

**The Fred Hollows  
Foundation**

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**EVALUATION OF THE  
NYIRRANGGULUNG EAST  
KATHERINE NUTRITION PROJECT**

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## **Foreword**

I hope this report will enable people to understand the aims of the program and what we are trying to achieve. This work is complex and slow; it needs time, flexibility, responsiveness and long-term commitment.

It is really important to acknowledge the strengths, the resilience and the resourcefulness of people living in remote communities, instead of always showing people in the light of their problems and 'deficits'. People achieve so much with so little, and have so much going against them.

It's also about acknowledging the dedication of non-Aboriginal people in remote communities – whether they're in the school, the clinic or wherever – the health workers, the nurses, the school staff, and the relationships that have developed with Fred Hollows and that we hope will develop.

We are moving into an important new phase now with the establishment of the Sunrise Health Service Aboriginal Corporation. It is a new era, to have Aboriginal people themselves control the delivery of health throughout the region – to be deciding the priorities and employing people themselves.

You hope you'll look back in ten years time and see what's changed. One hopes the kids will be healthier, that people will be living longer and have a better quality of life.

I hope that people will see this report as a tribute to them and to everyone who has worked in the program. You know, it's not 'our' program. It's theirs. It's the communities'.

Olga Havnen  
Former Indigenous Programs Manager  
The Fred Hollows Foundation  
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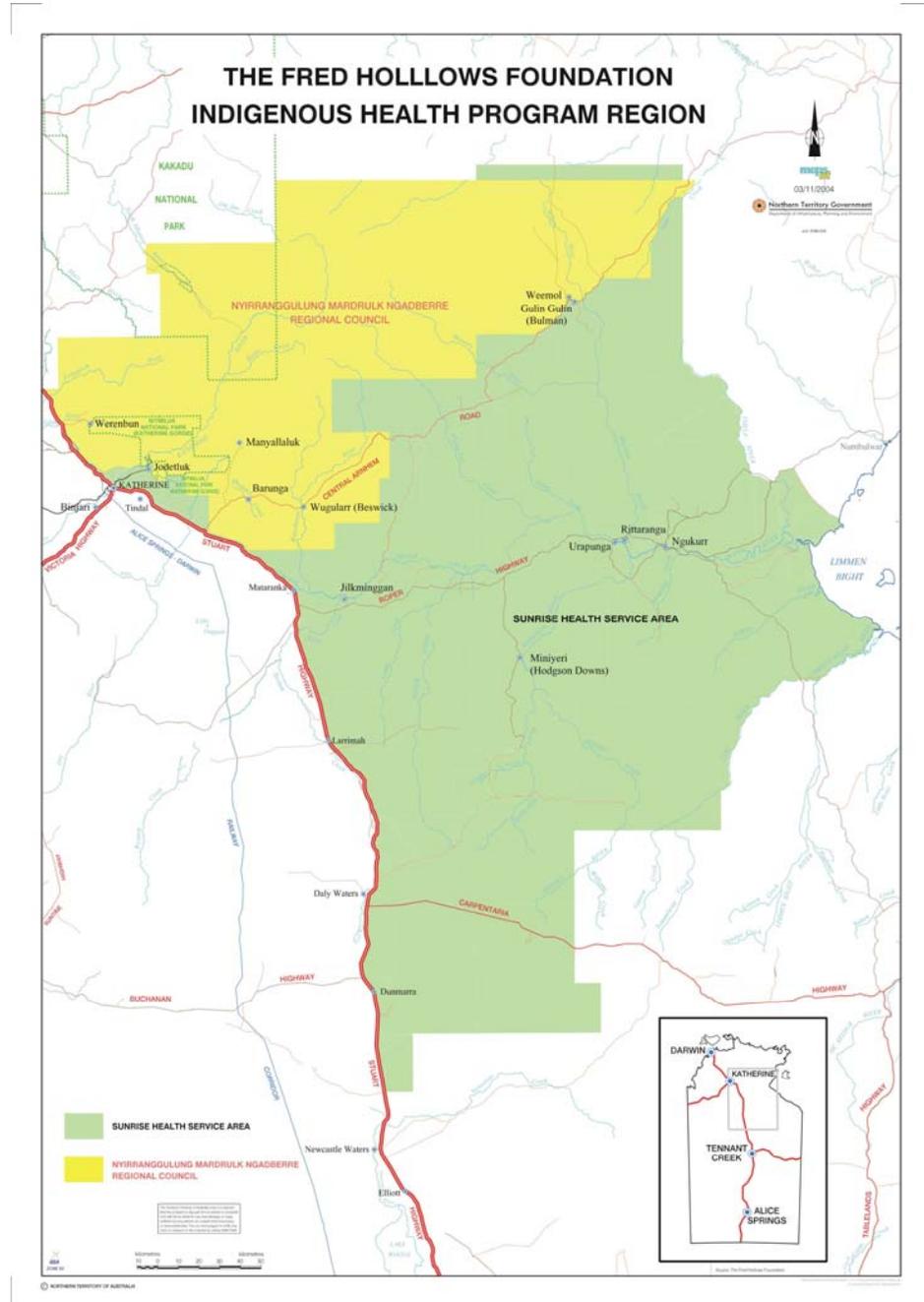
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## GLOSSARY

Beswick	former name for Wugularr community
CAEPR	Centre for Aboriginal Economic Policy Research (Australian National University)
CCT	Coordinated Care Trial
CRCAH	Cooperative Research Centre for Aboriginal Health
DHCS	Department of Health and Community Services (formerly THS)
FHF	The Fred Hollows Foundation (or The Foundation)
GAA data	Growth assessment and action data
HREC	Human Research Ethics Committee
JA	Jawoyn Association
MBS	Market Basket Survey
Money \$tory	Financial literacy program developed and delivered by Little Fish/Pangaea (Hugh Lovesy).
MOU	Memorandum of Understanding
Nyirranggulung Council	Nyirranggulung Mardrulk Ngadberre Regional Council - in July 2003, the Community Councils of Wugularr, Barunga, Manyallaluk and Bulman amalgamated to form the Nyirranggulung Council. Local level representation is now termed a community management board.
scoping study	CAEPR scoping study, produced by John Taylor and Neil Westbury, Aboriginal Nutrition and the Nyirranggulung Health Strategy in Jawoyn Country (2000), Centre for Aboriginal Economic Policy Research (CAEPR) Research Monograph 19.
SHSAC	Sunrise Health Service Aboriginal Corporation
The Foundation	The Fred Hollows Foundation
THS	Territory Health Service (now DHCS)
Wugularr community	formerly Beswick

# MAP OF JAWOYN COMMUNITIES, EAST KATHERINE NORTHERN TERRITORY



# 1. EXECUTIVE SUMMARY

## 1.1 Background

In 1999, The Fred Hollows Foundation (FHF) commenced discussions with the Jawoyn Association in the Katherine region of the Northern Territory about entering into a partnership to develop a program to improve nutrition in remote communities in the region.

The need for improved nutrition in remote communities was well established. In 1995, the then Territory Health Service (THS)<sup>1</sup> endorsed its first Food and Nutrition Policy and in 1996 published the policy and a five year strategic plan (1995-2000).<sup>2</sup> Underpinning the policy and strategic plan were research papers that addressed food supply, educational issues, nutrition and health, and food and nutrients in remote Aboriginal communities.<sup>3</sup>

Rather than establishing and delivering a nutrition program itself or providing funding for one, The Foundation was seeking a long-term relationship with an appropriate organisation in which it would play the role of partner and broker. It also sought to establish a program, based on a development approach, in which The Foundation would support community initiatives and capacity, and respond flexibly to requests for assistance.

As a result of these discussions, FHF commissioned the Centre for Aboriginal and Economic Policy Research (CAEPR) at the Australian National University to conduct a scoping study on nutrition in Aboriginal communities east of Katherine.

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<sup>1</sup> Now the Northern Territory Department of Health and Community Services

<sup>2</sup> Northern Territory Government, *Northern Territory Food and Nutrition Policy 1996 and 5 Year Strategic Plan*, 1996

<sup>3</sup> THS Library Service, [http://www.nt.gov.au/health/healthdev/health\\_promotion/bushbook/volume2/chap3/resources.html](http://www.nt.gov.au/health/healthdev/health_promotion/bushbook/volume2/chap3/resources.html)

## **1.2 Scoping study**

The purpose of the study was to research the structural elements that impede better nutrition in the communities, and to examine the current capacity to measure and monitor health impacts that might arise as the result of intervention.

The specific terms of reference of the study were to examine and discuss:

- the capacity to establish key health and social indicators for the Jawoyn and the means by which these may be measured over time;
- the key structural impediments to the provision of better nutrition, particularly in relation to community stores; and the structure and delivery of services to the Jawoyn people and other Aboriginal people residing on Jawoyn land;
- possible options to address the structural impediments; and
- the possible policy options that could be adopted.

The scoping study, by John Taylor and Neil Westbury, was published in 2000 as CAEPR Research Monograph (no.19) *Aboriginal Nutrition and the Nyirranggulung Health Strategy in Jawoyn Country*.

## **1.3 The Fred Hollows Foundation – Jawoyn Association Nyirranggulung Nutrition Project**

In May 2000, FHF and the Jawoyn Association entered into a formal agreement (Memorandum of Understanding) to implement the Nyirranggulung Nutrition Project.

The nutrition project itself consists of a range of inter-related interventions that are aimed to work together to lift awareness and knowledge of nutrition in the community, increase availability of affordable and nutritious foods, and result in improved nutrition and health outcomes.

The program is complex. It is conducted in several communities, with numerous organisations, and although each element aims to achieve certain goals, the program as a whole is intended to be the more effective through the interplay of its different elements. There are several concurrent streams, as depicted in the flowchart provided at the end of chapter 4 and the timeline provided at section 5.2.

Over time, these have included:

- the appointment of a community-based nutritionist to work with individuals, the clinic, store and women's centres;
- provision of a range of support and assistance to community women's centres' school meals and aged care meals programs;
- provision of community-based capacity building training;
- provision of a range of support and assistance to community stores, store committees and staff;
- brokering of support from Woolworths to provide retail management expertise, training and mentoring to locally based store committees and staff;
- broking of financial and other assistance from other organisations (charitable, corporate and other non-government organisations) to support community initiatives; and
- provision of financial literacy training to a range of community-based organisations, including store management committees, local community councils (community management boards), women's centres and community-based tourism enterprises.

These interventions have been undertaken against a backdrop of major changes that have occurred in the region, some of which have had significant impact on the program. These include the amalgamation of the councils of the communities where the program operates (Wugularr, Barunga, Manyallaluk and Bulman) in July 2003 to form the Nyirranggulung

Mardrulk Ngadberre Regional Council (Nyirranggulung Council), and the establishment of a Coordinated Care Trial<sup>4</sup> in the Katherine East region. The Trial was sought and negotiated by the Jawoyn Association (with the support of FHF). As a result of its establishment, a new regional community controlled health body, the Sunrise Health Service Aboriginal Corporation, was established in early 2003 to deliver health services throughout the region.

#### **1.4 The evaluation project**

This project evaluates the nutrition program for the three years that it was run in partnership with the Jawoyn Association and the eight months it has been run in partnership with the Jawoyn Association and the Sunrise Health Service Aboriginal Corporation, up until December 2003. The focus of the evaluation is on the process, impact and outcomes of interventions in Wugularr and Barunga where the majority of the nutrition program activities took place during that period.

The methodology of this evaluation is detailed in chapter 3. Chapter 4 describes the key objectives of the nutrition program, the program logic and performance indicators, some of which were proposed by the CAEPR scoping study. Chapter 4 includes a table that provides a useful summary of the key objectives, intended outcomes and the strategies adopted in the various streams of the nutrition project. These are linked to performance indicators and comparison/source data (or if data unavailable, alternative methods) for evaluation against the performance indicators.

The specific outcomes sought and interventions adopted are described in detail in chapter 5.

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<sup>4</sup> There are various forms of Coordinated Care Trials (CCTs). The Katherine East CCT was sought after a Coordinated Care Trial was established in the Katherine West Region. In both cases, the CCT involved pooling of Commonwealth and NT Government health funds for the region and additional 'cashing out' of Medical Benefits Scheme and Pharmaceutical Benefits Scheme funds on an average per capita basis, to test whether application of pooled funding direct to a regional community-based health body could deliver more efficient use of funds and improved services and health outcomes.

### 1.4.1 Research findings

Chapter 6 reports on detailed findings, based on qualitative research data, about the interventions associated with:

- school meals programs;
- women's centre activities; and
- the employment of a nutritionist.

This chapter illustrates the complexity and inter-related nature of various elements of the project. For example, the role of the nutritionist reached into many areas of community life, including the clinic, store and school, as well as working with individual families and community members. During most of the period under evaluation, this position was community-based – which meant that the nutritionist both lived and worked in a remote community in the region. It is evident from the qualitative research data that the work of the nutritionist when based in the communities is remembered and appreciated by community members, who valued what they learned from her and the two-way relationship that developed. The work of the nutritionist with, and other FHF support for, a school meals program in Wugularr is central to the nutrition program.

Chapter 7 reports on the key findings, from qualitative data, about the FHF stores program and the financial literacy program delivered through FHF's brokering and funding of the 'Money \$tory'.

The evaluation of the stores program has largely been focussed around the work of the 'store consultant', who was selected and appointed from amongst Woolworths' store management staff as a result of an arrangement between the community owned store and Woolworths that was brokered by FHF.

As reported by the then manager of Indigenous Programs at FHF, Olga Havnen, it was always intended that the nutrition project would address the availability of nutritious foods through community stores. It is important to

note, however, that the opportunity for this to occur did not arise until early 2002, when community control of the store was consolidated.

In the meantime, FHF conducted important groundwork, including study tours and governance training. In April 2000, FHF sponsored a study tour for community members and Jawoyn Association staff to Palm Island, Queensland, to observe management of community stores in other communities; in 2001 FHF sponsored governance training at Wugularr.

The appointment of the Woolworths-sponsored store consultant gave considerable impetus to the stores program and had a significant impact (see sections 7.1 to 7.7).

The Money \$tory is a financial literacy computer program that reports current financial information diagrammatically and does not rely on formal literacy and numeracy. Financial information is provided to client organisations on large laminated banners that illustrate the organisation's financial position in the current financial period in pictorial form. The program is widely applicable<sup>5</sup> and, in this context, enables people with limited formal education to make financial decisions about their organisations, based on current accounting data. The program was developed by Hugh Lovsey of Little Fish/Pangaea and is delivered by Hugh or other members of Little Fish staff.

The introduction and impact of the Money \$tory is discussed in section 7.8.

Chapter 8 discusses findings from existing current health research data and Northern Territory Market Basket Surveys<sup>6</sup> including growth assessment and action (GAA) data, school screening and results of Market Basket Surveys specifically focussed on two of the communities, Wugularr and Barunga.

Chapter 9 considers the performance of program activities against the key objectives of the program.

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<sup>5</sup> Little Fish/Pangaea, the authors of Money \$tory, have won a Telstra Small Business Award for the program.

<sup>6</sup> See also Appendix 6; and *NT Nutritionist's Market Basket Survey*, Roy Price, Public Health Nutritionist, Central Australia, online at <http://members.ozemail.com.au/~dietinfo/mbs.htm>

Chapter 10 discusses lessons learnt from the experience of community members, members of executive committees (eg store committees), employees (eg nutritionists, store staff, former community nutrition workers, women's centre workers etc), FHF staff, the store consultant, and others. This chapter considers the factors that are important pre-requisites that contribute to the success of such a program, and highlights factors which individually contributed to the nutrition and stores programs.

Section 10.5 addresses the key lessons, some barriers to success and describes factors that could not have been controlled, but which impacted on the program. Sections 10.6 and 10.7 consider alternative approaches and actions that might be taken and elements of program activities that could be improved in either the existing stores program or in a program which uses this program as a basis or expands on it.

## **1.5 Recommendations**

Recommendations of this evaluation are provided in chapter 11 and are divided into general recommendations (section 11.1), recommendations related to the nutrition elements of the program (section 11.2), recommendations in relation to the stores program (section 11.3), and general recommendations as to good practice (section 11.4).

After the report was written, but before the recommendations were drafted, the evaluation team made a 'feedback' visit to Wugularr and attended a community meeting to discuss the outcomes of the evaluation and possible recommendations. The first recommendation is that

*the recommendations relating to the store committee and to the Wugularr Women's Centre be fully discussed and workshopped with members of the women's centre and the store committee before being adopted. This is necessary because although these recommendations arose out of or were modified following a feedback meeting in the community, not all the relevant parties were present or had sufficient time to consider the recommendations in detail.*

Recommendations in relation to the nutrition program focus on:

- ways to maintain and strengthen community ownership and control of elements of the program (2, 3) (including financial control of funds associated with the school meals program (7, 11));
- initiatives to improve the quality of the school meals program (4, 5, 6, 9, 10);
- initiatives to ensure that the various elements of the program continue to support each other (8);
- recommendations about the role of a number of agencies operating in the communities (11, 12, 13); and
- a recommendation about the need for community-based nutrition workers and the future role of nutritionists (14).

It is recommended that the NT Department of Employment, Education and Training ensure that all school principals receive training about the importance of community-based school nutrition programs and what they can do to support them.

Recommendations in relation to the store focus on:

- staffing issues (15, 16, 17);
- FHF's support for store committees including training, ongoing coaching and Money \$tory (18);
- initiatives to increase the Wugularr community's sense of ownership of its store (19); and
- the development of the Wuduluk Store's own market basket surveys, and consumer purchasing report (20).

It is also recommended that FHF undertake a comparative study of other possible store governance models (other than the Aboriginal Corporations

Model) (21). The final recommendation promotes the application of a number of good practice principles.

## **1.6 Conclusion**

The key findings of this evaluation might be summarised as demonstrating the importance of iterative and integrated approaches to nutrition, stores and financial literacy which are founded in community ownership and in which partners support the initiatives and strengths of the communities concerned.

Some key outcomes include:

### *Awareness of nutrition as an issue*

Anecdotal evidence suggests an increase in awareness of nutrition as an issue in the community, however as yet there is little data regarding behaviour as an indicator of awareness. The existence of the store committee and the continued work of the women in providing school meals are indicators of awareness.

### *Learning about nutrition and school attendance*

One spin off of the work of the nutritionist who was appointed as a result of this program was her successful application for a grant which funded school-based nutrition education. While school attendance data neither prove nor disprove the impact of the school meals program due to the large number of factors which influence these data, (including special drives by the principal for greater attendance), teachers report that the children's ability to concentrate and learn and to remain at school for the whole day when they attend is due to the school meals program.

### *Sustainability*

Empowerment and confidence developed as a result of the program amongst the women at the women's centre and the members of the steering committee at Wugularr contribute to the ability of these groups to initiate and manage health food projects in the community. Sustainability of the projects had been greatly assisted by the nature of the support provided by FHF.

#### *Availability of healthy food*

One of the most dramatically clear indications of the success of the program is the increased availability of appropriate food in the store, the take-away and the continued availability of school meals and aged care programs. The range of fresh fruit and vegetables in the store is markedly improved.

#### *Healthy food policies and money management*

The store and associated social club have healthy food policies in place and the introduction of the lay-by system in the store has allowed community members to purchase a wider range of goods and experience a new element of money management.

#### *Effective store committee*

The effective store committee, actively involved in the management of the community store at Wugularr, is a key outcome of the program.

## **2. BACKGROUND TO THIS REVIEW**

### **2.1 Introduction**

This project evaluates the process, impacts and outcomes of the support provided by The Fred Hollows Foundation (FHF), under a memorandum of Understanding (MOU) with the Jawoyn Association, to the Nyirranggulung Nutrition Program in the East Katherine region between May 2000 and December 2003.

Initiatives to be evaluated include:

- the employment of a community-based nutritionist;
- support for women's centres and school meals programs to ensure long-term viability; and
- strategies to ensure viable, community-based store management and to improve the long-term availability of healthy foods.

The evaluation uses:

- qualitative research (semi-structured interviews);
- document scans; and
- analysis/comparisons of de-identified, aggregated health data

to examine the effectiveness of interventions focussed to varying degrees on the Wugularr, Barunga, Manyallaluk and Bulman communities.

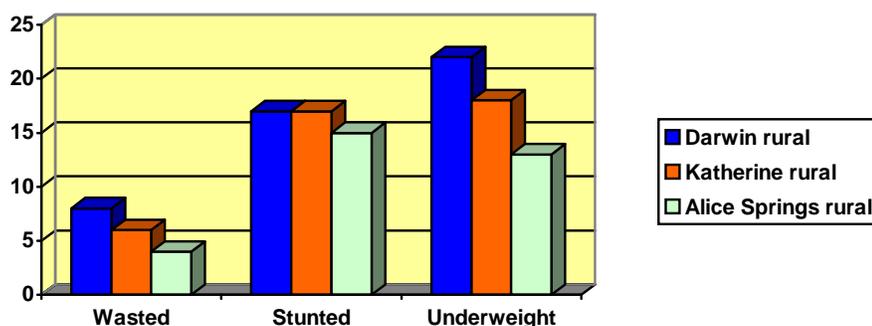
### **2.2 Background to The Fred Hollows Foundation Nutrition Program**

There is a critical need for programs to improve nutrition in remote Northern Territory communities.

Between 1993 and 1997, Aboriginal children aged one to five years who were admitted to hospital were 120 times more likely to be diagnosed as undernourished than non-Aboriginal children of the same age.<sup>7</sup> In the three years up to 2002, there was a 25% increase in the number of children admitted to Royal Darwin Hospital with malnutrition and diarrhoea.<sup>8</sup>

The following charts illustrate the nutritional status of Aboriginal children in three regions of the Northern Territory in the late 1990s, and the high incidence of low birth weight in Northern Territory Aboriginal infants.

### Nutritional status 0-5 year olds



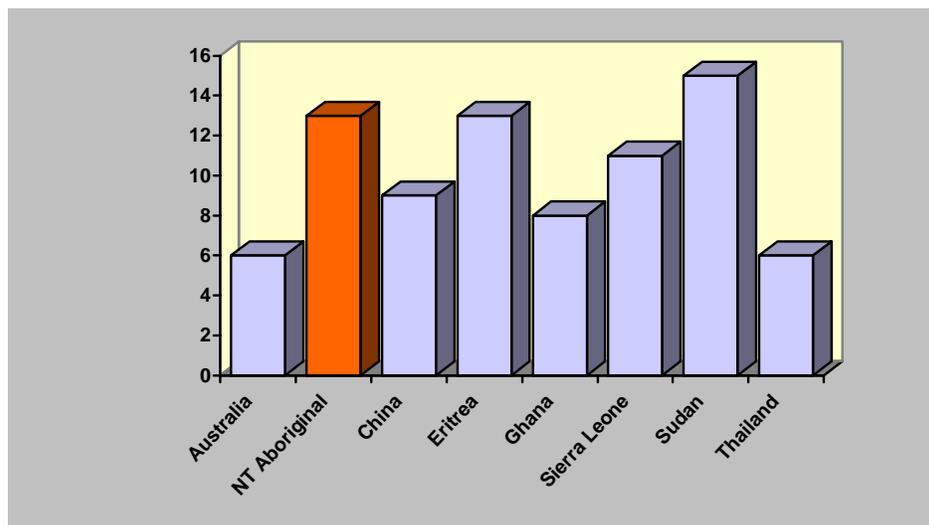
District (Rural)	Number of children	Percentage wasted	Percentage stunted	Percentage both wasted and stunted	Percentage underweight
Darwin	568	8.0	17.0	0.2	22.0
Katherine	642	6.0	17.0	1.0	18.0
Alice Springs	367	4.0	15.0	1.0	13.0

Source: 1. Darwin rural (1996) data – provided by community child health program  
2. Katherine rural (1995) and Alice Springs rural (1997-1998) data – provided by district nutritionists from routine growth surveillance

<sup>7</sup> Condon JR, Warman G, and Arnold L (eds), *The Health and Welfare of Territorians*, Darwin, 2001, p.121.

<sup>8</sup> Figures released by Royal Darwin Hospital in 2002, reported by Australian Broadcasting Corporation, "NT Indigenous malnutrition growing", Anne Barker, 23 November 2002.

## Percentage infants with low birth weights 1990-1997



Source: 1. Territory Health Service, *The Health and Welfare of Territorians*, 2001  
2. United Nations, *Human Development Report 1999*

Diet is a significant risk factor for a number of serious illnesses, such as hypertension, heart disease, diabetes and renal failure. Maternal malnutrition, low birth weight and poor nutrition in infancy and childhood are all implicated as possible causal factors in the development of these chronic, life-threatening diseases in later life.<sup>9</sup>

Moreover, type 2 diabetes and high blood pressure are risk factors for renal disease,<sup>10</sup> and many Indigenous people in remote regions suffer from two or more of these serious illnesses or 'co-morbidities'.

As a research report conducted in remote Aboriginal communities for the Australian Medical Association (AMA)<sup>11</sup> noted:

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<sup>9</sup> National Health and Medical Research Council, *Nutrition in Aboriginal and Torres Strait Islander Peoples*, July 2000, pp 20-23.

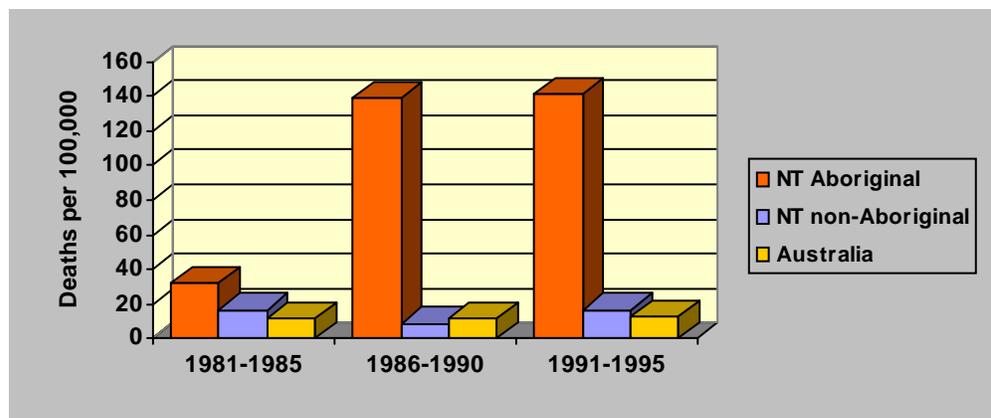
<sup>10</sup> *Ibid*, p.15.

<sup>11</sup> AMA, *Research into the cost, availability and preferences for fresh food compared with convenience food items in remote area Aboriginal communities*, prepared by Roy Morgan Research, December 1997.

*The overwhelming feeling among health professionals is that poor nutrition is the main factor contributing to the majority of illnesses in remote Aboriginal communities.*

The following chart illustrates the dramatic increase in diabetes in Aboriginal women in the Northern Territory after 1985 and the high levels of diabetes in the Northern Territory Aboriginal population compared with the non-Aboriginal population, and compared with Australia as a whole.

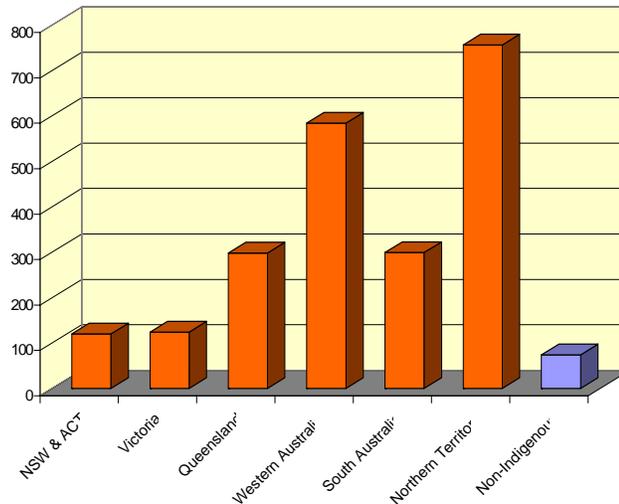
### Northern Territory female diabetes death rates 1981 to 1995



Source: Territory Health Service, *The Health and Welfare of Territorians*, 2001

The following chart illustrates the high rates of end-stage renal failure in Aboriginal people in the Northern Territory, compared with Indigenous populations of other states and with the non-Indigenous population of Australia as a whole. It is estimated that the number of dialysis treatments in the Northern Territory is now doubling every two years.

## Incidence of End-Stage Renal Disease 1994-1998



Source: Indigenous HealthInfonet at <http://www.healthinfontet.ecu.edu.au/frames.htm> and <http://www.mja.com.au/public/issues/jun1/spencer/spencer.html>

### 2.3 History of the program

In 1998, Olga Havnen was approached by FHF to join its staff and explore an appropriate role for it to work in the area of Indigenous health. At that time, FHF was considering a project associated with diabetes. After an initial period of research, Olga concluded that poor nutrition was a more logical starting point as this underpinned the general poor status of Indigenous health. During this period FHF was exploring opportunities to enter into partnerships with appropriate Indigenous organisations, and began to develop a relationship with the Jawoyn Association as a potential program partner.<sup>12</sup>

In 1999, FHF commissioned research into the various factors impeding the improvement of nutrition in the Jawoyn communities south-east of Katherine. Based on her conversations with Jawoyn Association staff and others in the

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<sup>12</sup> Interview, Olga Havnen.

field, Olga had developed the program concepts, but wanted them to be 'reality tested' and for the program to begin with good baseline data. Conscious that many programs in remote communities are not well-coordinated, she also wanted the scoping study to develop a loose long-term working plan.<sup>13</sup>

John Taylor and Neil Westbury of the Centre for Aboriginal Economic Policy Research (CAEPR) were engaged to conduct the research, which is published in their report *Aboriginal Nutrition and the Nyirrangulung Health Strategy in Jawoyn Country* (Taylor and Westbury 2000).<sup>14</sup>

The report developed a conceptual framework for the food and nutrition system in the Katherine East region that demonstrates the progression from food supply to distribution, consumption and nutrition, and finally to health outcomes. The study also identified evidence-based indications of practical and sustainable interventions that could be applied in the region.

Since May 2000, FHF has been providing support to a regional nutrition program under the terms of an MOU with the Jawoyn Association and in partnership with the communities of Wugularr, Barunga, Manyallaluk and Bulman. The aim of the nutrition program, as stated in the MOU, is to 'develop and implement a culturally appropriate regional nutrition strategy to improve the nutritional health status of Jawoyn and other Aboriginal people'.

The components of the strategy described in the MOU include:

- improving dietary opportunities with special emphasis on children's and prenatal nutrition, including working with schools and families and community groups;
- enhancing the commercial efficiency and viability of community stores, including improving management, staff employment and training, retail practices, technologies, design and interior refurbishment;

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<sup>13</sup> Interview, Olga Havnen.

<sup>14</sup> 'Nyirrangulung' means 'One Mob All Together'.

- enhancing sports and recreation opportunities to increase physical activity as a preventative and restorative aspect of health; and
- developing the research capacity required to develop, monitor and evaluate the project.

A central aspect of the program was the employment of a full-time, community-based nutritionist. The nutritionist's program focussed on pre-school, school and aged care meals programs run by the communities' women's centres, building on the skills and motivation of local women who have run similar programs for many years. Educative work has also been carried out on issues concerning hygiene, food storage and preparation.

The program also aimed to improve the availability of affordable, nutritious foods through community stores and to strengthen the capacity of community members to manage and work in the stores.

The Sunrise Health Service Aboriginal Corporation (SHSAC) assumed control of health services on behalf of the Jawoyn Association in the 13 communities in the Katherine East region in October 2003 and became the employer of the nutritionist, with FHF continuing to fund the position until the end of 2003.

This project evaluates the nutrition program for the three years that it was run in partnership with the Jawoyn Association and the eight months it has been run in partnership with the Jawoyn Association and the Sunrise Health Service Aboriginal Corporation, up until December 2003. The focus of the evaluation is on the process, impact and outcomes of interventions in Wugularr and Barunga where the majority of the nutrition program activities took place. A limited amount of nutrition work has been done in Bulman and Manyallaluk which is also reviewed. The evaluation will explore why activity has focussed in some areas more than others.

### **3. METHODOLOGY**

#### **3.1 Introduction**

This evaluation draws on both qualitative and quantitative data. The CAEPR scoping study described a range of indicators that could be used to evaluate the health impacts of the nutrition program and explores the availability of quality data to measure these indicators. A draft evaluation framework was developed by the FHF project officer and the CRCAH (Cooperative Research Centre for Aboriginal Health) research fellow, based on the CAEPR study and consultation with key program stakeholders.

#### **3.2 Consultation**

This draft evaluation framework was discussed by stakeholders at a day-long workshop in September 2003. The workshop was held to promote stakeholder participation in the design and implementation of the evaluation, in order to maximise the selection of suitable indicators and methods.

Ten key stakeholders attended the workshop in Wugularr, including community members, the community school principal, representatives from The Fred Hollows Foundation, the Jawoyn Association, Sunrise Health Service Aboriginal Corporation and the Centre for Remote Health, and the CRCAH research fellow.<sup>15</sup>

Participants discussed the value of a participatory evaluation approach, the type of information that would be collected and the strengths and limitations of a range of qualitative and quantitative methods. Subsequently one of the principal investigators visited Wugularr and Barunga to consult with key stakeholders who had been unable to attend the workshop, in order to finalise the evaluation framework. Discussions were also held with both

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<sup>15</sup> The Centre for Remote Health is conducting the local evaluation of the Sunrise Health Service Aboriginal Corporation Coordinated Care Trial.

community councils (now community management boards) and both formally agreed to the evaluation taking place.

### **3.2.1 Community support**

Aboriginal community members from Wugularr and Barunga have had extensive involvement in the nutrition program and have expressed their strong support for it. Consultations with members of both communities indicated considerable local interest in evaluating the program to assess achievements to date. Further, there is increasing interest in the nutrition program from other communities in the Sunrise Health Service Aboriginal Corporation region.

Community stakeholders have identified the need to document their program so that others can learn from it. In particular, staff at the Wugularr Women's Centre have highlighted the potential value of developing a 'nutrition program story', which would help other Indigenous communities to establish similar programs.

Evaluation of the interventions has always been seen as integral to the nutrition program and is specifically referred to in the MOU. Wugularr and Barunga Councils agreed to this evaluation using community health data that is routinely collected by the Department of Health and Community Services (DHCS). Letters of support for the evaluation project are attached at Appendix 1.

### **3.3 Aim and objectives of the evaluation project**

The following aim and objectives were developed with input from all key nutrition program stakeholders.

**Aim:** To evaluate the Nyirranggulung Nutrition Program between May 2000 and December 2003.

**Research question:** What were the processes, impacts and outcomes of the Nyirranggulung Nutrition Program between May 2000 and December 2003?

