

ACTIVE & SAFE

PREVENTING UNINTENTIONAL
INJURY TO ABORIGINAL
CHILDREN AND YOUNG
PEOPLE IN NSW: GUIDELINES
FOR POLICY AND PRACTICE

CONTENTS

ACKNOWLEDGEMENTS	02
ABOUT THESE GUIDELINES	04
SECTION 1: ABORIGINAL CHILDREN AND INJURY: WHAT WE KNOW	08
SECTION 2: USING EVIDENCE TO DEVELOP POLICY	16
SECTION 3: DOING ETHICAL ABORIGINAL RESEARCH	22
SECTION 4: TAKING ACTION THROUGH ABORIGINAL LEADERSHIP AND COLLABORATION	28
SECTION 5: WHAT WORKS AND WHAT DOESN'T IN PROGRAM DEVELOPMENT	40
APPENDIX A: SUMMARY OF KEY STUDIES	54
APPENDIX B: EXAMPLES OF GOOD PRACTICE PROGRAMS	60

ABOUT THESE GUIDELINES

The purpose of these guidelines is to provide a resource to assist organisations, communities and individuals to work together to prevent unintentional injury to Aboriginal children in New South Wales in a way that reflects the values, attitudes and priorities of Aboriginal people.¹



Artwork Zach Bennett-Brook

The guidelines were developed from research undertaken in 2016, with funding from NSW Ministry of Health. The research brings together findings from a review of current literature, interviews, focus groups and a Roundtable Discussion with injury researchers, policy makers and practitioners and Aboriginal community members in NSW.

The guidelines complement the NSW, Australia edition of the Child Safety Good Practice Guide which provides practitioners, decision-makers, and legislators with an evidence-focused resource on which they can base their work, funding and recommendations.

¹ Throughout this document 'Indigenous Australians' and 'Aboriginal and Torres Strait Islander' are used interchangeably. 'Aboriginal' refers to the Aboriginal and Torres Strait Islander population of NSW. 'Aboriginal children' refers to children 0-17 years of age. International indigenous populations are referred to as 'indigenous'.

THE GUIDELINES PROVIDE:

- An overview of the **current state of knowledge** about the extent and causes of unintentional injury to Aboriginal children.
- Information about the **available evidence** on effective ways of addressing Aboriginal child injury through policy.
- Guidance on **working with Aboriginal communities** as a researcher.
- Guidance to encourage and support **Aboriginal leadership** around child safety in collaboration with other organisations and agencies.
- Advice to policy makers and practitioners about **what works and what doesn't** in Aboriginal program development.
- A useful list of culturally appropriate child injury prevention **resources and references** including examples of best practice programs.

WHO WILL USE THE GUIDELINES?

Injury prevention typically involves organisations, groups and individuals from across many different sectors. It requires government, non-government and community organisations to work together on common goals. The guidelines should be particularly useful to the following groups with a role in preventing and reducing injury to Aboriginal children:

- **Aboriginal community controlled organisations** that deliver services to Aboriginal children.
- **Non-government organisations** that develop and implement child safety programs.
- **Researchers** responsible for developing and evaluating interventions.
- **Government policy makers** responsible for setting policy agendas, facilitating partnership development and coordination of efforts, commissioning and funding, research programs and evaluation.

THE GUIDELINES ARE INTENDED TO:

- Inform and **guide injury prevention practice** and program development.
- Inform future **research** directions including intervention studies.
- Inform **policy** by highlighting areas of unintentional injury prevention to Aboriginal children and young people where most benefit can occur.





KEY MESSAGE

- Australian and NSW data show rates of injury to Indigenous children to be consistently higher than for non-Aboriginal children, with high rates of injury related hospitalisation and mortality.
- While the injury mortality rate for non-Aboriginal children in NSW has halved over the past 15 years the rate for Aboriginal children has remained the same.
- To address injury inequities we need to prioritise injury prevention, acknowledge the broad underlying social determinants and provide targeted approaches for Aboriginal communities.
- Injury prevention involves many groups and works best when partners work collaboratively; coordination, leadership and sustained commitment from government is an essential component.
- It is important to implement evidence based approaches, but in the absence of best evidence, it is still important to act to prevent Aboriginal child injury.
- Few studies quantify the cost of injury. In Western Australia Aboriginal people make up 3.6% of the total population but account for 7.7% of total injury costs.
- We need a much better understanding of how to effectively engage Aboriginal communities in child injury prevention.

ABORIGINAL CHILDREN AND INJURY: WHAT WE KNOW

EXTENT OF THE PROBLEM

National health statistics reveal a stark contrast between the health of Indigenous and non-Indigenous Australians. Aboriginal and Torres Strait Islanders have poorer health, die at much younger ages, and experience higher levels of disability and reduced quality of life than other Australians.¹ This section focuses on what is currently known about serious and fatal injuries which occur within the Indigenous Australian child population and how this compares to child injury in the non-Indigenous population.

