



*Aboriginal and Torres Strait Islander*  
**Injury Prevention Workshop**  
**18 March 2003 Perth, WA**

**The Kestrel Room, Level 2  
Burswood International Convention Centre**

**Summary of Workshop proceedings**

Summary Report	Mr Tim Agius
Joint presentation on national Indigenous injury prevention activity	Mr Jerry Moller and Dr Kathleen Clapham (Appendix 1)
Presentation on the NSW Health Aboriginal Safety Promotion Strategy	Ms Pam Albany – NSW Health (Appendix 2)
Presentation on the Complementary Plan to address Aboriginal and Torres Strait Islander Substance Misuse	Associate Professor Ted Wilkes (Appendix 3)



# Summary Report

## Introduction

The Commonwealth and the Aboriginal and Torres Strait Islander Injury Prevention Advisory Committee, (ATSIIPAC), commissioned a national project to map injury prevention activity in Indigenous communities.

ATSIIPAC arranged for the key findings of the draft project report to be presented to the 1<sup>st</sup> Asia – Pacific Injury Prevention Conference and the 6<sup>th</sup> National Conference on Injury Prevention and Control, Aboriginal and Torres Strait Islander Injury Prevention Workshop on the 18<sup>th</sup> March 2003 in Perth. Conference participants, in particular, key Indigenous injury stakeholders were expected to attend the workshop. Members of ATSIIPAC were also invited to the Workshop.

The Workshop enabled the Commonwealth to present the outcomes of the mapping project and for the Workshop proceedings to be used as part of the process for developing the National Indigenous Injury Prevention Plan.

The facilitator's brief was to direct and summarise the discussion during the Workshop, with regard to:

1. discussion of key findings and any omissions from the Activity Report;
2. seek in-principle agreement / endorsement of the Report; and
3. underlying principles – other examples include the Canberra Declaration and the *National Strategic Framework for Aboriginal and Torres Strait Islander Health 2002*.

## Workshop Outcomes

### 1. Discussion of key findings

The following issues were raised during the Workshop:

- Aboriginal and Torres Strait Islander workers and their qualifications should be recognised and the National Indigenous Injury Prevention Plan linked with the ATSI Health Workforce National Strategic Framework, May 2002;
- spiritual injury is as important as physical injury;
- the need to clearly identify data to determine the extent of injury which is measurable;
- community capacity building;
- establishing meaningful partnerships with all the respective key stakeholders;
- keeping Indigenous injury on the national, state and regional agendas; and
- Indigenous injury requires a whole of government approach, with collaboration and cooperation.

## 2. Agreement / endorsement

While approximately 30 – 40 participants attended the Workshop, only a few who attended were Aboriginal or Torres Strait Islander. Given that there were only a few Aboriginal and Torres Strait Islander people it was inappropriate to seek in - principle support or endorsement for the report.

However, it was an opportunity for the Commonwealth and ATSIIPAC to present the outcome of the mapping exercise to the Workshop for comment.

## 3. Underlying principles

### **Progress made since the Canberra 2000 Declaration**

The November 2000 Declaration on Indigenous Injury Prevention called for:

*'development of a strategic approach to the alarming rate of injury in the Indigenous community'*.

The mapping exercise of injury prevention activity in Indigenous communities and the development of a National Indigenous Injury Prevention Plan will assist to realise this Declaration.

### **Integrating injury approaches**

The Workshop participants emphasised that injury approaches should be integrated into regional and local strategies to ensure community needs are included and addressed.

### **Tailoring the National Framework for Aboriginal and Torres Strait Islander Health Principles, 'Framework for action by Governments'**

The priority areas and principles noted in the *National Strategic Framework* have been endorsed by the Australian Health Ministers Council (AHMC), and the National Advisory Council on Aboriginal and Torres Strait Islander Health which includes representation from AHMC, the National Aboriginal Community Controlled Health Organisation (NACCHO), States and Territories through the Standing Committee on Aboriginal and Torres Strait Islander Health (SCATSIH), the National Health and Medical Research Council (NH&MRC), Aboriginal and Torres Strait Islander Commission (ATSIC) and other key stakeholders.