## **Objectives:**

1. To document and assess the process of developing and implementing the Nutrition Program including:
  - activities of the program;
  - extent of community participation in the program, both in terms of the number of people involved and the nature of their involvement;
  - quality of the program in terms of participant and stakeholder perceptions of its value; and
  - understanding the existing conditions and community experience and capacity which may have assisted or hindered its success.
2. To assess the short-term outcomes of the program in the study communities in relation to:
  - increased community member knowledge of nutritious foods;
  - increased access to, availability and consumption of nutritious foods; and
  - the strengthening of community members' skills and capacity to manage and promote nutritional health projects.
3. To assess the contributions of the program to long-term outcomes in the four study communities in relation to improved nutritional health of:
  - children up to 12 years of age;
  - ante-natal women; and
  - older people (55+).

*(Assessment of contribution in relation to ante-natal women and older people will rely on anecdotal information only. The main focus*

*of the program has not been in these areas and the reasons for this will be explored.)*

4. To explore the factors that affected the program's process and outcomes, including a comparison between the four study communities and a comparison between the periods when the nutritionist was based in Wugularr and in Katherine.
5. To report on methodological lessons which may be useful for future evaluation of community-based health programs in remote Indigenous communities.

### **3.4 Indicators and data sources**

Review of the CAEPR scoping study and the MOU, and interviews with key FHF staff identified a number of key intended outcomes. Performance indicators have been developed for the intended outcomes and data sources identified to test these indicators. The program logic and performance indicators are presented in chapter 4 below.

Key stakeholders in the nutrition program agreed to the use of the following methods for this evaluation:

- analysis of key documents including the CAEPR scoping study, the MOU between FHF and the Jawoyn Association, program reports and journals kept by the program nutritionist and FHF staff;
- semi-structured interviews and small group discussions with key stakeholders including the scoping study authors, the two nutritionists employed by the program in the relevant period, staff from FHF, Jawoyn Association and SHSAC, and key community participants (including women's centres, clinic, school and store staff, and store committee and council members);
- analysis of numbers of meals prepared by women's centres and school attendance rates;

- analysis of market basket survey (MBS) data;
- analysis of child growth assessment and action (GAA) data (including weights, lengths/heights, head circumference and haemoglobin) and school screening data;
- shop inventories where these exist; and
- qualitative data.

The qualitative aspects of the research aimed to test levels of awareness and perceptions of the importance of the interventions, awareness of nutrition issues and community capacity for ongoing management of nutrition outcomes. They also explored the processes involved and reasons behind the success or failure of the various interventions. Semi-structured interviews were used. Informed consent was gained from interviewees and interpreters were used where necessary. The informed consent form is provided at Appendix 2.

Some interviewing took place about the impact of the more limited interventions in these communities.

Interview instruments are attached at Appendix 3.

### **3.4.1 Quantitative data**

Market Basket Survey (MBS) data, GAA and school screening data are routinely collected by the Northern Territory Department of Health and Community Services. These data are analysed and presented in a de-identified form in community reports. Our analysis uses community MBS reports for Wugularr and Barunga for the period between January 2000 and December 2003, and examines Wugularr GAA data. Barunga GAA data is not analysed because an iron and vitamin supplementation program was carried out in that community during the time period covered by this study. Data for Bulman and Manyallaluk were not sought because the limited activity of the nutrition program in these communities meant it was unlikely

(as yet) to have contributed to measurable improved health outcomes in those communities.

While there were likely to be limitations on the conclusions to be drawn from data such as the GAA and MBS data, (some of which are outlined in Taylor and Westbury pp 58-59) the evaluation provides an important opportunity to continue the benchmarking that was begun with the CAEPR scoping study.

### **3.4.2 Sample size**

It was planned that the overall populations of the four communities would form the populations from which samples were drawn in the collection of data by interview. Key informants were identified on the basis of advice from community consultations, and include staff members who were active in the design and delivery of the nutrition intervention.

The categories of people interviewed in the communities and in Katherine included all key stakeholders and active participants in the activities being evaluated (women's centre workers, store committee members, store employees, school staff).

A discussion group of family members of children on the school meals programs was held (n=6), and a sample of shoppers at the Wugularr Store (n=10). In Wugularr we estimate that these interviews amounted to sampling about 5.5% of the population. Because of the nature of the interventions, community members at Wugularr only were interviewed. In Manyallaluk some key stakeholders only were interviewed (women's centre staff, council members etc).

All children under 5 years of age at Wugularr and Barunga form the sample for the purposes of GAA. School screening data (children under the age of 12) was not available for Wugularr.

## **3.5 Work program and process**

The following work program was envisaged.

### **Stage 1 Introductions, review and methodology development**

A detailed methodology and ethics proposal will be submitted to Sunrise Health Service Aboriginal Corporation (and the Human Research Ethics Committees [HREC] of the NT Department of Health and Community Services and Menzies School of Health Research) at the end of January.

Nyirranggulung Mardruk Ngadberre Regional Council (Nyirranggulung Council) will also be consulted and kept up to date with progress. A senior member of the research team, Dr Jon Willis of La Trobe University, will act as methodological supervisor for the project.

### **Stage 2 First field visit**

This visit to Wugularr will begin with a community barbecue to explain the project and introduce researchers. The visit will focus on interviews with key members of the Wugularr community including the women's centre, store committee, council, school etc, and families of children involved in the breakfast program. This work will be undertaken by Luana Johnston working with a local indigenous researcher/s. Barunga and Manyallaluk will also be visited to set up discussion meetings in stage 3. Interview instruments for stage 3 field work will also be tested.

### **Stage 2a Accessing health data and other records**

The CAEPR scoping study provided a range of yardsticks and measures from a number of data sources. In this stage we would access equivalent data in order to make comparisons through time. The two major sources of data which will be examined are the GAA data and rates for anaemia. These will be examined through time and a comparison will also be made between communities and between Wugularr and regional data. Only de-identified data will be included. We will

also look at school attendance figures, indicator foods as part of the store turnover, shop inventory lists and market basket survey information. Leisa McCarthy will have major carriage of the interrogation of this data.

### **Stage 3 Second field visit**

This visit will focus on providing feedback on the findings to date and on the store and Money \$tory interventions. This stage will include interviews with shoppers at the store at Wugularr. In this stage we would also interview some members of the Barunga and Manyallaluk communities about their perceptions of the nutrition program and regarding work in relation to the stores and the women's centres. Luana Johnston and the local researcher will be the primary interviewers. Other team members may also be involved in feedback sessions.

### **Stage 4 Analysis and report writing**

In this stage we will put all the findings together and prepare two reports: a technical report and a report for the community.

### **Stage 5 Third field visit - feedback**

Feedback will be provided to Sunrise Health Service Aboriginal Corporation and the communities. This will be an opportunity for some 'where-to-next?' planning with regards to the nutrition program if that is desired.

### **Stage 6 Final reporting**

#### **3.5.1 Revised work program**

The work program outlined above was followed with the following modifications:

### **Stage 1 Introductions, review and methodology development**

Kate Sullivan and Luana Johnston travelled to Katherine to introduce themselves and discuss the evaluation framework and methodology with Sunrise Health Service Aboriginal Corporation and community members. Wet season conditions prevented travel to Wugularr, though some introductions were made at Manyallaluk and at Nyirranggulung Council in Katherine.

### **Stage 2 First field visit**

The first field visit was conducted in January 2004.

### **Stage 2a Accessing health data and other records**

Delays were experienced in accessing Market Basket and GAA data, though this was eventually received after the second field visit. The evaluation team has not been able to access school screening data or school attendance figures.

### **Stage 3 Second field visit**

A second field visit was conducted in April 2004. A number of interviews scheduled could not take place as the interviewees were unavailable. These were postponed and an additional field visit was scheduled for May 2004.

The proposed feedback sessions for this stage were postponed.

### **Stage 4 Analysis and report writing**

An additional 'top line findings' report was prepared for FHF at their request to assist deliberations of key stakeholders about the expansion of the stores program.

A draft 'final' report was prepared for FHF pending their advice as to completion of the final feedback session.

#### **Stage 5 Third field visit - feedback**

This visit was undertaken in November 2004 in order to provide feedback to and discuss recommendations with community members, Sunrise Health Service Aboriginal Corporation and The Fred Hollows Foundation.

#### **Stage 6 Final reporting**

### **3.6 The research team**

Luana Johnston conducted the field research visiting the field in January, April, May and Luana was assisted by local researcher Lily Bennett during May.

Leisa McCarthy, CRCAH DDH Research Fellow and a nutritionist with Danila Dilba Aboriginal Health Service analysed the GAA, Market Basket Survey data.

Kate Sullivan was project manager for the research. She designed the methodology and oversaw the conduct of the research, drafted the report and visited the field for initial discussions in January 2004 and for the final feedback visit.

A senior member of the research team, Dr Jon Willis of La Trobe University acted as methodological supervisor of the project.

Claire Colyer edited the final report and also assisted with some of the field interviewing in stage 3.

## **4. KEY OBJECTIVES, PROGRAM LOGIC AND PERFORMANCE**

### **INDICATORS**

As part of the methodology development, the research team identified the key objectives of the project and developed a program logic. This process involved:

- scanning the MOU and other documents for description of project objectives;
- an extensive interview with Ms Olga Havnen of The Fred Hollows Foundation; and
- review of the CAEPR scoping study by Taylor and Westbury.

As Indigenous Program Manager with FHF from 1998 to 2004, Olga Havnen initiated and guided the development of the nutrition program throughout that period. The interview with her provided an understanding of the history of the project, the objectives of the interventions, and the development approach adopted by the program.

The CAEPR scoping study provides an underlying logic, or theory of change, and suggested a number of indicators for future assessment.

The MOU proved to be less useful. Whilst it outlined the general intentions of the project and emphasised the need for the parties to continue to work together to determine what the community wants, it also contained a level of legalistic detail about proposed activities which in reality bore no relation to what the two parties actually agreed to do, and their very presence in the document contradicted its main thrust, which was to allow the organic development of the project.

A program logic was developed for the four main components of the project. The indicators identified by the scoping study have been integrated into this program logic.

Two high level outcomes were identified by Olga Havnen:

- to strengthen the right to self-determination through improving health outcomes; and
- to improve health outcomes by improving nutrition in a sustainable way.

**Level 1 objective: To strengthen the right to self-determination through improving health outcomes**

**Level 2 objective: To improve health outcomes by improving nutrition in a sustainable way**

Intended Outcomes	Strategies <sup>16</sup>	Performance Indicators	Comparison/and or data source
1.1 A regional nutrition strategy developed.	a) Employment of a nutritionist/CD.		
1.2 Increase (individual and community) awareness and understanding of nutrition issues.	b) A review aimed at raising awareness of nutrition issues as part of the school curriculum (Taylor and Westbury). c) Community nutrition initiatives.	1.2 Level of awareness of nutrition as health issue.	1.2 No benchmark – collect through semi-structured interview with various groups – families of children in school nutrition program, shoppers, long-term health workers.
1.3 Develop community capacity to initiate and manage healthy food and nutrition projects.	d) With community participation, design and implement community-based projects to improve nutritional health within families, particularly pre-natal women, children up to the age of 15 years and elderly people.	1.2.1 Numbers of children attending school where they will learn about nutrition.	
Intended Outcomes	e) Develop or increase the capacity of community organisations and people within the community to promote a healthy lifestyle and manage nutritional health projects. f) Ensure that existing community initiatives and new initiatives are adequately resourced, sustainable and can be extended within the community or to the other communities.	1.2/1.3 Community initiated healthy food and nutrition projects exist and are sustainable / tangible support for exiting community-based nutrition initiatives such as school lunches and meals on wheels (Taylor and Westbury).	1.2.1 School attendance rates (though this is affected by a range of factors) and normative (e.g. teachers) and family views on how the breakfast program has contributed to attendance.

<sup>16</sup> Strategies documented from MOU and other FHF documents. Note that strategies sometimes meet more than one desired outcome or objective and performance indicators may illuminate more than one objective.

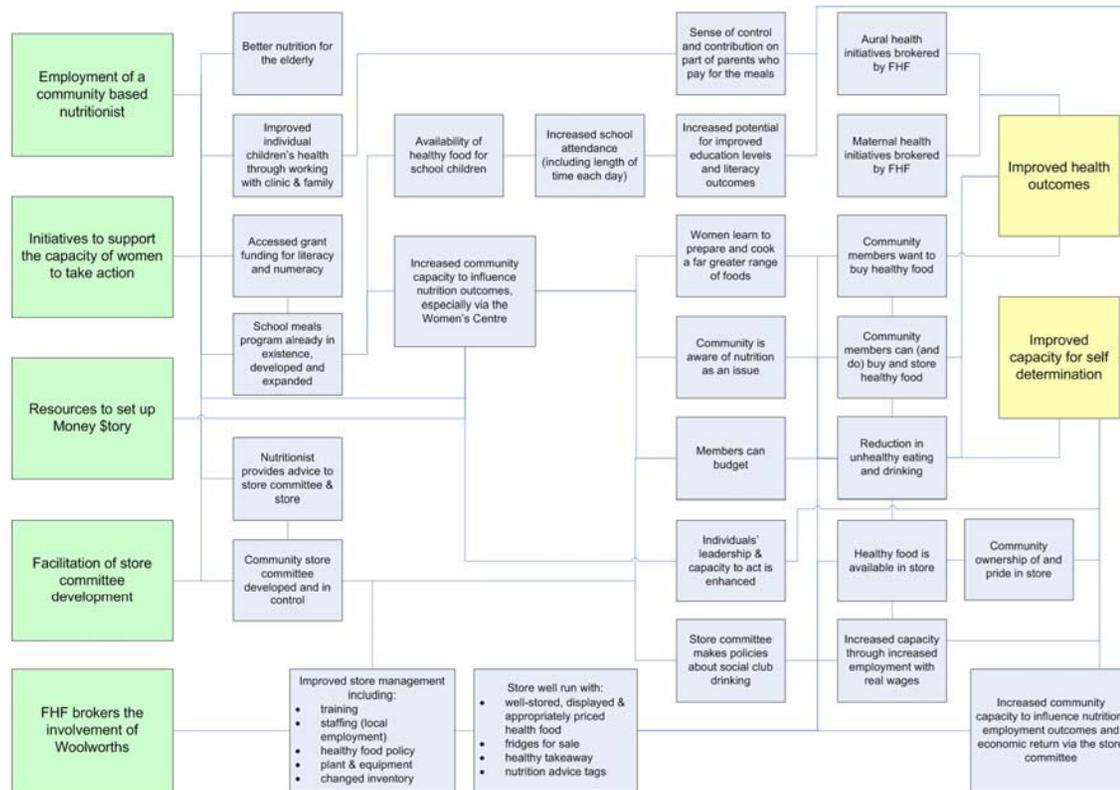
Intended Outcomes	Strategies <sup>16</sup>	Performance Indicators	Comparison/and or data source
2.1 Improved dietary opportunities for all (which people are able to take up) and especially for neonates, infants and children, and for pregnant women.	<p>a) Ensure that Jawoyn and other Aboriginal people have access to healthy food at all times (target groups: schools, families and community).</p> <p>b) Improved store operation and school meals program (and relationship between them – e.g. impact of school meals on purchasing of fruit at store).</p>	<p>2.1.1 Availability of appropriate food.</p> <p>2.1.2 The development of healthy food store policies (Taylor and Westbury).</p> <p>2.1.3 Ability /capacity (including knowledge/awareness, economic capacity<sup>17</sup>, transport, budgeting skill) of community members to access appropriate (reasonably priced, nutritious) food.</p> <p>2.1.4 Ability to store and use appropriate food (measurable improvement in functional home hardware to facilitate storage preparation and cooking of food. Taylor and Westbury).</p> <p>2.1.5 Increased consumption of healthy food (especially fruit and vegetables) by Jawoyn and other Aboriginal people and decreased consumption of unhealthy food.</p> <p>2.1.6 Healthy choices being made.</p>	<p>2.1.1 Check for historical records re food availability in:</p> <ul style="list-style-type: none"> <li>▫ store (including store turnover of healthy foods);</li> <li>▫ take-away;</li> <li>▫ school;</li> <li>▫ women's centre (school holidays);</li> <li>▫ meals-on-wheels;</li> <li>▫ subsistence sources; and</li> <li>▫ other sources (eg Katherine).</li> </ul> <p>2.1.2 No benchmarks</p> <ul style="list-style-type: none"> <li>▫ survey/interview</li> </ul> <p>2.1.3 Interviews about knowledge, behaviours and storage:</p> <ul style="list-style-type: none"> <li>▫ meals-on-wheels;</li> <li>▫ subsistence sources;</li> <li>▫ number of fridges; and</li> <li>▫ income levels generally or employment rates.</li> </ul> <p>2.1.4 Through survey/interview with groups including shoppers.</p> <p>2.1.5 Store inventory comparisons thru time.</p> <p>2.1.6 Observation, interview, store inventory comparisons through time.</p>

<sup>17</sup> Price/income.

Intended Outcomes	Strategies <sup>16</sup>	Performance Indicators	Comparison/and or data source
3.0 Community store/s: commercially efficient and viable; stores under the control of the community and promoting health outcomes.	<ul style="list-style-type: none"> <li>a) Review of community stores.</li> <li>b) Management and operation of community stores strengthened and improved: best practice retail management and practices, including staff employment and training; retail technologies design and interior layout.</li> </ul>	<ul style="list-style-type: none"> <li>3.1 Effective store committee (delivering community control of and involvement in store management).</li> <li>3.2 Development and endorsement of clearly defined healthy store food policies.</li> </ul>	
4.0 People able to manage <sup>18</sup> and budget their income in a planned and independent way.	<ul style="list-style-type: none"> <li>a) Increase people's access to and understanding of banking and other financial services and improve their availability to participate in the cash economy; to improve general quality of life and in the long-term assist in the reduction of welfare dependence.</li> <li>b) Facilitate lay-by of white goods.</li> <li>c) Centrelink deductions for school meals program.</li> <li>d) Money \$tory for store committee and council.</li> </ul>	<ul style="list-style-type: none"> <li>4.1 The provision, adoption and utilisation of electronic banking services in communities (Taylor and Westbury).</li> <li>4.2 The provision of financial counselling and budgeting services (Taylor and Westbury).</li> </ul>	
5.0 Community has the capacity to develop, monitor and evaluate the project (sustainability).	<ul style="list-style-type: none"> <li>a) Build on existing programs, structures, skills and experience – take action to empower and build capacity.</li> </ul>		

<sup>18</sup> 'Manage' includes arrange to pay third parties, and purchase food, goods and services.

**The Fred Hollows Foundation, Nyirranggulung and Sunrise Health Service interventions and outcomes flow chart**



## **5. THE INTERVENTIONS**

This section maps the interventions that occurred against the intended outcomes. Some interventions meet more than one objective.

### **5.1 Intended outcomes**

#### **5.1.1 A regional nutrition strategy developed**

The interventions to achieve this outcome consisted of negotiations with the Jawoyn Association about the nutrition project and the employment of a nutritionist by the Jawoyn Association, funded by The Fred Hollows Foundation and Go Vita. This objective was to some extent overtaken by the development of the Coordinated Care Trial in the Katherine East region, and the eventual transfer of the nutritionist position to the Sunrise Health Service Aboriginal Corporation, whose role and function includes nutrition. The nutritionist position was to some extent seen as a manifestation of an unwritten strategy.

The key elements of a nutrition strategy have been developed (Taylor and Westbury report, the first community-based nutritionist's work plans and reports, and this evaluation), but need to be pulled together into a comprehensive plan.

#### **5.1.2 Increase (individual and community) awareness and understanding of nutrition issues**

Interventions directed at this outcome include:

- funding of the nutritionist position and her work with:
  - the women's centres in relation to menu planning, food ordering and food preparation for school meals and aged care meals;
  - the Wugularr Store committee and store management re healthy food policy;
  - the clinic, and parents of failure-to-thrive infants;

- food demonstrations in the store;
- menu planning with the store take-away and 'no fry' Tuesdays; and
- the school via the Commonwealth Child Nutrition grant.

The nutritionist position was jointly funded by The Fred Hollows Foundation and Go Vita. (The Foundation brokered the arrangement with Go Vita.) The nutritionist was employed as a member of Jawoyn Association staff and was directly supervised by Irene Fischer, at that time Manager, Health and Aged Care, Jawoyn Association (now Deputy Chief Executive Officer of the Sunrise Health Service Aboriginal Corporation).

- development of community stores, including:
  - exposure trips to community stores in other regions (Palm Island, Tiwi);
  - developing a viable store committee;
  - healthy food policies; and
  - 'shelf talkers'.<sup>12</sup>

### **5.1.3 Develop community capacity to initiate and manage healthy food and nutrition projects**

Interventions directed towards meeting this outcome included:

- FHF-funded nutritionist's work with women's groups, the Wugularr school, the clinics and stores;
- FHF project officer's work with store committee;
- FHF funded nutritionist's work with store committee; and

- FHF funding or brokering implementation of the Money \$tory for Wugularr Women's Centre, Wuduluk Store (Wugularr), Gulin Gulin Store (Bulmun) and for Manyallaluk, Gulin Gulin (Bulman) and Nyirranggulung Councils.

#### **5.1.4 Improved dietary opportunities for all (which people are able to take up) and especially for children, and prenatal women**

Taylor and Westbury outlined the food sources available in the East Katherine communities as: bush tucker; the store; and shopping in Katherine. The school meals program and the crèche are also potentially important sources of food for children.

Interventions aimed at improving availability of and access to healthy foods included:

- Stores interventions:
  - developing a viable store committee at Wugularr;
  - supporting the store committee at Wugularr through its development of healthy food policies, 'shelf talkers'<sup>19</sup> etc (project officer, nutritionist, and store consultant);
  - brokering the involvement of Woolworths to improve store efficiency and viability in the region. This intervention aimed to impact both availability of and access to healthy food through increased range of foods (especially fresh fruit and vegetables), reduced prices, and provision of white goods in the communities to improve ability to store and use food; and
  - nutritionist's work with take-away outlets.

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<sup>19</sup> 'Shelf talkers' are cards placed on shelves in front of various foods that may highlight, for example, whether the food item contains low levels of salt or fat, or is suitable for people with diabetes.

- Employment of a nutritionist to work with women’s centres, and the provision of funds (by FHF) for equipment to women’s centres, to support the school meals program (an important source of food for school aged children) and/or meals for the aged. The school meals program is explained below in section 6.1. FHF interventions have consisted of:
  - purchase of a cool room ('chiller') for the Wugularr Women’s Centre;
  - purchase of cooking equipment for the women’s centres in Barunga, Manyallaluk and Wugularr;
  - funding of a nutritionist who worked with the women to develop menus for the school meals program and aged care meals and with ‘failure to thrive’ children, and who has arranged bush tucker trips for the school; and
  - provision of the Money \$tory to the Wugularr Women’s Centre. (This commenced in November 2003, see section 7.8).
- Nutritionist working with the clinic and the crèche.

In Barunga, Manyallaluk and Wugularr, the nutritionist (funded by FHF) assisted with establishing or developing menu planning and food ordering systems. In Barunga, the Meals for the Aged program was also supported indirectly by renovations to the Barunga Women’s Centre funded by FHF. This renovation enabled the program to shift from temporary accommodation to the women’s centre (see section 6.4 below).

#### **5.1.5 Community store/s commercially efficient and viable; and stores under the control of the community and promoting health outcomes**

Interventions included the store interventions listed in section 5.1.4 above including:

- sponsoring study/exposure trips to visit other successful community stores (Palm Island, Queensland; Tiwi Islands, Northern Territory);
- an interest free loan of \$20,000 to enable the Wugularr Store committee to re-open the store after the departure of the community's store manager in 2002;
- supporting the development of a viable store structure and store committee at Wugularr. This involved a FHF project officer in fairly intensive work with the committee to sort out legal issues, establish a constitution and set store policies; as well as developing the governance capacity of individuals;
- brokering the involvement of Woolworths to improve store efficiency and viability, mentor store manager, train staff, support the store committee to further develop policies and procedures, and produce a store manual; and
- Money \$tory at Wugularr Store.

#### **5.1.6 People able to manage<sup>20</sup> and budget their income in a planned and independent way**

FHF funded the introduction of the Money \$tory in the following areas:

- Wuduluk Store, Wugularr;
- Wugularr Council;
- Barunga Council;
- Jawaluk Pty Ltd;
- Manyallaluk Store;
- Nyirranggulung Regional Council (commenced November 2003);

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<sup>20</sup> 'Manage' includes arrange to pay third parties, purchase food, good and services.

- Manyallaluk Council (commenced November 2003);
- Gulin Gulin Council (commenced November 2003);
- Gulin Gulin Store (accounting information not regularly available, road closures);
- Mardrulk Council (road closures, travel cost factors);
- Kybrook Farm (quarterly visits by request); and
- Wugularr Women's Centre (commenced November 2003).

The Money \$tory is a financial literacy program that reports current financial information diagrammatically and so doesn't rely on literacy and numeracy. It enables people with limited formal education to make financial decisions about their organisations, based on current accounting data. The program was developed by Hugh Lovsey of Little Fish/Pangaea.

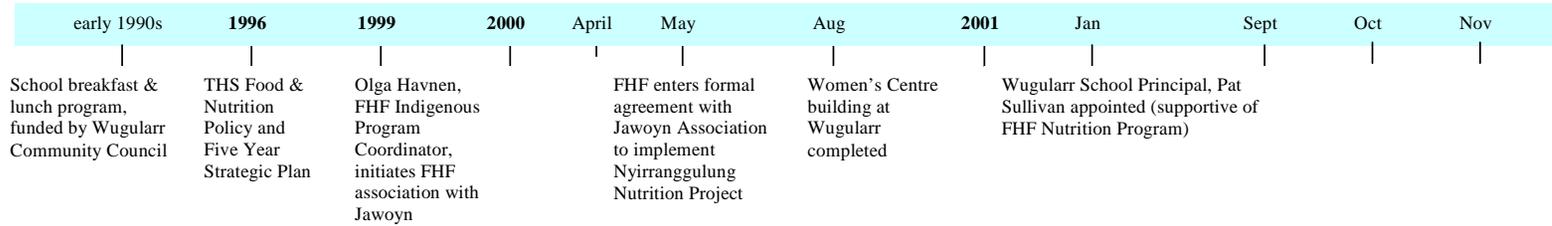
The intention of this intervention was to provide financial management skills to key strategic organisations and to the people who were active in their management. The introduction of the Money \$tory (which is reliant on timely financial information) had to await the availability of financial information, which in some cases was slow in coming, in part because of the establishment of the new Nyirranggulung Council.

#### **5.1.7 Community has the capacity to develop, monitor and evaluate the project**

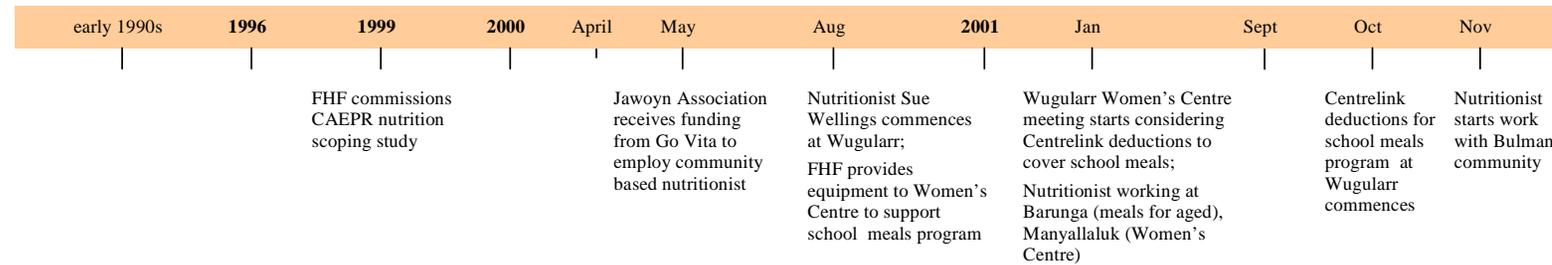
No specific interventions were directed towards this outcome. The Money \$tory provides a mechanism for participants to track the financial aspects of the projects they are involved in. This evaluation has been designed and conducted so as to include community consultation and feedback.

## 5.2 Time line of interventions

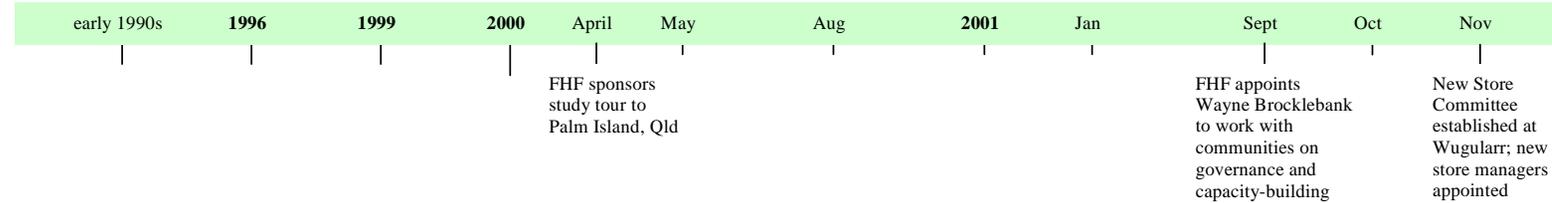
### General events



### Nutrition Program



### Stores program



### Money Story



## General events

2003	July	Sept	Oct	November	2004	Jan	Feb	March
Wugularr School Principal Mike Puccetti	Wugularr, Barunga, Manyallaluk & Bulman Community Councils amalgamate to form Nyirranggulung Council		Sunrise Health Service assumes control of health services for 13 communities in Katherine East region FHF brokers partnerships with corporate and philanthropic foundations to secure funding for specific health programs				Sunrise Health Service takes over responsibility for Wugularr Health Clinic from Territory Health Services	Sunrise Health Service takes over responsibility for Manyallaluk and Barunga Health Clinics

## Nutrition

2003	July	Sept	Oct	November	2004	Jan	Feb	March
		Nutritionist Lisa Van der Maat resigns	Nutritionist position transferred from Jawoyn Association to Sunrise Health			Nutritionist Jean Symes commences work with Sunrise Health, based in Katherine		

## Stores program

2003	July	Sept	Oct	November	2004	Jan	Feb	March
						Support Store Manager Sue Gregory appointed at Wugularr	Barry Orr begins work with Barunga Store	

## Money \$tory

2003	July	Sept	Oct	November	2004	Jan	Feb	March
				Money \$tory commences financial literacy work with: <ul style="list-style-type: none"> <li>▪ Nyirranggulung Regional Council,</li> <li>▪ Manyallaluk Council,</li> <li>▪ Bulman Council,</li> <li>▪ Wugularr Women's Centre.</li> </ul>				

## **6. KEY FINDINGS FROM QUALITATIVE DATA ABOUT THE SCHOOL MEALS PROGRAM, THE WOMEN'S CENTRES AND THE NUTRITIONIST**

This section draws extensively on field research and interviews to discuss the group of inter-related interventions which might be described as being targeted directly at improving nutrition in the Jawoyn communities, either by supporting community-based initiatives or working directly with community members to build nutrition awareness. It focuses on the support given by FHF to women's centre activities (such as delivering school lunches and meals for the aged) and the work of the nutritionist whose position was funded through FHF.

### **6.1 Availability of food through the meals program**

#### **6.1.1 The history of the crèche and the school meals program**

There has been a school meals program at Wugularr since at least the early 1990s. Initially, it consisted of breakfast for all children and lunches for high school students who in those days were bussed to Katherine.<sup>21</sup>

Edna Snape, Lorraine Bennett and Martha Bennett were involved in establishing the crèche at Wugularr in the 1990s. Lorraine Bennett says mothers were working and had no one to look after the kids. They had a small demountable which they painted and 'did up' including showers and toilets. Lots of children were coming and they started feeding the little ones breakfasts and then lunches as well.

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<sup>21</sup> In fact the program probably grew out of a Community Kitchen Scheme which was set up 30 years ago and continued for 10 years even after funding (NT Government) ceased. (Pers. comm., Peter Holt) In Wugularr the program apparently never ceased, but evolved. Edna Snape was instrumental in establishing the crèche and 'feeding program' for local school children in Wugularr, in the mid 1990s. She and her husband were employed to run the take-away, however funding was not available to keep them on. Council asked them to set up the crèche. The school meals program followed.

*Then Veronica Birrell came up and started the feeding program with the school, lunches and breakfasts. Before the new women's centre was built we had a tin shed.*

There are different perceptions of how and why the nutrition/feeding program started. Some reported it began because of concerns about underweight children.

*There were so many underweight children so they started the Breakfast program first and these meals here (lunch) were cooked at the women's centre then. There was a women's meeting asking ideas about how they could better improve their children's health. The clinic worked close with the women's centre and they used to give a list of names of the children that were underweight, not gaining much weight, and ask us to feed them. That's how the feeding program started.<sup>22</sup>*

Some parents thought the school meals program started because kids were complaining to teachers that they were hungry. They thought the program wasn't so important to get the children to go to school; rather it was more important for children who really wanted to go to school to have something to eat, because most were hungry.

### **6.1.2 How the nutrition/school meals program works**

The Wugularr Women's Centre coordinator and supervisor are employed through Nyirranggulung Council. The coordinator also has responsibility for the Aged Care program, managing ordering of supplies and signing up participants for Centrelink deductions for the meals programs. This position was recently filled following the resignation of Edna Snape in March 2004. All other staff are paid wages through CDEP. The Women's Centre Supervisor, Martha Bennett, is employed for seven hours per day, Monday - Friday (8.00 am to 4.00 pm) and all other staff work four hours per day between 8.00 am

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<sup>22</sup> Meeting, women's centre workers.

and 12.00 noon. The Supervisor is responsible for day to day operations of the women's centre.

The women's centre previously conducted both breakfast and school lunch programs. In 2001, the breakfast program was transferred to the school. The women's centre continues to provide the school lunch program. The lunch program includes the provision of food at recess.

#### **6.1.2.1 The breakfast program**

Edna Snape coordinated the program in the 1990's. Veronica Birrell was the Wugularr Women's Centre Coordinator from the late 1990s – 2002. During her time as coordinator, she would start preparing breakfasts and lunches around 5.00 am, firstly preparing breakfasts for the high school kids and then, once they were on their way, for the primary and pre-school children. By 8.00 am they were all fed and had left for school. When she first started there were around 30 children and over time the number grew to between 58 and 100, including high school children. Veronica's wages were paid by CDEP topped up by the community council. Women's centre workers said in the early days the food was free to the children and was paid for by the council.

