remote areas, to provide healthy breakfasts from 2003-2004.” The focus is on Aboriginal children who continue to suffer poor health status, in particular high rates of anaemia, underweight, stunting and wasting, as well as lower than national educational benchmarks in numeracy and literacy.

The program aims to:

- improve nutrition and health of students
- improve education outcomes through increased attendance of students at school
- increase student’s capacity to learn through increased concentration and participation in learning activities.

The pilot program incorporates five schools across the NT – Gunbalanya CEC, Ramingining CEC, Alekarenge School, Papunya School and Ngukurr CEC.

The Health Minister, the Hon Dr Peter Toyne MLA and Community Services Minister, Marion Scrymgour MLA, officially launched the pilot School Breakfast Program on Friday 27th February 2004 at Gunbalanya School in Oenpelli.

School Principal Esther Djayhgurrnga said since the program started in Oenpelli, kids have been coming to school earlier, are having a healthy breakfast and starting lessons on time. There’s already been an increase in attendance this year compared to last and “they (the students) are working so hard.” In response to the increased demand Oenpelli School has employed a second worker for one hour a morning.

Also in Ramingining, Alekarenge, Papunya and Ngukurr, these programs are building community

capacity, through direct decision making about how the program will run, and community involvement in delivery of the breakfast. The program has increased local employment options and in some communities has provided training opportunities for school and VET students. It is also hoped that this program will have other positive influences on the food available to the school aged children.

The Department of Health and Community Services (DHCS) continues to collaborate with the Department of Employment, Education and Training on the coordination, functioning and the evaluation of this pilot program. The DHCS and Health Board Nutritionists and Environmental Health Officers are working with schools to ensure that the breakfasts provided under the School Breakfast Program are safe and healthy.

The pilot program will be evaluated in early 2005. The information collected will be valuable in informing nutrition priorities, and in particular how they relate to health, attendance and performance at school for children living in remote areas of the NT.

For more information, contact Vivienne Hobson, Program Director, Nutrition & Physical Activity Program on 8999 2953.

Megan Wingrave,
Child Health Nutritionist,
Mia West
Nutritionist



STRONG Women**STRONG Babies****STRONG Culture**

The Strong Women Strong Babies Strong Culture (SWSBSC) Program is now in its 10th year, which is a great achievement for Department of Health & Community Services (DHCS), Strong Women coordinators and the community based Strong Women Workers. During this time the program has not been without its ups and downs and is now operating in seven communities within the Top End and seven in the Central Australia Region.

It has had strong support from the DHCS management since the programs inception in 1994. Its strengths not only lie in the way the program is put into practice, but the relationships and partnerships that it develops with the community and health professionals.

In February of this year the Strong Women coordinators met in Alice Springs to revisit the aims and objectives of the program and also to go over the roles and responsibilities of the Strong Women Workers.

The SWSBSC workers in the Top End, as in Central Australia, are finding that having more localised workshops appear to be more beneficial to them rather than having a large combined Top End and Central workshop. Updated program details are as follows:

The Program:

- supports involvement in cultural ceremonies and traditions for women
- supports families to care for their women during pregnancy
- encouraging women to go to the clinic for antenatal care
- supports women to care for themselves better during pregnancy
- supports and encourages women to care for their babies and young children

The main focus of the SWSBSC program in communities has been maternal and child health, women's health, education and nutrition.

Strong Women Workers:

- help to keep grandmother law strong
- share the SWSBSC program story with pregnant women and young girls before pregnancy
- work with community women elders to keep traditional culture strong for women and babies
- help with antenatal care for pregnant women
- teach women about good food and healthy lifestyle
- support and assist young mothers to care for their children

Encourage young women (post primary), pregnant women and mothers:

- ◇ to take part in cultural ceremonies
- ◇ to have regular health checks at the communities
- ◇ to be active and move their bodies more
- ◇ to eat bush tucker
- ◇ to use bush medicine
- ◇ to eat healthy store foods
- ◇ to keep their bodies clean
- ◇ to prevent STI's
- ◇ to understand the effects of alcohol, gunja and tobacco
- ◇ to ask for help when they are worried about domestic violence

Marlene Liddle & Frances Turner

SWSBSC Program in Central Australia

Frances Turner

Coordinator, Strong Women, Strong Babies, Strong Culture Program

The Strong Women Strong Babies Strong Culture (SWSBSC) Program was trialed in one community in Central Australia in 1996 and now operates successfully in seven communities. The program is community based and controlled by Aboriginal women in their community. The program respects and supports Aboriginal women's cultural ways of managing women and children's health.