The extent of injury in any population is generally gauged by the number of deaths and hospitalisations recorded in mortality and health data collections. But injury statistics reveal only the 'tip of the injury iceberg'. Many more injuries result in visits to emergency departments or health professionals, and others for a variety of reasons may not be recorded or reported.

National data show rates of injury to Indigenous children to be consistently higher than those of non-Indigenous children, with high rates of injury related hospitalisation and mortality.² This is consistent with evidence of a disproportionate burden of injury to indigenous children worldwide.³ Globally, the rates of child injury are associated with social and economic disadvantage: rates are higher in low and middle income countries compared with high income countries; and within high income countries, rates are higher in the more disadvantaged sectors of the population.⁴

Between 2007 and 2011 more than a quarter of all deaths among Indigenous Australian children were due to external causes of injury.⁵ Despite being only 5.5 % of the total child population, Indigenous children represented almost 18% of paediatric trauma fatalities between 2007 and 2011, with most unintentional injury the leading cause.⁵ For the period 2010-14, the injury death rate among Indigenous Australian children was over 4.5 times as high as the rate for non-Indigenous children (14.0 compared to 3.0 per 100,000).⁶

Australian data also show rates of non-fatal injury to Indigenous children to be consistently higher than those of non-Indigenous children, with rates of hospitalisation due to injury for Indigenous children and young people almost twice that of other Australians.^{2,7,8} Rates of hospitalised injury in Indigenous children are higher at each age group for both males and females.⁸

In New South Wales (NSW), the Child Death Review Team found that injury-related causes were the overall leading cause of death of Aboriginal and Torres Strait Islander children aged 1-17 years. The mortality rate for Aboriginal and Torres Strait Islander children from injury-related causes in 2015 was almost five times higher than that of non-Indigenous children.⁹ Injury has consistently been one of the top leading causes of death of Aboriginal and Torres Strait Islander children across all age groups over the past 15 years; and while the injury mortality rate for non-Indigenous children has halved over this period, the injury rate for Indigenous children has remained the same.

The number of serious injuries experienced by children each year is far greater than the annual number of child deaths. NSW hospital admissions and emergency department data for 2014/15, indicates that Aboriginal children had a 1.57 times higher rate for admission and 1.45 times higher rate of ED presentation for unintentional injuries compared to non-Aboriginal children in NSW.¹⁰

CAUSES OF INJURY

Injury to children can result from a very large number of causes and can be intentional or unintentional. Children are vulnerable to certain types of injury at different ages and stages of development. Younger children are more likely to be injured than older children and boys are more likely to be injured than girls.⁸ This document focuses primarily on unintentional causes of injury, which make up the majority of injury fatalities and hospitalisations experienced by Aboriginal children. Across all age groupings, the rates of each serious injury (including both intentional and unintentional injury) are twice as high for Indigenous children compared to non-Indigenous children.⁸

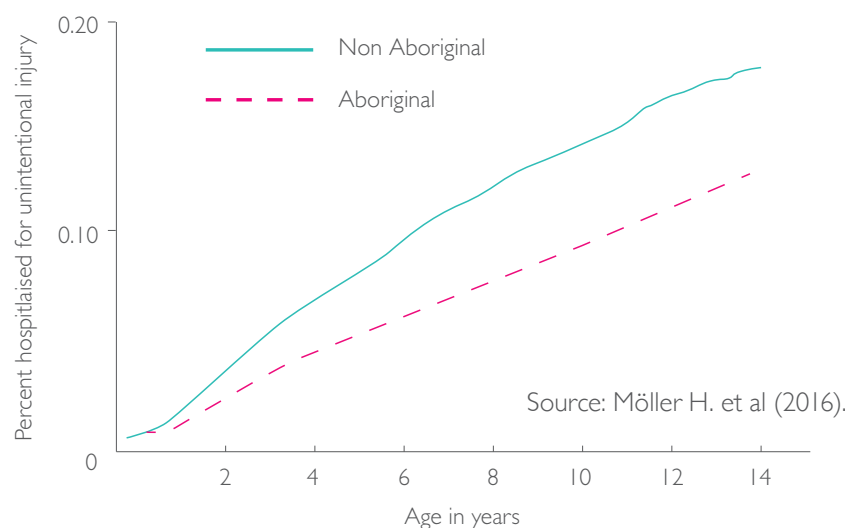
Indigenous Australian children are hospitalised for the same causes as for other Australian children, that is, falls, assault, other unintentional causes, land transport crashes, poisoning, thermal injury (burns and scalds) and drowning.¹¹ Injury due to falls was the leading cause of hospitalisation for Indigenous children aged 0-14 years, while assault is the leading cause of hospitalisation for Indigenous children aged 15-17 years in 2011-13.¹¹ Indigenous children aged up to five years are four times more likely to die and twice as likely to suffer a serious road related injury than other Australian children the same age.¹² Indigenous children are over-represented in burn injury and likely to be at risk of worse outcomes compared with non-Aboriginal children.^{13,14,15}