In 2001 the breakfast program was transferred to the school. Breakfast is provided at the school between 7.25 and 7.45 am. The principal states that about 25 children are currently given breakfast each morning, consisting of Weet-Bix, fresh fruit, milk and tinned fruit to add to the cereal instead of sugar, because of its nutritional value. It is funded from the Aboriginal Students Support and Parent Awareness (ASSPA) program at a cost of around \$1,600 - \$2,000 per year. This was endorsed by the Wugularr ASSPA Committee to complement the lunch program.

#### **6.1.2.2 The lunch program**

Parents said the lunch program started because kids would go home for lunch but often found there was no food in the house. Lunches were previously paid for by the community council. Now 'smoko' [morning tea] and lunch is provided by the women's centre and funded by parents/carers

contributions of \$30 per child per fortnight. The money is debited directly from Centrelink Family Allowance payments and paid to and administered by Nyirranggulung Council. Deductions automatically cease during the school holidays. Until recently the women's centre coordinator was responsible for arranging Centrelink deductions.

The arrangement with Centrelink has been important to the sustainability of the project. The arrangement was initiated by the women; however the nutritionist, Sue Wellings, and The Fred Hollows Foundation Indigenous Program Manager, Olga Havnen, played an important part in assisting the women's centre to negotiate the Centrelink deductions (see section 6.2.3.1).

Refer recommendation 11

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### **6.1.2.3 Current operation of the lunch program**

Following community meetings initiated by the school principal in the first half of 2004, school attendance figures increased considerably. Demand for school lunches increased dramatically, however only 67 of the 129 students were signed up for the program. This could have had serious funding implications for the lunch and smoko program, so the school provided assistance to families of additional children to enrol with Centrelink for family allowance deductions. At the time of field work it was uncertain whether the school would continue this involvement.

Refer recommendation 11

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Because of the increasing numbers of children from neighbouring communities attending Wugularr school, often only for short periods of time, keeping registrations up to date will need to be closely monitored. The increase in attendance has had a major impact on the resources of the women's centre and its capacity to manage food ordering, maintaining adequate supplies of food and having sufficient staff to prepare the meals.

The school principal raised concerns about the consistency of the delivery of meals, especially during the wet season, as there were times when the women's centre had phoned to say there were no meals because the

delivery truck hadn't arrived or the freezer had broken down and they had lost all stock. He suggested this may be a result of not stocking sufficient backup supplies and poor planning by whoever was doing the ordering, although he acknowledged that the program was catering for many more than the 67 who were signed up (sometimes into the 80s and 90s). The women's centre perspective was that they had not wanted to deny children food and had run out because they were feeding many more than were registered on the program. Another perspective offered was that the women's centre does not have sufficient staff and resources and this may be an underlying cause of some of the problems that have arisen.<sup>23</sup>

School attendance numbers are now regularly around 80. The women have not been trained, nor were their systems designed, to deal with what is essentially a commercial size catering operation. The women need training in cooking for 80-100 people and at the same time the ordering system needs to be reviewed. Ordering is currently done through the Nyirranggulung Council via the CDEP coordinator, a Nyirranggulung Council employee. She must obtain a purchase order from Nyirranggulung Council, which insists that supplies are packaged in Katherine.

This system has a number of disadvantages:

- less flexibility to respond quickly to fluctuations in attendance numbers;
- added transport costs;
- lack of purchasing power; and
- missed opportunity to work in partnership with Wuduluk Store, which could be of benefit to the community as a whole by improving the purchasing power (and therefore reducing costs) of both the store and the women's centre.

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<sup>23</sup> Pers. comm., Olga Havnen.

In general, the lack of capacity for forward planning is exacerbated by the women's centre's lack of control of its budget, which is also managed by Nyirranggulung (see section 10.5.1).

Refer recommendations 2, 3, 5, 6, 7, 8, 9, 13

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Menu planning, re-ordering of food and maintaining a record of the number and type of meals prepared each day is the responsibility of the Supervisor. The lunch menu is usually decided the day before so meat can be defrosted. Meat and perishables are stored in a large walk-in cool room ('chiller'), bought with funding from The Fred Hollows Foundation.

The school advises the women's centre the number of children at school each morning, generally adding a few extra to ensure children arriving late get a meal. Smoko generally consists of items such as a muesli bar, fruit, yoghurt, and/or cheese stick, and is delivered to the school around 10 o'clock. Lunch is usually meat stew and vegetables. Teachers have recently requested an increase in the amount of food for the older students because they are still hungry. They would also like to see more variety, and once in a while some 'occasional foods' like a pie with sachets of tomato sauce. Lack of variety and insufficient food was also raised by some parents during interviews.

*I pay \$120 per fortnight and they sometimes complain they get the same food – there is no variety – the kids come home for lunch even though they get lunch at school.*

Refer recommendations 4, 5, 6

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Several informants thought it would be an improvement to provide children with a hot breakfast when the weather gets colder. A parent who had taught at Barunga School said that during the cooler weather, children were given hot soup or stew, however others thought there could be a problem doing this at Wugularr because there is nowhere to cook at the school (Barunga offers home economics and has a kitchen at the school).

In early 2002, the women's centre and school decided that meals would continue to be provided at the school in preference to the women's centre so the children would remain within the school premises to eat their lunch and hopefully stay for the afternoon lessons.

*Meals program is to keep them there (at school) otherwise they would be wagging by lunchtime.*

Transporting meals has been problematic because of breakdowns of the vehicle (a John Deere quad type bike with an open trailer attached, known as 'the gator'). During the second field visit the vehicle had two flat tyres and, because there was no longer a workshop in the community<sup>24</sup>, arrangements had to be made for someone to come from Barunga with a special tool to remove the wheels to repair them. Several weeks before the bike had had a mechanical problem and at one stage, meals were being carried from the women's centre to the school (about a 7 minute walk). The principal reported that when the vehicle kept breaking down the women's centre had asked for a vehicle to be sent from the school but it was not always convenient or the vehicle was in use elsewhere.

Refer recommendation 10

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The quad bike is also used by the Aged Care program to transport aged people to the clinic.

### **6.1.3 Impact of the school meals program**

Teachers reported that kids were unsettled in class if they hadn't had enough to eat, and were healthier and much more active since the nutrition program started. Edna Snape, who was instrumental in establishing the breakfast program, thought the meals program was very important for the ongoing health of the children.

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<sup>24</sup> Mechanical workshops were centralised in Katherine after the establishment of the Nyirranggulung Council.

*If we didn't have the (nutrition) program kids would be eating damper and tea<sup>25</sup>. There would be malnutrition, runny noses and sore ears. Before the program, kids were hungry – crying for food. We had to do something.<sup>26</sup>*

According to one of the parents, the school feeding program is important because when there are lots of people living in a house there are no rules about what should be eaten and if there is food in the house it will all be eaten in one day.

A senior school representative said that for quality teaching to be achieved, learning takes place between 8.00 am and 11.00 am, when the children are able to concentrate:

*If the government is serious about improved educational outcomes, they need to get nutrition in place first. It doesn't matter how much is spent on anything else, if the kids aren't fit.*

He said that children living in a community who are not getting regular food need to be given the same chance as 'mainstream kids', and that if the feeding programs were not in place:

- fewer children would attend school, perhaps 40-50%;
- there might be apathy and anger in the community; and
- literacy levels would be lower (they are making improvements in literacy levels).

Excessive use of alcohol was reported as a major factor contributing to the lack of food in many households and the meals program was seen as a way of ensuring that meals are available for kids who wouldn't otherwise get food. The school currently provides about 25 breakfasts:

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<sup>25</sup> Excessive consumption of tea, especially by children, is understood to contribute to anaemia.

<sup>26</sup> Interview, Edna Snape, Women's Centre Coordinator.

*There is a lot of alcoholism. Mothers can't buy food. That's the way it is. You have to provide the breakfasts. We aren't feeding kids who eat at home. Lots of kids do get breakfast at home – it's the ones who don't who come for breakfast. The 25 who come, need it. They're hungry.<sup>27</sup>*

Some community members reported that some people will hire a taxi (at a shared cost of \$320 return trip) and go to town to buy alcohol and return with no food. Children who do not accompany their parents will often be taken care of by others in the community for up to two to three weeks, going from family to family for food.

*Some parents don't feed their kids. Some who drink alcohol and gamble, they haven't got much time for their children and don't go home and cook lunch, nutritious meals for their kids - so they get it at school.<sup>28</sup>*

### **6.1.3.1 School attendance and student well-being**

As well as having a nutritional benefit, the school meals program is seen to provide an incentive for children to go to school. Some of the children are waiting at the school when the teachers arrive at 7.30 am.

*When we ring the first bell kids are often waiting. They line up, AO1 mixes the milk and puts Weet-Bix in their bowls. Don't use sugar but used canned fruit instead. Lots of kids come – all depends on how many – what's happening in the community. Some days we get a lot of kids. Not as many as we would like. Can see the ones who really need food, they will come. Some actually knock on Mike's [principal] door. Kids get there, teachers get there at 7.30 am. Some are waiting at 7.15 am. Gives an idea of how hungry some of these kids are.<sup>29</sup>*

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<sup>27</sup> Interview, Mike Puccetti, Principal Wugularr School.

<sup>28</sup> Interview, women's centre workers.

<sup>29</sup> A school teacher.

In a 2002 report Lisa Van der Maat reported that the school principal was of the opinion there was a definite link between meal provision and school attendance and that children who attended school regularly were less likely to have visible sores.<sup>30</sup> Lisa says a lot of other factors influence whether the kids attend school and while there is always a high number at the start of the term, this slowly drops off towards the end of term.

Sue Wellings reported attendance was consistently high in term 1 in 2002, and this coincided with consistent provision of adequate, healthy meals.

One of the long-term teachers interviewed said that as a consequence of the program none of the children have serious medical conditions, and they are more settled in class and able to concentrate.

*Our kids are generally better off as far as nutrition is concerned. None of the kids have serious medical conditions. Kids are generally not sick. Kids look healthier now than they did before. Previously it was very hard to get the kids settled in class but now with their bellies full they can concentrate on what we are saying and do what we are expecting of them. If you look at the kids now they are fairly quiet, but previously they used to be jumping all over the place and kept saying how hungry and tired they were. You can see the kids are not skinny. The ones we have seen since we first came here until now, they are not as skinny.<sup>31</sup>*

One of the teachers said he would like to say the meals program has increased school attendance, but it is really recent community strategies that get the kids there, and the fact the program is in place means the health and wellbeing of the kids has increased. He thought the school meals program was working well but was concerned about the continuity of the program given that the coordinator of the women's centre had resigned and was about to leave the community. He considered her the key to keeping things going and, with the assistance of the Supervisor, the women's centre group

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<sup>30</sup> Lisa Van der Maat, Quarterly Report to 30 March 2002.

<sup>31</sup> Interview, Reg and Martha Murrigen.

had been kept together, ensuring the children got their lunch every day and on time.

In 2004 the principal at Wugularr made a concerted effort to improve attendance, which in about April-May was around 60%. He was concerned about the 40% who were not attending.

The principal said he had always thought the meals program was the main factor in determining attendance, but found there were other influencing factors which had emerged at two community forums held to discuss the issue. Some parents lacked trust because 6-8 years ago there had been some bad incidents involving school staff. Some parents felt school wasn't important and the children themselves could decide whether they wanted to attend. Unlike other communities he had worked in, there were children walking around the community and no one would challenge them.

About 25 people attended the first community forum, but after the elders become involved about 65 attended the second. As a result of the forums, he felt the school had received support from the council and the store, and a lot more community support and understanding. A 'get tough' approach was adopted, including:

- enforcing the store policy that children are not to go into the shop in school hours; and
- large bottles of coke and large bags of chips are not to be taken into the school.

Children going into the shop during school hours appears to have been an ongoing issue for shoppers as well as the school. Shop committee minutes dated 23 April 2002 recorded there was a 'problem with kids hanging around shop during school hours' and list 'new shop rules' including that there were to be no kids in or around the shop until after school hours.

*Sometimes can't get into the store because of the kids inside the store – they run around, they push in when someone is standing there trying to buy food – they already made new rules in there. Kids*

*are not allowed to hang around during school hours. It's working now.  
That's good – sometimes they wag.*

Attendance increased from 60% to the high 80s%. (There is also increased enrolment from neighbouring communities with overall enrolment up to 129 compared with around the 80s in 2003).

### **6.1.3.2 Attendance figures**

Lisa Van der Maat reported early in 2002<sup>32</sup> that the school has been informed by the Education Department that school attendance records were to be kept confidential, Because attendance records were no longer available from the school, the women's centre started recording the number of meals they provided daily to the school from the beginning of term 3, 2002. Details were recorded on a form developed by the nutritionist in conjunction with the women. It was later redesigned to include the number of morning teas and lunches delivered, as well as the types of meals prepared.

#### **Women's centre records**

The following tables are based on records kept by the women's centre. They summarise the average attendance per month for the periods July – December 2002 and February – September 2003.

The women's centre figures (on following page) may be useful for future comparisons.

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<sup>32</sup> Lisa Van der Maat, Report January-March 2002.

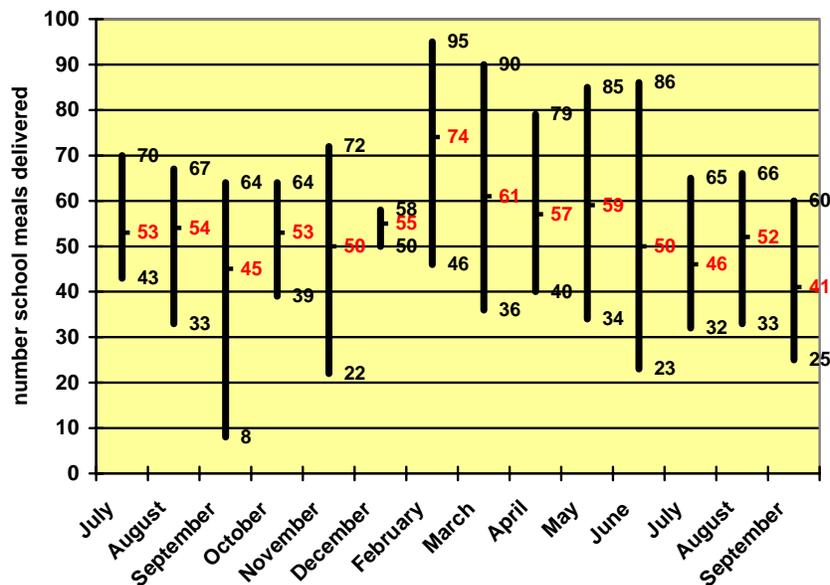
**Number of school meals delivered, July-December 2002**

Month	Average	Range
July	53	43 – 70
August	54	33 – 67
September	45	8 – 64
October	53	39 – 64
November	50	22 – 72
December	55	50 – 58

**Number of school meals delivered, February – September 2003**

Month	Average	Range
February	74	46 – 95
March	61	36 – 90
April	57	40 – 79
May	59	34 – 85
June	50	23 – 86
July	46	32 – 65
August	52	33 – 66
September	41	25 – 60

Number of school meals delivered by Wugularr Women's Centre  
 July 2002 - Sept 2003  
 (minimum, average and maximum in each month)



The chart above, showing the minimum, average and maximum number of school meals delivered each month, illustrates the enormous differences in the number of meals the women's centre delivers on any given day.

#### Northern Territory Department of Education records

Following approaches to the NT Department of Education and to the Minister for Education, school attendance figures for 2000-20003 were made available for this evaluation in October 2004. They are provided in Appendix 4. The figures are inconclusive as school attendance may be affected by many variables such as population mobility, or other school and community efforts to improve attendance such as occurred at Wugularr in April/May 2004.

## **6.2 Impact of community-based nutritionist**

### **6.2.1 History of the nutritionist appointment**

A community-based nutritionist was employed in 2000 as part of the nutrition strategy. Funding for the position was provided by Go Vita, through The Fred Hollows Foundation, and the position was based with the Jawoyn Association. The decision to base the nutritionist position with Jawoyn Association was made in order to 'provide capacity and support to the local community body.'<sup>33</sup>

Sue Wellings, the first nutritionist appointed, is believed to be the first person to work on nutrition and be based full-time in a remote Aboriginal community anywhere in Australia.<sup>34</sup> She was based at Wugularr. The women's centre at Wugularr provided an obvious starting point for her work because of the community nutrition program and crèche for younger children that were already in place (see section 6.1.1).

### **6.2.2 Community nutrition workers**

One of the defined strategies for the nutritionist position was to select and train community nutrition workers at Wugularr and Barunga. The kind of role they would play is illustrated by the three-months work plan Sue Wellings developed for a community nutrition worker, based in the community crèche. This included:

- regular meetings with the clinic (regarding underweight children and any other nutrition matters, such as newly diagnosed diabetes);
- visiting families with underweight children to help put action plans in place;
- organising regular bush tucker trips and shopping trips to Katherine;
- involvement with the school and the store; and

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<sup>33</sup> Interview, Olga Havnen.

<sup>34</sup> Interview, Olga Havnen.

- weekly meetings with the nutritionist to study nutrition.

The community nutrition worker strategy could not be developed in the way that was originally intended, however.

Initially, there was uncertainty about how best to develop the Community Nutrition Worker (CNW) Program within each of the communities. One option considered was to commence the Pilbara-based Pundulmara Certificate in Health course for any interested CDEP workers working in health related positions (eg aged care, crèche, store workers) and those who enjoyed and were willing to continue the course would be asked to become CNWs. Funding for the nutrition workers had not been sorted out, however, and by the time it was, the women who had expressed interest in becoming CNWs had lost interest or had left the community/ies.

Potential nutrition workers were identified in Barunga and Bulman communities in 2001. However, the Barunga worker left the community soon after commencing the position and the nutrition worker in Bulman was offered full time work in the store.

Lorraine Bennett began working at the Wugularr Women's Centre in September 2001, and towards the end of that year expressed interest in working with Sue on nutrition. She began working two hours per day as nutrition worker in Wugularr, as well as working at the pre-school. She assisted the nutritionist to conduct 'taste tests' at the store, menu planning for the women's centre meals program, action planning for children failing to thrive and preparation and co-facilitation of discussions with community households regarding the importance of healthy food for pregnant women and young children.

Lorraine helped prepare and implement an education program for women and teenage girls regarding the importance of good nutrition during pregnancy and for the development of the young child. Community members remember Lorraine's work with the nutritionist:

*Lorraine Bennett worked with Sue as the nutrition worker and that was really good as they had a really good relationship between them*

*and they were able to do lots of stuff together. They would go to houses and talk to mums. Lorraine is a very good worker and is very strong in the community and she seems to get tied up in a lot of stuff. When I started she was already working full time in the school so the pressure on her was quite hard.*<sup>35</sup>

Lorraine Bennett said they visited mothers with undernourished babies and talked to them about healthy food and the 'five healthy food groups'. She would like to see that continued so mothers can learn what is healthy, how to read food labels and know what contains fat and salt.

*There should be someone in that position, to come down here, to be assistant nutritionist. They should have a young trainee. Back then I was Sue's assistant; we had one in each community. We would all work together. We were paid part-time....if they want to set up in communities, they should take them [trainee nutritionists] to Katherine for workshops for training, say one week...*

Lorraine received CDEP payment for eight hours and top up money for two hours nutrition work each day. This continued until Lorraine took other employment at the school.

Wages was one of the reasons Lorraine Bennett gave for not continuing as nutrition worker; the other was that she preferred to stay and work at the school.

In her final review Sue Wellings reported that:

*Nutrition work seems to work better if it can be accompanied by another job as a base eg part time store worker, part time pre-school teacher, women's centre worker. This way the community nutrition worker can be involved in nutrition projects when needed and have other work to fall back on when there is not much on, without feeling at a loss as to what to do.*

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<sup>35</sup> Interview, Lisa Van der Maat.

Lisa Van der Maat informed women's centre workers in March 2004 that there were still funds available in the Wugularr Healthy Kids Project to pay for a nutrition worker until the end of the year. She said there has been a lot of discussion about funding for nutrition workers and that it is important to make sure there is sufficient funding because if women are going to be offered a job and training, there needs to be a future in it.

*There is no point getting someone to work as a nutrition worker and the funding stops. We often provided them with in-house training. In the long run need something that is accredited and gives them something towards a certificate and a qualification, like Bachelor training.<sup>36</sup>*

Sunrise Health Service Aboriginal Corporation is considering the engagement of community-based nutrition workers, or workers whose responsibilities will include a nutrition component, in the communities in the region it serves over the next 6-12 months.

Refer recommendation 14

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### **6.2.3 The role of the nutritionist**

#### **6.2.3.1 The nutritionist's work with the women's centre at Wugularr**

The nutritionist was based in the women's centre so was available as required by the workers. They invited her to manage the children's nutritional side of the meals program and in conjunction with the clinic she worked with underweight children.

Sue Wellings advised women's centre workers about healthy menu planning and developed standard menus, introducing them to new recipes and teaching them to cook healthier meals. She taught about food ordering and set up a system to record the number and type of meals prepared each day.

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<sup>36</sup> Interview, Lisa Van der Maat.

She also supported the women to investigate the possibility of incorporation of the women's centre. This included meetings with the women and ATSIC to look at possibilities of having more control over the finances and to generate income to run more activities.

Refer recommendations 2, 3, 7, 8

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The nutritionist ran nutrition training (eg food safe courses at Wugularr and at Barunga), and initiated the Pundulmara Health Certificate 1 Course - Homemaker skills module. She arranged a number of trips for the aged residents to collect bush tucker.

One of Sue's stated strategies was to seek funding opportunities for the school meals program and she played quite a major role in improving the sustainability of this program. At a women's meeting in Wugularr in January 2001 attended by 20-30 women, she spoke with the women about the need for funding to enable the school meals program to continue. One of the women suggested parents should be paying and Sue suggested the money could be deducted from the Family Allowance Payment.

Sue Wellings contacted Centrelink on the women's behalf but was given conflicting information about whether the deduction could be arranged. Alternative options were considered. Deductions were able to be taken from CDEP and parenting payments and this commenced in November 2001.

Meanwhile, Olga Havnen of The Fred Hollows Foundation initiated discussions with Centrelink CEO, Pat Turner, and encouraged her to visit the women's projects when next in the region. Such a visit gave Edna Snape, then Women's Centre Coordinator, an opportunity to put the women's concerns direct to the Centrelink 'boss'. The women argued that Family Allowance payments are considered by the women to be 'baby money' that should be spent on kids, and this was a way to support people's choice to spend that money on their children.

Deductions from family allowance payments commenced in March 2002. Sue worked with the women's centre to prepare deduction forms and get them signed by all of the children's carers. This allowed the school meals

program to operate much more smoothly. This system is now also used in the Aged Care program at Wugularr and in other Indigenous communities.<sup>37</sup>

Refer recommendation 11

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### **6.2.3.2 The nutritionist's work with respect to the school**

Nutrition education at the Wugularr and Barunga schools has varied, depending on the attitude of the principal. Some principals appear to have been open and receptive and very supportive of the nutrition program while others have been openly resistant, which has made it difficult to influence nutritional changes.

In 2002 the nutritionist Sue Wellings was successful in securing a three year child nutrition grant of around \$64,000 from the Commonwealth Department of Health and Ageing for the Wugularr Healthy Kids project. The project targeted Indigenous children and used nutrition strategies to increase numeracy and literacy. One key milestone was to have all school children take part in at least one bush tucker excursion each dry season commencing in 2002. In November 2003 all primary school children had the opportunity to attend with approximately 18 students and five community teachers attending each day. Other activities included the 'Food Hopscotch Game', cooking classes, growing vegetables and sporting activities. This grant also paid for equipment to allow the school meals program to operate more smoothly.

The Food Hopscotch Game was developed by Linda Hill, a Darwin based DHCS nutrition worker, and was trialled in ten pilot sites in the Northern Territory. Wugularr School was one of the sites chosen. Sue Wellings' successor, Lisa Van der Maat, said the game provided an excellent opportunity for her to work with the school and begin more structured nutrition education classes.

Refer recommendations 12, 14

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<sup>37</sup> Interview, Edna Snape, Women's Centre Coordinator.

### 6.2.3.3 The nutritionist's work with the store

The nutritionist's work with the Wuduluk Store at Wugularr didn't really start until it became community owned in April 2002. She was then invited by the store committee to assist them to stock more healthy products. In conjunction with the nutrition worker, she consulted with the community to see what changes they would like, planning to use the information to develop a healthy eating policy for the store.<sup>38</sup> The store nutrition policy was eventually developed and incorporated into the Wugularr community store manual in 2004. It appears that the 'healthy store' policy was a long time in development because of several circumstances, such as changes in personnel (Sue Wellings left in August 2002, and her replacement Lisa Van der Maat left in September 2003) and the need for Sunrise Health Service Aboriginal Corporation to focus on other essential priorities in the start up of the new service.

The main aim of the store nutrition policy is to 'increase the health of community members through access to healthy and nutritious foods' by meeting the following objectives:

- to increase availability of nutritious foods;
- to increase affordability of nutritious foods; and
- to increase understanding of good food and nutrition.

The nutritionists' other store-related activities at Wugularr included promotional activities such as the development of easy to follow healthy recipe cards using products available in the store and food tasting:

*Sue and I used to have tasting stalls in front of the store. We would make an easy recipe, like curry chicken, for example. We used what was in the store. People could get the recipe and the ingredients from the store. We also made fruit salad, soup.<sup>39</sup>*

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<sup>38</sup> Report, Sue Wellings.

<sup>39</sup> Interview, Lorraine Bennett.

The nutritionist had limited involvement with the store at Barunga. During 2001 she supported the store there to run 'fry free Tuesdays' and provided advice about healthy food stock. When she experienced resistance from the store manager<sup>40</sup> she held back further support until invited to help. This invitation was not forthcoming so she had no further involvement with Barunga Store.

After Sue Wellings left in August 2002 and the position was relocated to Katherine, the nutritionist appears to have had limited involvement with community stores. The store consultant at Wugularr was in fact unaware of the work she had previously undertaken at the store, such as food demonstrations and food sampling. The new nutritionist recently met with the store committee and they hope to revive these sessions. The store consultant is also hoping for an expansion of the 'shelf talkers' that identify low salt, low fat products or products recommended for people with heart problems. The shelf talkers were developed by the store management in 2003.<sup>41</sup>

#### **6.2.3.4 Role of nutritionist and the health clinic at Wugularr**

During Sue Wellings' appointment, regular meetings were held with clinic staff and the women's centre coordinator at Wugularr to discuss at-risk children and decide on any action to be taken. Clinic staff advised her of 0-5 year old children who were not growing well and who needed additional support and she encouraged these families to take their children to the women's centre crèche to receive regular meals. Her reports indicate that some mothers appeared reluctant to take their children to the women's centre for feeding. This was confirmed by women's centre staff who said mothers often 'bailed up' and wouldn't go to the centre.

A referral system was set up in which Wugularr clinic notified the nutritionist of 0-5 year old children not growing well and recommended to the carer that

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<sup>40</sup> Note that this store was not under community control at this time.

<sup>41</sup> Barry Orr refers to these in his July 2003 report under Snack Bar/Nutrition and says "we are beginning to highlight healthy products with low salt, low fat, and low sugar with shelf talkers. They are in a picture format using Kriol wording".

they take the child to the crèche for regular meals throughout the day. Sue commented however that the crèche had not been fully functional. She also instigated home visiting and established a link with the Department of Family and Community Services in 2000 which notified her of cases they wanted her to be involved with.

#### **6.2.4 Underweight children and anaemia**

In a report to the Jawoyn Association in 2000, Sue Wellings noted that over 50% of children less than five years of age in Wugularr community were anaemic. She suggested that as the figure for April 2000 was 38% and similar to the same time the previous year a seasonal pattern seemed evident. She noted the factors that could be contributing to the rate of anaemia included a child's access to food, types of food eaten and intestinal worms. Children recorded as anaemic had their haemoglobin re-measured in October 2000 and only two of the 24 children were still anaemic.<sup>42</sup>

Sue Wellings initiated a Growth Assessment Action program in 2000 and, in partnership with the Territory Health Service, conducted workshops for community women in Barunga and Wugularr. Workshops included information about food for babies, understanding clinic growth monitoring and what action to take when a baby is not growing well.

She and the nutrition worker also made a number of household visits involving 3-4 women at a time for up to 2 hours, to promote healthy eating through increasing nutrition knowledge and the importance of healthy eating when pregnant. Some of the more difficult concepts they translated into Kriol language.

In Barunga, a school based anaemia program using iron injections and vitamin supplements has been jointly implemented by the clinic and school since 2001.<sup>43</sup> The existence of this program will have implications for the

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<sup>42</sup> Sue Wellings, Report to Jawoyn, August 2000.

<sup>43</sup> NT Department of Health 'The Chronicle', November/December 2002, [www.nt.gov.au/health/cdc/preventable/nov\\_dec\\_2002.pdf](http://www.nt.gov.au/health/cdc/preventable/nov_dec_2002.pdf), and May 2004, [www.nt.gov.au/health/cdc/preventable/7-7\\_2004.pdf](http://www.nt.gov.au/health/cdc/preventable/7-7_2004.pdf).

assessment of the impact of nutrition and healthy eating programs on anaemia rates not only in Barunga but, due to the mobility of the population, in surrounding communities as well.

### **6.2.5 The impact of the nutritionist**

According to the women's centre coordinator, the nutritionist worked in really well when she was based in the community, and wanted to understand the protocols about working with the women and the existing programs.

Basing the nutritionist at the women's centre meant that she was available to the workers when required and after a time they invited her to manage the children's nutritional side of the feeding program. Several people commented favourably on the non-intrusive way in which she worked:

*Sue taught us a lot of things. The good thing - she didn't come in and tell us what to do. She was quiet. Even if there was a lot of mess she didn't sticky beak. Taught us what sort of tucker to feed the kids – healthy stuff. She used to work with the clinic – if there were underweight kids she would tell us girls what to give her – like yoghurt, cheese sticks, and fruit. She told the mother to come to us every day for Weet-Bix –sometimes the mother bailed up – didn't come up and everyone here kept on to her.<sup>44</sup>*

When the women's centre first started the school meals program (before the nutritionist became involved), the women said they prepared food they were used to cooking at home. The nutritionist taught them to cook healthier meals and new recipes and introduced them to ingredients such as herbs, spices, garlic, ginger and soy sauce which they continued to use at home when preparing meals for their families. One woman (a women's centre worker) reported that Sue Wellings helped her to manage her diabetes. She said she was pleased to have someone she could go to for advice in the community and has been able to pass on this information to others.

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<sup>44</sup> Interview, women's centre supervisor.

*Sue taught us how to eat properly, healthy food, cut down on meals like maybe eat six small meals a day. She talked to overweight people too and diabetics and heart mob. Now I am doing that I have lost a lot of weight.*<sup>45</sup>

The nutritionists advised about healthy menu planning and developed standard menus, supported by demonstrations of how to prepare the meals. These menus don't appear to have been used recently and it was suggested that current staff may not be aware of the menu and ordering processes. Women's centre workers said they tried new recipes and if the kids didn't like them they didn't make them again. It is possible that literacy levels have affected the continued use of the menus and consideration could be given to developing pictorial menus and recipes for the women.

The nutritionist's role in raising the issues of payment for the meals and suggesting the Centrelink option has contributed significantly to the sustainability of this program.

#### **6.2.6 Value of a community-based nutritionist**

*That's where you get all your information and the stories you want to hear are community-based – you see it every day, you live it every day, so you've got to work it every day – that's one of the reasons I asked for Sue to be out at Beswick [Wugularr].*<sup>46</sup>

The value of a community-based nutritionist became evident to Sue Wellings and the community on her first day on the job when she attended a court case involving a child who had failed to thrive and was at risk of being removed from the community. The Jawoyn Association had been concerned that several kids who had failed to thrive in the Barunga/ Wugularr area had been removed from their communities by court order. In this case they were able to say to the court they had a partnership with FHF and had a full time nutritionist based in the community who would be working in the

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<sup>45</sup> Interview, women's centre workers.

<sup>46</sup> Interview, Veronica Birrell.

communities to assist in these situations. The child was allowed to remain in the community with her family and the nutritionist continued to work closely with them.

Since the start of the nutrition project three nutritionists have been employed in this position:

Sue Wellings            August 2000 - August 2002

Lisa Van der Maat    November 2002 - September 2003

Jean Symes            January 2004 -

Initially the nutritionist was based at Wugularr community (August 2000-August 2002) in order to better engage with the community and to establish rapport and relationships. Irene Fisher (Deputy CEO Sunrise Health Service Aboriginal Corporation) said the strategy was to have the nutritionist in the community so they could really get their head around the issues, learn to work in a culturally safe way and learn. This was supported by one of the nutrition worker's (see section 6.2.2 ) who not only learnt from the nutritionist but also taught the nutritionist about traditional healthy foods.

*Sue lived in the community. It was a good thing. She knew people, could see the lifestyle. It's going to take a long time [to get to know people, to gain people's trust]. It's more difficult with the nutritionist based in Katherine.<sup>47</sup>*

One of the nutritionists said establishing relationships is crucial in two-way training and that it takes a lot longer to build those relationships through day visits to communities. A community-based nutritionist has the capacity to develop strong relationships with people in the community in which they are living because they are able to interact both during and outside of work hours.

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<sup>47</sup> Interview, Lorraine Bennett.

It was seen to be more beneficial to base the nutritionist in one community (and for her to work in the other two from there) rather than to base the nutritionist in Katherine, as the worker would be seen as being community-based, even if in another community.

After Sue Wellings left in 2002, Lisa Van der Maat spent the first six months based in Wugularr and then relocated to Katherine in June 2003 because it was felt the position needed a more regional approach. Irene Fisher (Sunrise Health Service Aboriginal Corporation) says it can be too easy to just focus on what is happening in the community in which you are living and that Lisa, who had previously worked in the region, had the training and skills to take a more regional focus. According to Lisa Van der Maat, the nutritionist role was changing from 'just teaching about nutrition issues to supporting community initiatives and community development'. She often found herself doing non-nutrition related work as other community issues were sometimes seen as more important than nutrition.

*Nutrition is often the last thing on people's minds and things like water and housing are issues and working on public health to try to look at those other issues, but still you are accountable as a nutritionist, you are not a public health generic person.<sup>48</sup>*

By working through these other health related issues, she felt she was building a relationship with the community and preparing them to tackle nutrition issues when they were ready. However, she questions whether it was necessary for a nutritionist to continue to be involved at this stage or whether a more generic public health person, someone with a broader range of skills may have been better in the job, especially since she felt the program had begun to be quite sustainable. Providing support or assisting in grant application writing did not, she felt, require the skills of a nutritionist and she thought it may have been better to have a person who could focus on areas other than just nutrition.

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<sup>48</sup> Interview, Lisa Van der Maat.

Lorraine Bennett<sup>49</sup> who worked with the nutritionist had a different opinion.