The principles are generic and can be applied to all priority areas of Aboriginal and Torres Strait Islander Health.

The *Agreements on Aboriginal and Torres Strait Islander Health* (Framework Agreements) provide a sustained commitment from governments to policy directions, agreed between all partners at the state and territory level, and are an important component of this *National Strategic Framework*. Through the *Framework Agreements*, initiatives have commenced which address the four key areas.

**This *National Strategic Framework* is consistent with and builds on the following areas:**

- increasing the level of resources to reflect the higher level of need of Aboriginal and Torres Strait Islander peoples;
- improving access to both mainstream and Aboriginal and Torres Strait Islander specific health and health related programs which reflect the higher level of need;
- joint planning processes which allow for full and formal Aboriginal and Torres Strait Islander participation in decision-making and determination of priorities; and
- improved data collection and evaluation.

**The *National Strategic Framework* is based on a commitment to nine principles:**

**Cultural Respect:** ensuring that the cultural diversity, rights, views, values and expectations of Aboriginal and Torres Strait Islander peoples are respected in the delivery of culturally appropriate health services.

**A holistic approach:** recognising that the improvement of Aboriginal and Torres Strait Islander health status must include attention to physical, spiritual, cultural, emotional and social well being, community capacity and governance.

**Health sector responsibility:** improving the health of Aboriginal and Torres Strait Islander individuals and communities is a core responsibility and a high priority for the whole of the health sector. Making all services responsive to the needs of Aboriginal and Torres Strait Islander peoples will provide greater choice in the services they are able to use.

**Community control of primary health care services:** supporting the Aboriginal community controlled health sector in recognition of its demonstrated effectiveness in providing appropriate and accessible health services to a range of Aboriginal communities and its role as a major provider within the comprehensive primary health care context. Supporting community decision making, participation and control as a fundamental component of the health system that ensures health services for Aboriginal and Torres Strait Islander peoples are provided in a holistic and culturally sensitive way.

**Working together:** combining the efforts of government, non government and private organisations within and outside the health sector, and in partnership with the Aboriginal and Torres Strait Islander health sector, provides the best opportunity to improve the broader determinants of health.

**Localised decision making:** health authorities devolving decision making capacity to local Aboriginal and Torres Strait Islander communities to define their health needs and priorities and arrange for them to be met in a culturally appropriate way in collaboration with Aboriginal and Torres Strait Islander health and health related services and mainstream health services.

**Promoting good health:** recognising that health promotion and illness prevention is a fundamental component of comprehensive primary health care and must be a core activity for specific and mainstream health services.

**Building the capacity of health services and communities:** strengthening health services and building community expertise to respond to health needs and take shared responsibility for health outcomes. This includes effectively equipping staff with appropriate cultural knowledge and clinical expertise, building physical, human and intellectual infrastructure, fostering leadership, governance and financial management.

**Accountability:** including accountability for services provided and for effective use of funds by both community controlled and mainstream health services. Governments are accountable for effective resource application through long term funding and meaningful planning and service development in genuine partnership with communities. Ultimately, government is responsible for ensuring that all Australians have access to appropriate and effective health care.

**The above principles include the following issues, which were reaffirmed in discussions at the Perth Workshop:**

- acknowledging Aboriginal and Torres Strait Islander peoples lifestyles;
- ensuring injury prevention is addressed at a community level using integrative approaches;
- cooperation and collaboration;
- using acceptable terminology across the Aboriginal and Torres Strait Islander sector;
- simplifying and rationalising reporting requirements;
- building community capacity;
- improving data recording to more accurately reflect the extent of Indigenous injury; and
- establishing meaningful partnerships.

Given that the above principles have been supported at the national level by the respective Indigenous health stakeholders, the same principles can be adopted for the National Indigenous Injury Prevention Plan.