There has been little research to date on the causes and context of injury to Aboriginal children within NSW. Clapham and colleagues (2006) described the injury profile of Aboriginal people in NSW using de-identified injury hospitalisation data from the NSW Health Outcomes Information and Statistical Toolkit (HOIST) database for 1 July 1999 to 30 June 2003. The largest differentials between Indigenous and non-Indigenous injury-related deaths were in children aged 0-14 years and for adults aged 25-44 years. Hospitalised injuries for children 0-14 years were found to be similar to the non-Aboriginal population for children.¹⁶ This study reported data limitations due to the under-reporting of Indigenous status in data collections in NSW hospitals and also the underreporting of child injury due to parental fear of involvement with child protection agencies. It is noted that there have been recent improvements reported in the identification of Indigenous status in NSW hospital data.¹⁷

A 2011 publication by NSW Health identified that a high number of hospitalisations for young Aboriginal children are due to poisoning, with the most frequent single diagnosis reported for Aboriginal children being for benzodiazepines (16%), household chemicals, medicines and other chemicals.¹⁸

More recently Möller and colleagues used linked hospital and mortality data and constructed a retrospective whole of population birth cohort of children born between 2000 and 2013 to investigate the inequalities in unintentional injury hospitalisations between Aboriginal and non-Aboriginal children in NSW. They found that NSW Aboriginal children aged 0 to 13 years were 1.6 times more likely than non-Aboriginal children to be hospitalised for unintentional injury. For 66 of the 69 injury mechanisms studied, Aboriginal children had a higher rate of hospitalisation compared with non-Aboriginal children.¹⁹ The leading causes of injury for both groups were: all unintentional injury, falls, poisoning and transport. The largest inequalities between Aboriginal and non-Aboriginal children were for poisoning, injuries due to exposure to fire, flames, heat and hot substances and transportation. Möller et al also found that injury inequalities for all the injuries combined increased with the age, as shown in the Figure 1.

FIGURE 1 Probability of Hospitalisation for Unintentional Injury by Age in a Cohort of Aboriginal and Non-Aboriginal Children in NSW, Australia, 2000-2014



WHERE INJURY OCCURS

Geography has an impact on the injury rates experienced by different population groups in Australia. The rate of injury mortality and hospitalisation is higher among Indigenous children living in remote areas, and this increases with the level of remoteness.¹¹

Road transport injury is significantly associated with remote areas^{12,20,21} where a higher proportion of Indigenous people reside.²² Falster and colleagues found that in NSW geography plays an important role in the population disparity of road transport injuries between Aboriginal and non-Aboriginal people, and has a differential impact for different types of road transport injury.²³ A larger proportion of injuries in Aboriginal people compared to non-Aboriginal people were in children aged 0-14 years. They identified high rates of bicycle and serious pedestrian injuries in Aboriginal people regardless of wherever they live.²³

Möller et al, also found Aboriginal children in remote areas of NSW to be disproportionately affected by burns, with a higher proportion of Aboriginal children suffering severe burns but a lower proportion being admitted to a hospital with a tertiary burns unit.¹⁹

Home is the most likely setting in which a young child is likely to be injured. A large number of injuries also occur on the roads and in waterways. The SEARCH longitudinal study of Aboriginal children in urban communities in NSW found that most of the child injuries reported by their parents and carers occurred at home, followed by school/sport settings.²⁴

KEY FACTS

5 X MORTALITY RATE

The mortality rate for Australian Indigenous children from injury-related causes is almost 5 times higher than the rate for non-Indigenous children.

5.5 % VS 18 %

Despite being only 5.5 % of the total child population in Australia, Indigenous children aged 0-17 represented almost 18% of injury deaths between 2007 and 2011 from both intentional and unintentional causes.

2 X INJURY RATE

Indigenous children are hospitalised for injury at a rate almost 2 times higher than other Australians. In NSW, injury-related causes are the overall leading cause of death of Aboriginal aged 1-17 years.

1.57 X ADMISSION RATE

In NSW Aboriginal children had 1.57 times higher rate for admission and 1.45 times higher rate of ED presentation for unintentional injuries compared to non-Aboriginal children in 2014/15.

The largest injury inequalities are for poisoning, injuries due to exposure to fire, flames, heat and hot substances and transportation.



WHY THE HIGHER RATES OF ABORIGINAL CHILD INJURY?