*The nutritionist should be based at the women's centre, work with the women, grandparents, kids – that's how we used to communicate – and can link to the clinic and the school.*<sup>50</sup>

Veronica Birrell<sup>51</sup> reinforced a community view that it was better to have the nutritionist based in the community. In her view it was valuable to always have someone there who could provide back-up to help the women when she couldn't be there because of other community pressures.

Refer recommendation 14

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### **6.3 The crèche**

The crèche (6.1.1) was not operating during our field visits but was expected to get underway again once a room had been prepared at the women's centre and a sail shade and fence erected. Two workers from the women's centre are lined up to manage the crèche activities with professional support from workers from Sunrise Health Service Aboriginal Corporation. As this is likely to add to the existing staffing shortage at the women's centre it may have serious implications for the sustainability of the meals program, especially given the increase in number of children attending school and numbers of meals to be prepared each day.

The crèche will cater for children aged 2-3 years from 10.00 am until after lunch (the Education Department pre-school runs from 8.00 am -10.00 am, following breakfast program).

The crèche has the potential to play an important part in nutritionists' ability to access and work with fail-to-thrive youngsters (see section 6.2.3.4 above).

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<sup>49</sup> Previously worked at Wugularr Women's Centre now a teacher's aid at the school.

<sup>50</sup> Interview, Lorraine Bennett.

<sup>51</sup> Previously Women's Centre Coordinator and now Acting Community Manager at Manyallaluk and President of Nyirranggulung.

## 6.4 Nutrition and the aged in Barunga and Manyallaluk

When the nutritionist first started working at Barunga, meals for the aged were prepared by the store, however after a dispute with the store manager in early 2001, a community member contacted FHF and asked for support to help women to set up the program and run it themselves.<sup>52</sup> Several of the women in the community had previous experience as cooks. FHF donated commercial cookware, utensils and equipment to help them get started.

The nutritionist also provided support to the Barunga women to set up their Meals for the Aged program. Later, the women's centre at Barunga took over and in 2002, commenced operating from newly renovated premises. The renovations were funded by FHF. During this time the nutritionist provided assistance with menu planning and food ordering as well as training in general nutrition and food hygiene.

When the Manyallaluk Women's Centre started providing lunches to the aged at the beginning of June 2001, the nutritionist assisted by helping to establish a menu and food ordering system and accessing funding for equipment through Territory Health Service Health Promotion Incentive Funds.

In early 2002 the nutritionist assisted Wugularr Aged Care with menu planning and food ordering. Lunch is provided through the Aged Care program at Wugularr; deductions of \$40 are taken from recipients' Centrelink pensions each fortnight to contribute to the cost of the meals. During the weekend the pensioners are required to buy their own food and generally get someone in their family to buy the food. Families prepare breakfast and dinner.

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<sup>52</sup> Pers. comm., Olga Havnen. The dispute was apparently over an increase in the price of meals, which the old people and families objected to and refused to pay. No meals for the aged were provided for approximately two weeks.

## **6.5 In summary**

The common theme of FHF interventions associated with the women's centres and the community-based nutritionist was to support and strengthen community initiatives. These ranged from direct practical support, such as providing cooking equipment, to a less tangible 'brokering' role, such as facilitating negotiations with Centrelink to support the women's centres to arrange deductions from family allowance payments, or sourcing funds from a third party, for example, to enable the Jawoyn Association to employ a nutritionist, or to assist the centres to purchase equipment.

This approach distinguishes the role FHF has sought as broker and partner, rather than being solely a funding body or program provider that delivers a particular program within prescribed limits. It is an approach that is intended to be flexible and responsive to community needs, and to support communities to do things for themselves.

The role of the nutritionist was quite complex, and reached into many areas of community life, including the clinic, store and school, as well as working with individual families and community members. It is evident that the work of the nutritionist when based in the communities is remembered and appreciated by community members, who valued what they learned from her and the two-way relationship that developed.

The effectiveness of these interventions is discussed in detail in chapter 9, which assesses program performance against the key objectives.

## **7. KEY FINDINGS FROM QUALITATIVE DATA: THE HEALTHY STORES PROGRAM AND THE MONEY \$TORY**

### **7.1 The stores**

There are community stores at Wugularr, Manyallaluk, Bulman and Barunga.

#### **7.1.1 The Wuduluk Store (Wugularr)**

The store at Wugularr (Wuduluk Store) is community owned and controlled, with an active store committee. It is run by the Wuduluk Progress Aboriginal Corporation, an incorporated Aboriginal association under the Aboriginal Councils and Associations Act 1976.

The store is the only viable economic activity in the community and its sound management and ongoing development is essential to generate cash for the community and to provide food and essential goods for the health and wellbeing of community members.<sup>53</sup>

The current store constitution and committee were established with assistance from FHF, based on the standard constitution for Aboriginal corporations. The committee membership is made up of four men, four women and two traditional landowners.

At the time of writing the Wuduluk Store had 11 employees: three full time, two casual and six CDEP staff who work up to 20 hours per week on top up wages.<sup>54</sup> Wuduluk Store has a manager and a support manager, both of whom are paid wages from store profits. The store is currently planning to fund another fully waged position.

The Wuduluk Store committee runs a social club from the rear premises of the store and has also operated a take-away food outlet.

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<sup>53</sup> FHF briefing paper.

<sup>54</sup> Store consultant's report, January 2004.

### **7.1.2 The Manyallaluk Store**

Manyallaluk is a small community of about 150 people which was formerly funded through the larger community of Barunga. A tourism enterprise and an arts and craft enterprise operate from the community and are a major source of income during the tourist season.

At different times management of the community store has nominally come under each of the three incorporated community organisations (Manyallaluk Aboriginal Corporation, Manyallaluk Community Council and Jawaluk Arts and Crafts), but it is not clear which actually has responsibility for the store. In such a small community, all of the enterprises are closely linked and the same group of key players tend to play some role in each of these community bodies. It was suggested that community members do not see the enterprises as separate entities, but rather as one community enterprise.<sup>55</sup> The tourist enterprise is successful and operates under a propriety limited company which is subject to independent accounting and auditing. The store operates alongside the tourist enterprise and supplies the large number of tourists who camp at Manyallaluk each year. There is no store constitution or formal store committee.

In the past it has been standard practice for community members to rely heavily on 'book up' in the off-tourist season when there is no other source of community income. The store has apparently never made a profit.

### **7.1.3 The Bulman Store**

The Gulin Gulin Store at Bulman is an incorporated entity controlled by a management committee of five local Aboriginal people and two non-Aboriginal people. It has a new management committee, however FHF advises that the committee does not meet and is ineffective. There are divisions in the community and these are reflected in conflict about management and control of the community store which has been managed by a non-local family for a long period (approximately 10 or more years).

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<sup>55</sup> Pers. comm., Olga Havnen.

#### **7.1.4 The Barunga Store**

The Barunga Store is community owned and controlled. The Bamyili Progress Association was incorporated for the purpose of running the store in 1968. The constitution was amended in 1984 when the Barunga Progress Association was formed; however no record of the amendments or copy of the 1984 constitution has been located.

The store was previously managed for a long period (approximately 7 years) by a non-Aboriginal manager, who also managed the store at Wugularr for some of that period (approximately 3 years). During this period the committee was not able to exercise effective control over the store and was not provided with information about the store's financial position. This manager left at the community's request in February 2004. The store's current financial position is a debt of approximately \$125,000.

FHF and the store consultant were invited to an initial meeting to outline the stores program to the community in November 2003. Barry Orr began work with the Barunga store on 1 March 2004.

The Barunga Store committee has recently reviewed the constitution and committee membership and elected to follow the model adopted by the Wuduluk Store at Wugularr. Incorporation was finalised in June 2004.

Barunga Store has seven employees: three receive top up wages to the equivalent of full time.<sup>56</sup> All the staff and management are Indigenous.

## **7.2 Background to the FHF Stores Program**

One of the key intended outcomes of the FHF Indigenous program was to assist the communities to improve the efficiency and operating standards of their stores and to increase the availability of affordable, nutritious foods.

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<sup>56</sup> Store consultant's report, March 2004.

In April 2000, a study/exposure trip to Palm Island (Queensland) was arranged by Olga Havnen and sponsored by FHF to give key community members and other program partners the opportunity to see how other community stores were run.

FHF approached the store manager of the Wugularr and Barunga stores to discuss collaboration on a stores project but the manager was not receptive. The program did not really get under way until an opportunity was presented by the departure of the store manager from Wugularr in early 2002. The community regained control and management of the store and sought assistance from FHF.

Most of the activity of the stores program has centred around Wugularr, with some expansion to other communities.

### **7.3 Background to FHF interaction with Wuduluk Store at Wugularr (Beswick)**

Prior to its return to community ownership and control in early 2002, Wuduluk Store was run by the Beswick Progress Association and was leased to an external party. Before the community regained control there was a long period of insolvency and debt.

Store committee chairperson, Joseph Brown, said the community took control of their store because they were unhappy about the way the store was managed. Community members raised concerns with him and traditional landowner, Victor Hood had asked him to become involved. Joseph took the matter to a council meeting.

Wayne Brocklebank (who had a background in community economic and business development) was originally employed by FHF in September 2001 to work with the community to develop the arts and crafts business. He began his work by sitting down and talking with key 'elders' – traditional landowners – who were very supportive. This group then began to involve a younger (middle-aged) group of 'doers'. Wayne spent 3-4 days per week in

the community and believes being locally based was very important in building the relationships needed for this capacity-building.

Wayne had been based in the community for about four months prior to the change of management. He notes that the store had been a source of great frustration to the community; people objected to the way it was controlled by the store manager. Wayne saw his role as providing training, education and options that would help people to gain confidence to reverse the balance of power.<sup>57</sup>

The change in management in 2002 was precipitated by the store manager's notification to Joseph Brown that he was going to reduce the rent he paid the community from \$8,000 per month to \$4,000. This proposal was rejected. The store manager threatened to close the store and was given two weeks to leave the community. Some plant and equipment were removed by the store manager when he left the community. The community regained control of the store and appointed local staff, and sought urgent assistance from FHF.

With assistance from FHF, an interim store manager, Irwin Drewes, was employed, while Wayne worked closely with the store committee members to assist them to develop the constitution, committee and resolve store policy issues. In July 2002, Wayne arranged a study trip for male community members (similar to the earlier visit to Palm Island) to Pirlingampi, Melville Island (Tiwi Islands, Northern Territory).

FHF also provided an interest free loan of \$20,000 to assist the store committee to repay a debt of \$10,000 and to buy stock to get started.

Joseph said he would never forget the help Wayne gave them to get established. Wayne had approached Joseph about helping him to run the store with a committee. Wayne helped with all the paper work, forming a

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<sup>57</sup> Interview with Wayne Brocklebank, 20 September 2004. He describes the period as a process of 'rapid development'; information and training was provided in a 'crash course' that dealt with issues such as corporations, business planning, capitalism, public administration, governance issues and politics.

committee, organising signatories for the cheque account etc. He worked with the store committee on development of policy and on governance issues for six months from March 2002.

In September 2002 an experienced store manager, Barry Orr, was seconded by Woolworths to act as the 'store consultant' for a period of six months. His role is to mentor, train and advise store management committees, local managers and staff in the East Katherine communities. He was appointed by Woolworths to this role through an internal advertisement and selection process.

Olga Havnen, then the FHF Indigenous Program Manager, had always intended that a major retailer such as Coles or Woolworths should be approached to provide expertise to improve the efficiency and management of the community stores in the region. The intention was to ensure that best practice retail systems would be introduced into the community stores and that staff would learn proper commercial management and store procedures, such as food handling, stock control and ordering, and cost-efficient transport, and in general would learn about the logistics of store management. Her reasoning was that although the community stores appear to be relatively small, straightforward enterprises (that are usually managed by people with no commercial retail experience), in fact they are more complex than most enterprises; the difficulties of operating in a remote location, seasonal weather and road conditions, transport and cultural factors all presented significant challenges that could only be met by sound retail management practices.<sup>58</sup>

When the store ownership and management changes presented an opportunity at Wugularr, she thought it was time to make an approach to a major retailer.

Initially, the approach to Woolworths came about because an employee of FHF in its community relations section had a personal connection to Woolworths senior management. This presented an opportunity for FHF to

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<sup>58</sup> Pers. comm., Olga Havnen.

make a direct approach to Roger Corbett, CEO of Woolworths. The FHF proposal did not seek funds, but instead asked for the services of a Woolworths store manager for an initial secondment of six months. There were several reasons for limiting the period in the first instance.

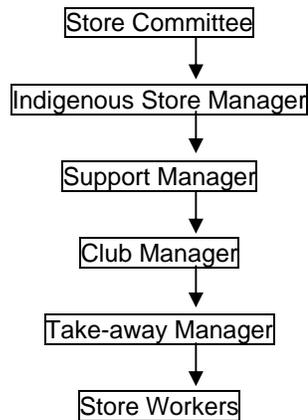
After advertising nationally for a suitable Woolworths manager, Barry Orr was selected and seconded on full salary, provided with good support for relocation costs and accommodation expenses. There was no financial cost to FHF or to the communities for this appointment. This was a significant contribution by Woolworths. FHF did, however, provide substantial practical help to assist Barry and his family to settle in, as well as cross-cultural training, briefings and four wheel driver training. Barry's appointment was extended for a further six months in March 2003 and has since been further extended. He has reported monthly to Woolworths since his appointment.

The store consultant was initially contracted to work for six months with the communities of Wugularr, Bulman, Manyallaluk and Barunga, with the idea that once the Wugularr Store was set up the others would see what he was doing and ask for help.

### **7.3.1 Management structure and tax exempt status of Wuduluk Store**

Wuduluk Store is a charity and public benevolent institution and has tax-exempt status. All profits from the store are held in the account to be used for the building of the new store. Smaller amounts of money (that is, less than \$1,000) may be spent on community projects if the majority of the committee are in agreement.

## Management structure - store hierarchy



### 7.3.2 The licensed social club

Wugularr community has a licensed social club which operates from the back of the store between 4.00 and 6.00 pm Monday to Friday and for a few hours on Saturday afternoon.

In order to reduce consumption and give staff better control over people who have consumed too much alcohol, the store committee has implemented a rule to limit sales to one can of beer per person at a time. The decision to limit can sales followed a meeting with the store committee, staff, police and the community council. The chairperson says they also sell light beer for people on medication.

The club has bought two pool tables with proceeds from the sale of beer and this has given people something to do rather than just sit around and drink beer when the club is open. At \$2.00 a game this also assists with raising additional funds.

### 7.3.3 The take-away

Wuduluk Store intermittently runs a take-away food outlet, offering healthy food alongside other take-away food. In January 2003 it was reported that sales from the take-away were between \$300 and \$500 each day and

reports show that over time more healthy items were replacing deep fried foods.

Most people interviewed had accessed the take-away outlet; however it was closed during the field visits because of shortage of staff and no one to manage it. Barry Orr estimates the financial loss from the closure of the take-away outlet to be around \$80,000 per annum.

#### **7.3.4 The role and operation of the Wuduluk Store committee**

The Wuduluk Progress Aboriginal Corporation constitution requires the establishment of a governing committee of at least ten members, made up of two traditional landowners ('elders'), four women and four men. Although not explicit in the constitution, the community has determined that there should be no more than one representative from each family group. The governing committee is generally known as the 'store committee'.

Aboriginal store manager, Caroline Wurrben, says the store committee got the store up and running for the community. They are in charge of the store and of her, and take an active role in overseeing how things are being run. Several committee members spend time in the store each day *'to keep an eye on how things are going'*. She relies on them for support and advice and says she is responsible for making the store committee happy by making sure everything is working well. For her, having a strong store committee means she has their assistance when there are hard decisions to make. Knowing she has their support gives her confidence to do things on her own when they are not there.

The store committee chairperson thought it was very important that the store was under Aboriginal control to help manage the store and *'keep an eye on things for the future of the kids'* so when they left school they had employment opportunities. He thought it was important to have a strong committee to help the manager make decisions if things went wrong and to support her to deal with staffing issues.

The chairperson feels they have developed a model which can be used for community stores all around the Northern Territory. He believes the

community is very proud of what he has done in getting the store handed back and that some people have heard about it at Bulman community and the 'next step' is Bulman Store.

The chairperson is unemployed and says store business takes up a lot of his time. He believes some computer training would help him do his job better, especially in relation to finances. This is likely to include the balancing of the registers and reconciling the safe.

The store consultant, Barry Orr, said the chairperson provided a lot of support to him and had also travelled with him to Bulman community to discuss the formation of a committee with community members there. This support allowed him to concentrate mostly on store issues.

The store consultant believed that one of the reasons things have worked so well at the store at Wugularr is because it is community owned and community controlled through a store committee which is representative and balanced (that is, it has appropriate cultural representation of various interests in the community), and which had spent some time on governance issues prior to the appointment of the store consultant. The store committee had re-drafted the constitution, had decided critical policy issues (such as 'book up', limits on alcohol sales through the social club, social club rules), and had received governance training before he began to work with them.

Wayne Brocklebank<sup>59</sup> also believes that the initial six months of training and capacity-building work with the store committee, together with the introduction of the Money \$tory (see section 7.8), were critical elements for the success of the program at Wugularr. He said that a huge effort was put into capacity-building so that people would have the confidence to make decisions. Another element he believed was important was the way strong traditional structures that still exist at Wugularr had been adapted by the community to manage a 'white structure' like a community store.

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<sup>59</sup> Interview, Wayne Brocklebank, 20 September 2004.

*Aboriginal people are naturally good managers and able to adapt traditional management structures to the 'white world'. This process worked well at Wugularr because traditional structures still exist.*

The store committee, together with the store consultant, has developed and finalised a store manual.<sup>60</sup> This was intensively workshopped with the committee and the staff over a period of approximately five months, and an important part of the process was the store committee's involvement with every paragraph.

This level of ownership is likely to be as important as the final document.

It should be noted that at a wider community level, the final community feedback visit found that in general, community members were unaware that their store was community owned and that they could take up their concerns with store committee members.

Refer recommendation 19

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## **7.4 Management roles and staffing issues at Wuduluk Store**

### **7.4.1 Role of the store consultant**

*The store consultant came in with new ideas – in return we showed him we could do the job. I showed him I could do those things – he didn't have to be here all the time.*<sup>61</sup>

When the store consultant commenced, there were still outstanding establishment issues such as sourcing food and general goods at the right price and quality, and general set-up work on the take-away food area, shelving, minor maintenance, administrative and book-keeping systems. The

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<sup>60</sup> Interview with store consultant, Barry Orr. The Wugularr Store manual was developed from a range of sources, including the Woolworths store manual, Mai Wiru [Good Food]; Process and Policy: Regional Stores Policy and associated regulations for Anangu Pitjantjatjara (AP) Lands, but is primarily based on a publication called *The Store Book*.

<sup>61</sup> Interview with store manager, Caroline Wurrben.

store was managing financially, although prices were thought to have been too low to generate the required financial returns.<sup>62</sup>

Staff training and staff shortages were major issues. The store consultant was expected to have solid interpersonal and training skills to deliver/assist to deliver a Certificate 1 Retail Training package.<sup>63</sup> It was hoped that training opportunities would assist to recruit and retain staff, given that most shop staff have only the most basic pre-requisite literacy, numeracy and language skills and many prospective employees are reluctant to attempt work because they lack confidence and skills.

Operational advice was required (general store presentation and floor management) as well as the ongoing development of simple administrative systems to assist staff to maintain the inventory control facility and other features of these systems.

The store consultant was also expected to supplement executive training/support provided by Little Fish to the new management committee and in return was offered support by FHF staff in Darwin on the more difficult executive, financial, administrative and paralegal issues.<sup>64</sup>

#### **7.4.2 Role of the store manager**

The position of store manager is an 'identified' position which is to be filled by a local Aboriginal person. One of the biggest challenges for Caroline Wurrben when she took over as manager of Wuduluk store was accepting that she was the person in charge. One of the hardest things was 'the book work', but she said she felt better when she knew she was getting a support manager. She felt she had received good support from the support manager employed at the time of the field visits. They have shared responsibilities but it is her aspiration to one day no longer need a support manager: *'maybe one day I'll be there by myself'*.

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<sup>62</sup> Briefing paper, Store manager position.

<sup>63</sup> FHF funded Barry Orr to undertake a Certificate 4 in order to deliver accredited training.

<sup>64</sup> Briefing paper, Store manager position.

Caroline said she is very proud of her involvement with the development of the store policies and procedures, and feels 'very special' because of the position of responsibility the committee has given her. This responsibility includes managing supplies; banking; daily sales; undertaking retail training. She has undertaken training in food handling and hygiene, rotating food, stocking shelves, putting stores away.

### **7.4.3 Role of the store support manager**

The support manager reports to the store manager and is accountable to the Wuduluk Store committee. The position is expected to have the skills and qualifications to provide store management support to the store manager, and to date this position has been filled by non-Aboriginal people. The role of the support manager is to support the manager in the control of resources, to ensure satisfactory operation of the community store and social club, and to assist in the training of staff.

To date there have been three support managers. According to the store manager, they need to understand that they are working for the community and not themselves, and should offer respect, honesty and patience if some people are a bit slow. She said that she and the current support manager worked well together. Barry Orr expressed concern in one of his reports that the store manager's responsibilities had been reduced and taken over by the (previous) support manager. To rectify this, routine cards in picture form were developed to try to prevent this happening in the future. The same support manager was reported to have taken it upon herself to alter systems which the store committee and store consultant had put in place (see sections 10.7.6 and 10.7.7). It is probably significant that this store manager did not have a strong retail management background and did not understand the importance of these subsystems. This underlines the importance of having staff with sound retail training and having strong induction programs to ensure staff understand why systems exist.

Refer recommendation 16

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#### 7.4.4 Staffing issues

English is a second or third language for most people living at Wugularr community,<sup>65</sup> and literacy, numeracy and all other skills relevant to operating or managing a store are very poorly developed.<sup>66</sup> Staff thought one of the reasons it was important that local people had jobs in the store was because of the high number of shoppers who don't speak English.

Staff thought training was important and all had undergone some form of training. This ranged from food safety/hygiene training at Woolworths in Katherine, to working in the delicatessen and fruit and vegetable sections, stacking shelves and refrigerators, to how to clean the club. One of the staff said she would like to work in Woolworths in town.

The store consultant reported limited success in recruiting school students to complete Certificate II in retail operations. Initially there were four regular students going to training and who had toured the Woolworths supermarket in Katherine.

Some shoppers thought there should be more staff working in the store and reported that staff sometimes forget to re-fill shelves when things run out and sometimes arrive late which means the store is late opening.

*Some of the staff get drunk and feel very tired in the morning and don't want to go to the shop. Sometimes the staff come late and we have to wait for them.*

It was hoped that by offering a full wage, people would not have to rely on CDEP for an income, that motivation to go to work would be increased and morale would be lifted. Initially this seems to have been the case, but absenteeism is reportedly an ongoing issue. One of the implications of staff not turning up for work is the additional workload placed on other staff. All staff, including the store manager and support manager, have a routine to

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<sup>65</sup> A number of traditional languages are spoken in these communities; the major common language is *Kriol*, a kind of '*lingua franca*' for many top end communities.

<sup>66</sup> FHF briefing paper, Wugularr Store.

follow with individual daily duty lists, so if someone doesn't turn up the job doesn't get done or another staff person has to take on the extra work.

There have been some recent proposals to deal with absenteeism including replacing some staff and having a monthly staff award with a small voucher to be given to the person selected, and a plaque to display their names.

It has also been suggested that many community members may not aspire to full time work and that consideration should be given to alternative approaches such as job sharing or part-time work. It was suggested that issues around employment and work hours should be workshopped with the store committee (see section 10.7.4).

Refer recommendation 15

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During the community feedback visit in late 2004, the issue of sufficient housing stock to ensure ongoing provision of housing for non community-based management staff (eg store manager, store consultant, support managers) was raised as a major constraint on sustainability.

Refer recommendation 17

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## **7.5 No 'book up' policy at Wuduluk Store**

The store at Wugularr introduced a no 'book up' policy prior to Barry Orr's arrival, except for pensioners who are able to 'book up' to \$100.

According to a store committee member, 'book up' was stopped because '*a lot of people owed a lot of money. We had to get it back – we were missing out on a lot of money*'. Staff thought it was a good idea that book-up was still available for older people.

Shoppers had mixed responses, but most understood why it had been stopped. Some people thought it should still be available to people who were willing to pay it back.

According to store consultant, Barry Orr, 'book up' rarely works and can undermine cash flow.

*'Book up' is like a cancer of shops – it's a terrible thing. It just eats away your cash flow until eventually you can't function, unless it is controlled properly and I have rarely seen it controlled properly.<sup>67</sup>*

## **7.6 Impact of changes and satisfaction with the Wuduluk Store**

### **7.6.1 Perception of impact of changes to the store**

Almost everyone interviewed identified the availability and variety of fruit and vegetables as the major change to the store following the arrival of the store consultant. The store chairperson said the major changes were more food options and improved nutrition. He made the observation that since they had installed a new refrigeration unit, fruit and vegetables were more accessible to shoppers and they had more choices. When the fruit and vegetables were stored in a glass fronted fridge people didn't bother opening the door but now they are displayed in an open fridge, they can be easily seen and are more likely to be bought.

Other major changes identified by shoppers were:

- an increase in range of food (eg delicatessen items, yoghurt, meat, frozen vegetables);
- an increase in range of goods (eg electrical goods like fridges and freezers, washing machines, TVs and video players, clothing);
- new shelving and layout in the store;
- access to lay-by to purchase electrical goods; and
- access to EFTPOS.

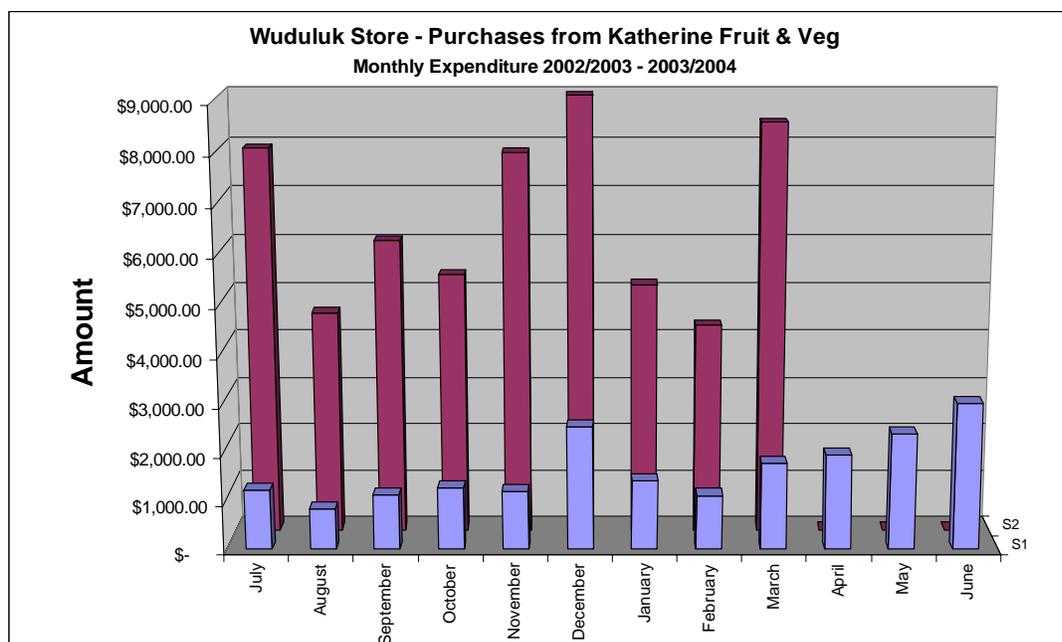
Shoppers reported that the major difference the changes in the store have made to the sorts of things people buy is that people are now buying more

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<sup>67</sup> Interview, Barry Orr.

healthy food including meat, vegetables, milk, fruit, fruit juices and even bottled water. Several people thought the previous manager stocked only things he wanted, not what the community wanted.

The perception of an increase in the availability of fruit and vegetables is supported by the following graph which demonstrates the increase in the stocking of fruit and vegetables during 2002/2003 – 2003/2004 using information taken from 'Katherine Fruit and Veg' purchase orders. This was also supported by the observation of researchers during the second field visit in May 2004 (see Appendix 7), which noted 26 varieties of fresh vegetables (compared with 14 varieties in 2002, and 17 in 2003) and 11 varieties of fresh fruit (compared with six in 2002 and 7 in 2003). These figures greatly exceeded the district averages for 2003 (see Table 7, Appendix 6).



Key: Front row 2002/2003 back row 2003/2004.

In January 2003 the store consultant reported that sales of meat were up by about 300% by simply keeping the stock on show and reasonably well presented, even though space was limited. People were very positive about the changes at Wugularr and one person had had positive feedback from family at Barunga who were pleased about changes happening in their store.

One shopper said one of the big changes for her was that she could now buy 'light' cigarettes whereas previously the store only sold Log Cabin tobacco.

### **7.6.2 Shopper behaviour**

Store employees thought that if there were things in the store people were unfamiliar with they would ask about them. Only two people interviewed could think of anything in the store they were unfamiliar with. One shopper said there were sauces she had never tasted and the other had had to ask about nail polish remover.

Staff knew 'shelf-talkers' around the store were to highlight healthy foods and foods low in salt and sugar.<sup>68</sup> Not all shoppers had noticed them and one person said if she wanted something she just bought it. Another person suggested food for diabetics should be displayed in one section.

Most people's only stated reason for going to the store was to shop although one person sometimes went to look around just to see what was new.

Staff thought most people went to the store on pay days (Wednesday, Thursday and Friday) and this was supported by shoppers. One person shopped every day but her main shopping days were Thursday and Friday, the days she and her husband were paid. Staff thought most people shopped locally, with some also shopping in Katherine.

We asked shoppers what they normally bought in the store and responses seem to have been limited to what they had purchased that day, but covered a wide range of items including bread, beef, vegetables, flour, meat, cereal, tinned vegetables, corned beef, spaghetti, noodles, soup, milk, sugar, tea bags, butter, jam, noodles, rice, cold meats, tobacco and cigarette papers.

Everyone interviewed ate meat every day. One family mostly ate fish but had meat at least once a day. One person bought fresh fruit only on pay day when she did her main shopping. One person ate fresh fruit every day and only one person ate fresh vegetables every day. When asked what fresh fruit

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<sup>68</sup> Shelf talkers are written in *Kriol*.

or vegetables people had eaten the day before, one shopper had eaten fresh meat and bush tucker but no vegetables. Another had eaten left over food of stew and rice from the school lunches because she worked at the women's centre. One person hadn't eaten any at all because she had only just got paid while another person had eaten banana, mandarin and beetroot, corn and mashed potato, onion and gravy with fried beef.

Cigarettes are the biggest selling single item in the store at Wugularr. This is supported by sales figures which show cigarettes comprise approximately 14% of monthly sales and fruit and vegetables about 1.5% of monthly sales.

#### **7.6.2.1 Bush tucker**

A number of families have access to freshly killed wild cattle and only buy meat from the store when their fresh supply runs out. One shopper said she rarely bought fresh meat from the store as her husband kept them supplied with 'killers'.

People who don't have enough to eat either go hunting or go to other family members for food. Only two people interviewed said there were times they didn't have enough food and they usually go fishing when this happens. This is most likely to happen on the weekend when drinkers put pressure on families for food and the store is not open.

Everyone interviewed regularly ate 'bush tucker' and all had either themselves recently been or had family members who had recently been hunting or fishing. Bush tucker included bush potato, carrot, plums, sugar bag, berries, white currants, yam, figs, green melons which grow along the road, water lilies to make a damper, turtle, fish (eg barramundi, bream, catfish), file snakes, buffalo and bullock.

People are able to walk to fishing places. A single mother said whenever her family needs money for anything special they save by living on bush tucker. One family usually went fishing on Sundays because that was the time they often had no food and the store was not open.

*Usually go every Sunday when people have got no food and no shop and the men go out – that's the time the men go out hunting. Some of the old ladies go out fishing, walk down to the bridge.*

People still needed to buy things like lemon to mix with the fish, rice and salt, flour, milk, tea and sugar, fresh vegetables and sometimes meat when they had access to bush tucker.

#### **7.6.2.2 Other vendors**

As well as being available in the store, fruit and vegetables are brought into the community by an itinerant fruit and vegetable vendor who visits Wugularr, usually on weekends when the shop is closed. Some people thought he was also there one day during the week. One family bought all their fruit and vegetables from him, another bought from both the vendor and the store. People buy from the vendor because he sells whole fruit such as watermelon and rockmelon which are fresher than cut melons. He allows some 'book up' and gives away pieces of fruit to the kids.

FHF staff expressed concern that some itinerant vendors retain key cards. As well as the fruit and vegetable seller, there is a vendor who goes into the community to sell cheap second hand clothes from the boot of her car. It was reported that the Council had denied her predecessor further access to the community because of her practice of retaining key cards.

Most shoppers thought food and other electrical goods were cheaper in Katherine than in Wugularr.<sup>69</sup> Most people appear to shop in Katherine when they have the opportunity. Those who have access to private cars are more likely to shop in Katherine. People also hire taxis for the purpose of shopping; two shoppers bought most of their food in the community but sometimes hired a taxi (which they considered too expensive) and shopped in Katherine (Woolworths) for clothing and food, especially tinned food. One

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<sup>69</sup> In relation to white goods this may in some cases be a perception, rather than the reality. On one visit to the community the store consultant told visitors that major items (fridges) were actually a little cheaper than Katherine prices and that this had been a deliberate decision of the store committee (together with the option to lay-by) to enable residents to buy items such as refrigerators so they would be able to store food at home.

person did most of her shopping in Katherine (Woolworths), because it was cheaper. No one could say whether Wuduluk Store was cheaper than Barunga and most people had never shopped at Barunga.

### **7.6.3 Shopper satisfaction**

Most shoppers accessed money using their key card at the store. However, with only one EFTPOS machine operating, people often wait in lengthy queues especially on the main shopping days of Thursday and Friday. One shopper said most people wait in long queues to take out cash using their key card, then shop and queue again to pay for it. Another said staff got cranky when shoppers repeatedly accessed money from their key card.

*Sometimes – some of them staff they get cranky when they see the same people go over and over at the shop. Especially when you use those key card machines – take money out – too much money out. EFTPOS. The staff get sick and tired of it you take money out of it. Don't know why.*

Wugularr Store is open from 10:00 am to 12:00 noon and 2:00 to 4:00 pm six days per week. Two shoppers thought store hours should be extended to include opening on Sunday even for a short time. Most people talked about the high price of goods and one person thought the cost of personal items like shampoo and soap was too high.