The SWSBSC workers have been meeting twice a year for a workshop in Alice Springs. The workshops were set up to provide training and information that women request. The workshops have been very successful and the Strong Women Workers have developed several flipcharts on women's health and updated all the old ones on antenatal care, breastfeeding and good food for families. The workers use these flipcharts to teach in their community and use during cultural camps to teach the young women western ways and cultural ways to be healthy.

Docker River

The SWSBSC program at Docker River is focussed on children. Rosalind Yibardie has been with the program at Docker River for seven years and Aileen Brady commenced with the program this year. Rosalind has worked very hard to teach young mothers about weaning foods, bush foods and strong iron foods. This includes involving women in cooking healthy meals for their children four days a week. Rosalind liaises with the clinic about child health at Docker River and supports women attending the clinic with their children for antenatal care and women's health issues. With the support of other women Rosalind has helped to keep women's culture strong and build the capacity and knowledge of women in her community. All the Strong Women Workers would like to say 'thank you' to Rosalind for all her hard work and encouragement to other women, both in her community and at the workshops.



SWSBSC Program in the Top End

In December of last year one of the SWSBSC Program coordinators, Marlene Liddle, worked in partnership with Bernadette Shields from the Chronic Disease Unit and held a chronic disease workshop for East Arnhem Strong Women Workers at Milingimbi.

This workshop was very successful and was about what is their understanding of chronic disease, its causes and building on their knowledge about the causes and prevention of chronic disease, including good birth weight and infant nutrition.

Terry Cubillo, one of the Top End coordinators, is planning a workshop for the Strong Women Workers of Nguiu, Borroloola and Jabiru.

Marlene Liddle, Coordinator SWSBSC

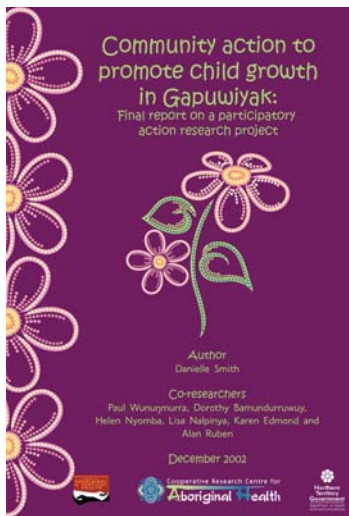
Strong Women training in Western Australia

In February Marlene was invited by the St. John of God Health Care in Geraldton to travel to Perth to deliver Strong Women training to their four coordinators who are working in the Pilbara, Kimberley and Gascoyne regions of WA. St John of God Health Care has funding to open up quite a few communities from Geraldton to Broome. This training was very well received and was held at the St John of God Hospital in Perth. In WA 10 communities have the SWSBSC Program and a further 12 communities are anticipated.

Marlene Liddle, Coordinator SWSBSC

Community action to promote child growth in Gapuwiyak

Final report on a participatory action research project



The Cooperative Research Centre for Aboriginal and Tropical Health and the Department of Health and Community Services have just published the final report on the 'Improving Child Growth in the Northern Territory (NT) Project', which was conducted in the remote north-east Arnhem Land community of Gapuwiyak from 2000 to 2002.

Indigenous Australia. This research suggests that the value of such approaches in other remote Indigenous communities would be increased by:

1. engaging Indigenous community members in determining their health priorities through comprehensive needs assessment processes;
2. strengthening the capacity of Indigenous community members in community development skills and processes, so they can support their communities to promote health;
3. strengthening the capacity of external community development workers and health professionals to facilitate community development processes in collaboration with local Indigenous workers; and
4. health agencies such as DHCS adopting and implementing a comprehensive primary health care approach.