Injury and the social determinants of health

Government and research reports identify multiple factors as contributing to the relatively high rates of injury in Aboriginal and Torres Strait Islander children. These include the ongoing effects of colonisation, social disadvantage, drug and alcohol misuse, violence, poor safety standards and unsafe roads and living environments.^{5,7,25}

Within the injury prevention literature it is recognised that there are a broad range of factors that need to be addressed in order to prevent and reduce injury due to risk factors occurring across multiple levels (individual, community, societal). It is also well established in the international literature that rates of injury are higher amongst children from lower socio economic status.⁴

To address the significant gap in life expectancy between Aboriginal and non-Aboriginal Australians, it is necessary to understand and address the huge role of societal disadvantage in determining health.^{26,27} Indigenous children may be put at increased risk of unintentional injury through living in an overcrowded home environment, economic deprivation, high stress levels and recurring domestic violence.²⁸

Past policies related to colonisation of Australia and the dispossession of Indigenous people from their lands have led to a cycle of disadvantage, poor education, high unemployment, separation of families and over-crowded living conditions. These have had a detrimental effect on the emotional, spiritual, cultural and social wellbeing of Indigenous people.²⁹ Repeated psychological trauma in particular has had long term negative impacts on individuals, families and communities.³⁰ It is argued that the effects of colonisation can be seen in the behaviour of Indigenous children, increased risk taking; such behaviour has been linked to predict the likelihood of child pedestrian injury.³¹ The effects of colonisation on members within families also pose safety problems for Indigenous children. It is therefore important to consider the potential role of psychological trauma in the development of interventions to improve the safety of Aboriginal children and communities.

Socioeconomic status and education

Lower socioeconomic status has been linked to road safety behaviours, such as overcrowding of vehicles, which also leads to lower rates of seatbelt use, found in Indigenous populations,^{32,33} putting Indigenous children at a higher risk of traffic related injuries. Mainstream media and education programs which have been successful in improving usage rates of safety devices among non-Indigenous road users have been less successful in reaching Indigenous counterparts.³⁴

Further, home safety hazards are strongly correlated with low income, low education, and low employment status.^{35,36,37} A report by the Australian Institute of Health and Welfare shows that although there have been continued improvements in the educational attainment of Indigenous Australians in recent years, the levels of attainment remain below those of non-Indigenous Australians. Non-Indigenous people were twice as likely as Indigenous peoples to have a non-school qualification in 2006 (53% compared with 26%). Non-Indigenous people were more than four times as likely to have a Bachelor Degree or above (21% compared with 5%) and twice as likely to have an Advanced Diploma or Diploma (9% compared with 4%). The report also indicated that the likelihood of engaging in health risk behaviours, including alcohol abuse, decreased with higher levels of schooling.³⁸

Housing

Remote Indigenous housing in particular tends to be designed and built too small for the larger households that use them. Consequently this puts people in close physical proximity and is linked to increases in infectious disease and social stress. Further close physical proximity can lead to inappropriate exposure of children to adult sex acts,³⁹ domestic violence, other violence⁴⁰ and sexual violence towards both adults and children.³⁹

Alcohol

The high rate of Alcohol abuse within Indigenous communities has been found to increase the risk of child injuries.⁷ It is estimated that the burden on Indigenous communities with alcohol is almost double the general Australian population.⁴¹ It is also worth noting that a greater proportion of Indigenous people report abstaining from drinking alcohol.⁴²



DATA LIMITATIONS AND KNOWLEDGE GAPS

Across Australia a major limitation on our understanding of the burden of injury in the Indigenous child population is the under-identification of Aboriginality in many health datasets.⁴³ The exact magnitude of the difference in health status is difficult to establish conclusively because Indigenous death, illness and disability is not always recorded accurately. Limitations on the identification of Indigenous status in population data, death records and other health data collections, and the differences between jurisdictions need to be taken into account when interpreting injury data.²¹

There are still many gaps in our knowledge and understanding about how to prevent and reduce unintentional injury to Aboriginal children in NSW. Some of these are being addressed in current research:

- Aboriginal children living in remote areas and in socioeconomically disadvantaged families are disproportionately affected by unintentional injury. Exploring how individual and geographic factors influence patterns of disparity allows for clearer targeting of future intervention strategies.^{4,19,24}
- The link between unintentional child injury and the issues facing vulnerable families and those living in communities with multiple levels of disadvantage deserves greater research attention.
- External causes are more likely to be the cause of death in Aboriginal children with a child protection history than those without (33% compared with 16%)^{5,44} but there has been little research undertaken to explore possible common risk factors. Falster and colleagues are currently investigating the impact of the Brighter Futures program on unintentional injuries in vulnerable children.⁴⁵
- Apart from transport related injury, there is little information available on the contexts in which other types of injuries occur to Aboriginal children or the treatment they receive. The Coolamon Study, which aims to describe the burden of burns injury to Aboriginal children and develop appropriate models of care, aims to develop more effective models of care for young Aboriginal burns victims.¹⁴

- We need a better understanding of the effectiveness of community-based programs, including the development of appropriate mixed methods based research approaches. The Buckle-Up study is currently evaluating a program targeting correct use of age appropriate child car restraints in Aboriginal communities across remote, regional and urban settings in NSW.^{47,48,49}
- The consequences of injury in terms of ongoing health and disability or the impact of child injury on Aboriginal families and communities has received practically no research attention.¹⁴

The intersection between intentional, unintentional injury and mental health is an important area for future research. As noted in the National Aboriginal and Torres Strait Islander Safety Promotion Strategy.