Improvements shoppers thought could be made to the store included stocking a wider range of goods not currently available, such as:

- more furniture and household items eg sheets, knives and forks;
- additional clothes and thongs;
- a broader range of personal items like toothpaste, toothbrush, hairbrushes and shampoo;
- tents for camping out in the dry during the weekend;
- pharmaceutical items like Panadol, Dettol, Vicks, bandaids;

- seafood such as prawns, crabs, tuna and lobsters;
- broader range of meat including lamb chops and stewing steak in a large pack, chicken pieces and BBQ trays of mixed meat;
- fresh lemons for barramundi;
- more snack foods for the kids and ice cups to make ice blocks;
- plastic plates and cups;
- prepared coleslaw; and
- broader range of light cigarettes.

No one reported having problems storing or preparing food. Many families received fridges and freezers after the big flood of 1998, although some may have been lost in floods in the following years. The lay-by system was introduced at the store in 2002 while Irwin Drewes was interim store manager. Everyone interviewed had a fridge and most had a freezer. One family interviewed had bought their fridge and freezer using the community store lay-by system.

#### **7.6.4 Quality**

One shopper thought beef sold in the store was sometimes out of date. Several people reported someone in their family had been sick the day before from eating meat bought from the store. According to the store consultant they get a lot of comments about the meat being out of date and have put up signs explaining that the date shown is the date it was packed. The health department has advised that frozen meat can be sold up to twelve months after packing and the store consultant believes the meat is turned over on a regular fortnightly basis.

One of the main challenges the store consultant identified in June 2003 was getting staff to keep a close watch on quality of fruit and vegetables and to

remove poor quality stock.<sup>70</sup> Quality of fruit and vegetables was not raised as an issue by shoppers, but during field work in May 2004 poor quality stock remained on display over the four day period spent in the community, even after the arrival of a delivery of fresh fruit and vegetables.

## **7.7 Involvement of the store consultant with the other community stores**

### **7.7.1 History of involvement of store consultant at Manyallaluk**

The store consultant was initially contracted to work for six months with the communities of Wugularr, Bulman, Manyallaluk and Barunga, with the idea that once the store was set up at Wugularr the others would see what he was doing and ask for help.

The consultant said he was pleased when the community and store managers at Manyallaluk approached him for help, because at that stage he had worked with only one community and was conscious that there were three more stores to develop in the six months of his contract.<sup>71</sup>

The store consultant began working with Manyallaluk in late 2002, and before Christmas that year had designed a new store layout and replaced the old shelving (with second hand shelving provided by Woolworths, South Australia). The store allowed 'book up' and Barry Orr reported that when he commenced at Manyallaluk, the 'book up' debt to the store was greater than \$30,000,<sup>72</sup> with some individuals owing up to \$3,000.<sup>73</sup> By April 2003, the 'book up' debt had been reduced to \$14,000 and was still being reduced.

In initial contact, the community was keen. There was no separate store committee (see section 7.1.2 above), and FHF's assistance to establish one

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<sup>70</sup> Barry Orr, report, June 2003.

<sup>71</sup> Barunga may have been considered the 'next logical community' to extend the stores program to, however the community's decision to continue the contract of the store manager there (who had previously also managed the store at Wugularr) delayed the extension of the program to that community.

<sup>72</sup> Barry Orr, monthly report, April 2003.

<sup>73</sup> Barry Orr, monthly report, January 2003.

was not sought. A store committee was formed, however, but the store's constitution was never found.

The store consultant also discussed till balancing and financial record keeping with the store manager and community manager and these systems were gradually introduced over the following months. By March 2003, both Manyallaluk and Wugularr stores were ordering meat from the same supplier, and subsequently, the combined buying power of three stores (Wugularr, Bulman and Manyallaluk) made it possible to strike better arrangements with suppliers of a range of products.

Manyallaluk introduced a policy on 'book up' and during this period sought repayment of 'book up' debts. By June 2003 the store made a small profit, and by August 2003, the store was almost completely out of debt. A major goal was to achieve and maintain profitability, so that staff on CDEP could be paid top-up wages and ultimately some staff would move totally to store wages and be removed from the CDEP system. In September/October 2003, electrical goods were put on sale and could be purchased through lay-by, as 'an experiment' to gauge whether white goods such as fridges and washing machines could be sold in the same way. By October 2003, the store consultant considered the store to be debt-free.

For approximately 12 months, there was gradual progress towards improved store management systems and profitability. The store ran quite successfully with local people managing it, and the consultant overseeing things on a week-to-week basis.

However there were several periods of community upheaval which impacted on the store. At one period a large number of people (including the local Aboriginal store manager) left the community and there was a complete turnover of staff. The store manager who replaced her later had to retire because of ill-health and the original manager was re-appointed (all in a period of about 6-8 months). There were also changes in other key positions in the community (such as the community manager) and a new support manager (a relative of the new community manager) was appointed in late 2003.

In January 2004, the store consultant reported that after 15 months, the community had elected to discontinue its participation in the stores program, due to community circumstances outside his control. He reported:

*During our time at this community we were able to refurbish their store (at no cost to the community), organise all their suppliers with better delivery schedules, terms of trade and prices, increase the gross profit whilst lowering prices, clean out and set up their office, organise a computer and printer, provide and install a large money safe, provide all computer systems in regards to bank reconciliation, register balancing, stocktaking, and ordering etc, and considerable time was spent working with people to provide the proper training.*

Initially the store consultant was pleased that Manyallaluk had invited him to work with their store, and FHF supported him in responding to that approach, confirming that if possible his role was to work with each of the four identified community stores 'as they came up'. However, in hindsight the store consultant believed it was a 'bad decision'.

The store consultant advised us that the withdrawal of Manyallaluk from the stores program appeared to have been precipitated by a conflict over 'book up'. There was a disagreement between the store manager and store consultant about this which Barry believed was resolved, however Barry was subsequently advised by the new support manager that he was not to return to the community, as a result of the dispute.

Barry's perception was that the community was divided about whether to continue with the program or not. He believed some key people (including the store manager) were keen to continue with the program and have the store consultant return to the community, while others who were more powerful in the community at the time wanted to keep the store consultant out.

Essentially, the decision appears to have been made because of the self-interest of influential individuals who wanted easy access to credit (or who did not want their activities to be monitored by an independent outsider),

however more significant was the lack of a strong store committee to deal with the issue.

Refer recommendation 18

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### **7.7.2 History of involvement of store consultant with Gulin Gulin Store at Bulman**

The store consultant had felt that all the ingredients for a successful project at Bulman were in place. When he started working with the new committee and management he had no doubt they were supportive of him and the committee were 'super keen to do well'. The community manager was also extremely supportive and the community council and store committee passed motions of support. Initial discussions and a community meeting were held in November 2002.

The participation of Bulman in the stores project was initiated by the store consultant who phoned the store in March 2003 to ask if they wished to participate. The initial response was positive although the usual store manager was on leave. The store consultant first visited Bulman in April 2003. On the first three or four visits, the store consultant simply talked to people about what could be done and got to know people.

Although initially very positive about the project, it became evident that the store manager was reluctant to use the financial systems proposed by the store consultant, and in June 2003 the consultant noted that the community was unhappy with the communication and accountability of the store manager, which the management appeared unwilling to resolve. The store had serious cash flow problems and high levels of 'book up' debt that were not being recovered.

In July the store consultant reported that the committee was not functioning as only two or three store committee members were still living in the community. FHF were approached for help and arranged for Hugh Lovesy (Money \$tory) to assist with setting up a new committee. Wugularr Store

committee members Joseph Brown, Jennifer Kennedy and Bobby Smith also talked to Bulman community members about their experience at Wugularr.

The community was very keen to have an AGM and this was held in October 2003 and a new committee was formed. Much work was done on sourcing and installing shelving and refrigeration units and negotiating better arrangements with suppliers. At this point, the consultant reported:

*Two thirds of the store has been re-shelved with shelving supplied by Woolworths. The store is set up in a manner similar to a normal small supermarket with an effective and logical layout, data stripping, shelf labels, and a capping shelf. I am waiting on the arrival of further equipment to complete their refurbishment. The fruit and vegetable section has been moved to a larger three door refrigerator. The store has traditionally sold a lot of fruit and vegetables, although supply of stock has been very short at times. This can be managed a lot better. The store committee are right onto this and demanding that the store manager fix this problem.*

*The new shop committee have taken a firm control of their store whilst still working effectively with the store manager.*

At the AGM the community decided to change to the same auditor and book keeper as Wugularr (the store committee had expressed dissatisfaction with the accountant because he had not provided financial reports). The store manager agreed to send all information to the new bookkeeper to set up new financial reports but later advised the store consultant that “the committee had changed its mind”.

As a result of conflict in the community, the store consultant was advised he had been banned from the community.

The store consultant has not been back to Bulman since November 2003 when he was cut off by floodwaters. He has heard he has been blamed for the store running out of food during the ‘wet’ (in spite of setting up a weekly delivery of food leading up to the wet season so stocks could be built up to

cover the period when the community would be cut off by floods). He believes the store committee is no longer functioning.

In the view of a FHF staff member, the store managers (the same family had managed the store for over 10 years) welcomed the benefits of Woolworths' involvement (such as new shelving and refrigeration units, improved design and layout etc, all done for free) but did not welcome changes to the financial management systems.

In the store consultant's view,

*... they were right behind us – I have no doubt about that and they still behind us now, but they are just not able to do anything.*

Refer recommendation 18

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### **7.7.3 History of involvement of store consultant with community store at Barunga**

During the period covered by this review, the Barunga store was managed by the store manager who had also previously managed Wuduluk Store at Wugularr (see section 7.2 above). While Barunga Store was managed by this individual, it was evident that the stores program could not be extended to this community.

In May 2003, the community extended the store manager's contract for a further 12 months, however in September he was requested to leave the community by the Jawoyn Association, and the store consultant was asked to set up and train staff in a similar manner to the other stores. The store manager left the community in February 2004 and the stores program commenced in Barunga at that time.

## 7.8 The Money \$tory

The Fred Hollows Foundation has funded the implementation of the Money \$tory in 11 organisations<sup>74</sup> in the East Katherine Region. Relevant to this evaluation is the introduction of the Money \$tory into Wuduluk Store, Wugularr Council, Barunga Council and Manyallaluk Council in 2002 and into Nyirranggulung Regional Council, Manyallaluk Council, Bulman Council and Wugularr Women's Centre in November 2003.

The following were visited on a monthly basis to coincide (wherever possible) with regular committee meetings:

- Wuduluk Store;
- Wugularr Council;
- Barunga/Manyallaluk Council;
- Jawaluk Tours and Arts; and
- Manyallaluk Store.

The following organisations received Money \$tory presentations on a less frequent basis, generally due to factors such as lack of availability of accounting information (a key consideration), long distances and road closures due to the wet/monsoon and travelling time/cost limitations. Some of these organisations commenced their Money \$tory programs in the second half of 2003.

- Nyirranggulung Regional Council (commenced November 2003);
- Manyallaluk Council (commenced November 2003);
- Gulin Gulin (Bulman) Council (commenced November 2003);

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<sup>74</sup> Little Fish Pty Ltd, Report to FHF.

- Gulin Gulin (Bulman) Store (accounting information not regularly available, road closures); and
- Wugularr Women's Centre (commenced November 2003).

Generally, the Money \$tory was quickly adopted by committee members from all of the client organisations. Levels of understanding of core concepts displayed by committee members varied, with those receiving monthly visits in 2003 having an overall higher level of understanding than the remainder.

Money \$tory presenter training was undertaken with committee members from three of the organisations listed, with a view to those committee members presenting their own Money \$tories regularly and competently by the end of 2004.

Little Fish also identified members of organisation committees who are enrolled in business and finance courses. By agreement with other training organisations (such as the New Apprenticeship Centre) students who participate actively in Money \$tory training receive recognition for prior learning (RPL) for certain modules within their courses.

### **7.8.1 Achievements and development**

The levels of request from committee members for further information about their organisations' finances was considered 'very high', even with those organisations receiving less regular visits.

Some of the major issues common to most organisations (as identified during Money \$tory presentations) include:

- allocation of budgets and the need for committee members to have a role in this;
- concerns about underspending of budgets in key areas eg housing, CDEP wages;
- concerns about overspending of budgets in key areas eg vehicles, telephones;

- questions as to accounting procedures;
- questions about authority to expend the organisations funds;
- questions specifically related to new practises and procedures in place under the new Nyirranggulung Regional Council; and
- requests for breakdowns of certain budget line items to examine what has been purchased with community funds.

According to Little Fish staff there is no doubt that members of individual community councils (now community management boards) are very interested in how financial practises and procedures have changed since the commencement of Nyirranggulung Regional Council.

Key areas questioned include:

- who does the money belong to now, us or Nyirranggulung?
- what happens to any surplus we had from last year?
- what happens to any surplus/deficit this year?
- who decides policies in these areas?
- who allocated the budgets and how did they do it?
- what happened to the money granted for specific community projects by funding bodies eg Wugularr Aged Care Grant, Barunga Sport and Recreation grant?
- what happens to contributions made by community members to their individual community benefit funds?

At each council presentation since Nyirranggulung commenced a number of questions related to regional issues were raised. These were either addressed by Little Fish staff or referred to Nyirranggulung staff. Nyirranggulung staff were reported to have provided good support to Little

Fish especially those from the accounts section who regularly attended Money \$tory sessions.

According to Little Fish staff, the evidence points to an increase in committee members' understanding of their organisations' finances through the use of the Money \$tory program.

### **7.8.2 High attendance rates at sessions**

Attendance rates have averaged 75% plus which is regarded as very high in the context of the low attendance rates that are commonly recorded. Where attendances have been low or patchy, this has in all cases been due to community or regional level problems.

## **8. KEY FINDINGS FROM HEALTH DATA AND MARKET BASKET SURVEYS**

### **8.1 Growth assessment and action (GAA) data**

GAA data was obtained from NT Department of Health and Community Services for the communities of Wugularr and Barunga for 2000- 2003. This data reports children's growth rates from ages 0-5. This data has not been analysed in detail because it is unlikely<sup>75</sup> to demonstrate any impact of the nutrition/stores project, for a number of reasons. These were the mobility of the population, seasonal variations, the short time period involved and that the initial focus of the program was on the activities of the women's centres and the school meals program (which would not impact upon 0-5 year olds). The limitations of these data are discussed in Taylor and Westbury (pp 58, 59).

The data from *1987-1997 Ten Year Growth Story for children under 5 years old: Wugularr*, presented in Taylor and Westbury 2000 and the GAA data for Wugularr 2000-2003 are presented and charted in Appendix 5 for future reference.

### **8.2 School screening data**

School screening data could not be obtained from NT Department of Health and Community Services. While data was provided by the Barunga clinic, the Barunga data cannot be used to assess the impact of the nutrition or stores project because of a comprehensive iron and vitamin supplement program jointly implemented by the clinic and school at Barunga during the evaluation period.

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<sup>75</sup> In the view of Leisa McCarthy, pers. comm.

### **8.3 Wugularr and Barunga Market Basket Survey results 2000-2003**

Northern Territory nutritionists have conducted Market Basket Surveys each year since 1998 in order to measure and monitor the food supply in remote communities. The surveys compare price, variety, quality and availability of healthy food options with other stores in the region.

This section discusses the Market Basket Survey data for the years 2000-2003; a full report is at Appendix 6.

There are three sections in the Market Basket Survey:

#### 1. Stores and details:

- number of stores in community; transport operator; delivery dates; take-away co-located with store;
- store ownership; store manager; management committee; number of Aboriginal and non-Aboriginal staff; training in nutrition and retail; and
- written nutrition policy, prices displayed; nutrition promotion activities; sponsorship of community activities.

#### 2. Variety, availability and quality:

- availability of the basket of item groups; breads and cereals, fruits, vegetables, meat and alternatives, dairy foods, sugar and margarine, take-away foods, healthware and tobacco;
- availability and variety of 'healthier' food options; includes low joule drinks; lean meats; high fibre, low fat and low sugar products; and
- assessment of fresh fruit and vegetables using a quality scoring guide identifying the condition of products at point of sale.

### 3. Food prices:

- prices for the family basket food items are collected in both the community store and in the district supermarket and corner store; and
- a basket of family foods includes selected food items to meet nutrition requirements for good health of a family of six and excludes tobacco, healthware, take-away foods and tea.

The family is comprised of: a grandmother aged 60; man aged 35; woman aged 33; male aged 14 years; girl aged nine years; and a boy aged four years. The income for this family is based on Centrelink payments and criteria: non-home owners, unemployed, no assets, non-CDEP employed, no rental assistance received. The analysis of the 'Family Foods Basket' is the amount of food needed to feed a family of six for a fortnight to meet 100% of their nutrient requirements and 95% of their calorie (energy) requirements.

#### List of family foods for a fortnight

Breads and cereals	Vegetables	Meat and alternatives
Flour 4 x 1kg packets	Canned tomatoes 6 x 420g	Eggs 55's 1 dozen
Bread 14 loaves	Canned peas 6 x 420g	Corned beef 7 x 340g cans
Weet-Bix 1kg	Canned beans 7x 440g	Pumpkin 3kg
Rolled oats 1kg packet	Baked beans 7 x 425g	Fresh tomatoes 2kg
Long grain rice 1kg packet	Potatoes 8 kg	Meat & veg 7 x 450g cans
Canned spaghetti 7 x 425g	Onions 3 kg	Fresh/ frozen meat 1.5kg
	Carrots 4kg	Fresh/ frozen chicken 1kg
	Cabbage 3kg	
Fruit	Other foods	Dairy
50 apples	Margarine 4 x 500g packets	Powdered milk 7 x 1kg tin
55 oranges	Sugar 4 x 1kg	Cheese 3 x 250g packet
Orange juice 7 litres	Sugar 1x 500g	
Canned fruit 7 x 425g		

### **8.3.1 Methodological issues**

The Market Basket Survey is conducted on one day annually between the months of April and June (inclusive).

This sampling strategy means that the results reflect only that particular day. This may be important if an expected delivery was late or for some reason that day was not a typical day.<sup>76</sup> Goods in storage are not included.

The accuracy and precision of the survey depends in part on the ability of the collectors. There is a large amount of subjectivity in decisions about quality, and the surveys within a region are not usually conducted by the same person.

Where an item is not present on the day of survey, the baseline price (Katherine supermarket) is substituted. As Katherine prices are generally lower than community store prices this means that community prices sometimes appear lower than they actually are.

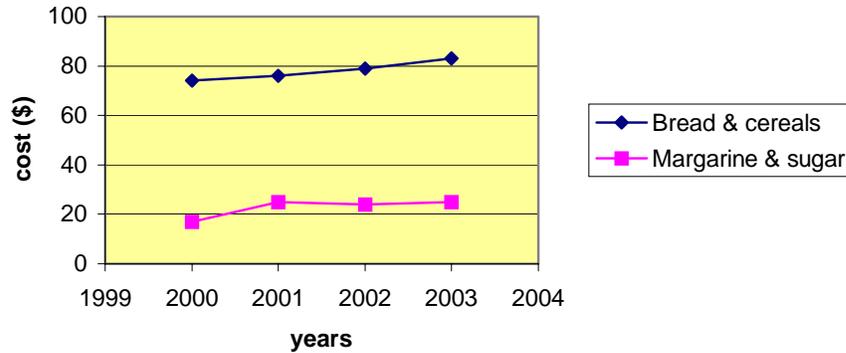
Many factors affect the price of food. A number of these may be beyond the ability of the stores program to influence.

Prices of various commodities are subject to market fluctuations. Prices of some foods (eg margarine, sugar, bread and cereals) are stable. The graph below shows the prices of these items at Wugularr community store from 2000 to 2003.

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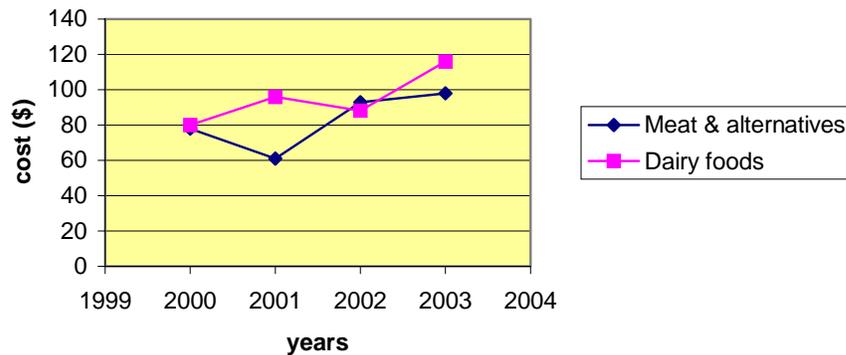
<sup>76</sup> As stores get several days notice there is always the possibility of store management taking action to affect the outcome of the survey.

**Chart 1a<sup>77</sup> Prices of food groups bread and cereals, and margarine and sugar at Wugularr community store 2000 to 2003**



Prices of other food groups (eg meat and alternatives, and dairy products, bread and cereals) are also fairly stable. The graph below shows the prices of these items at Wugularr community store from 2000 to 2003.

**Chart 1b<sup>78</sup> Prices of food groups meat and alternatives, dairy foods at Wugularr community store 2000 to 2003**

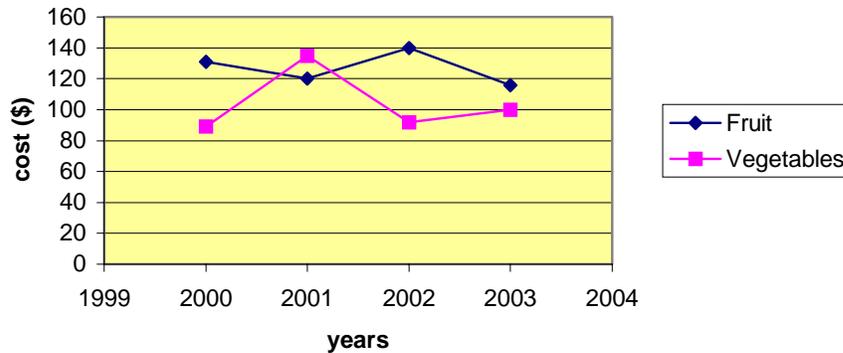


<sup>77</sup> Data from Table 1, McCarthy, L (2004) Appendix 6.

<sup>78</sup> Data from Table 1, McCarthy, L (2004) Appendix 6.

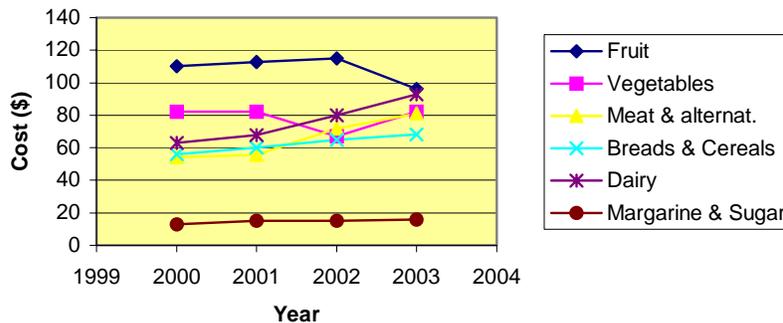
Prices of fresh fruit and vegetables can vary due to supply variations. The graph below shows the prices of these items at Wugularr community store from 2000 to 2003.

**Chart 1c<sup>79</sup> Prices of food groups Fruit and Vegetables at Wugularr community store 2000 to 2003**



This sort of variation is also true for Katherine.

**Chart 1d<sup>80</sup> Cost of food basket items in Katherine 2000-2003**



These and other sources of variation mean that the observations reported in the survey are not necessarily helpful in assessing the effectiveness of an ongoing campaign to improve availability and price of fresh, nutritious foods

<sup>79</sup> Data from Table 1, McCarthy, L (2004) Appendix 6.

<sup>80</sup> Data from Table 4, McCarthy, L (2004) Appendix 6.

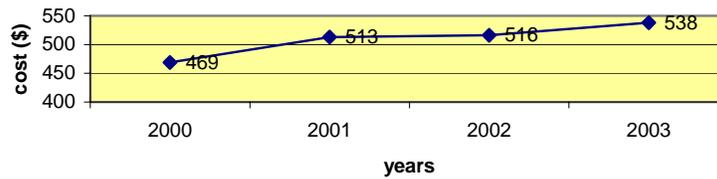
at the community stores. Overall trends seem to be more important as indicators than the cost of individual items.

### 8.3.2 Wugularr community

#### 8.3.2.1 Price of food in Wugularr

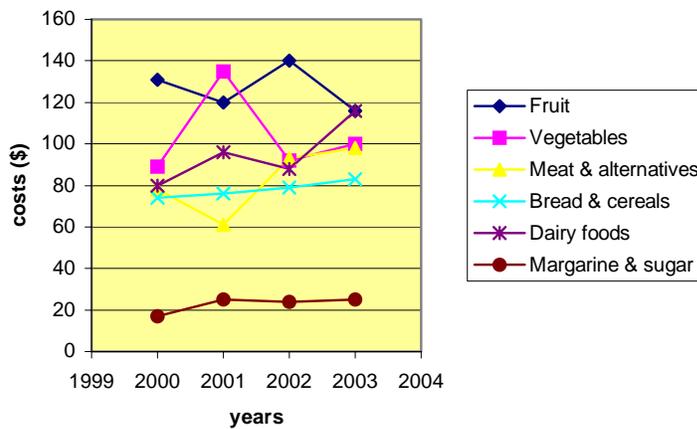
The total price of a family food basket has increased in Wugularr since 2000, though the prices of the various categories in the food basket varied.

**Chart 2a<sup>81</sup> Total cost of family basket from 2000–2003**



**Chart 2b<sup>82</sup> Cost of family basket categories from 2000–2003**

#### Costs of family basket items at Wugularr



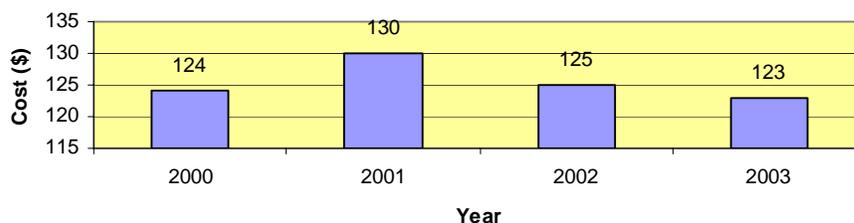
<sup>81</sup> Data from Table 1, McCarthy, L (2004) Appendix 6.

<sup>82</sup> Data from Table 1, McCarthy, L (2004) Appendix 6.

Wugularr Store prices are consistently higher than those in Katherine.

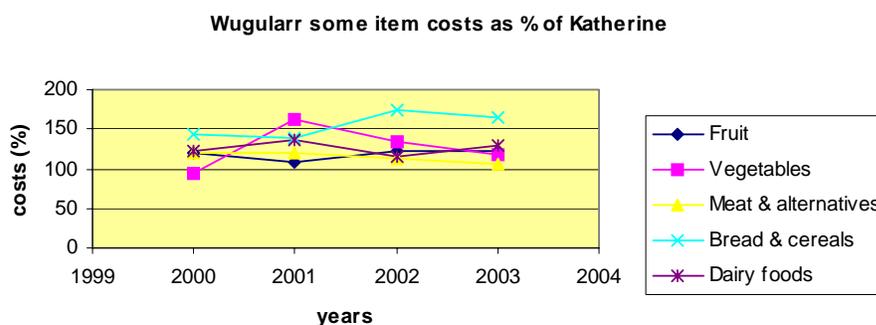
**Chart 3a<sup>83</sup> Wugularr Store prices compared to Katherine supermarket**

**Total cost of a family food basket at Wugularr as a percentage of Katherine supermarket prices (which are 100%)**



Over time, the prices of each food category fluctuate in Wugularr Store compared with the baseline, Katherine, though they are generally higher. It is not clear why vegetables were cheaper in Wugularr than in Katherine in 2000.<sup>84</sup>

**Chart 3b<sup>85</sup> Fluctuations of some items as a % of Katherine prices**



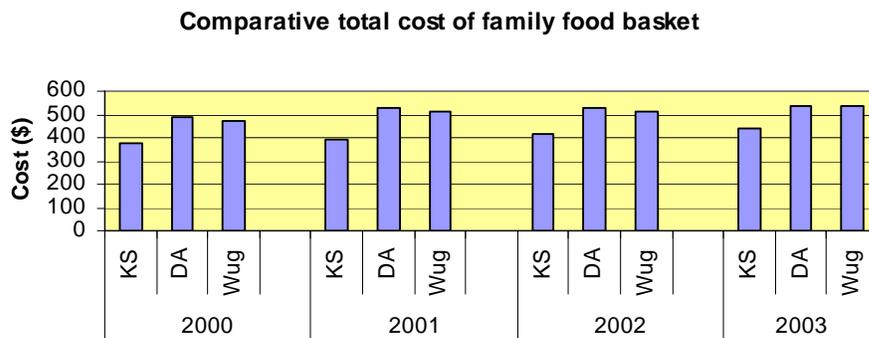
<sup>83</sup> Data from Table 3, McCarthy, L (2004) Appendix 6.

<sup>84</sup> This is the only time from 2000 to 2003 when vegetables are cheaper than in Katherine. It may be due to some recording error.

<sup>85</sup> Data from Table 3, McCarthy, L (2004) Appendix 6.

The chart below shows that Wugularr community store prices are close to (though consistently below) the district average, but markedly higher than the Katherine supermarket.

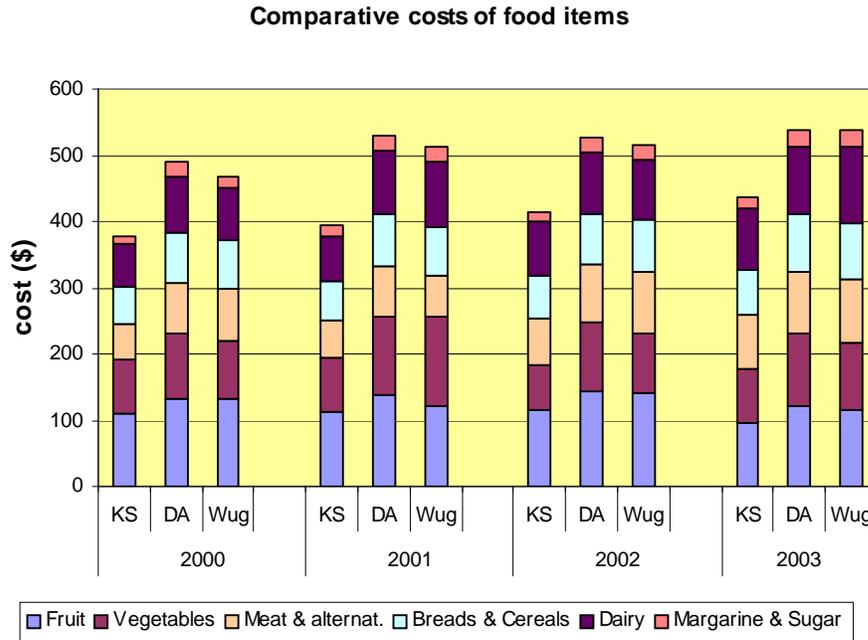
**Chart 4a<sup>86</sup> Cost of total Wugularr (Wug) family food basket compared with Katherine Supermarket (KS) and district average (DA) totals 2000–2003**



The price of the meat and alternative category is consistently higher, however, than the district average except for the year 2001 (see chart below).

<sup>86</sup> Data from Table 4, McCarthy, L (2004) Appendix 6.

**Chart 4b<sup>87</sup> Cost of Wugularr (Wug) family food basket categories compared with Katherine Supermarket (KS) and district average (DA) 2000–2003**

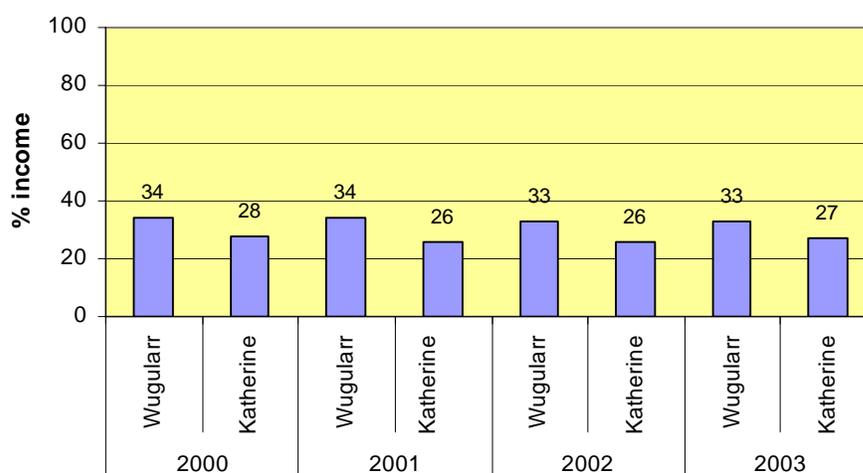


### 8.3.2.2 Percentage of income spent on food in Wugularr

Wugularr residents spent a higher percentage of income on food than did Katherine residents. There is an overall slight decrease in the percentage of income spent on food, and the differences between Wugularr and Katherine are decreasing.

<sup>87</sup> Data from Table 4, McCarthy, L (2004) Appendix 6.

**Chart 5<sup>88</sup> Percentage of income spent on food for families living in Wugularr and Katherine between 2000-2003**



### 8.3.2.3 Availability and variety of food categories in Wugularr

All category items were available except for vegetables (sometimes as low as 80%) and meat and alternatives, 60% in 2003.

#### Wugularr availability of family basket food categories for the years 2000-2003<sup>89</sup>

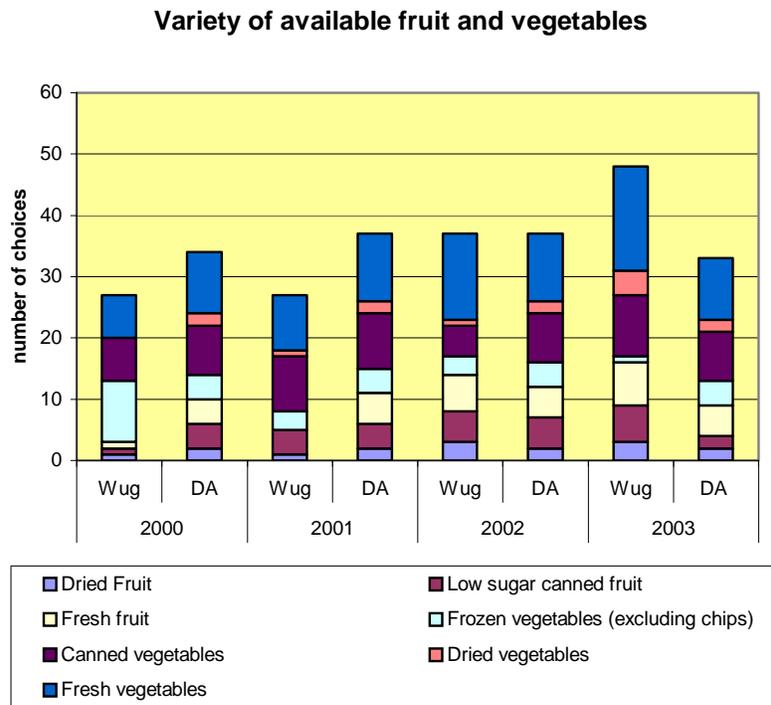
Year of survey	Selected family food basket categories and availability in %				
	Bread and cereals	Fruit	Vegetables	Meat and alternatives	Dairy foods
2000	100	100	80	100	100
2001	100	100	100	100	100
2002	100	100	90	100	100
2003	100	100	90	60	100

<sup>88</sup> Data from Table 5, McCarthy, L (2004) Appendix 6.