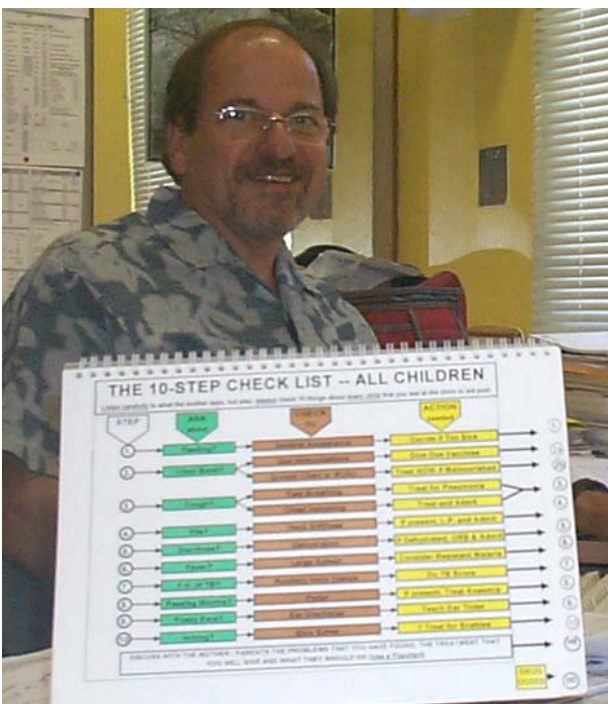
This report describes the community development approach used to support Yolngu community members and clinic staff to develop and implement strategies to promote child growth. Project outcomes are discussed including increased family and community involvement in child growth promotion and the development and partial implementation of the 'Family Centre' strategy.

Copies of the report are available on the CRAH website (www.crah.org.au) or through Michael Duffy at the CRC on 08 8922 8841.

Danielle Smith

The Child Growth Project has several key lessons for community development in health in remote

Getting it all together!



All busy front-line health workers need user-friendly tools to remind them about the diagnosis and management of conditions they see in their clinical practice.

This is because some conditions are not seen very often and others are too complicated to remember. That is the role of standard management handbooks like the CARPA manual.

Manuals are not always easy to use in front of clients because of time taken to find the right page for the information that is needed.

Keith Edwards (Community Paediatrician – Top End) is developing a prototype of a Child Health Diagnosis and Treatment Checklist which works as a deskchart and contains the information from CARPA in a user friendly format. Not only that, but health promotion messages relevant to the condition in question are depicted on the side facing the parents, thus allowing important discussion about prevention or home management.

He is pictured here in his office in CDC with the version he developed for use in Papua New Guinea in the Mid 1990s.

Keith Edwards, Community Paediatrician

The Early years...

“To build a lifetime on the early years: ready for school, ready for life”

This is the mission statement of NIFTeY (National Investment for the Early Years). This group has been a major force in promoting the importance of the “early years”. The changing social and economic circumstances of families over the past 50 years, together with the increasing body of evidence linking future physical, social and emotional health to early life events, form the basis of the “early years” agenda.

Low birth weight and poor infant growth are associated with the development of heart disease and diabetes later in life. This is often referred to as the “Barker Hypothesis”. Barker and colleagues have published widely on this subject, but many other authors have contributed to the literature. In the Northern Territory, Hoy and colleagues have demonstrated an association between low birth weight and poor infant growth and renal disease.

Neuroscientific research shows that brain growth is greatest during the first few years of life which is a crucial time for attachment and bonding and physical and intellectual development. It is recognised that early childhood experiences have a profound impact on early brain development and that the early years form the foundations for life. Much of the literature on interventions, such as home visiting, parenting and early childhood education, come from the USA and Canada.

If you have Internet access, see NIFTeY on www.cyh.com. You may find it useful to subscribe to the NIFTeY listserver, it is an excellent way of keeping up to date. E-mail listserv@newcastle.edu.au and in the body of the message insert subscribe NIFTEY-LISTS, your name and e-mail address.