Injury can be physical harm to a person's body; or non-physical harm such as loss, suffering and other effects of stressful or hurtful events and circumstances. Safety is defined as being at little or no risk of injury. In keeping with Aboriginal and Torres Strait Islander peoples' holistic conceptualisation of health and wellbeing, safety promotion and injury prevention activities must address spiritual, emotional and cultural aspects of harm. Mainstream programs often do not account for, or adequately address, these broader issues.

National Public Health Partnership. The National Aboriginal and Torres Strait Islander Safety Promotion Strategy. Canberra: National Public Health Partnership; 2004.

SECTION 2

USING EVIDENCE TO DEVELOP POLICY

The comparison between population groups in the previous section revealed the significant injury inequities between Indigenous and other Australian children. Keeping Indigenous child injury prevention on government agendas can be difficult in the face of complex and challenging social health problems and an ongoing climate of policy change. But given that much childhood injury is preventable, it is imperative that we address these persistent inequalities and close the child injury gap. This section focuses on how policy makers can make the best use of evidence around Indigenous child injury prevention.

EFFECTIVE COUNTERMEASURES

The WHO World Report on Child Injury Prevention highlights the need for known effective interventions to be identified and adopted.⁴ The report is a valuable resource which provides global epidemiological data as well as evidence for strategies to address specific injury types, with detailed chapters on road traffic injuries, drowning, burns, falls and poisonings.⁴

The publication of the WHO World Report was followed by concerted action in regions such as Europe, Canada and the United States to reduce the rates of fatal and hospitalised injury to children. More recently, in Australia a child injury focused Good Practice Guide has been developed to provide a guide to policy maker's good investments in unintentional child injury prevention and safety promotion.⁵¹



As demonstrated in both developed and developing countries, unless financial barriers and the particular situations of poor populations are addressed, “effective” interventions may increase, rather than decrease, disparities in the burden of injury, with the most vulnerable children being the least likely to benefit.⁴



BROAD SOCIAL HEALTH POLICY CONTEXT

What is apparent from previous research and policy work is that action towards the prevention of childhood injury needs to include a strong focus on the most vulnerable children and families in any population. Single approaches are less likely to be effective than multiple approaches, and a broad range of underlying barriers to safety need to be addressed.

It is imperative, therefore that policy makers consider child injury prevention in a broad social health context and include a strong focus on vulnerable families who experience multiple disadvantage. Many child injury problems in Indigenous Australian communities are complex and their causes inter-related with other health and social issues. It is likely that many of the risk factors underlying unintentional injury are the same as those underlying intentional injury to non-Indigenous children.

THE NEED FOR CULTURALLY EFFECTIVE APPROACHES

Known effective public health approaches to child injury prevention can be used to highlight key areas of need, but adaptations are needed in keeping with local context and Indigenous peoples' holistic approach to health.^{16,52,53}

Building on community strengths and promoting resilience in children, families and communities aligns well with the holistic approach favoured by Aboriginal and Torres Strait Islander communities. Community-based injury prevention strategies are important and are often a preferred approach for preventing and reducing child injury in Australian^{48,54} and international^{55,56} indigenous communities.

Within the injury prevention literature, the evidence for community based approaches which rely solely on education or behavioural change to reduce injury is not strong. Randomised controlled designs are recommended to evaluate community safety interventions. However, there are numerous research challenges associated with the design and collection of rigorous studies to evaluate complex interventions in Indigenous community settings.^{46,57} Many intervention research and evaluation studies with an Indigenous focus present qualitative findings about process, engagement and the impact of an intervention, but are limited in being able to assess impact and outcome quantitatively.⁴⁶

Community interventions appear to be most successful where multiple agencies work together with the community, and where the community sets the agenda for priority projects and has ownership over these.⁵²

Comprehensive injury prevention and safety promotion community interventions that are innovative, targeted, include a multi-strategic approach (education and advocacy; environmental and design; and legislation and enforcement strategies) with a rigorous evaluation component have promise in working towards the reduction of injury within Indigenous communities.⁵² The use of multiple strategies integrated into the community and tailored to meet their specific needs, and with community involvement and ownership, is more likely to lead to the take up of safety behaviour.⁵⁸ A systems approach that incorporates multi-disciplinary teams can assist in building a better understanding of how to work effectively and inclusively with Aboriginal communities.⁴⁶

Two promising approaches are:

- 1 Promote child injury prevention measures within the child health agenda, such as through maternal, infant and child health programs.⁴
- 2 Systematically address the social and cultural determinants of health.^{52, 53}



SETTING THE POLICY

At the national level, 'injuries' is one of 56 Key National Indicators of children's health, development and wellbeing (*National Indicator Framework*); and includes a subset of injury specific Headline Indicators.² However, the information available to assess the health and safety of Aboriginal children is limited due to factors such as the varying levels of identification of Indigenous people in administrative data sets, and the challenges associated with surveying the relatively small and geographically disperse population.²