## **National Review of Indigenous injury prevention activity**

This presentation describes the current state of activity in Indigenous injury prevention in Australia.

### **Overview**

- A **National Review** was undertaken to examine and report on the current state of injury prevention activity in Aboriginal and Torres Strait Islander communities.
- Projects were selected using broad criteria, to identify as widely as possible initiatives, projects and programs that would improve the safety and lessen the injury amongst Indigenous people.

### **Methodology**

- Searches of existing databases
- Public input
- Project database established
- Consultation phase limited to major stakeholders to assess their knowledge and experiences

### **Current Activity**

- A total number of 285 projects or programs were identified
- The majority of projects address either family violence, or issues related to alcohol, or both.
- There is a very strong commitment to community-driven projects conducted by local Indigenous community organisations.
- Injury and safety are priorities for Indigenous communities.
- Less than 40 projects have a specific ‘injury prevention’ focus.
- A significant number have a secondary or long-term safety outcome, but no specific injury objective (Eg early intervention, capacity building and social and emotional wellbeing projects)
- Most projects are local, community-based, conducted by Indigenous organisations and under funded.
- Most projects rural or remote.
- Strong emphasis on partnerships.
- There is a significant lack of available data
- There is a need for more information sharing
- There are few good evaluative studies.

### **Targets**

- Most projects target the Indigenous community or Indigenous families or individual clients
- Fewer target specific age / gender groups such as women, men, youth and children.
- Very few target the elderly or those with a physical or mental disability.

## Wide range of strategies

- No single approach to injury-related problems is prevalent.
- The Project uncovered a very broad range of current interventions
- This range of interventions reflects the diversity both of the Aboriginal community and of injury.

## Wide range of strategies included:

- Injury surveillance
- Night patrols and sobering up shelters & women's shelters
- Community and school education & awareness
- Community development
- Arts, theatre, music and Cultural programs
- Legal, advocacy & counselling approaches
- Many projects use a variety of strategies

## Funding

- High cost of running projects, particularly in remote and large rural areas.
- Lack of certainty about ongoing funding for projects a major concern.
- Many organisations had to supplement funding received for projects from their own resources.
- Reliance on one-off grants places an administrative burden on community organisations.

## How do you know if the project is working?

- Reduction in injury
  - *They now have lights along the most dangerous stretch of road. No injuries in the last 6 months. (WA road safety project)*
  - *There were no suicides for a number of years following the establishment of the program. From 1996-2000 the rates of suicide were reduced. (QLD suicide prevention project)*
  - *792 of the houses surveyed and fixed - safe electrical systems improved from 13% to 64%; gas safety improved from 69% to 75%, structure; access improved from 43% to 46%; fire safety improved from 3% to 16%. (National Indigenous Housing Project)*
- The feedback from others is positive
  - *The project has an observable positive effects*
  - *People tell good and bad stories about how things are going.*
  - *Feedback from other people around town working with the same clients say the fellas look better than they have in the past.*
- The general health of clients improved
- Improved self esteem of clients
  - *Women are learning they can make their own decisions*

- Less crime
- Increased knowledge and understanding:
  - *Clients now come to the refuge at the build up of tension rather than wait until violence erupts or hide weapons from partners. (WA women's health project)*
- Improvements in the general health of the community
  - *there had been a reduction in ... infections, especially skin, ear and eye infections coinciding with the periods that the swimming pool is open...Physical activity is associated with lower mortality rates (WA water project)*
- Improvements in social life and decreased boredom
- Formation of trust, relationships and formal partnerships
  - *Collaborative links were fostered between health, education, local service providers and the community. (SA school education project)*

### **Impact of projects on rates of injury is hard to assess**

- complex nature of the problem being addressed
- lack of thorough and long-term evaluation.
  - *As to whether it has prevented or reduced injury, this is impossible to determine. There was no base line data available. Even if this data was available confounding factors would make it difficult. (Housing safety project)*
  - *Overall there has been some effect. But family violence is so endemic that it's hard to make a difference. (WA women's health project)*