The UK response to the “early years” has been through a government funded program called SureStart (www.surestart.gov.uk). In Australia, Victoria has developed a program called Best Start (www.beststart.vic.gov.au) and New South Wales Families First (www.familiesfirst.nsw.gov.au). The Commonwealth’s Stronger Families and Communities Strategy provides funding for prevention and early intervention programs for families and communities, with particular benefits for those at risk of social, economic and geographic isolation (www.facs.gov.au). The Australian Research Alliance for Children (ARACY) has recently been established to progress a collaborative research agenda that can be applied to policy and practice for children and young people (www.aracy.org.au).

In the NT there is already considerable activity in promoting the early years, ranging from local community initiatives to strategic alliances between DHCS and non government organisations, the Commonwealth and the Department of Employment, Education and Training. This work, together “giving kids a good start in life” and “strengthening families & communities” being identified as key priorities in the Building Healthier Communities framework, will increase the NT’s investment in the early years.

Barbara Paterson

The Turning Tide: action and improvement in chronic disease: towards building healthier communities

8th Annual Chronic Diseases Network Conference

23 & 24 September 2004

Holiday Inn Esplanade, Darwin, Northern Territory

Across Australasia, chronic disease programs are making a difference in improving the health and quality of life of all people.

This conference aims to **inspire** and **motivate** people by showcasing some of the best programs in the NT and around Australasia - programs that are using bold, creative, and highly effective strategies to prevent and control chronic diseases and to help people of all ages lead healthy, productive lives.

Invited speakers include:

- * **Prof David Simmons**, Professor of Medicine, University of Auckland, Waikato Clinical School. Diabetes specialist/ general physician, Waikato Hospital
- * **Mr William Tilmouth**, CEO of Tangentyere Council
- * **Dr Malcolm Battersby**, Senior Lecturer in Psychiatry at Flinders University
- * **Dr Diane Howard**, Endocrinologist, Royal Darwin Hospital
- * **Prof Kerin O’Dea**, Director Menzies School of Health Research, NT
- * **Ms Anne Kemp**, CEO of Diabetes Australia NT & Healthy Living NT
- * **Dr Paul Ireland**, Program Director National Institute of Clinical Studies
- * **Mr Peter Holt**, Indigenous Program Coordinator, Fred Hollows Foundation

To register go to:

<http://www.nt.gov.au/health/cdc/preventable/chronicdisease.shtml>

"Growing up in Australia" - Longitudinal Study of Australian Children

This is a national study that will follow two samples of Australian children through the crucial early years. The study, funded by the Commonwealth Department of Family and Community Services (FaCS), is being undertaken by a consortium led by the Australian Institute of Family Studies.

It will deliver the first-ever comprehensive national Australian data on children, following 5,000 infants and 5,000 four year-olds and their families for the period 2004-2010 and possibly beyond. This will provide information to help understand why and when children embark on pathways leading to positive or less positive outcomes, and where the opportunities are to help them move onto better pathways.

Pilot testing occurred in 2003, and first wave data collection commenced in March 2004. First wave data is expected to be released in April 2005, and Commonwealth FaCS is interested in hearing from people what they would like to see in an initial analysis report.

For further information, contact Helen Crawford, phone 89992722, or the Study on (03) 9214 7888, or visit the website at www.aifs.gov.au/growingup.

Longitudinal Study of Indigenous Children

The representative sample in the survey above would not provide adequate information about pathways in life for Indigenous children. The Commonwealth Government has now funded an accompanying Study of Indigenous children, which is likely to include a valid Northern Territory sample. Design work for this Study is still under way. Steve Guthridge of DHCS Health Gains Unit is a member of the design group. Consultations have been taking place around Australia to help inform the study's design and use. The latest of these was held in Yulara on 5 April and Alice Springs on 7 April.

For further information, contact the LSIC staff on (02) 6244 7294, or Helen Crawford on 8999 2722

Rio Tinto Child Health Partnership

The Rio Tinto Child Health Partnership (RTCHP) is a Partnership involving, Rio Tinto, Alcohol Education and Rehabilitation Foundation Ltd, the Institute for Child Health Research, the State Governments of Western Australia, Northern Territory and Queensland and the Aboriginal and Torres Strait Islander community. There are three major projects in the Partnership:

Modelling of the Western Australian Aboriginal Child Health Survey

The modelling of the WAACHS data for Northern Territory and Queensland will provide significant child health outcomes (eg information about disorders and risks associated with disorders) to assist policy and decision makers (eg Commonwealth Grants Commission) allocate resources more effectively and improve their understanding of what outcomes they can expect to subsequently deliver.