The *National Aboriginal and Torres Strait Islander Health Plan 2013-2023*, which has childhood health and development as one of its priorities, sets out a 10 year plan for the direction of Indigenous health policy.⁵⁹ Also at the national level, the *National Aboriginal and Torres Strait Islander Safety Promotion Strategy* (2004) recognised the need to develop a separate plan to address the issue of injury prevention for Aboriginal and Torres Strait Islander people, with child and young people's safety one of the priorities for action.²⁵ The national strategy was developed following the release of the *NSW Aboriginal Safety Promotion Strategy* (2003) and aimed to provide a broader approach to addressing Aboriginal injury prevention across the diverse Australian Indigenous population.⁶⁰

Currently at the NSW government level, there are a range of frameworks and policies that address childhood injury prevention, particularly the state-wide strategic health plan, *Healthy, Safe and Well: A Strategic Health Plan for Children, Young People and Families 2014-24*, which includes, amongst its strategic direction areas and objectives - addressing risk and harm to children and increasing the capacity and cultural competence of the health workforce to deliver effective health services to Aboriginal families.⁶¹ A list of current policies and strategies relevant to preventing injury to Aboriginal children is found in Table 1. It should be noted that this list includes some documents which cover both intentional and unintentional injury.





THE COST OF INACTION

In addition to the immeasurable costs of pain and suffering to the individuals, families and communities, as a result of a serious or fatal injury, there are many financial costs associated with injury. Costs include health sector costs, long term care needs, loss of paid productivity and loss of quality of life. As a very large number of injuries are preventable, the costs of investing in child injury prevention have to be weighed up against the cost of inaction.

There have been very few Australian studies which focus on the costs of injury. One recent report on the incidence and costs of injury in Western Australia (WA) reports that Aboriginal people had more than double the rate of fatal injuries and more than triple the rate of non-fatal hospitalisations compared to non-Aboriginal people in that State. Compared with a share of 3.6% of the total population in WA, Aboriginal people accounted for 7.7% of total injury costs. Over the period 2003-2012 the fatality rate for Aboriginal people decreased slightly while the hospitalisation rate has remained steady. This differed from the non-Aboriginal population, where the fatality rate was stable, but hospitalisations increased.⁶²

Quantifying the costs associated with injuries is important, but it is much more difficult to quantify the significant cost to individual Aboriginal children, their families and communities which may result from injury. Treatment for serious injury may involve family separation, particularly for those living in rural and remote areas. There are significant issues which may impact on the social and emotional wellbeing of families.

SUMMARY OF POLICY RECOMMENDATIONS FROM RESEARCH

To date there has been relatively little focus on injury as a child health issue for Aboriginal people. Evidence from the Australian and international literature on child injury prevention provides examples of effective interventions and strategies and insights into what facilitates and impedes the uptake of child injury prevention practices in other populations.³ It is important that the cultural and social context and the diversity of the Australian Aboriginal population be taken into consideration in implementing these models and strategies.

The research efforts, discussed in Section 1 of this document, are increasing our understanding of the extent and characteristics of child injury within the Aboriginal population, identifying the specific mechanisms responsible for the largest injury inequalities between Aboriginal and non-Aboriginal child population, identifying risk factors, and gaining a better understanding of the contextual factors surrounding injury.

Researchers have been consistent in their messages to policy makers about preventing injury to Aboriginal people, including children:

- 1 There is a need for more targeted injury prevention measures which take into account what is currently known about the injury mechanisms and age groups at most risk.⁵³
- 2 Existing broad-based intervention programs that aim to support vulnerable families may present opportunities for targeted injury prevention.^{24, 53}
- 3 We need to focus efforts on addressing where the child injury inequities are, including geographical regions with high rates and high inequalities.^{19, 23}
- 4 Investment in evidence based approaches is likely to have the greatest likelihood of sustainability and cost effectiveness in the long term. But in the absence of best evidence we still need to act to prevent and reduce Aboriginal child injury.
- 5 Broad population level injury prevention strategies alone may not reduce health inequalities: they may even increase them through differential access to, uptake of, or effectiveness of interventions between social groups.^{4, 53}
- 6 An essential first step to effective intervention is strategic, high-quality research, including improvements to data collections.³⁴
- 7 Successful child Injury prevention efforts also need to address the underlying social and cultural determinants of Indigenous health.⁵³
- 8 Collaboration with the Aboriginal community, Aboriginal leadership and community capacity building is critical in developing, implementing and evaluating programs.⁵³
- 9 There is a need for culturally appropriate hospital treatment and follow up. The lack of cultural security and cultural respect in many tertiary health services is a factor contributing to poorer patient experience and outcomes.
- 10 Action to prevent childhood injury should align with existing frameworks for how to work well with Indigenous communities.⁴⁷