### **Factors influencing success**

- Definitions of success differ between individuals, organisations and funding bodies with different perspectives and objectives.
- There are a wide range of views
- Raising awareness, getting the issue out in the open, can be an important indicator of success, but one which is difficult to measure
- The following factors were consistently cited as influencing the success of projects:
  - Adequate funding and resources
  - Community Control / Respect community protocols
  - Community Acceptability and involvement
  - Access to reliable information
  - Partnerships
  - Functioning organisation /good project management
  - Skilled and committed personnel
  - Understanding underlying factors related to injury

### **Factors influencing community acceptability include:**

- Good information and communication strategies,
- Highly flexible approach
- Information available and accessible in a way that fits in with the community's style, needs and priorities.
- Feeding back research results or project outcomes to the community.
- Timelines in accordance with community needs, not Government or organisational deadlines
- Practical assistance. Eg teaching personal living skills, supporting people to increase their confidence and self-esteem
- Attending to basic issues eg food and transport for participants.

### **Factors impeding Success**

- Lack of funding
- Distance
- Organisational issues
- Family issues
- Competing interests set up by multiple projects in one community at the same time.

### **Inability to deal with underlying determinants of health**

- The sheer scale of the problems of injury encountered in many Indigenous made it difficult for project workers to see any improvement in the future.
- The view of many project workers is that the core issues of Indigenous health and safety are not being addressed. They are only doing 'bandaid' work.

### **Inability to deal with underlying determinants of health**

- Few projects address the underlying social and economic marginalisation faced by most Indigenous people
  - *particularly in rural and remote areas where opportunities for employment and education are extremely limited. The need to address such underlying issues is widely recognised as being fundamental to improvements in all other areas of health and safety.*

### **Environment**

- There is one environmental health officer for (a vast area)... Nothing in place and no way to enforce recommendations and reports. Total hopelessness for Indigenous communities.

### **Food**

- Prices are triple to quadruple. Huge monopolies of shipping companies – won't do anything unless it's paid for. Communities have no control over shops – no power to be involved in any processes.

### **Education**

- The system has let down the children – Anyone who makes it to the workforce borders on a miracle.

## **Employment**

- Hardly anyone (manages) to keep full-time job – only work (is the) CDEP – absolute failure – dehumanising – people need commitment, skills training and permanent work and ownership as well.

## **Lack of community involvement in political processes**

- In some communities people are unable to engage meaningfully in any democratic or decision-making process, at any level, because of the fragmentation of their lives as a result of the factors above, and the resultant epidemic of abuse and violence.
- Lack of commitment to change by the senior staff of government and service organisations.

## **Key issues emerging from the consultations**

- Injury is a complex health problem. It is not easy to clearly demarcate injury as a health issue.
- The review identified many successful innovative and creative projects using a variety of strategies to address injury issues.

## **Lack of a coordinated approach is frequently cited.**

- Numerous Government agencies and organisations may be involved in multiple projects within communities. This could be improved by the development and funding of regional action plans.

## **Community consultation**

- Indigenous communities are highly sensitive to issues around consultation and community involvement in decision-making.
- Indigenous people are also weary of the lip service paid by Governments to consultation.
- Numerous reports and recommendations emphasise the importance of community control, community acceptability and ongoing community involvement as key factors in any Indigenous community project.

## **More work is needed on**

- Providing better information and communication at community level
- Improving organisational infrastructure at the community level
- Acknowledging good work where achievements are being made
- Recognising and addressing the issues of environment, nutrition, education, employment and housing underlying all aspects of the health and well being of Indigenous communities.

## **New findings on remote areas**

- Aboriginal and Torres Strait Islander people in remote areas have a much higher risk of death from injury and are more likely to be hospitalised.
- Females have about a five times greater risk of being hospitalised in remote areas than females who live in other areas.
- Assault death and hospitalisation are higher in remote areas for both men and women, with the hospitalisation of women being almost seven times as prevalent in these areas.