Reducing Prenatal exposure to Smoking and Alcohol

Exposing the fetus to toxins such as smoking and alcohol is associated with adverse outcomes such as increased risk of spontaneous abortions and low birth weight, and excessive alcohol exposure to brain growth and intellectual capacity. This project will add value to existing maternal and child health programs that are already in place in each of the states.

Workforce Development Strategy

Workforce Development is a key theme in a range of projects involving Aboriginal and Islander communities. In many situations, and particularly those involving health and wellbeing, there is a desperate need to build community capacities. This project will focus on developing the skills and knowledge for the workforce focusing on the Early Years.

The Partnership will extend over a three-year period, with the possibility of extending to five years. The Institute will be responsible for coordinating the project.

Heather D'Antoine,
Institute of Child Health, Perth

The National Agenda for Early Childhood

This is about developing a national approach by all levels of Government, service providers and communities, based on sound evidence, to ensure the best possible start in life.

A consultation paper, *Towards the Development of a National Agenda for Early Childhood* was released by the Hon Larry Anthony MP, Minister for Children and Youth Affairs last year.

This document outlined three key action areas:

- Early child and maternal health
- Early learning and care
- Supporting child-friendly communities

A report following national consultations, *Towards the Development of a National Agenda for Early Childhood – What You Told Us*, is available at www.facs.gov.au/early_childhood.

The Federal Government is considering how to respond to the issues raised and options to progress the National Agenda for Early Childhood.

The Commonwealth's Stronger Families and Communities (2004-2008) funding links with this agenda.

Barbara Paterson

National Strategic Framework for Aboriginal and Torres Strait Islander Health

The National Strategic Framework for Aboriginal and Torres Strait Islander Health, 2003-2013 – Framework for Action by Governments, signed by Federal, State and Territory Health Ministers, was released in July through the Australian Health Minister's Conference.

This new framework has five priority areas:

- Strengthening Primary Health Care;
- Emotional and Social Wellbeing, including mental health, protection of children from abuse and violence, responses to alcohol, smoking, substance and drug misuse and male health;
- To address the pre-determinants of chronic disease, highlighting nutrition and physical activity, child and maternal health and oral health;
- Improving the health of Aboriginal and Torres Strait Islander people in custodial settings;
- Data availability and quality.

Copies of the Framework and Context document are available from National Mail Marketing, PO Box 7077, Canberra, ACT 2610, Phone (02) 6269 1000, Fax (02) 6260 2770 or e-mail nmm@nationalmailing.com.au

Barbara Paterson

National Public Health Action Plan for Children



The National Public Health Partnership, through CHIP (Child and Youth Health Intergovernmental Partnership) is developing an National Public Health Action Plan for children that will take an evidence based public health approach to children's health and wellbeing. This national framework to improve public health outcomes for children will complement the National Agenda for Early Childhood by providing greater depth to the area of early child and maternal health and build on other national initiatives such as the National Obesity Task Force. CHIP includes representatives from all States, Territories, Australian Government, the National Health and Medical Research Council, the Public Health Association of Australia and the Australian Institute of Health and Welfare. The NPHP has recently established an Aboriginal and Torres Strait Islander Working Group of CHIP to assist CHIP in developing an Aboriginal and Torres Strait Islander component to the the National Action Plan. A consultation Paper is being developed and national consultations are anticipated from mid June till August 2004.

It will ultimately represent commitment by all Health Ministers to a principal national policy framework and future action for child public health within Australia. See www.nphp.gov.au.

Barbara Paterson.

Living in a Tent City – Sudan

It seems as if the position of Child Health Nurse coordinator was made to inspire travel, adventure and the need to work in exotic and sometimes dangerous places. As many of you know, in a few days, I will be following in the footsteps of Brad Palmer (who I replaced last October) by heading to Africa.