TABLE 1 Government strategies and policies that address Aboriginal child safety

Organisation	Strategy or Policy	Target Group	Website
Australian Government Department of Health	National Aboriginal and Torres Strait Islander Safety Promotion Strategy	Aboriginal and Torres Strait Islander people	http://www.health.gov.au/internet/main/publishing.nsf/content/health-pubhlth-strateg-injury-index.htm
Australian Government Department of Social Services	National Framework for Protecting Australia's Children 2009-2020	Children and young people	https://www.dss.gov.au/our-responsibilities/families-and-children/publications-articles/protecting-children-is-everyones-business
Australian Government Department of Health	National Aboriginal and Torres Strait Islander Health Plan 2013-2023	Aboriginal and Torres Strait Islander people	http://www.health.gov.au/natsihp
Australian Government Department of Health	Australian Institute for Health and Welfare, Children's Headline Indicators	Children aged 0-12	http://www.aihw.gov.au/chi/
NSW Government Family and Community Services	NSW Aboriginal Child, Youth & Family Strategy	Children and Youth	http://www.community.nsw.gov.au/for-agencies-that-work-with-us/our-funding-programs/nsw-aboriginal-child,-youth-and-family-strategy
NSW Advocate for children and young people	NSW Strategic Plan for Children and Young People 2016-2019	Children and young people	http://www.acyp.nsw.gov.au/plan
NSW Department of Education, Health and Wellbeing	The Wellbeing Framework for Schools	School aged children	https://www.det.nsw.edu.au/wellbeing/about/16531_Wellbeing-Framework-for-schools_Accessible.pdf
NSW Government Ministry of Health	Healthy, Safe and Well: A strategic health plan for children, young people and families 2014-24	Children and young people	http://www.health.nsw.gov.au/kidsfamilies/Pages/healthy-safe-well-2014-24.aspx

SECTION 3

DOING ETHICAL ABORIGINAL RESEARCH

The word 'research' is probably one of the dirtiest words in the Indigenous world's vocabulary.⁶³

DOING ABORIGINAL RESEARCH

Over the past ten years there has been some progress towards acknowledging Indigenous peoples' concerns about the extensive research conducted in Indigenous communities.^{63, 64, 65} Research involving Indigenous peoples has become a key concern of ethics committees which were set up to protect vulnerable people who participate in research. Separate guidelines for the conduct of research involving Aboriginal and Torres Strait Islander people⁶⁶ and indigenous people in other countries^{67, 68} have been established. However there are ongoing concerns about the extent of research done on Indigenous communities with little benefit flowing to them.⁶⁵

This section provides an overview of the current guidelines available to researchers when conducting research with Indigenous Australians. It also provides a few examples of how Indigenous research ethics have been put into practice.

GUIDELINES FOR ETHICAL PRACTICE

National Statement on Ethical Conduct in Human Research

The National Statement is Australia's principle document on research ethics.⁶⁹ It includes a chapter on research involving Aboriginal and Torres Strait Islander People and a chapter on research involving children and young people. The National Statement can be found online at: <https://nhmrc.gov.au/about-us/publications/national-statement-ethical-conduct-human-research-2007-updated-2018>.

Guidelines for health research involving Aboriginal people

The NHMRC has revised its guidelines for research with Aboriginal and Torres Strait Islander people. The new document, *Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and communities: Guidelines for researchers and stakeholders* 2018 (the Guidelines) defines six core values — spirit and integrity, cultural continuity, equity, reciprocity, respect, and responsibility.⁶⁶

The Guidelines are intended for use by researchers in the conception, design, and conduct of research, as well as to Human Research Ethics Committees (HRECs), Aboriginal and Torres Strait Islander people and the wider community. More information about the Guidelines is available on the NHMRC's website: <https://nhmrc.gov.au/about-us/publications/ethical-conduct-research-aboriginal-and-torres-strait-islander-peoples-and-communities>.

Keeping Research on Track

The NHMRC's Keeping Research on Track II: A guide for Aboriginal and Torres Strait Islander peoples about health research ethics⁷⁰ was developed as a companion document to the Guidelines. The resource is intended primarily for Aboriginal and Torres Strait Islander research participants and communities. The purpose of this document is to assist Indigenous Australians:

- Make decisions that ensure the research journey respects Aboriginal and Torres Strait Islander Peoples' and communities' shared values, diversity, priorities, needs and aspirations;
- Make decisions that ensure the research journey benefits Aboriginal and Torres Strait Islander people and communities as well as researchers and other Australians;
- Recognise and understand their rights and responsibilities in being involved in all aspects of research; and
- Better understand the steps involved in making research ethical.⁷⁰

The document can be accessed online at: <https://nhmrc.gov.au/about-us/publications/keeping-research-track>

AHMRC Guidelines for Research into Aboriginal Health – Key Principles

The Aboriginal Health and Medical Research Council of NSW's revised version of its Guidelines for Research into Aboriginal Health⁷¹ outlines core principles regarding Aboriginal community control of research in order to guide researchers in undertaking Aboriginal health research in NSW and to guide AHMRC ethics committee members in assessing individual projects. The core principles are: net benefits for Aboriginal people and communities; Aboriginal community control over research; cultural sensitivity; reimbursement of costs; enhancing Aboriginal skills and knowledge.⁷¹