<sup>89</sup> Data from Table 2, McCarthy, L (2004) Appendix 6.

The overall variety of fruit and vegetables available in Wugularr Store has increased over the three years. In 2002 and 2003 the variety of fruit and vegetables exceeded the district average. The individual food varieties increased in availability with the exception of frozen vegetables, which declined over the three years, balanced by an increase in fresh vegetables when compared with the district average. This finding is supported by analysis of store purchase inventories presented above in section 7.6.1.

**Chart 6<sup>90</sup> Variety of Fruit and Vegetables available in Wugularr compared with the district average (DA)**



<sup>90</sup> Data from Table 7, McCarthy, L (2004) Appendix 6.

### 8.3.2.4 Quality of food in Wugularr

The quality of fruit and vegetables was assessed as being fair to good, with the exception of 2001, when no fresh fruit was available on the day of survey.

#### Quality of Fresh Fruit and Vegetables at Wugularr

	Year	Fruit	Vegetables
The criteria used for assessing the quality of fresh fruit and vegetables are: 1 = Good, 2 = Fair, 3 = Poor; and 4 = Rotten.	2000	1	2
	2001	*0	1
	2002	2	1
	2003	1	1

\*No fresh fruit available for display on day of survey<sup>91</sup>

### 8.3.3 Barunga community

Although the Barunga data was collected prior to the commencement of the stores program, the information is presented for comparative purposes.

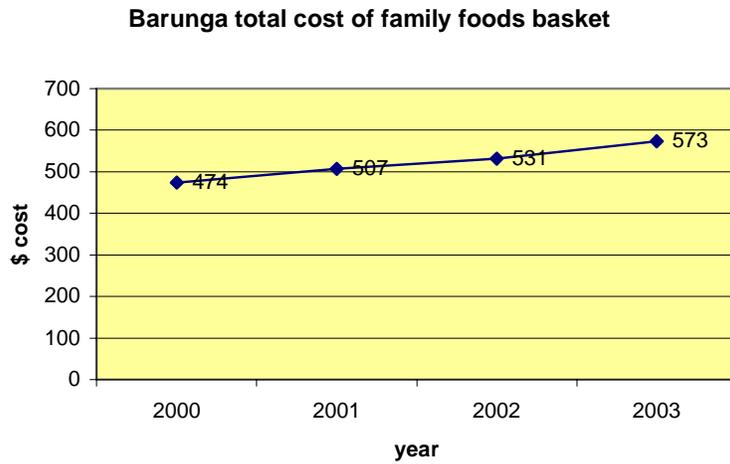
#### 8.3.3.1 Price of food in Barunga

In Barunga the total basket prices increased over the four years and the prices for each of the food categories fluctuated.

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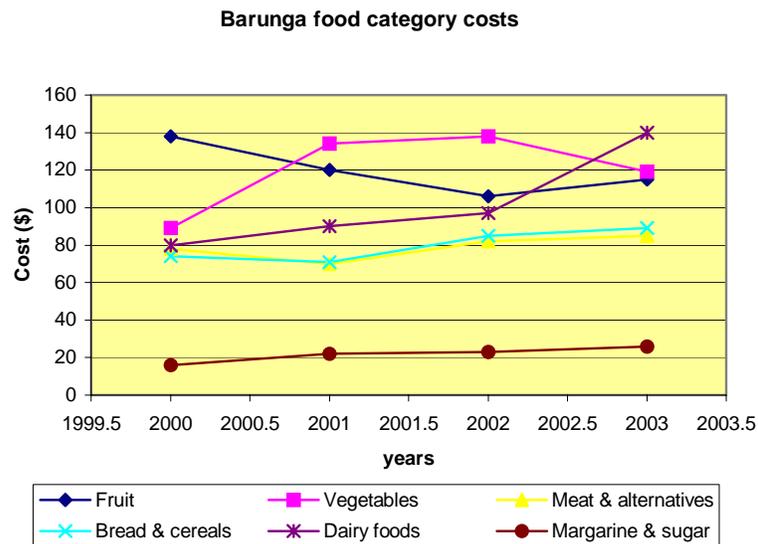
<sup>91</sup> See Table 6, McCarthy, L (2004) Appendix 6.

**Chart 7a<sup>92</sup> Barunga cost of family food basket from 2000–2003**



Prices of fruit, breads and cereal, and meat and alternatives decreased, and then increased over the period. The price of vegetables increased between 2000-2001 and then decreased between 2002-2003.

**Chart 7b<sup>93</sup> Barunga Cost of Family Basket Items from 2000–2003**

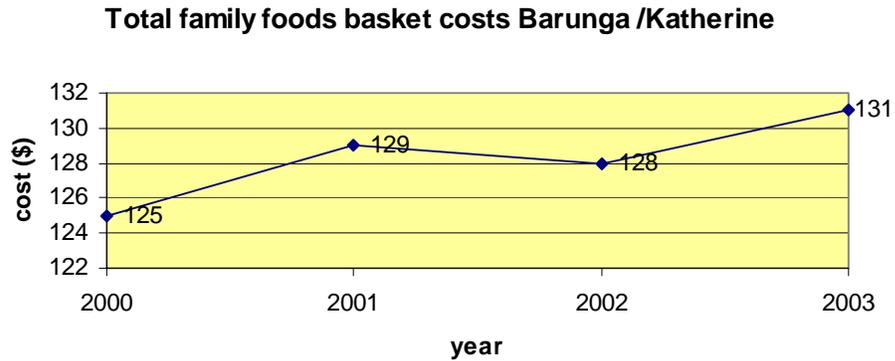


<sup>92</sup> Data from Table 8, McCarthy, L (2004) Appendix 6.

<sup>93</sup> Data from Table 8, McCarthy, L (2004) Appendix 6.

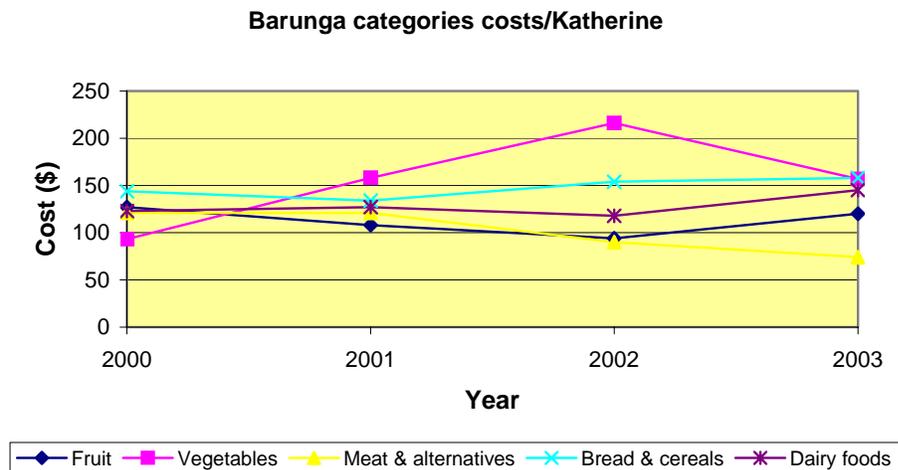
The total cost of a family food basket rose 6% in three years compared to Katherine supermarket prices.

**Chart 8a<sup>94</sup> Comparison of Cost of Family Basket foods at Barunga Store and Katherine Supermarket from 2000–2003**



There were fluctuations in the comparative cost for every family food basket category. Meat and meat alternatives were cheaper at the Barunga Store than the Katherine supermarket in the years 2002 and 2003 and fruit was cheaper in 2002.

**Chart 8b<sup>95</sup> Comparison of cost of family basket foods at Barunga Store and Katherine supermarket from 2000–2003**

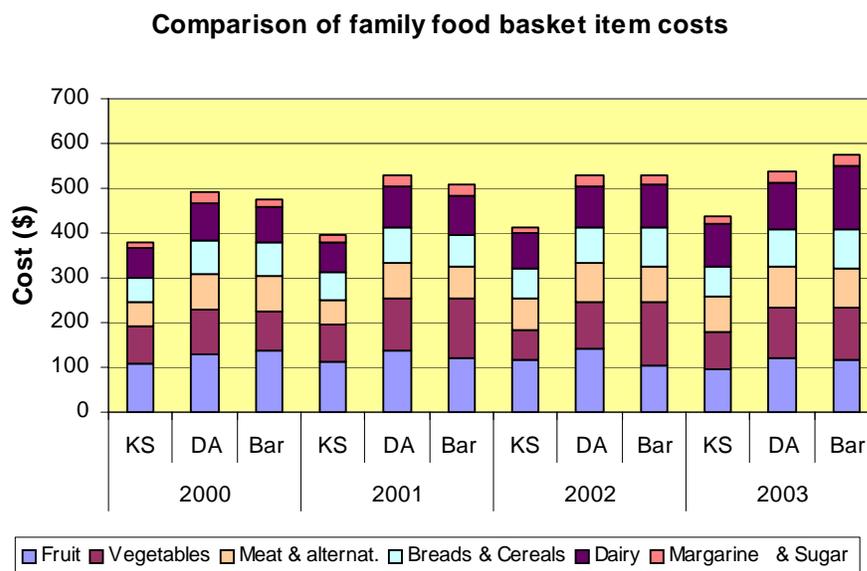


<sup>94</sup> Data from Table 10, McCarthy, L (2004) Appendix 6.

<sup>95</sup> Data from Table 10, McCarthy, L (2004) Appendix 6.

The following chart shows that the total cost of family food basket items was consistently higher in Barunga than in the Katherine supermarket. They fluctuated slightly about the district average, increasing between 2000 and 2003.

**Chart 9<sup>96</sup> Barunga family food basket costs by food basket group compared with Katherine supermarket (KS) and district average (DA) 2000–2003**

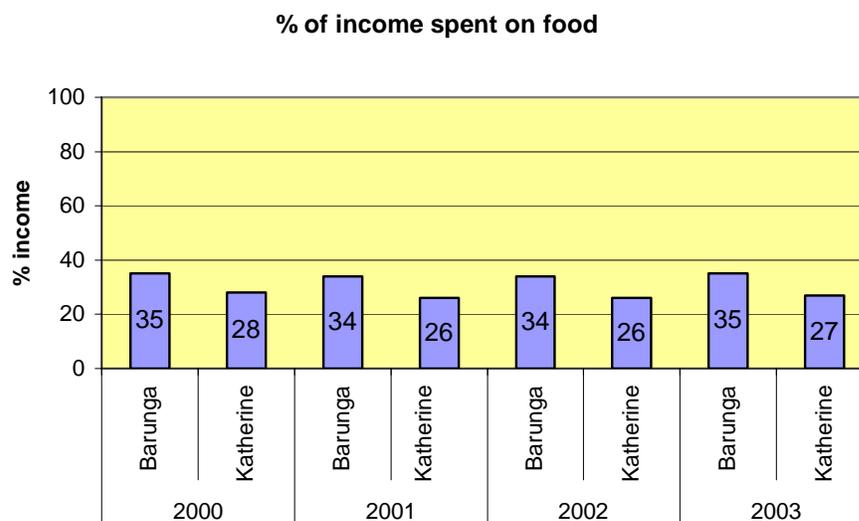


### 8.3.3.2 Percentage of income spent on food in Barunga

A higher percentage of the Barunga community's income was allocated for food than the Katherine community.

<sup>96</sup> Data from Table 11, McCarthy, L (2004) Appendix 6.

**Chart 10<sup>97</sup> Cost of food compared to income for families living in Barunga and Katherine between 2000-2003**



### 8.3.3.3 Availability and variety in Barunga

All categories were available except for vegetables and fruit in 2003.

**Chart 11<sup>98</sup> Barunga availability of selected categories of family basket foods for the years 2000–2003**

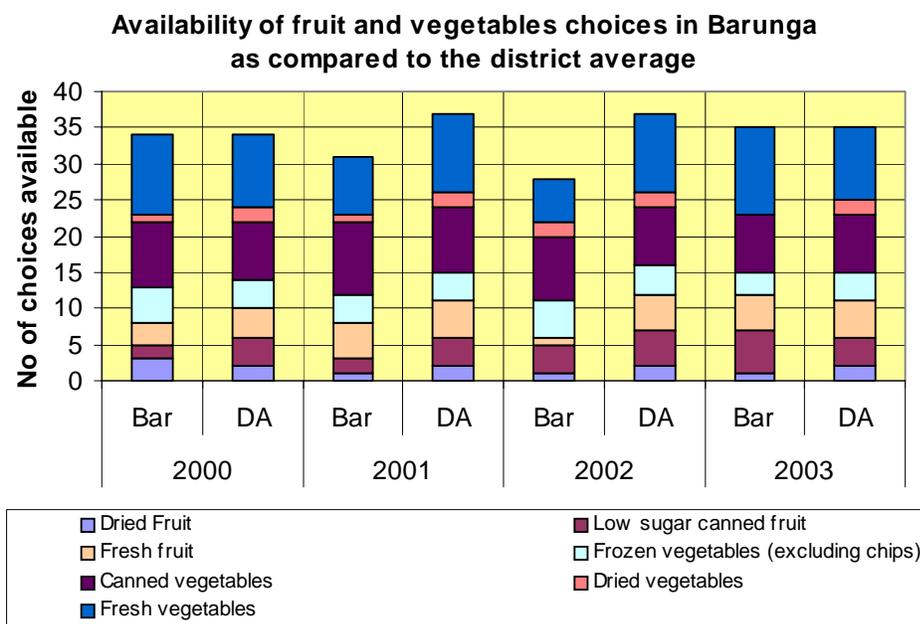
Year of survey	Selected family food basket categories and availability in %				
	Bread & cereals	Fruit	Vegetables	Meat & alternatives	Dairy foods
2000	100	100	90	100	100
2001	100	100	90	100	100
2002	100	100	100	100	100
2003	100	40	50	100	100

<sup>97</sup> Data from Table 12, McCarthy, L (2004) Appendix 6.

<sup>98</sup> Data from Table 9, McCarthy, L (2004) Appendix 6.

The overall variety of fruit and vegetables available in Barunga Store has remained similar to the district average with the exception of fresh vegetables and fruit in 2001 and 2002, when Barunga had more variety.

**Chart 12<sup>99</sup> Variety of fruit and vegetables available in Barunga compared with the district average (DA)**



### 8.3.3.4 Quality of food in Barunga

The quality of fruit and vegetables at Barunga was assessed as being good.

<sup>99</sup> Data from Table 14, McCarthy, L (2004) Appendix 6.

## Barunga Quality of Fresh Fruit and Vegetables<sup>100</sup>

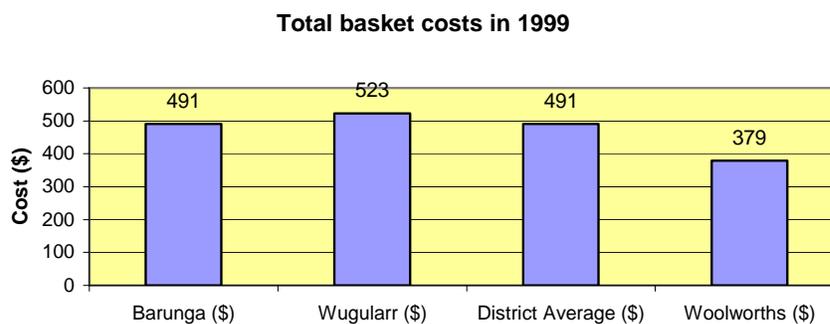
	Year	Fruit	Vegetables
The criteria used for assessing the quality of fresh fruit and vegetables are: 1 = Good, 2 = Fair, 3 = Poor; and 4 = Rotten.	2000	1	1
	2001	1	1
	2002	1	1
	2003	1	2

### 8.3.4 Comparisons between Wugularr and Barunga community stores

#### 8.3.4.1 Price comparisons between Wugularr and Barunga community stores

Market Basket Survey data reported in Taylor and Westbury<sup>101</sup> for 1999 shows that in that year Wugularr Store prices were above the district average.

**Chart 13a<sup>102</sup> Cost of family food baskets in 1999**

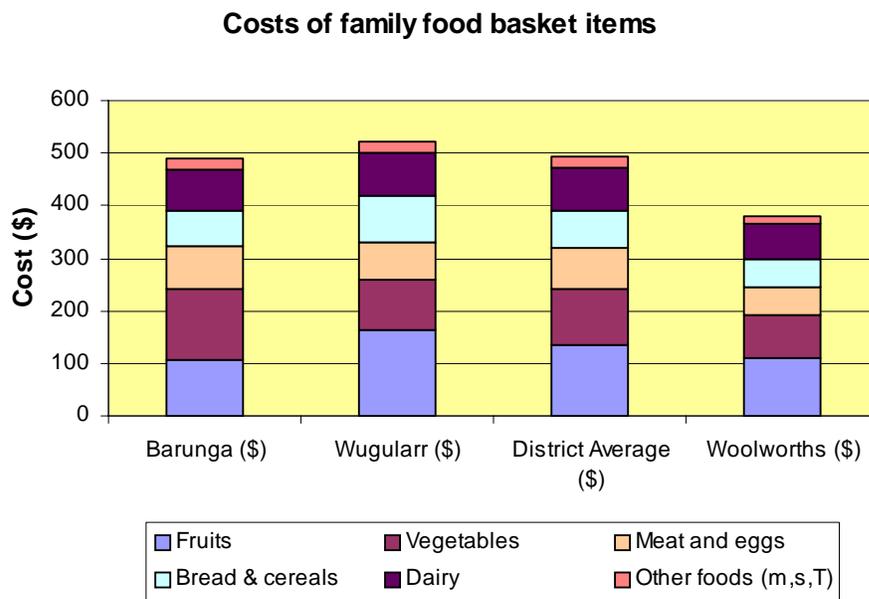


<sup>100</sup> See Table 13, McCarthy, L (2004) Appendix 6.

<sup>101</sup> Taylor and Westbury 2000, Table 5.1. p45.

<sup>102</sup> Taylor and Westbury 2000, Table 5.1. p45.

**Chart 13b<sup>103</sup> Cost of family food basket items in 1999**

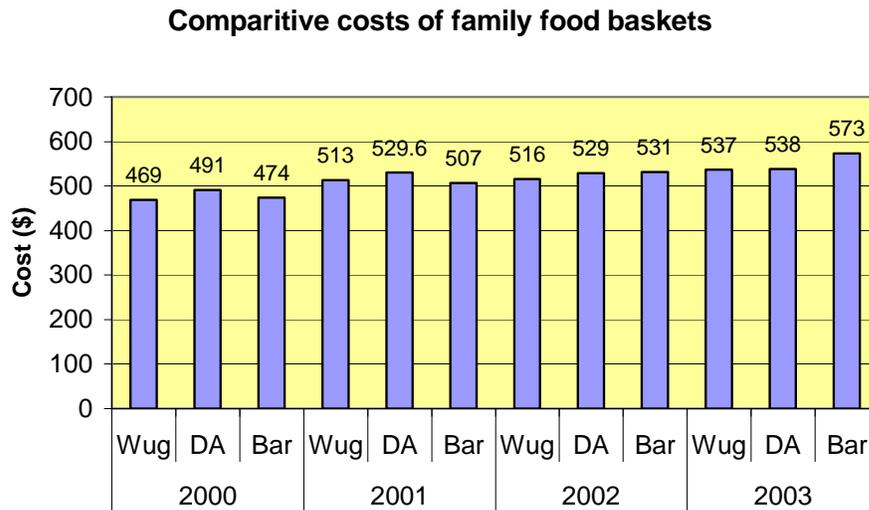


From 2000 to 2003 Wugularr Store prices were consistently lower than the district average (see chart 14a below).

From 2000 there was a small overall increase in total costs of baskets. In 2000 and 2001, both Wugularr and Barunga were cheaper than the district average; in 2002 and 2003 Wugularr remained below the district average.

<sup>103</sup> Taylor and Westbury 2000, Table 5.1. p45.

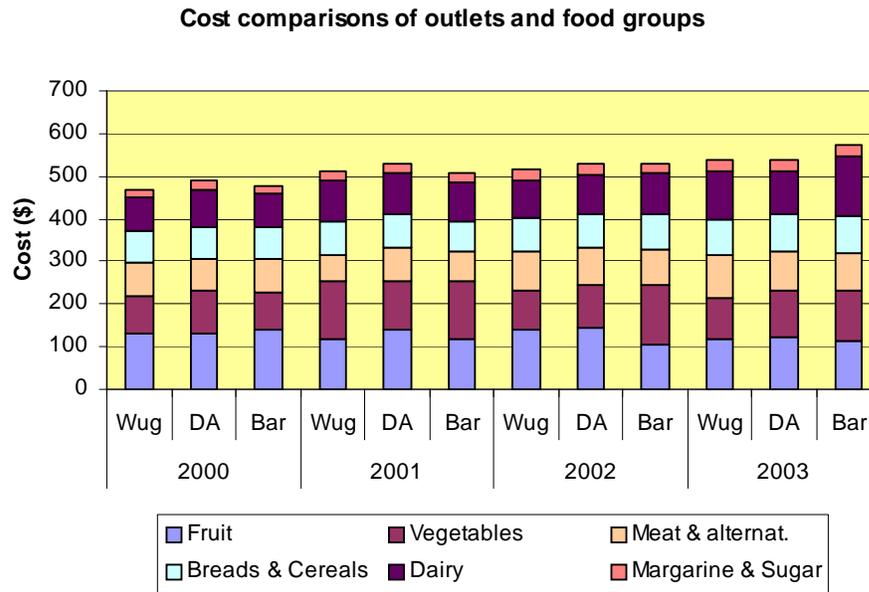
**Chart 14a<sup>104</sup> Comparative cost of family basket foods at Wugularr (Wug) and Barunga (Bar) community stores and the district average (DA)**



There are differences in detail. In 2002 and 2003, Wugularr Store was noticeably cheaper for total family food basket items. Barunga community store appears more expensive for the breads and cereals, vegetables and dairy food categories; whereas Wugularr community store was more expensive for meat and fruit products.

<sup>104</sup> Data from Table 15, McCarthy, L (2004) Appendix 6.

**Chart 14b<sup>105</sup> Comparative cost of family basket foods at Wugularr (Wug) and Barunga (Bar) community stores and the district average (DA)**

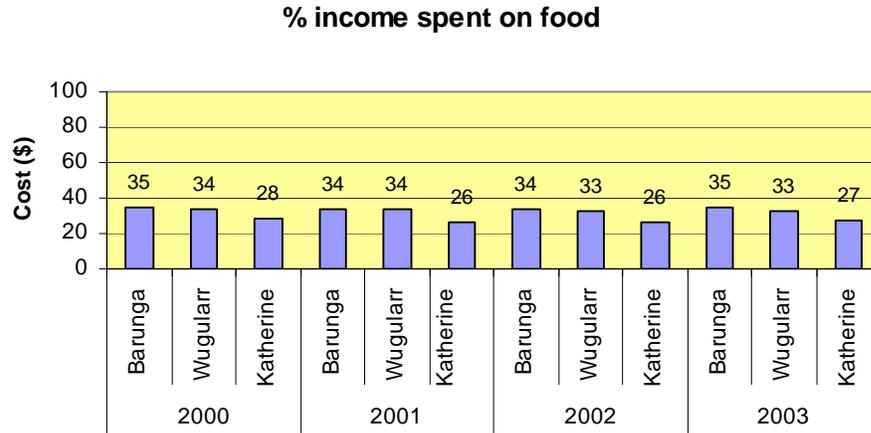


### 8.3.4.2 Percentage of income spent on food; Wugularr and Barunga

Residents of both Barunga and Wugularr communities pay a higher percentage of their incomes to purchase market basket food items than the Katherine community. Income has increased over the survey period by approximately \$300.00 and this corresponds with the increase in food prices, as the percentage of income spent on food for the three different outlets changed little. The cost of the family food basket for Wugularr residents decreased by 1% over the period.

<sup>105</sup> Data from Table 15, McCarthy, L (2004) Appendix 6.

**Chart 15<sup>106</sup> Cost of food compared to income for families living in Barunga, Wugularr and Katherine between 2000-2003**

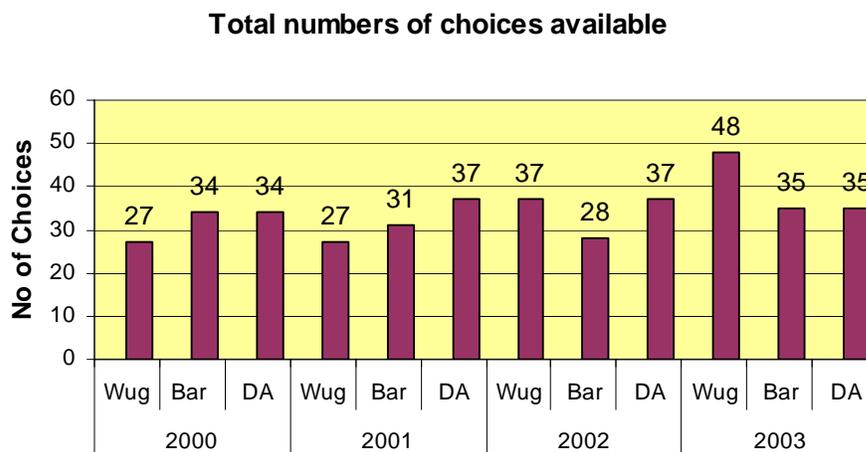


### **8.3.4.3 Comparison in availability and variety between Wugularr and Barunga community stores**

There seem to be common problems of availability of vegetables, and few availability problems with fruit, and meat and alternatives (refer Table 16, McCarthy, L (2004) Appendix 6). The number of varieties of fruit and vegetables available has increased.

<sup>106</sup> Data from Table 17, McCarthy, L (2004) Appendix 6.

**Chart 16a<sup>107</sup> Variety of fruit and vegetables available in Barunga and Wugularr community stores compared with district average (DA)**

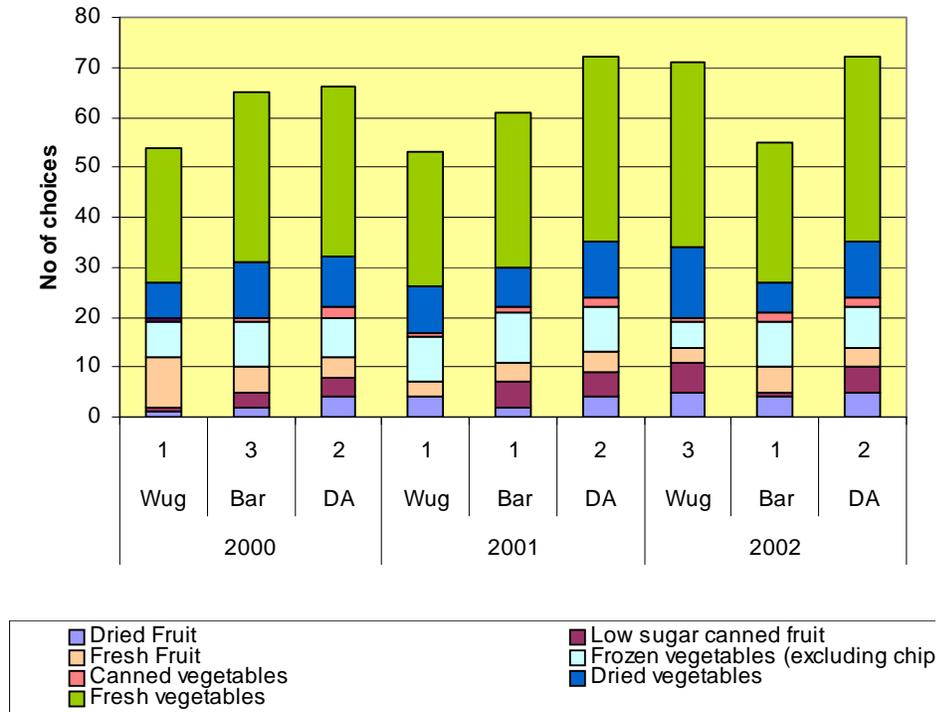


In 2002 and 2003, Wugularr community store increased the variety of fresh vegetables and fruit, low sugar canned fruit, and dried fruit to exceed the district average. Barunga started well but has steadily declined. The variety of frozen vegetables available in Wugularr has steadily declined compared with the district average.

<sup>107</sup> Data from Table 19, McCarthy, L (2004) Appendix 6.

**Chart 16b<sup>108</sup> Variety of fruit and vegetables available in Barunga and Wugularr community stores compared with district average (DA)**

**Comparison of fruit and vegetable availability by outlet**



**8.3.4.4 Comparison of quality of food in Wugularr and Barunga**

Quality of fresh produce was assessed between 2000 and 2003 as being fair to good, for both community stores (except for 2001 fresh fruit results for Wugularr).

<sup>108</sup> Data from Table 19, McCarthy, L (2004) Appendix 6.

**Comparison of the Quality of Fresh Fruit and Vegetables at Barunga and Wugularr community stores<sup>109</sup>**

Year	Location	Fruit	Vegetables	
2000	Barunga	1	1	The criteria used for assessing the quality of fresh fruit and vegetables are: 1 = Good; 2 = Fair; 3 = Poor; and 4 = Rotten.
	Wugularr	1	2	
2001	Barunga	1	1	
	Wugularr	*0	1	
2002	Barunga	1	1	
	Wugularr	2	1	
2003	Barunga	1	2	
	Wugularr	1	1	

\*No fresh fruit available for display on day of survey

**8.3.5 Implications of Market Basket Surveys**

Despite the imprecision of the Market Basket Survey data that stems from the practice of sampling on only one day per year, the possibility of human error in both the data collection and entry stage, and the practice (for technical reasons) of substituting Katherine supermarket prices for community store prices where items are not present in community stores (thus often giving a lower basket price), the data shows some interesting trends.

Wugularr community store has improved immensely in providing a greater variety of fruit and vegetable product and in making family food categories available and of a better quality. These healthy choices are more generally accessible through pricing, which is cheaper than the district average. As mentioned throughout the discussion, one of the reasons the availability of family basket food categories vary from year to year is that the survey may have been undertaken when stocks were low and supplies were due. This would therefore affect the availability and cost of family basket food items for that year.

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<sup>109</sup> See Table 18, McCarthy, L (2004) Appendix 6.

## **9. PERFORMANCE AGAINST KEY OBJECTIVES**

### **9.1 Intended outcome: A regional nutrition strategy developed**

This outcome, identified in the FHF MOU with the Jawoyn Association has been overtaken by the development of Sunrise Health Service Aboriginal Corporation as the community controlled regional health service. The nutritionist position (funded by FHF and Go Vita) is now located with Sunrise Health Service Aboriginal Corporation. A draft nutrition plan has been developed.<sup>110</sup>

### **9.2 Intended outcome: Increase in awareness and understanding of nutrition issues (individuals and community)**

#### **9.2.1 Performance indicator: Level of awareness of nutrition as health issue**

(See also 9.3.1 and 9.3.2 below as evidence for this outcome.)

##### **9.2.1.1 Evidence from reports**

Sue Wellings, who left the position of nutritionist in August 2002, wrote in her final review:

*...people there know the surface information ie that it is good to eat healthy food and they have a fair idea of what healthy foods are, but they don't have a good understanding of why, ie what actually is going on in the body. However, have to also keep in mind that often people are just trying to survive each day. They don't seem to be too worried about doing something good for themselves or their child now for the future, perhaps because they are just trying to get through*

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<sup>110</sup> Pers. comm., Jean Symes, 8 September 2004.

*each day. Plus, behaviour change is normally a slow process for anyone.*<sup>111</sup>

Lisa Van der Maat interviewed groups of key community people in early 2003 as a starting point to her involvement in the nutrition project and to understand what people had learnt from having a nutritionist based in the community.<sup>112</sup>

Some of the responses to the question about whether what people had learnt about healthy food affected what they would buy and eat, indicate some people are aware of nutrition as a healthy issue:

- changed what we eat;
- eat more vegetables, meat, rice and bread;
- eat damper only on Sundays;
- yes, more fresh fruit and vegetables;
- more healthy products – skim milk and juice;
- yes, she taught us how to do purchase orders and about healthy food; and
- know a lot about healthy food we can teach the young women.

Nutrition problems those interviewed identified were:

- under-nourishment problems/underweight;
- diabetes (x 2);
- high blood pressure;
- weight loss in kids;

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<sup>111</sup> Sue Wellings, Final Review, August 2002.

<sup>112</sup> Interview, Lisa Van der Maat and summary of evaluation.

- take-away including healthy food;
- babies that lose too much weight;
- don't see much diabetes and kidney problems, not many skinny kids;
- some people have heart problems;
- some big people who sit at home and don't exercise;
- my problem is high blood pressure, too many in my family; and
- young women don't know how to look after their young babies; they need to be taught; looking after house and teaching about good food; when people get money they should buy food but here they don't.

#### **9.2.1.2 Evidence from evaluation interviews**

Shoppers are aware of the increase in the range of fresh foods in the store, and know what the shelf talkers are for. People interviewed seem to be aware of which foods are nutritious and which are not so good for you but this does not mean that they are necessarily opting for nutritious foods.

Women working in the women's centre are aware that when kids are not receiving a nutritious meal they are likely to be sick and unable to concentrate at school. Edna Snape (Wugularr Women's Centre Coordinator) commented that *"if we hadn't done something about nutrition, the kids would be malnourished with runny nose and sore ears"*.

While the sort of food that is prepared for school meals changed after the involvement of Sue Wellings (see her reports), at the time of the field visit it appeared that the menus prepared by the nutritionists in the past were not being used and that there was less variety in the meals being provided.

Other community members interviewed (eg parents of children on school meals program, shoppers) showed limited awareness. Some were aware of

the need for special food for diabetics, one person suggesting the need for a special section in the store for food suitable for diabetics. One family spoke of the importance of kids growing up healthy and related this to the community vegetable garden that used to exist at Wugularr where they grew fruit and vegetables.