I will be working for Médecins Sans Frontières in Southern Sudan. The mission I am heading for is at Akuem in the state of Bahr El Ghazal in the south west.

Sudan has been involved in civil war since the 1970's between the Muslim north and the Christian south. Drought as also complicated the situation especially in the north. The violence and drought have caused an enormous displacement of people and disruption to local economy and services. There is a partial peace process under-way at present but it has some way to go before the situation begins to settle down.

MSF has been working all over the country for over 25 years providing primary health care and nutrition relief.

I will be involved in two programs. The first, and my major concern, will be managing the emergency feeding centre. This involves offering nutritional support to severely malnourished children at an in-patient facility. The clients are mainly children but may sometimes include pregnant mothers and the elderly. Many of the children are also affected by other illnesses such as malaria and are therefore admitted to the hospital section of the mission to be treated and are moved to the feeding centre when they are well enough. Mothers are resident in the centre and other family often visit if they are living in the area so the centre offers opportunity for education and health promotion as well as a chance for me to learn more about life as a Sudanese woman (a friend, Dorothy has given me the task of learning local folk dances so I can teach her when I get home).

I shall also be 'baby sitting' the TB program until the new staff member arrives. This will involve pharmacy management, overseeing the DOTS program with both in-patients and outpatients. Hopefully this will give me a chance to get out of the compound and see a bit of the countryside. The whole mission is a tent city – hospital and all our living quarters. I have seen photos of them and we each have a private, walk in tent. The power is supplied by generator and solar panels. Apparently you have to be careful not to burn yourself in the shower which is a very sophisticated set up involving a 44-gallon drum.

Although the work will be similar, the situation will be very different to my experience in Sierra Leone 2 years ago. Although the war was still very active when I was there, I was living in a town and had access to a few luxuries such as a cold beer and a very good market.

In Akuem I will be able to write on disc and send it out to Nairobi to be e-mailed to friends. Unfortunately you will not be able to e-mail back but if any of you get the urge to put pen to paper here is the address:

Make it attention to
Catherine Moody/Akuem Project
C/O MSF
8 Rue Saint Sabin
75544 PARIS
CEDEX 11
FRANCE

I will be returning home to Darwin mid-November in time to enjoy another wet season and a few Christmas drinks.



Akuem, Southern Sudan

Cath Moody

(Continued from page 27)

available in a ward. This eliminated the need for patients to stay in ED for lengthy periods of time, once initial assessment and treatment had begun. Another interesting feature was that all patients classified as 4 or 5 were not seen in ED, but sent to Outpatients, where a GP was on duty, reducing congestion and waiting times.

"The experience was fantastic, and I learnt so much" said Melanie, who hopes to return in July to reconstruct the undergraduate and post graduate formal education courses for nurses so that they are more 'primary health care' orientated, Solomon Island style!

Melanie van Haaren

Solomon Island Style – Food for Thought

Melanie van Haaren, who is currently working as the Child Health Coordinator in Central Australia, recently visited the Solomon Islands to make recommendations relating to the strategic direction for nurse education. In the course of the review Melanie met with many of the country's nursing workforce, all of whom work in isolated settings (over 900 islands) and provide the only health care accessible to the majority of people.

One of the aspects of primary health care that impressed Melanie was that the system is built around just two key interventions, prevention and episodic treatment. There is no screening agenda in the Solomon Islands. Data derived from acute presentations forms the basis for decision making in relation to resource allocation, success in prevention being measured through a reduction in the need for treatment. The system shifted the bias of activity from secondary interventions to primary care, in contrast with the NT, and challenged many of Melanie's thoughts around best practice. Whilst Melanie is the first to admit the context of practice is very different, based on her recent interface, she firmly believes that a shift in the way we work would deliver an enormous increase in capacity without compromising the quality of health care or outcomes.

The two things that Melanie saw as having some practical applicability in the NT was hand held health records and a short stay ward attached to the emergency department of the National Referral Hospital.