## **Preliminary findings and directions**

These findings represent the views of the consultants and have not been endorsed by the sponsors.

### **The state of play**

- Injury prevention is a comparatively new issue on the Aboriginal and Torres Strait Islander health agenda. It is not, however, a new experience for Aboriginal and Torres Strait Islander people. Injuries tend to be hidden among the wider health and social concerns confronting Aboriginal and Torres Strait Islander people.

### **Much action which may lack balance**

- This project identified almost three hundred prevention and intervention projects that had a bearing on injury and safety issues. Many of these did not see themselves as injury prevention activities.
- The mix of programs did not seem to match the mix of issues identified by the available data.

### **New foundations needed**

- The reason that there are relatively few injury prevention and safety promotion projects, excepting those related to a couple of dominant external causes, is that the information needed to set priorities, the support structures within government, and the skill base to deal with injury and safety issues are not adequate.

### **Poor data**

- Data about injury among Aboriginal and Torres Strait Islander people are poor. There are no systems for accurately identifying rates and trends, and there is insufficient detail to reliably set priorities.

### **Need for an agreed terminology**

- There is a need to develop terminology acceptable across sectors and among Aboriginal and Torres Strait Islander people. For some, the use of the term "injury" is problematic. It does not represent a uniform concept to different people, and to some sectors represents "health speak," precluding maximum collaboration.

### **The responsibility of many sectors**

- Injury prevention and safety promotion will not be successfully implemented or planned by one sector.

### **Long term action is warranted**

- There is a need to establish a long-term focus on Aboriginal and Torres Strait Islander injury prevention and safety promotion.

### **Towards success**

- Most of the factors that will lead to successful injury prevention and safety promotion relate to a long-term process of good communication and management.

**Important factors for success**

- Adequate funding and resources
- Community Control / Respect for community protocols
- Community Acceptability and involvement
- Partnerships
- A functioning organisation and good project management
- Skilled and committed personnel
- Understanding the underlying factors related to injury

**Successful program and project design**

- A few good long term projects across a range of settings and mixes of external causes.
- Setting up communication between supported initiatives, and between these and the wider community of interest.
- Providing adequate training for project managers and staff on an ongoing basis.

## **NSW Health Aboriginal Safety Promotion Strategy**

### **Background**

- Aboriginal Injury surveillance projects in MNCAHS, Shoalhaven, Bourke and WSAHS
- Work at National level – lit review, summary of investments, summary of data + summary report

### **Scope**

- all aspects of safety promotion.
- reduce harm
- increase the sense of well being
- provide opportunities for Aboriginal people to be proud of their achievements and take greater control of initiatives aimed at enhancing community safety.

### **The strategy covers**

- Accidental injury
- Intentional self harm
- Violence
- The need for safe environments
- The need to feel safe

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- Goals
- Principles
- The Local Safety Strategy
- The Health Sector's commitment to a whole of government approach

### **Important facts**

- Aboriginal injury rates in NSW are at least three times and possibly six times those of non-Aboriginal people
- Violence and self-harm associated with social and cultural disruption are widespread among Aboriginal people
- Mainstream organisations often leave the provision of services to Aboriginal people to Aboriginal service providers instead of recognising Aboriginal services as supplementary and complementary, aimed at increasing capacity and options for services to disadvantaged groups.

- Mainstream injury prevention and safety promotion strategies do not necessarily deal with, or have clear relevance to, the priority issues for Aboriginal people
- Aboriginal communities and leaders are themselves increasingly concerned at the effects on health, social and societal wellbeing.

### **Goals**

- To significantly reduce the burden of accidental and intentional injury among Aboriginal people
- To focus agencies and organisations from all sectors on the role they can play in promoting Aboriginal Safety and preventing Aboriginal Injury

### **Principles**

Underlying the strategy are two basic principles:

- The right to be safe
- The responsibility to promote and maintain the safety of others

### **The strategy will**

- Build respect and responsibility
- Set priorities in an informed way
- Respond to the many settings and many different opportunities
- Promote accredited education programs
- Link with other health and health related strategies
- Transfer knowledge and build capacity

### **Promote a state wide Aboriginal safety promotion structure**

- NSW Health will encourage and support the development of a state wide management group to work on improving the effectiveness and efficiency of safety promotion within individual agencies and across sector boundaries.
- This is likely to be achieved as part of a whole of government process through partnership agreements at individual agency and multi sectoral level.