Certainly, people in both Wugularr and Manyallaluk remember the work of Sue Wellings and the sorts of things she told them about healthy food. People remember the cooking demonstrations she provided in the store and these kinds of activities seem to have contributed to awareness at the time, though such awareness programs need to be ongoing. People thought that demonstrations of new or unusual foods, or different ways of preparing foods, would be useful.

### **9.2.1.3 Evidence about awareness from purchasing behaviour**

No numerical data exists about awareness of nutrition. The store had not had purchase-scanning systems in place until very recently and so there is no information about purchase behaviour.

Anecdotal evidence is that when the take-away is operating, purchases of healthy food are quite high, and this was increasing over purchase of fried food.

It has been suggested<sup>113</sup> that the introduction of new foods (eg fruit) into school lunches in some other communities has had an impact on the sort of food that is purchased in stores (ie indicator foods). At Wugularr, because school meals have been in operation in some form since before this program started and because the store did not have purchase scanning systems in place until recently, it has not been possible to see if there has been a change in these “indicator foods”. It may be useful to attempt to coordinate the introduction of new foods at school and store tracking systems to test this

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<sup>113</sup> Pers. comm., Leisa McCarthy.

phenomenon, though one would not want to hold up the introduction of school meals for the sake of the data gathering.

#### **9.2.1.4 Awareness demonstrated by actions**

The fact that the store committee exists and has developed and implemented a healthy food policy indicates awareness of nutrition as an issue in the community.

### **9.2.2 Performance indicator: Numbers of children attending school where they will learn about nutrition**

#### **9.2.2.1 Learning about nutrition**

The assumption here is that the school meals program will encourage more children to attend school and that being at school and not being hungry will mean that they will not only learn about healthy food by eating it, but will receive education which will make them more aware of nutrition as a healthy lifestyle issue. We have not reviewed the school curriculum to test the place of nutrition in it.

The Taylor and Westbury report (p75) lists as a potential indicator “*a review aimed at raising awareness of nutrition issues as part of the school curriculum*”. This review does not seem to have taken place and certainly not as part of the FHF nutrition program. On the other hand, however, the nutritionist funded as part of this project did secure a Commonwealth Department of Health and Ageing Child Nutrition Grant of around \$64,000 for the Wugularr Healthy Kids project. This had the specific aim of improving literacy and numeracy through processes that aimed to improve awareness of nutrition (see section 6.2.3.2), so the project certainly did take actions to improve children’s level of awareness at school.

#### **9.2.2.2 Attendance**

Attendance numbers are problematic. Wugularr School attendance figures have not been made available to the evaluation team despite verbal and written requests to the Northern Territory Department of Education.

School attendance is dependant upon many factors, and even if attendance figures were available, it does not seem possible to test whether the school meals program has an impact upon school attendance. Attendance is affected by the season, and is reported to be always higher at the beginning of term, and especially in term one. Sue Wellings reported that attendance was consistently high in Term 1, 2002, and that this coincided with the provision of healthy meals. In 2002, Lisa Van der Maat reported that the then school principal was of the opinion that there was a definite link between school attendance and meal provision and that regular school attendees were less likely to have visible sores.<sup>114</sup> The current principal believes, however, that recent community initiatives to get kids to school would outweigh the impact of the meals program.

It seems from anecdotal evidence of teachers that the provision of school meals certainly has a positive impact on whether children are alert and ready to learn, and it also facilitates their staying at school longer (ie not having to go home to look for food at lunch time).

School attendance rates impact considerably upon the operation of the school meals program. Attendance has recently (2004) increased markedly at Wugularr as the result of a deliberate strategy involving community forums. This drive for school attendance involved many people, including soliciting the help of the store to ban kids during school hours. It failed, however, to involve the women running the lunch program who were quite unprepared for the sudden increase in numbers (see section 6.1.3.1).<sup>115</sup>

The attitude of the school principal has been mentioned as a key factor in both school attendance and support for the school meals program, with comments made that some principles are supportive and some have not been in the past.

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<sup>114</sup> Lisa Van der Maat, Quarterly Report to 30 March 2002.

<sup>115</sup> FHF has advised that subsequent to the final feedback meeting with the community on this review in late 2004, meetings held between the SHSAC nutritionist, women's centre and the school have begun to address this issue.

### **9.3 Intended outcome: Develop community capacity to initiate and manage healthy food and nutrition projects**

Empowerment and confidence building of the women has been an outcome of their involvement with the women's centre programs which have been supported by FHF interventions. This confidence was visible in Money \$tory presentations and was commented on by the women themselves. Several people gave the example of the supervisor of the women's centre at Wugularr, who they say has developed into a strong person, able to make decisions and take on responsibility and the leadership of the women's centre.

#### **9.3.1 Performance indicator: community initiated healthy food and nutrition projects exist that are sustainable**

The long-running school meals program (Wugularr) and the meals for aged people programs (Wugularr and Manyallaluk) demonstrated the meeting of this outcome. (see sections 6.1 and 6.4). Whilst these programs were operating in some form prior to the interventions of this program, they were strengthened by both the provision of equipment, refurbishment of buildings and the work of the nutritionist. The fact that these programs were running prior to FHF interventions should be seen as a strength of the interventions adopted. Initiatives such as these were specifically sought out for support as a deliberate strategy to support the community in what it wanted to do and to build embryonic capacity.

One of the major contributors to the sustainability of this project has been the ability to arrange for deductions from the participating families' Centrelink payments. This not only provides a funding base but enables parents to take responsibility for feeding their children and should provide wide ownership of the program. FHF intervention contributed directly to achieving this deduction system. Although these arrangements to establish a funding base have worked successfully, the current administrative arrangements (ie control of the finances and budget by Nyirranggulung Council) prevent the women from

effectively managing the project and being accountable for the quality of the program and the meals delivered (see further 10.5.1). These arrangements lack transparency and limit the effectiveness of the program in building capacity and autonomy. They also prevent the women's centre from ordering supplies through the Wuduluk Store (see section 6.1.2.3) and so limit the potential for the two to work effectively together to increase buying power and reduce costs.

Recent changes in staff at the women's centre in Wugularr will test the sustainability of the school meals project, though the recent filling of the nutritionist position and the involvement of the CDEP coordinator could provide needed support.<sup>116</sup> It is important, however, that the women's centre retain ownership of the program and are involved in selection of staff who may be working with them.

Refer recommendations 2, 3, 4, 5, 6, 7, 8, 9

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The location of the nutritionist in the community for the first two years of the project was extremely important and has had a lasting effect. Her absence from the community however is beginning to show, especially because of changes in staff and loss of 'corporate memory'. This is evidenced by the current lack of variety in school lunches (people seem to have forgotten about the menu planning) and recent difficulties with ordering food that would probably not have occurred or would have been dealt with sooner had there been a greater presence on the ground. SHSAC, having limited resources, is aware of the difficulty of satisfactorily providing the services of one nutritionist across the whole region. It was clearly the view of women who had worked with the nutritionist when she was community-based that reconsideration should be given to locating a nutritionist position within a community or to the appointment of a community development worker based in the community.

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<sup>116</sup> At the final feedback meeting, FHF also advised that it is seeking funding for an IT connection between women's centres, so that women can share information with other regional communities. A FHF staff member has also been appointed with the aim of improving coordination of women's centre activities and provide better support to the women's centres.

The active store committee, and its healthy food policies in the store and take-away, indicate the meeting of this objective. The level of support for the work in the store is still very high and will need to be so for some time to come. The level of external support for and coaching of the store committee (such as that provided by Wayne Brocklebank earlier in the project [see further section 10.4.1]) was critical to its establishment, and indications are that this support had dropped off in the last year or so and will need to be increased (re-established) to ensure that the committee has adequate support to deal with difficult new issues as these arise (see section 10.7.9).

One aspect of the program which has not worked is the engagement of community nutrition workers. One of the key strategies of the nutrition project was for the nutritionist to select and train nutrition workers in each community. This proved difficult and unsustainable without ongoing support and adequate salary levels for these workers (see further 10.3.3). It has not been possible to find or retain suitable local people in these positions. There are currently no community-based nutrition workers, much to the frustration of Sunrise Health Service Aboriginal Corporation Deputy CEO, Irene Fisher. Sunrise Health Service Aboriginal Corporation intends that there should be community-based nutrition workers but is having difficulty in resourcing and recruiting these positions.

**9.3.2 Performance indicator: Tangible support for existing community-based nutrition initiatives such as school lunches and meals on wheels (Taylor and Westbury)**

See 9.3.1 above.

## **9.4 Intended outcome: Improved dietary opportunities (which people are able to take up) for all and especially for children and prenatal women**

### **9.4.1 Performance indicator: Availability of appropriate food**

#### **9.4.1.1 Availability of appropriate food in the store and take-away**

Since 1998 nutritionists in the Northern Territory have conducted Market Basket Surveys each year in order to measure and monitor the food supply in remote communities. The surveys compare price, availability, variety and quality of healthy food options with other stores in the region.

*Despite 6 years of surveying, reporting on and monitoring the food supply in the NT, little change is evident in the average number of varieties of fresh fruit and vegetables available in remote community stores, and the proportion of family income required to purchase these foods has remained similar over this time.<sup>117</sup>*

This finding does not seem to be true for Barunga and Wugularr.

In 2000 the Market Basket Survey showed the Barunga Store price of \$474 was higher than Katherine supermarket (\$378), but lower than the district average (\$491) and less than the previous year's survey of \$491. It compared well in variety of healthy foods although stocks of these foods were often low. For example there were two varieties of canned fruit but only a limited number of each kind in the store two days following the weekly store delivery.<sup>118</sup>

The availability and range of fruit and vegetables in the Wugularr Store has increased dramatically in the time the store consultant has been involved.

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<sup>117</sup> *Food Security – a huge issue affecting remote communities, NT Nutritionist's Market Basket Survey*, Roy Price, Public Health Nutritionist, Central Australia, online at <http://members.ozemail.com.au/~dietinfo/mbs.htm>.

<sup>118</sup> Sue Wellings, Report to Barunga Council 2000.

In Wugularr in 2000 the Market Basket Survey showed the only fresh fruit were apples and there were only two available two days after store delivery day. Low fat dairy food options such as milk, cheese and yoghurt were unavailable.<sup>119</sup>

The range has increased from only nine types of (basic) fruit and vegetables to currently around 45-50. Mark up is kept as low as possible for healthy products, but for items such as coca cola, people 'pay through the nose'.<sup>120</sup> Orange juice at \$1.80 is cheaper than in Katherine at \$2.50.

The data from and analysis of the Market Basket Survey in chapter 8 shows that the variety and quality of fruit and vegetables in the Wugularr Store has improved markedly during the years 2000 – 2003. The family food categories are generally less expensive than the district average. In 2003, the price of the food basket used a lower proportion of family income in Wugularr than was the case in 2000. While the percentages of income spent on food is still higher in Wugularr than in Katherine the percentage of income needed to pay for the food basket decreased by 1% for Wugularr residents while for Barunga and Katherine residents it increased over the same period.

Comments from non-Aboriginal residents at Wugularr about the availability of nutritious foods in the store included:

*Barry's done a fantastic job with the stuff that's being sold there and the introduction of a whole lot of other stuff. The guys who were running the shop only saw kids eating fried food, chicken, fish. Now there is a variety of vegetables in the fridge and there are cold cuts. Initially when we went in we didn't want to buy anything – it had no healthy stuff – but I can go in there now and there are options. At the take-away, what they were selling was chips and crumbed chicken, everything was crumbed. Now they are doing the salad sandwiches. Take-away sales are really good. People are buying the salads.*<sup>121</sup>

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<sup>119</sup> Sue Wellings, Report to Barunga Council 2000.

<sup>120</sup> Interview, Barry Orr.

<sup>121</sup> Interview, school teachers Wugularr, Reg and Martha Murggen.

When it is operating, the take-away food outlet at Wuduluk Store (Wugularr) offers healthy food alongside other take-away food. The nutritionist, Sue Wellings, instigated the healthy food items in the take-away menu. People interviewed had bought healthy food from the take-away.

#### **9.4.1.2 Availability of appropriate food through school meals, crèche, and aged care programs**

The work of the nutritionist (while based in the community) improved the variety and nutritional quality of meals provided by the women's centre in Wugularr. This was achieved by working with the women to develop alternative menus and by the introduction of ordering and purchasing systems. The sustainability of these improvements are not guaranteed however. Changes in personnel and decreased contact with the nutritionist meant that some 'corporate memory' and skill base may be lost over time. The reduction in variety of meals suggests that the menus and recipes introduced with the help of the nutritionist were no longer being used. It is possible that literacy levels may be a contributing factor to the decreasing use of menus and recipes over time, if these have not been documented in a pictorial format.

#### **9.4.1.3 Availability of bush tucker**

FHF interventions have facilitated children and aged people going on bush tucker trips.

We note that people go for bush tucker most often on weekends, when the store is closed. It was specifically stated by interviewees that they get bush tucker when the store is shut or if they are saving money. On the assumption that bush tucker is fresh and healthy food (and continues cultural practice), and should be encouraged, then pressure for longer store opening hours should be resisted.

#### **9.4.2 Performance indicator: The development of healthy store food policies (Taylor and Westbury)**

These policies exist in Wugularr where a FHF project officer had put in a large effort working with the Wuduluk Store committee to develop governance capacity, and the nutritionist (Sue Wellings) guided the committee in the policy development. The store consultant's role has been critical in bringing this to fruition.

The store committee's decisions in relation to facilitating healthy choices in the social club, the take-away and the store are to be congratulated. These policies should serve to reinforce each other.

The Barunga Store had no nutrition policy at the time of the Market Basket Survey in 2003. The current status of the Manyallaluk and Bulman stores' nutrition policies are not known. Taylor and Westbury (2000, p.35) report that the Manyallaluk Store had an active food policy, including the promotion and subsidisation of fresh fruit and vegetables, the provision of a limited range of high fat and high sugar products and a ban on the sale of alcohol.

It was anticipated that the Wuduluk Store manual, which contains a nutrition policy, could be adapted for use in each of the stores as they come on line, however it has been suggested that the acknowledgement of 'special input by Caroline Wurrben and the Wuduluk Store community' may make other communities reluctant to accept it.<sup>122</sup> It will be possible however for these communities to develop their own procedures manuals.

#### **9.4.3 Performance indicator: Ability/capacity (including knowledge/awareness, economic capacity,<sup>123</sup> transport, budgeting skill) of community members to access appropriate (reasonably priced nutritious and healthy) food**

Awareness is dealt with above in section 9.2.

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<sup>122</sup> Pers. comm., Colleen Orr.

<sup>123</sup> Price/income.

### **9.4.3.1 Economic capacity**

This evaluation has not reviewed economic capacity of community members. The store provides some of the few paid positions in the Wugularr community and while this has increased as a result of the store interventions, it is noted that the rationalisation of the council is reported to have removed jobs from communities into Katherine (see section 10.6.2.1). It is unlikely that there has been any net gain in employment in the community.

Only three positions in the store attract full-time real wages (two of these are currently filled by Aboriginal people), the others being two casual positions and six CDEP positions with up to 20 hours top up). The wages appear to provide little motivation for people to turn up for work consistently, which impacts badly on the operation of the store.

Store profits are currently being retained to contribute to the building of a new store. They will eventually be available for use to fulfil the objects of the association, which relate to providing economic and social development for Aboriginals.

### **9.4.3.2 Transport**

While none of the interventions associated with this project aimed to improve transport in relation to community members' access to food sources, considerable effort has been put into addressing transport costs and efficiency for store supplies. This has included negotiating more frequent and regular deliveries, and using the buying power of three stores to secure better prices<sup>124</sup> and delivery arrangements.

Road conditions in the region present an ongoing problem. In August, 2003, a complaint was made to the Department of Transport and Works as the poor condition of the road threatened continued delivery of supplies

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<sup>124</sup> For example, weekly deliveries and a reduction in wholesale prices of 16% on Pauls' dairy products were secured by combining the buying power of three stores, Barry Orr monthly report, August 2003; see also monthly report April 2004.

(especially refrigerated goods) and jeopardised this valuable part of the stores program.<sup>125</sup>

Writing about progress at the Bulman Store, Barry Orr's report in September 2003 illustrates the benefits to the stores of working together, as well as the challenges of impassable roads during the wet season:

*We have requested and Kosmos has agreed to extended terms over the wet season as the store has to purchase in bulk over the next few weeks to ensure that they have enough stock to survive for at least three months.*

*Kosmos has continued to deliver despite the poor condition of the road. The store is generally well stocked with a good range of grocery items. Pauls (Parmalat) is now also supplying the store and is paying Kosmos to deliver their stock, thus it is freight free into the store. Pauls supplies all coke products and Pauls' dairy products. Using their previous arrangement with Trans Territory Foods as an example, the store is saving around \$200-\$300 per delivery on freight because of this new arrangement. The store is paying the same cost prices as the Wuduluk Store.*

#### **9.4.3.3 Budgeting skills**

There is little evidence regarding the improvement of people's capacity to budget their funds, however the fact that most Wugularr community members no longer use 'book up' indicates that people are living within their means to a greater extent than when credit was available in the store. People did express appreciation of the new lay-by system at the store which enabled them to purchase large items such as white goods. The smooth working of this system may be an indicator of budgeting skills and also of an opportunity for people to practice budgeting.

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<sup>125</sup> *Ibid.*

It was noted that some interviewees reported that people went for bush tucker when they were trying to save up money, and it has been reported that some people are familiar with and successfully use 'Christmas club' accounts in Katherine to save money for Christmas.<sup>126</sup>

The lack of banking and financial services in the communities are seen as a major barrier to people developing and using budgeting skills. At the time of the fieldwork, there appeared to be no facilities for regular deductions, for example, for electricity or other household costs (see section 9.6.1 below), apart from Centrelink deductions for school meals and wage deductions through Nyirranggulung for Nyirranggulung staff.<sup>127</sup>

FHF examined the Cape York Family Income Management (FIM) program but did not recommend it be introduced into the Jawoyn communities. It appeared that the lay-by system already operating in some of the stores would achieve the same results as effectively (see further on budgeting skills in section 9.6 below).

The introduction of the Money \$tory to the store committee and the women's centre should provide the individuals concerned with improved budgeting skills which they may be able to transfer to their personal financial management.

Wayne Brocklebank regards the introduction of the Money \$tory to assist the store committee at Wugularr as a very important factor in the success of the stores program there. He described it as "incredibly valuable" because it is very difficult to teach financial analysis and budget management. Wayne also made the point that communities are very responsive to training from people who are skilled and experienced in the commercial world.

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<sup>126</sup> Pers. comm., Olga Havnen.

<sup>127</sup> Potential for deduction arrangements exists through a Centrelink service called CentrePay which allows people who receive an eligible Centrelink payment to arrange for direct deductions to pay for a range of bills, such as rent, electricity, gas and water, telephone etc.

## **Price**

The store intervention in Wugularr seems to have had a positive impact upon the price of goods available in the store.

Although the Market Basket Survey instrument is a fairly imprecise measure, general trends can be seen. While the price of a food basket at Wuduluk Store was markedly higher than at the Katherine supermarket, it was consistently below the district average (see section 8.3.2, chart 4a).

Barunga prices were below the district average in 2000 and 2001 but have since been trending upwards compared with Wugularr and the district average (see section 8.3.4, chart 14a).

### **9.4.4 Performance indicator: Ability to store and use appropriate food (measurable improvement in functional home hardware to facilitate storage preparation and cooking of food (Taylor and Westbury))**

No household surveys were undertaken to test the existence of functional home hardware, however shoppers seem very appreciative of the fact that the store now stocks whitegoods and has a lay-by system to assist purchasers. Most shoppers spoken with indicated that they had fridges and some had home freezers.

It should be noted that after the Katherine Floods in 1998 special funds were made available to community members for replacement of home hardware. There have been subsequent major floods in almost every year since, and it is uncertain whether white goods purchased after 1998 survived the following floods. It would certainly be worth arranging a survey which tested existence, functionality and use of home hardware.<sup>128</sup>

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<sup>128</sup> Community Housing and Infrastructure Needs Surveys (CHINS) look at housing and management of housing, infrastructure (water, electricity etc) but not at the level of housing hardware.

Shopper's requests for the store to be open on weekends may indicate lack of use of fridges or lack of forethought about weekend needs, or lack of experience in integrating the use of fridges into meal planning. Other factors such as social obligations in relation to food (especially where houses are overcrowded) may be as, or even more, important influences. It may be that longer term storage of food is not something actively pursued or possible due to a lack of ready cash.

It may be significant that most bush tucker gathering seems to take place on weekends when the store is not open, indicating that immediacy in food procurement is an important behaviour which the possession of fridges may not have influenced.

#### **9.4.5 Performance indicator: Increased consumption of healthy food (especially fruit and vegetables) by Jawoyn and other Aboriginal people and decreased consumption of unhealthy food**

It has not been possible to test this indicator. Purchase-scanning systems have only recently been put in place that will allow this to be tested in the future. Implementation of these systems could prove a powerful tool to the store committee and the regional nutritionist for use in education and awareness strategies. This is indicated by recent information about the percentage of store takings from cigarette sales as opposed to other goods (see section 7.6.2 Shopper behaviour above, and section 9.4.6 following).

Anecdotal evidence suggests that purchases of healthy food are being made from the store and the take-away, though no historical information exists against which to measure this. People continue to access bush tucker and to purchase fruit and vegetables from a vendor who regularly visits Wugularr community.

Refer recommendation 20

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#### **9.4.6 Performance indicator: Healthy choices being made**

No information is yet available about healthy choices. In mid-January 2004, Wugularr Store set up a computer system which records percentages of total sales. This system will allow tracking of purchases and comparison of sales of different types of goods.

### **9.5 Intended outcome: Community store/s commercially efficient and viable and stores under the control of the community and promoting health outcomes**

#### **9.5.1 Performance indicator: Commercial efficiency and viability**

Barry Orr estimates that Woolworths would have expended at least \$100,000 on the Barunga Store alone. He points out that even using second hand shelving (15 pallets for the Barunga Store) the freight costs on a pallet of shelving alone cost \$3,000, at \$200 per pallet.

Barry Orr advises that with only a 20% mark-up, once spoilage is taken into account, there would be no profit from fruit and vegetable sales.

#### **9.5.2 Performance indicator: Effective store committee (delivering community control of and involvement in store management)**

During the period covered by this review, the stores program was most successful in supporting the development of a sustainable and effective store committee at Wugularr. Support was provided by an intensive period of training and capacity-building with Wayne Brocklebank, and through the ongoing work of Barry Orr with the committee. Barry Orr credits the preliminary period of development in governance with Wayne as an important factor in the success of the program at Wugularr.

Wayne regards the process as having been entirely community-driven and saw his role as being to provide information, options and training.

The effectiveness of the store committee in delivering community control is evident in its role in deciding on the store constitution, determination of policies, decision-making with respect to store priorities and use of profits, and the development of a store manual (workshopped over a period of five months). There are regular meetings of the committee, minutes and records are kept and the store committee regularly conducts Money \$tory and workshops procedures manual chapters. However, it should be noted that in the final community feedback visit, comments by community members indicated a lack of general understanding that the store was in fact theirs – that is, community owned – and that they could and should approach store committee members about their concerns.

As discussed in chapter 7, the program has been less effective in Manyallaluk and Bulman. At the end of the period covered by the review, the Barunga community had regained control of the management of its store and established a committee which intended to follow the Wugularr model and adopt a similar constitution. Mechanisms for receipt of timely financial advice to the committee are essential to success. See also section 9.3.1 above.

Refer recommendation 19

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### **9.5.3 Performance indicator: Development and endorsement of clearly defined healthy store food policies**

See section 9.4.2. above.

## **9.6 Intended outcome: People able to manage<sup>129</sup> and budget their income in a planned and independent way**

### **9.6.1 Performance indicator: The provision, adoption and utilisation of electronic banking services in communities (Taylor and Westbury)**

Full electronic banking services are not yet in place. There is now an EFTPOS system operating in the store. While people appreciate having ready access to cash, information about the use of EFTPOS (interview, and observation) indicates that this new system has had little impact on people's behaviour. It was observed that the normal behaviour pattern is to get cash and then do the shopping and pay for the goods in cash, rather than do the shopping and pay the bill by EFTPOS. This may be an important learning step for people in a situation where previously the store owner had considerable control over people's funds through book-up and holding pension cards etc.

Discussions<sup>130</sup> were held with the Traditional Credit Union about opening agencies at Barunga and Wugularr. An agency was opened at Barunga but closed within 12 months. There were apparently a number of problems. From the user's point of view, one of the major problems was the high cost of transactions (eg \$5.00 to get an account balance).<sup>131</sup> The lack of banking services is a barrier to the development of financial and budgeting skills, and community members are unable to use services such as automatic deductions for services such as electricity.

Electronic funds transfer has had a big impact on the viability of the school meals program in that the deduction of the school meals fee from the Centrelink payments has not only meant that the program has a sustainable funding base but that parents are taking responsibility for providing their

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<sup>129</sup> 'Manage' includes arrange to pay third parties, purchase food, good and services.

<sup>130</sup> Discussions were auspiced by Jawoyn Association, which invited FHF to take part.

<sup>131</sup> Pers. comm., Olga Havnen.

children's food. This facility allows parents to give priority to feeding their children.

### **9.6.2 Performance indicator: The provision of financial counselling and budgeting services (Taylor and Westbury)**

Personal and financial counselling and budgeting services have not yet been introduced. The lay-by system provides a good opportunity for people to practice budgeting skills (see section 9.4.3 Budgeting skills above).

The introduction of the Money \$tory to councils, women's centres (see section 7.8) and the store committee should expose the participants in these councils and committees to money management concepts and to experience being in control of finances. They may be able to apply this knowledge to roles in other organisations and to their personal finances, and talk to other people about it.

### **9.7 Intended outcome: Community has the capacity to develop, monitor and evaluate the project**

The introduction of the Money \$tory and access to Market Basket Survey data provides community members with some of the information they require for some aspects of ongoing evaluation. Access to school attendance data would assist the women with their program planning and review.

The development of the community controlled Sunrise Health Service Aboriginal Corporation provides the community with the capacity to plan for and monitor the nutrition of its members. The store committees and women's centre members will require ongoing support to monitor the impacts of their programs on nutrition.

## **10. LESSONS LEARNT**

### **10.1 Pre-existing conditions which contribute to success**

Olga Havnen identified a number of reasons why East Katherine was chosen as a place for FHF to work in partnership with Aboriginal communities:

1. a relationship of trust existed at the outset between the Jawoyn Association and FHF because Olga Havnen was known to Jawoyn;
2. the Jawoyn Association was a long-established regional organisation and had the capacity to work in partnership with FHF;
3. the Executive Director of the Jawoyn Association, Robert Lee, was aware of the critical importance of poor nutrition in the overall poor health of Aboriginal people in the Jawoyn region, and at an early stage of discussions had identified a community-based nutritionist as a priority;
4. the Jawoyn Association, together with local Aboriginal health organisations, was mapping out a proposal for a Coordinated Care Trial (that would eventually evolve into the Sunrise Health Service Aboriginal Corporation);
5. the Jawoyn Association understood and responded to the role that FHF was offering to fulfil – ie that of broker and partner, rather than funding body; and
6. a number of small-scale community nutrition initiatives were already in operation (such as the school lunches program, meals for the aged, etc).

What is interesting about this program is that it deliberately sought to identify conditions and opportunities that would contribute to its success. That is, it deliberately sought out initiatives and opportunities on which the community was already working, or had indicated an interest.

### **10.1.1 The nutrition project (school meals, women's centre, nutritionist)**

In Wugularr some key women have been the driving force behind a number of community initiatives. The school meals program at Wugularr community was a community-based initiative that has been in place since at least the mid-1990's when a group of community women renovated a small demountable and set up a crèche to look after the kids of mothers who were working.

*We did it for the benefit of the kids – going to school with no food in their stomachs, they play up at school. We had ladies working, they wanted the kids fed each morning, to make sure they attended school.<sup>132</sup>*

The women's centre was in existence and meals programs were running in Wugularr. Women's centres also existed in Manyallaluk and Barunga where programs to provide aged care meals were in operation. FHF interventions deliberately sought out these initiatives and sought to strengthen them by providing equipment and infrastructure and by funding the nutritionist to work with them.

### **10.1.2 The stores project**

Olga Havnen explained<sup>133</sup> that FHF has always wanted to improve the quality of the community stores but needed to wait for an opportunity.

*There were many occasions when I would go to visit those stores... the fresh fruit and vegetables for a community of maybe 500 people would be contained in a cardboard box. There might be the odd apple and orange and half a cabbage and maybe one or two other items of fruit and vegetables, but it was a very limited range of stuff. Meat*

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<sup>132</sup> Interview, Lorraine Bennett.

<sup>133</sup> Interview, Olga Havnen, 18/19 December 2003.

*supplies... there were plenty of occasions when we saw green meant in there.*

She had approached the manager of the stores in Wugularr and Barunga about a possible collaboration in the stores. His attitude appeared to be that if FHF provided funding then he would upgrade the point of sale equipment etc. He did not seem to believe that Aboriginal people wanted to eat fresh fruit and vegetables. When the manager eventually told the Council in Wugularr that he wanted to reduce the rent and the Council refused he “cleaned out the store and locked it up”. In effect, his attitude was “I’m not going to open the shop until you agree to what I want”. This resulted in the opportunity that Olga had been waiting for:

*Joseph Brown called me in Sydney to tell me what had happened and asked if FHF could help out. The assistance they were looking for was a modest sum of money to restock the shop, and find someone as interim store manager to keep things ticking over for them. We provided \$20,000 through the council, as a no interest repayable loan, and managed to get a guy who had run the Bachelor shop who had retired and agreed to come and fill the gap.*

FHF took this opportunity to begin work with the store, providing support for the development of the store committee. The opportunity, and the invitation to be involved were significant preconditions for success.

*In some ways, sitting back, being patient, waiting for the opportunities to arise has actually been a real strength for us. It has demonstrated a commitment from us to be responsive, respond quickly when asked.*

The circumstances also provided an opportunity to begin the stores program with a ‘clean slate’.

*We started from scratch. FHF did the work on governance with the community.*

*Wayne worked with the store committee around roles and responsibilities, and policy decisions about the way in which they would interact with store management, understand their roles, understand the need for good financial information – and that’s where we started discussion with Hugh Lovesy and the Money \$tory. They also started to discuss rules to do with the club, as the liquor licence is attached to the store which has responsibility for the sale of grog.<sup>134</sup>*

Wayne Brocklebank commented that he believed the existence of strong traditional structures at Wugularr were important and that these had been adapted by the community to manage a ‘white structure’ like a community store.

Olga had seen a pictorial vision and mission statement for the Katherine West Health Board (which had been done by Hugh Lovesy and Jack Liddle). She found out who had done it:

*I recognised we needed someone who could do picture stories for people around these issues, around government, roles and responsibilities, or around money stuff.*

*I decided this was what we needed out here. This was the other critical element. If you don’t have information in a way that is accessible and understandable for people, you can’t possibly expect them to make informed decisions. Financial literacy is critical to good governance, ensuring that you have financially sound and well managed operations, no matter what the activity.*

*There is a third part to the story – the more that financial information is more broadly available is to members in the community, the less hostility and community tension and resentment there is.*

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<sup>134</sup> Notes of interview with Wayne Brocklebank, FHF project officer.

The Money \$tory was introduced to the community councils first. It could not be introduced into the Wuduluk Store until the stores finances were finally separated from the Council when Wuduluk was incorporated and could receive its own financial advice. This occurred at about the same time as Nyirranggulung Council was established as a separate regional authority. Introductory sessions were provided by Hugh Lovesy who explained the principles and concepts to the store committee while they were doing the development work with Wayne Brocklebank.

## **10.2 Key factors for success**

### **10.2.1 Timing of the nutrition program and the working store initiative**

One of the key factors in the success of interventions in Wugularr is the fact that the nutrition project, the stores project and the Money \$tory were all being developed at the same time.

According to Lisa Van der Maat, nutritionists can work with community stores and try to advocate for nutrition policies, but unless a store is functioning properly, running effectively and has the right agenda, it is unlikely that a nutrition policy will be implemented. Lisa notes that nutritionists have been working on stores issues for a long time but overall changes have been minimal because nutritionists don't have the experience, skills or knowledge of how a store runs. She says bringing in the 'right' person with stores experience is what has effected changes. An inter-governmental project conducted and developed by the Northern Territory, Queensland and Western Australian Governments is seeking to deal with this issue by drawing links between stores and nutrition and identifying training needs for local Aboriginal people in both nutrition and training in retail operations and food safety standards.<sup>135</sup>

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<sup>135</sup> *FoodNorth: Food for health in north Australia*, Department of Health, Government of Western Australia, October 2003.

The introduction of the Money \$tory in both the women's centre and the store provide essential support and capacity-building for both the stores project and the school meals program.

### **10.2.2 Respect for Aboriginal ways of learning**

When community members spoke about their experiences with the nutritionist Sue Wellings, with the store consultant Barry Oar and about Wayne Brocklebank's work with the store committee, in a number of instances their comments point to reciprocal learning experiences. "He showed us such and such and in return we did so and so" or "we taught her about bush food and she showed us how to cook such and such". These sorts of comments demonstrate that successful learning is experienced as a 'two way' process, where there is respect for each other's knowledge base and experience and exchanges are made between equals.

### **10.3 Key factors for success of the nutrition program**

Olga Havnen believes that being able to put people on the ground in communities for days at a time – not just for a few hours – makes all the difference. This allows for more time in communities (reduced travel time) and informal interaction outside work hours, and has had a significant impact.

Having a nutritionist based in the community, which was the case for the first two years of the evaluation period, certainly seems to have had an impact. Community members clearly remember the work which was undertaken and the results of her work are still in evidence. The practical food demonstrations and teaching of new recipes and ingredients in women's centres and stores were particularly helpful and should be a part of any future community-based nutrition program.

Building on existing strengths and programs that had been initiated by community members (as outlined above in section 10.1) has also been a key factor in sustainability of the program.

## **10.4 Key factors for success for the stores program**

### **10.4.1 Doing the background work (capacity-building, development)**

One of the earliest interventions in relation to building the stores program was the arrangement of a study tour of some of the key local stakeholders to visit Palm Island in Queensland to see how other community stores operate. This came about as a result of inquiries made by Olga Havnen to the Queensland Department of Aboriginal and Torres Strait Islander Policy (DATSIP). This study trip was conducted in April 2000, some two years before the Wugularr community took control of its store. A later visit to the Tiwi Islands was also conducted with Wayne Brocklebank in July 2002.