Remote clinics record presentations on a simple register. There are no patient files. Clients have the option of purchasing a personal health record, which they own and present when they receive care. This places responsibility for continuity of care back on the recipient.

A short stay ward attached (physically and management wise) to the emergency department allows patients to be admitted for observation, simple interventions such as rehydration, or until a bed becomes

(Continued on page 26)

My New Guinea Experience

"Helt bilong ol meri e ol pikinini", (Pidgin for 'Health belongs to all women and all children') is the slogan for Women's and Children's Health Project I joined in Port Moresby, Papua New Guinea. This was very appropriate for my role as Immunisation/Cold Chain & Logistics Advisor to the National Department of Health (NdoH). Immunisation of children and women is a priority program that attracts a high level of support from donor organisations.

But back to the beginning, my first working day at the NDoH. After climbing four very steep flights of stairs (a card was required to activate the elevator), I discovered that I could not enter the office area on the third floor. What to do? Wait for someone, knock loudly - being new and unsure, I waited and waited. I was late but it really didn't matter as no one was in the area to greet me or show me around. Finally, I was assigned to a desk with a stack of files, binders etc and advised to read as quickly as possible. This proved to be very good advice because soon I was expected to plan, write and implement a country wide training program and oversee distribution of vaccines and purpose-built vaccine equipment to the 20 provinces. It was a busy, demanding two years interspersed with exotic travel to remote health centres (no electricity, running water etc.), breathtaking scenery (single engine aircraft) and the opportunity to work closely with people from very diverse cultural groups.

I enjoyed the work and learned a lot. My NT experience with immunisation Cold Chain served me well and hopefully benefited the PNG system. It is good to be home after the two years away and find so many familiar faces still working to improve immunisation in the NT.

Nan Miller, Snr. Project Officer, Immunisation,
CDC



Delivering a solar vaccine fridge to a Health Clinic on the Sepik.



Message from Malawi

Firstly, can I take this opportunity to greet those I know in God's country and trust you are all well and continuing to 'make a difference'. Even from Malawi, I get to talk about child health in the Chronicle, the miracle of modern communications!

For those who don't know, I am a Child Health Nurse who has joined an NGO (Action Against Hunger) for a year to work in the nutrition field. I was allocated a mission in Malawi to continue the development of an integrated nutrition/food security surveillance system for the Government of Malawi.

The system had been piloted before I arrived and now I am reviewing and then expanding the system into each of the 28 districts of the nation. It is an interesting system. The health system is reasonably functional here and so many children attend regular growth monitoring clinics. These are usually staffed by Health Surveillance Assistants (who get three months training before starting work in isolated health centres!).

Historically, children have been assessed using weight for age but now many are being trained to use weight for height. Chronic malnutrition rates here are up to 61% whilst acute rates are less than 10% generally (although the proportion of severe to moderate acute rates are usually high).

Our surveillance system seeks to monitor the mean weight for height z-score for a district and then relate the trends to food security data collected from a sub-sample of those measured at the clinics.

My main work involves the initial and refresher

training for staff as well as actually performing the analysis of data each month and reporting to the districts as well as to national level decision-makers (including the Ministry of Health, Unicef and NGOs working in the country).

It's challenging and FUN! I get to travel a lot but no flying around!

Those who know me will know that I am making the most of social opportunities here.

I have joined the cast for West Side Story (playing Riff, leader of the Jets) which is about half Malawians, half expats. We rumble in June. It is tricky getting to rehearsals as I travel so much but the show always seems to go on huh!

We get to use vehicles at weekends. I recently drove into the countryside and went hiking up a mountain range (at a place called Dedza). Stunning!

I'm getting the staff organised to play soccer regularly. We played Unicef and beat them 2:1 and have recently been challenged by the World Food Programme staff. The stakes are high!!!

As you can imagine the kids are lots of fun. It doesn't take long to get a crowd around shouting and pointing, "Mzungu, mzungu!" In the villages they are often in rags and may never have seen a white face before (we look like ghosts apparently!) but it doesn't take long to get a smile. I marvel at African resilience.

I could go on but I'm sure you get the picture.

Brad Palmer



Training HSAs in weight for height assessment in Chitipa, northern Malawi.