### **The Aboriginal health sector supports**

- standards of customer response to Aboriginal people and communities
- agreements on the roles and responsibilities of local government and Lands Councils for safety promotion and risk management
- standards for consultation with respect to changes in safety or risk engendered by new developments or changes in government, local government or private services
- partnership agreements with agencies that have major responsibility for the environments in which Aboriginal people live.
- partnerships with the Local Government Association and Department of Local Government and regional local government coordination bodies

- partnerships among key state wide organisations and businesses to improve safety promotion and risk management strategies across NSW.

**Complementary action plan to Address Aboriginal and Torres Strait Islander substance misuse**

**Reference Group**

- In June 1999, Ministers endorsed the establishment of a National Drug Strategy Reference Group for Aboriginal and Torres Strait Islander Peoples.
- The group provides high level advice and expertise to the various groups within the advisory structure that underpins the NDSF on the priorities and strategies to address specific drug issues related to Aboriginal and Torres Strait Islander People.

**Complementary Action Plan**

- The Reference Group identified that the issues related to drug misuse in the Aboriginal and Torres Strait Islander communities are somewhat different to mainstream issues.
- This, and the recognition of the needs of special groups within the NDS resulted in an agreement on the need to develop a Complementary Action Plan for Aboriginal and Torres Strait Islander People.
- In March 2001, the Reference Group employed Siggins Miller, consultants, to develop the Plan.

**So far ....**

- The consultants have undertaken a comprehensive review of jurisdictional, national and international strategies and issues.
- A two phase national consultation process was agreed on to ensure that the community is meaningfully involved in the development of the strategy.

**Stage 1 Consultations**

During the first phase of the consultation process four targeted workshops involving service providers and members of the community were held in:

- Alice Springs
- Brisbane
- Melbourne
- Sydney

The need for further consultations with remote and isolated communities was identified.

Throughout November and early December 2003 consultations took place with remote and isolated communities in Western Australia, Northern Territory and Northern Queensland.

A further workshop was conducted in the Torres Strait where it became apparent that a separate strategy was required due to the unique circumstances present in the Torres Strait. This was subsequently developed.

**Stage 2 Consultations**

The second stage of the consultation process commenced in early-February 2003 with the Reference Group calling for written comment on the draft documents.

In order to ensure that a broad range of issues are considered the documents have been circulated to:

- Members of Intergovernmental Committee on Drugs (IGCD);
- Members of all IGCD National Expert Advisory Committees and Reference Groups;
- Stakeholders who were invited to and/or attended the first round consultations;
- All Aboriginal Medical Services through the National Aboriginal Community Controlled Health Organisation;
- Members of the Aboriginal and Torres Strait Island Injury Prevention Action Council;
- Aboriginal and Torres Strait Islander Commission (ATSIC);
- All Aboriginal Legal Services through ATSIC;
- The secretariat of the Australian National Council on Drugs for distribution to their members;
- The Alcohol and other Drugs Council of Australia;
- Commonwealth Health and Ageing Divisions;
- Commonwealth Health and Ageing State and Territory Offices; and
- The Department of Prime Minister and Cabinet.

### **Current Activities**

The call for comment closed on 7 March 2003. The Complementary Action Plan is currently being refined based on feedback received from the second stage consultation and the final document will be submitted to the IGCD for consideration prior to referral to the Ministerial Council on Drug Strategy for their consideration and endorsement on 1 August 2003.

Once endorsed, the Action Plan will provide a meaningful platform for collaborative action to address substance misuse among Aboriginal and Torres Strait Islander peoples.