The development work done in the community by Wayne Brocklebank prior to the change in store management at Wugularr may have played some role in the community regaining control of the store. Wayne commented that by providing information, training and options, the community gained greater confidence in its own decision-making. The departure of the previous store manager came about because the community refused to accept the conditions (reduced rental) he had attempted to impose, and instead of 'buckling' when he shut the store, the community had the confidence to take over its management (with continued support from FHF and later, Woolworths).

In the view of the store consultant, Barry Orr, Wuduluk Store has been successful because of a number of key factors. From his perspective, the most important was that he had a 'clean slate' to work with because of the ground work done by FHF staff and the systems that were put in place before his commencement. These included:

- that the store was community owned and had been registered as a new business with its own accounts and responsibility for financial management;
- the constitution had been re-drafted to suit the community;

- a representative committee had been formed which included two elders and four women and four men, with no more than one representative from each family group;
- the store committee had received governance training; and
- 'book up' had been discontinued.

The decision taken by the store committee not to have loans and to discontinue 'book up' made it much easier for the store consultant to start working with the store.

Putting the Money \$tory in place was an essential element of capacity-building for the store committee.

Governance training gave the committee the skills to deal with any issues that came up either with the store consultant or other people and they were able to say what they wanted.

Wayne Brocklebank also regards the introduction of the Money \$tory to assist the store committee at Wugularr as a very important factor in the success of the stores program there. He described it as "incredibly valuable" because it is very difficult to teach financial analysis and budget management.

## **10.4.2 Key individuals**

### **10.4.2.1 Having a champion**

The personal support of Woolworths CEO Roger Corbett also appears to have been pivotal to the success of the project. According to Barry Orr, once it became known throughout Woolworths that Roger was supportive, things changed markedly (for example, other staff offered assistance and it became easy to source second hand shelving).

#### **10.4.2.2 Store committee's role**

Strong leadership from people who are respected in the community has been a key feature of the store committee.

#### **10.4.3 Being based in the community**

The decision to base the store consultant in one of the 'cluster of Jawoyn communities' is a critical factor in the success of the stores program. Colleen Orr said "it's about people seeing you are serious about what you are doing", especially given the trend for organisations to be run from town with people travelling out to the communities each day. She suggested that this was one of the reasons nutritionist Sue Wellings was so well accepted by the community and that Wayne Brocklebank (FHF) was so successful because he spent more time in the community than he did in Darwin. Wayne also believed that spending three to four days a week in the community had provided the opportunity for relationships to develop that were important for the capacity-building training he undertook with the community.

What has also worked well for the Orr family is having a base in Katherine, which was both strongly suggested by and set up for them by FHF staff.

*We've certainly had no regrets – we've had some disappointments but overall it's been fantastic. But the biggest thing is that we have proved to people it can be done whereas when we came here and we had people saying 'sure you'll have fun but it won't work'. But we've proved that this can be done and hopefully we have opened the door and they can do it and hopefully we have shown people enough that this needs to happen and there's probably 300-400 stores in this country that need this sort of help. That's not to say we can take over but that they can actually take over and take control - because people were quite clearly saying it can't be done but it can be done.<sup>136</sup>*

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<sup>136</sup> Interview, Barry Orr.

## **10.5 Key lessons, barriers to success and uncontrollable factors in relation to the nutrition program**

### **10.5.1 Financial control**

Nyirranggulung Council is now responsible for financial management of the Wugularr Women's Centre.

In September 2000 Sue Wellings reported that the Wugularr Women's Centre school meals program was '*continuing to struggle on and human and financial resources were limiting factors*'. At that time the centre was administered by Wugularr Council. The introduction of the Centrelink deductions should have improved this situation, however lack of clear accounting and change in administration from the Wugularr Council to Nyirranggulung Council created some difficulties.

For some time after the transfer of financial control from Wugularr Community Council, the new Nyirranggulung Council did not have adequate systems in place to track funds. The women's centre had no control over financial management, and no information about how much money from Centrelink deductions was available or how much they had spent. This has meant that the women's capacity to manage this program has been limited.

The women not only did not know what level of funds were available, they were also apparently denied access to a proportion of the funds from the Centrelink deductions held by Nyirranggulung. This meant that for some time, parents contributions might not have been spent for the purpose for which they were collected and the program was deprived of the funds which could have provided the sort of support and development which it very much needed at that time.

It apparently took quite some time (more than 12 months) for financial information to be provided by Nyirranggulung to enable a Money \$tory session to be run. When it was introduced at the end of 2003, there were no itemised income lines showing where income had come from, though this

has since improved and Nyirranggulung Council is cooperating in supporting the women to have the information they need in order to manage the budget.

What became apparent was that when the women were given financial information, they were able to ask appropriate questions about the construction of budgets, the source of funds, costs etc. The women were capable of managing the meals program budget provided they were not denied access to essential information.

The lesson to be learnt here is that attention needs to be paid to transparency and accountability from the outset. What happened with this program contrasts with what occurred at Wugularr Store. There the separation of store accounts from Council accounts, at the time the community regained control of the store, prevented any lack of transparency and facilitated the early introduction of the Money \$tory and the store committee's control over finances.

For programs such as the Wugularr Women's Centre school meals program, the provision of information about and control over finances is an essential part of capacity-building.

Refer recommendations 7, 8

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### **10.5.2 Funding arrangements for the Wugularr school breakfast program**

Recent proposed changes to the ASSPA program may make it very difficult for the Wugularr School to continue the breakfast program. The Commonwealth Government introduced changes in the May 2004 Budget that will require parents to write a special funding submission each time they need a payment for a school project. Although the breakfast program at Wugularr is paid for by ASSPA funds and is conducted by the school, it is an essential part of the overall community nutrition program and if it can no longer be provided by the school with ASSPA funds, alternative funding will be need to be sought (for example parents' contributions may need to be sought for this program as well as for the lunches/meals program). The

Department of Employment, Science and Training (DEST) is requiring justification from the school as to why money is being spent on a meals program and want 30% of the budget spent on parental participation and outcomes. The principal says there is a direct link between feeding kids and their ability to cope during the day and that if there is no feeding program there won't be any outcomes.

### **10.5.3 Working cooperatively**

'Most of Sue Wellings work was undertaken at Wugularr. At Barunga, she felt the work started strongly and she sensed Barunga people would have liked her to spend more time with them, however she found it difficult to influence nutritional changes because she felt some resistance from the (non-Aboriginal) people in senior positions at the school and store. Because of this she pulled back from doing more work in Barunga.'<sup>137</sup>

This sense of resistance may have been due to a misunderstanding or professional 'protecting of patch'. A school based anaemia program, using iron injections and vitamin supplements, has been jointly implemented by the clinic and school at Barunga since 2001.<sup>138</sup> It has been suggested that some professionals at Barunga may have felt some resentment at the level of publicity the Wugularr nutrition program received, as they believed it was something they had already set up at Barunga. The nutritionist may also have felt side-lined as the Barunga clinic subsequently used the services the NT Department of Health and Community Services nutritionist.

Attitudes of key stakeholders and decision makers outside the program can have dramatic effects on programs like the nutrition program. For example, it has been observed that the attitude of the school principal is critical to the degree of success of programs such as these. There have been three changes in school principal at Wugularr since this program began and the current principal is very supportive. The possibility of gaining support at NT

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<sup>137</sup> Interview, Sue Wellings.

<sup>138</sup> NT Department of Health 'The Chronicle', November/December 2002, [www.nt.gov.au/health/cdc/preventable/nov\\_dec\\_2002.pdf](http://www.nt.gov.au/health/cdc/preventable/nov_dec_2002.pdf), and May 2004, [www.nt.gov.au/health/cdc/preventable/7-7\\_2004.pdf](http://www.nt.gov.au/health/cdc/preventable/7-7_2004.pdf).

Government level for such initiatives, and making this support clear to local agencies, may be one way of overcoming this problem.

#### **10.5.4 Lack of staff continuity and staff turnover**

In general, all elements of the program are impacted by high staff turnover and/or insufficient staff. At the Wugularr Women's Centre, for example, there are often not enough staff to prepare the lunches required. Loss of key staff results in a loss of 'corporate memory' and can result in some of the gains being lost.

Since the start of the nutrition program there have been constant changes such as:

- three nutritionists involved in the project;
- the relocation of the nutritionist position from the Jawoyn Association to Sunrise Health Service Aboriginal Corporation;
- the relocation of the position from Wugularr community to Katherine; and
- three changes of community council and the introduction of the Nyirranggulung regional council.

This has meant that the potential for the impact of the nutritionist position has been less than it might have been.

There was a three months gap between the resignation of the first nutritionist and commencement of the second, during which time a grant application was successful. Each nutritionist applied her own interpretation to the project. Lisa Van der Maat said that although community people were involved in the initial nutrition application, when she came into the position many were not aware of the project and what it involved. She also said agreements made verbally with Council had to be renegotiated with each new community manager. These issues were resolved but she said it reinforced the need to continue to talk to the community about the project during its entire term and to have agreements in writing.

There is no doubt that the work of the first nutritionist, who was based in the community, is well remembered and appreciated and has contributed to the successes of the school meals and the stores programs, and to nutrition awareness in the community.

Difficulty in finding and retaining nutrition workers has also been a major problem which may have been exacerbated by the turnover in nutritionists. The position of nutrition worker should perhaps be a broader role.

A recent change in leadership at the Wugularr Women's Centre following the resignation of the coordinator highlights the need for broader training for staff, so that a larger number of people are familiar with the procedures for food ordering, know about the healthy menus and are skilled up to step in when others are not present. Literacy, or rather lack of literacy skills, may also be an issue as some of the staff may not be able to follow written menus or manage the ordering. This also highlights the need for ongoing support for the women's centre. Some support is currently being provided by the new Council CDEP coordinator and the new FHF (Women's) Project Officer.

### **10.5.5 Community nutrition workers**

As outlined above (in section 6.2.2), attracting and retaining community nutrition workers in each community proved difficult and unsustainable without adequate wages and ongoing support, and there are currently no community-based nutrition workers.

Combining community nutrition work with another job may be something to consider in the future. According to Lisa Van der Maat, while community health workers could have a component of nutrition work they are so busy with the day to day running of the clinics they don't have time to get out of the clinic. Lisa's experience was that nutrition workers need a lot of support when starting off and trying to fit that in with her work load, at times that suited them both, was quite difficult. Being located in Katherine rather than in the community would contribute to this difficulty. Lisa suggested that a more generic community-based health worker who had skills in lots of areas,

whether it was petrol sniffing or 'skinny kids' or whatever the community considered important at the time, is what is really needed.<sup>139</sup>

Refer recommendation 14

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## **10.6 What could have been done differently in relation to the nutrition program?**

### **10.6.1 Cross-cultural awareness training**

Sue Wellings suggested cross-cultural awareness training would assist 'outside' staff gain a better understanding about how the community works and about community control. FHF has subsequently organised this for all stores and nutrition support staff.

### **10.6.2 Building relationships**

Sue Wellings said she wished she had spent more time building relationships before trying to 'teach' people. She said she was limited by her own work ethic and felt she needed to 'start achieving' but should have spent more time learning from others.

#### **10.6.2.1 Interagency collaboration and local control**

There is currently no formal mechanism in place in Wugularr community for inter-agency collaboration but this might be slowly changing as school staff are keen to be the catalyst for change. The school principal would like to organise an inter-agency group and have regular monthly meetings. He says it is essential to have the different agencies in the community working together: "everyone thinks they're doing a great job on their own", but this could be even better if people worked together. Some of the organisations he identified as potentially being involved in an inter-agency group included:

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<sup>139</sup> Sunrise Health Service Aboriginal Corporation is considering engagement of community-based nutrition workers, or workers whose responsibilities will include a nutrition component, in the communities in the region it serves over the next 6-12 months.

- The Fred Hollows Foundation;
- Wuduluk Store;
- Nyirranggulung Council;
- the clinic and Sunrise Health Service Aboriginal Corporation; and
- local Council (Community Management Board).

The principal says the school has started working more closely with the clinic in order to “bring the kids up to a basic level of health” and following a recent community meeting he was contacted by the store manager to talk about kids in the store during school hours. He said that was something that had never happened before and he feels she is being very supportive. He has also met with the nutritionist and is very positive about what she wants to do in terms of working on menu planning with the women's centre and feels she would take into account suggestions from the school about meals. One of the barriers to setting up the group is that people are very busy, but the principal says it is critical so the community can see that people actually care.

Establishing some protocols for engaging with other agencies and taking initiatives could also be effective. This would require people to think things through from the point of view of the other agencies.

It is important that community initiatives engage all the people who are affected. For example, if the school decides to have an attendance drive, the women's centre needs to be informed to ensure they have ordered enough food for the lunch program. The store is able to contribute to attendance by banning children during school hours which is store policy. Each party needs to be informed of what the others are doing and work together to improve nutrition.

*You have to get health right, get kids feeling good about themselves, and have good things happening routinely. That way you win over the*

*community – they will support us if they see we are doing good things regularly.*<sup>140</sup>

Working together was an issue raised by women at Wugularr when the nutrition program first started. Veronica Birrell said the women got together at meetings and agreed that the program should not concentrate only on the women's centre, because they needed the cooperation of the clinic, shop, school and whoever else was in the community. The children they were caring for at the women's centre would have been assessed by the clinic and the school, and they were linked to the shop because of the food they bought there. She said that at that time the food was basic. Tinned corned beef provided meat every day, but it had the highest content of fat and was no good for them. She said they came up with the idea that it was no use just the women doing everything themselves: everyone had to work together even though they had 'separate ideas'.

Developing stronger working relationships with other services in the community was also identified as an important factor for the future success of the nutrition program by nutritionist, Sue Wellings. She felt she had a good relationship with clinic staff (including health workers) at Wugularr, but they were so busy 'patching people up' there was no time to work on issues together.<sup>141</sup>

Another issue raised on several occasions during this review was the impact of the amalgamation of community councils to form the Nyirranggulung Council on local communities.

Comments included:

*There is a lot of cynicism about Nyirranggulung. There were a lot of jobs here before – now there are no jobs for locals. Everything is in Katherine. People pull up in a fancy car. People are trying to do their*

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<sup>140</sup> Interview, Principal.

<sup>141</sup> At the time of the feedback visit in late 2004, it was reported that new Sunrise Health clinic staff were working cooperatively with the women's centres, schools and stores.

*bit, but it's not coordinated. There are no community meetings to let people know what is happening.*

## **10.7 What could be improved in the stores program?**

### **10.7.1 Store committee support and training**

Additional training is needed for store committee members (especially the chairperson).

The kind of training needed includes:

- computer skills training for financial record keeping, balancing registers, reconciling the safe;
- policies and procedures (including nutrition issues); and
- governance.

(See also section 10.7.9.).

### **10.7.2 Recognition of role of committee members**

There also appears to be a need for some appropriate recognition of the role played by committee members, especially the chairperson. It was noted that the chairperson of the Wugularr Store committee is unemployed, and despite contributing a great deal of his time and doing a lot of work for the store, receives no payment or other recognition for this role.

### **10.7.3 New store building at Wugularr**

A new store is needed at Wugularr. It was reported that the store policy is to put store profits towards a new building. This appears to be urgently needed. The present site of the store is flood-prone. The building was rebuilt after the major flood in 1998, but on the same site, with the result that there has been further flood damage and stock loss in subsequent years. In March 2004, Barry Orr reported that the community had been continually threatened by flood water over the previous two months, and that there had been flooding

on three occasions. On one occasion water was one metre deep in the main street, the store was flooded and \$2,500 worth of stock was lost. A major clean up effort is required after each flood.<sup>142</sup>

#### **10.7.4 Absenteeism in the store**

Although initially it was hoped that offering a full wage so that people did not have to rely on CDEP would be an attractive incentive for work attendance, absenteeism is reportedly an ongoing issue, especially amongst those who are not on a full wage. (In January 2004, three employees were full time, two casual, and six were on CDEP with up to 20 hours top up per week). It is not clear what are the causal factors, eg salary level, number of rostered days or some other issue.

Absenteeism has serious impacts on the running of the store. All staff including the store manager and support manager have a routine to follow, with individual daily duty lists. If someone doesn't turn up for work either that task doesn't get done or another staff person has to take on the extra work. The continued presence of stale fruit and vegetables in the store during the evaluation team's visit (despite the fact that fresh fruit and vegetables had been delivered) was apparently due in part to absent staff.

Detailed analysis needs to be undertaken to establish the causes of absenteeism and how it could be overcome. It might be due to:

- poor selection of staff in the first place;
- lack of work practice patterns;
- lack of motivation (some staff don't get a full wage);
- alcohol consumption;
- relationships with other staff; or

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<sup>142</sup> Barry Orr reported that after the flood in 2004, some 20 community members presented themselves at the store to volunteer for the clean up.

- reactions to other things going on in the community.

It is recommended that research be undertaken to try to define more clearly what is causing the problem and then to try to take action.

It has also been suggested that issues around employment and work hours could be workshopped with the store committee and staff.

It may be that having a greater number of trained staff in the community would allow staff to be called in if other staff are absent and/or allow staff to work fewer rostered days if that is an issue for them.

We understand that the store consultant (Barry Orr) has examined proposals to deal with absenteeism by replacing some staff and having a monthly staff award.

#### **10.7.5 Recent poor results in the store**

According to the store consultant, the past six months financial result for Wugularr store was disappointing, with the store struggling to make a profit. He believes the factors that influenced this were reduced sales because the take-away was closed, and a security issue. Analysis of this situation appears to show:

- the previous support manager changed procedures and as a result monitoring systems did not pick up the falling results which went unnoticed for some time;
- security issues – stretching over several months – didn't get picked up because they coincided with the period when the procedures that had been in place had been changed by the support manager; and
- the poor results eventually showed up in the Money \$tory and were then able to be analysed and action taken.

This experience has illustrated to the staff and committee why the store procedures must be followed. The store manual will also assist in preventing

a recurrence. The situation that developed indicates that the following may be needed:

- the procedures and policies for engaging support managers may need to be reviewed (see below);
- the need for the Money Story to be run more frequently and for the level of understanding of the committee to be monitored; and
- the need for the store committee to have clear procedures to deal with security issues (theft or embezzlement) and the need for the committee to have ongoing support (independent of the store managers) to advise them in making difficult decisions.

#### **10.7.6 The support manager position**

There have been three people in the support manager position since September 2002. Difficulties with this position have included a previous support manager taking it upon herself to change systems, with dire consequences. The failure to replace stale fruit and vegetables during the evaluation team's visit may have been due to staff shortages, however ensuring that this task is done is an important responsibility of the support manager. Better procedures for dealing with staff absences may be needed.

The support manager is a critical position as it provides mentoring to the Aboriginal store manager. It appears that this position should be examined:

- to improve recruitment strategies (including analysis of the skills and qualities needed for the role) and possibly provide improved salary and conditions; and
- to ensure that the person taking up the position has had adequate cultural awareness training before they take up their position,<sup>143</sup> and

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<sup>143</sup> This should apply to any outside person taking up a position.

- to ensure that the person taking up the position has had adequate induction (by the store manager and store consultant) to ensure they are familiar with the store procedures and understand why they are important.

#### **10.7.7 Store systems, policies and procedures**

These need to be reviewed to ensure that there are procedures in place for dealing with staff absences, and it must be made clear to support managers that they are not authorised to change systems without referring changes to the store committee. It is noted that the support manager who had interfered with systems in the past had not had strong retail management training, but had come from a community store background. This support manager said that she changed the systems because she didn't agree with them. More attention may need to be paid to the qualifications and training of support managers.

#### **10.7.8 Involvement of the nutritionist in the store**

Before the store consultant came on board, a nutritionist had been based in the community working with the women's centre, the clinic the school and the store committee. The nutritionist worked with the store committee in raising awareness of nutrition issues in relation to the store. She also provided advice and guidance about the store and the take-away, and ran food demonstrations in the store.

The nutritionist position was relocated to Katherine and, until very recently, has not had any involvement with the stores since Barry Orr, store consultant, took up his duties. Barry was not aware of the previous work undertaken by the nutritionist. He believes there is great scope for the nutritionist to work with the store and would have welcomed it had it been available.

### **10.7.9 Clear roles and responsibilities and ongoing communication**

Ongoing regular communication with, and support for, the store consultant from FHF and definition of clear roles and responsibilities for both Woolworths and FHF have been reported as key factors of success, but there is a need for some improvement in these areas (see below). From discussions with the store consultant it appears that once the capacity-building work had been done at Wugularr and the store consultant had settled in, FHF seemed to step back from this kind of activity. Whilst the store consultant felt that he could always contact FHF for support and advice, he felt that FHF really needed to be more actively involved at the community level on an ongoing basis (such as continued support for the store committees, and assisting new communities in the initial groundwork in the way that Wugularr had been assisted). He felt that this should be an important aspect of FHF's role as a partner with Woolworths.

#### **10.7.10 The store constitution**

Wayne Brocklebank believes the store constitution could be improved, and would have liked more time to look at other corporate structures and give the store committee other options to consider. They settled on the Aboriginal Corporations model, mainly because of time factors. He commented that it takes a great deal of time to develop a constitution, that the committee has to be totally involved in its development and writing every clause and store procedure, and that this means that people have to absorb a great deal of information.

The issues outlined above underscore the fact that to achieve improved nutrition in a sustainable way, interventions and support must be long-term.

Refer recommendation 21

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## 10.8 Lessons from Bulman, Manyallaluk and Barunga

*The lesson we have learnt from there is that we have to be really careful about going into a community unless they are really able to work with us and we can work with them.*<sup>144</sup>

Based on interviews with the store consultant, FHF staff and the regular reports submitted by the store consultant, there appear to be several reasons why, after initial progress in Manyallaluk and Bulman, the stores program was suspended in those communities. These were:

- that the store consultant had only worked with the Jawoyn communities for a short time and had not had previous experience in working with Indigenous or remote communities (work in both Manyallaluk and Bulman began only a couple of months after the store consultant started work in the region);
- attempting to move too fast (because of time pressure to extend the program as expected to all four communities during the store manager's initial six months' contract);
- the lack of the kind of preparatory work with the store committees in those communities which had been done by FHF in Wugularr prior to his appointment, and as a result:
  - the lack of an effective, strong store management committee that had a unity of purpose, and the strength and confidence to deal with problems and policy issues;
  - lack of a constitution with clearly stated objects and that defined the makeup of the management committee;
  - the nature of the invitation to FHF/the store consultant to work with the community (who initiated this and, if initiated by the community whether the invitation had adequate community

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<sup>144</sup> Store consultant Barry Orr.

support and was followed up with appropriate processes to ensure community ownership of the decisions taken);

- that no reciprocal arrangement was sought from the communities by the store consultant or FHF, ie no requirement for recognition from the community of what they were receiving and what they would need to contribute to make it work.<sup>145</sup>

The failure to 'prepare the ground' first appears to have been a major reason why the program broke down at Manyallaluk and Bulman, despite what appeared to be a promising start in both communities, and despite a strong sense of there being continuing community support and a desire to continue with the program. This was perhaps compounded by the stores consultant's inexperience in working with these communities which may have led him to try to deal directly with issues that should properly have been dealt with by an effective store committee.

Preparing the ground first requires:

- sound community consultation and community ownership of the decision to proceed – 'ownership' needs to be tested and evidenced by clear community requests to participate in the program, rather than proceeding on an assumption that consent exists;
- the community to define a store constitution (including objects, committee makeup and structure, use of funds);
- establishment of a functional management committee that fits the community's needs for representation and is culturally appropriate (e.g. balance of male and female membership, representation of traditional landowners and elders, balance of family group representation, outstations represented);
- committee training in governance and financial literacy;

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<sup>145</sup> At the time of the feedback visit in late 2004, a community partner agreement was being drafted to detail these needs.

- decisions about critical policy issues (especially 'book up', but all key policy issues, such as alcohol sales); and
- ongoing community support for the management committee and stores program.

FHF has now developed a *Schedule for introducing community store assistance* which outlines the order in which community development, training and incorporation should proceed.

## **11. RECOMMENDATIONS**

### **11.1 General recommendation**

1. It is recommended that the recommendations relating to the store committee and to the Wugularr Women's Centre be fully discussed and workshopped with members of the women's centre and the store committee before being adopted. This is necessary because although these recommendations arose out of or were modified following a feedback meeting in the community, not all the relevant parties were present or had sufficient time to consider the recommendations in detail.

### **11.2 Nutrition recommendations**

It is recommended that:

2. The Fred Hollows Foundation should ensure that all its actions in relation to the Wugularr Women's Centre promote and support the maintenance of strong ownership of the school meals program by the women. This ownership is critical to the program's sustainability.
3. In order to support the women's ownership of the program, the women should be involved in the selection of the Wugularr Women's Centre coordinator, whose role should be clear and agreed by the women.
4. The women at Wugularr Women's Centre ask for assistance from the nutritionist and/or school meals advisor (see below, recommendation number 6) to institute a regular 'meals review' to check that the quality, quantity and variety of meals are at an appropriate standard and suitable for the various age groups.
  - This review could take the form of regular monitoring by the women and could include interviews with appropriate school staff about these issues. The report should be standardised and

pictorialised. Part of the review would involve the women working with the nutritionist and/or school meals adviser to solve any problems encountered. It is important that the women initiate and undertake this review as a standard part of their program.

- The women should ask the school to nominate an appropriate contact person as liaison officer.
5. Menus and recipes for the Wugularr Women's Centre school meals program should to be reviewed and/or translated into diagrams and re-demonstrated to address literacy and continuity issues.
6. An experienced cook be engaged as a school meals adviser to the Wugularr Women's Centre to work with the women and the nutritionist to:
- review menus and recipes for suitability and translate into a pictorial form;
  - teach the women to prepare the meals, including how to prepare meals both for a family and for up to 100 children;
  - assist the women in developing a quality review system which they can implement;
  - develop appropriate ordering systems linked to menu planning (ordering through the local store where possible); and
  - review staffing levels and rosters.

The cook/trainer should be engaged for up to three months initially and be available to return for regular (monthly) visits for six months after that.

7. As a matter of urgency Nyirranggulung Council provide the Wugularr Women's Centre with regular accounts of income and expenditure of the school meals/ Centrelink deductions funds and, as part of the

Money \$tory, the women develop and run their own budget. Failing this the women's centre should investigate separate incorporation and direct receipt of Centrelink deduction payments; alternatively an arrangement with Sunrise Health Service Aboriginal Corporation to hold funds for the program could be investigated. The women should be in control of the budget.

8. As a matter of urgency, Nyirranggulung Council give the Wugularr Women's Centre control over ordering and purchasing (within budget) and that the women's centre enter into discussions with the store committee about joint ordering arrangements in order to take advantage of bulk purchasing and reduced freight costs to benefit both parties.
9. Staffing levels at the Wugularr Women's Centre be reviewed to ensure that there are enough staff present at peak times to prepare meals.
10. Alternative means of transport be identified in the community so that in the event of the Wugularr Women's Centre quad bike breaking down there is a ready means of transport available to transport the meals.
11. Centrelink develop an ongoing relationship with the Wugularr Women's Centre at the local level and establish ongoing systems and responsibilities (involving the school and Centrelink) for CentrePay deductions to ensure someone is responsible for ongoing paper work (ie, to ensure that the women's centre has an up to date record of those registered for the deduction).
12. The NT Department of Employment, Education and Training ensure that all school principals receive training about the importance of community-based school nutrition programs and what they can do to support them.

13. The following organisations at Wugularr meet regularly to share information and provide support to each other: the school, the women's centre, the store, the Wugularr Community Management Board, and the Clinic, and invite the participation of other parties at relevant times.
14. In the long term, community nutrition workers be located in each community. In order to achieve this:
- the wage level of community nutrition workers must be set to compete with other community-based positions (eg at the school); this may mean adjusting the wage level or the hours of work to make it worthwhile for nutrition workers to remain in employment;
  - community-based nutrition workers should be recruited for the cluster of communities Wugularr, Barunga, Manyallaluk, and Gulin Gulin. Two are suggested for each community so that the workers will not be isolated. It may be appropriate to stage this, beginning with Wugularr and Barunga first;
  - nutrition workers' role would be to work with mothers, families, clinic, women's centre, school and store etc. The nutrition workers' role may include additional community development functions, but should largely focus on nutrition work;
  - a trainer be employed initially for three months to work with the Community-based nutrition workers and the nutritionist to develop the role of the nutrition workers, to support them in undertaking formal training such as Pilbara-based Pundulmara Certificate in Health course or other appropriate course and to provide on the job training and support. The trainer should work under the direction of the Sunrise Health Service Aboriginal Corporation nutritionist;

- a second nutritionist be engaged for a period of one to two years to work under the direction of the Sunrise Health Service Aboriginal Corporation nutritionist. This position is needed in the short-term in order to provide enough 'nutrition hours' for the nutritionist to maintain a clinical nutrition role as well as support the community-based nutrition workers. It is envisaged that community-based nutrition workers will also be engaged in the other 8-9 communities within the Sunrise Health Service Aboriginal Corporation district over the next six to twelve months. Cross-cultural training be provided for the second nutritionist; and
- the role of the nutritionist /s should be clarified. While the nutritionist's role may be broad and include wider public health issues, in the long run, nutrition-related activities directly involving community members should remain at the core of the nutritionist role.

### **11.3 Store recommendations**

It is recommended that:

15. Wugularr Store management and the store committee actively work together to identify causes of absenteeism and develop and trial a range of possible solutions. It is likely that enquiring into worker's perceptions, expectations and needs and an acknowledgement of people's desire to work only part time (if that is the case) may be a helpful beginning.
16. Review the support manager position and role at Wugularr to ensure that for future appointments:
  - appropriate qualifications and experience, including good training and retail management skills, are required;
  - a strong orientation program is in place and documented so that the new support manager can understand the systems and the

reason for them, and also receives appropriate cross-cultural training;

- simple, clearly illustrated documents exist which explain systems so that new staff can understand them and why they exist; and
- consideration is given to regular external performance review by qualified commercial retailers. (This role could be undertaken by a Community Stores Regional Management structure, if this were to be developed.).

*(Note that this recommendation has arisen from difficulties reported to have occurred in the past, not from difficulties with the current support manager.)*

17. The store committee negotiate with Nyirranggulung Council about long-term housing requirements to secure ongoing appropriate housing for store staff.
18. In order to maintain a strong store committee in partner communities, FHF:
  - provide a range of training including computer skills, record keeping, policies and procedures and governance, and induction for new store committee members;
  - continue to provide ongoing support and coaching (independent of the store managers) to advise them in making difficult decisions, including the development of clear store committee procedures to deal with security issues (theft or embezzlement); and
  - arrange for the Money \$tory to be conducted regularly every month and supplemented with additional governance training, and monitor the level of understanding of the committee.

19. Wugularr Store committee consider regularly informing the community about the store's performance and remind the community that the store is owned by the community and has a local community member as boss.
20. FHF work with the Wugularr Store committee and the nutritionist to develop and run its own Market Basket Survey and Consumer Purchasing Report, to be run monthly and reported to the store committee monthly in the first instance. The Market Basket Survey should be consistent with the Market Basket Survey conducted by NT Department of Health and Community Services and include quality, variety, availability and price. The Consumer Purchasing Report should be developed in consultation with the nutritionist and the store consultant (using the point of sale systems already in place) to track purchases of key items (healthy and unhealthy). This report should allow the store committee to consider issues such as price and impact of healthy food promotions on purchases. (The frequency of reporting to the store committee should be determined by the committee, however it is recommended that it be kept aligned with Money \$tory reports.).
21. FHF undertake a comparative study of other possible store governance models (other than Aboriginal Corporations Model) to provide information to other communities where similar programs might be in operation, to allow communities to make an informed choice.

#### **11.4 Good practice**

22. The following best practice principles be adopted or integrated into nutrition and /or stores interventions where ever possible, including:
  - a) in future nutrition projects involving store management interventions, emphasise the early development of strong store committees, with emphasis on governance and credit policy issues;

- b) implement store systems as early as possible, so that the impact of the interventions can be monitored by tracking changes in consumer behaviour from the outset. Implementation of recommendation 20 above will assist in knowing which systems are critical;
- c) nutrition policies are unlikely to be implemented unless a store is functioning properly, running effectively and has the right agenda. Having a strong store committee and a store manager (or consultant) with strong retail skills is a necessary precondition for a nutritionist to be effective in developing and implementing nutrition policies in stores;
- d) having a nutritionist based in the community who will work with the community, ideally on a number of fronts, including establishing and supporting community-based nutrition workers. (This may not need to be a permanent arrangement, but should be in place initially for at least two years, and the need for re-intervention regularly assessed);
- e) building on existing strengths and programs that have been initiated by the community members, as this is a key factor in sustainability;
- f) the people running enterprises such as stores and meals programs (and other women's centre programs) must have control of their finances, both in order to be able to develop the capacity of the workers and to ensure control of the management of the program. Such control needs to be supported by financial literacy and appropriate financial reporting systems such as Money \$tory. Transparency and accountability need to be achieved; where totally separate accounts are not possible, other mechanisms to achieve this should be instigated;
- g) the constitution and governance structures of such enterprises should have good 'cultural fit';

- h) store ownership by the community;
- i) early governance training and ongoing governance coaching is critical; preparing the ground first requires:
  - sound community consultation and community ownership of the decision to proceed;
  - the community to define a store constitution (including objects, committee makeup and structure, use of funds);
  - establishment of a functional management committee that fits the community's needs for representation and is culturally appropriate (eg balance of male and female membership, representation of traditional landowners and elders, balance of family group representation, outstations represented);
  - committee training in governance and financial literacy;
  - decisions about critical policy issues (especially 'book up', and also other key policy issues such as alcohol sales); and
  - ongoing community support for the management committee and stores program;
- j) ensuring that sufficient people receive enterprise training and capacity development in order to ensure continuity of the enterprise should someone leave;
- k) cross-cultural awareness training with specific local content, as this is critical for all workers recruited from outside of the community;
- l) adoption of approaches to teaching and learning that emphasise the importance of reciprocal learning, and sharing of knowledge across cultures

- m) community initiatives need to engage all the people affected, for example, if the school decides to have an enrolment drive, the implications of this for the school meals program must be worked through with the women running the program;
- n) store management practices that reinforce healthy food purchases and healthy food choices and at the same support the viability of the store, for example,
- displaying fruit and vegetables in an easily accessible refrigerated unit;
  - placing high sugar drinks out of reach of young children;
  - tagging healthy items;
  - operating a well-functioning take-away that provides healthy food options;
  - ensuring that a broad range of foods and goods are available to meet the needs of community residents; and
  - providing in-store cooking demonstrations to educate community members about alternative food items and healthy menus, and providing healthy recipes using foods readily available in the store;
- o) where possible, coordinating interventions such as school-based nutrition education, funding community-based nutrition workers, employment of a nutritionist, store demonstrations and training and support for the women's centre, so that each activity supports others and they work effectively together.

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