The AHMRC guidelines can be found online at:

<http://www.ahmrc.org.au/ethics.html>

Guidelines for ethical research in Indigenous studies

The Australian Institute for Aboriginal and Torres Strait Islander Studies (AIATSIS) guidelines are intended to provide ethical guidance for those working in the humanities and social sciences.⁷² The latest edition of the Guidelines have been revised to reflect recent developments in critical areas such as changes to intellectual property laws, and rights in traditional knowledge and traditional cultural expressions, and the establishment of agreements and protocols between Indigenous people and researchers. The Guidelines comprise 14 principles grouped under the broad categories of: rights, respect and recognition; negotiation, consultation, agreement and mutual understanding; participation, collaboration and partnership; benefits, outcomes and giving back; managing research: use, storage and access; and reporting and compliance.

The AIATSIS guidelines can be found online at:

<https://aiatsis.gov.au/research/ethical-research/guidelines-ethical-research-australian-indigenous-studies>.

Lowitja Institute

The Lowitja Institute's EthicsHub provides a useful repository of information about ethical practice in Aboriginal and Torres Strait Islander health research across all Australian states and territories. It is intended to be used by researchers, Aboriginal and Torres Strait Islander research participants, community organisations, students and supervisors, and ethics committees.⁷³ The EthicsHub can be accessed online at: <http://www.lowitja.org.au/ethics>

STRATEGIC DIRECTIONS FOR RESEARCH

Over the past decade a number of documents have been produced to guide the conduct of research with Indigenous people in Australia. Many have been developed for health research which recognizes the broad range of social, economic and other determinants of health which fall outside what is often narrowly defined as the 'health' sector (that is, health services).

NHMRC Road Maps

The NHMRC's *Road Maps provide strategic direction for Aboriginal health research*. Building on Road Maps 1 (2002) and 2 (2010) the most recent Road Map 3: a strategic framework for improving Aboriginal and Torres Strait Islander health through research ("Road Map 3") provides a comprehensive 10 year strategic framework to improve the health of Australia's Aboriginal and Torres Strait Islander population.⁷⁴ It is intended to be used by a broad audience of researchers, policy makers and community members. The main objective of Road Map 3 is to guide improvements in health, social and wellbeing outcomes for Aboriginal and Torres Strait Islander peoples by ensuring research excellence and integrity — highlighting research priorities driven by Aboriginal and Torres Strait Islander communities.

Road Map 3 identifies and groups the most important areas of focus to benefit Aboriginal and Torres Strait Islander health outcomes. Research aimed at the prevention of child injury falls clearly within two of these priority areas:

- Research that is focused on the health system and the social and cultural determinants of health for Aboriginal and Torres Strait Islander peoples.

This includes research that focuses on the broader social and cultural determinants of health; research on the specific health needs and experiences of vulnerable groups within Aboriginal and Torres Strait Islander communities; and a focus on particular life stages such as childhood and adolescence.

and

- Research areas where there is a significant burden of disease and/or the highest differential quality of life in Aboriginal and Torres Strait Islander communities.

This includes applied and translational research that ensures that research has the greatest impact on Aboriginal and Torres Strait Islander health outcomes, including a focus on the major burdens of disease and death for Aboriginal and Torres Strait Islander people.

Road Map III can be accessed online at:

https://www.nhmrc.gov.au/_files_nhmrc/file/road-map_3-a-strategic-framework-for-improving-aboriginal-and-torres-strait-islander-health-through-research.pdf

PUTTING IT INTO PRACTICE

The National Statement⁶⁹ acknowledges that research with Aboriginal and Torres Strait Islander peoples spans many methodologies and disciplines and that there are wide variations in the way Indigenous people, communities, and groups are involved or affected by research. The way in which research address ethical issues will vary depending on the scope of the project, the demographics of participants, the phenomena under study, and the local, historical, social and cultural context.

As demonstrated, only a small number of research studies have focused entirely or in part on understanding and/or responding to the high rates of death and serious injury amongst Aboriginal children in NSW. Two of these studies are highlighted on pages 26 and 27.

Some of the ways in which these studies have addressed Aboriginal ethical concerns in their research practices include:

- Adherence to Aboriginal ethical guidelines.
- Acknowledging the importance of Aboriginal research leadership.
- Establishing formal partnerships with Aboriginal organisations (for example ACCHOS and the AHMRC).
- Aboriginal and Torres Strait Islander Reference Groups or Steering Committees to provide specialist expertise and cultural oversight of research.
- Aboriginal researchers in their chief investigator team.
- Capacity building programs for Aboriginal research staff including higher degree research students.
- Development and utilisation of Indigenous methodologies by Aboriginal research team members.
- Communicating findings back to Indigenous community through community reports and face to face presentations in community.
- Including reimbursement for Aboriginal participants.
- Having a plain English statement of the benefits of the research for Aboriginal communities.

THE COOLAMON STUDY

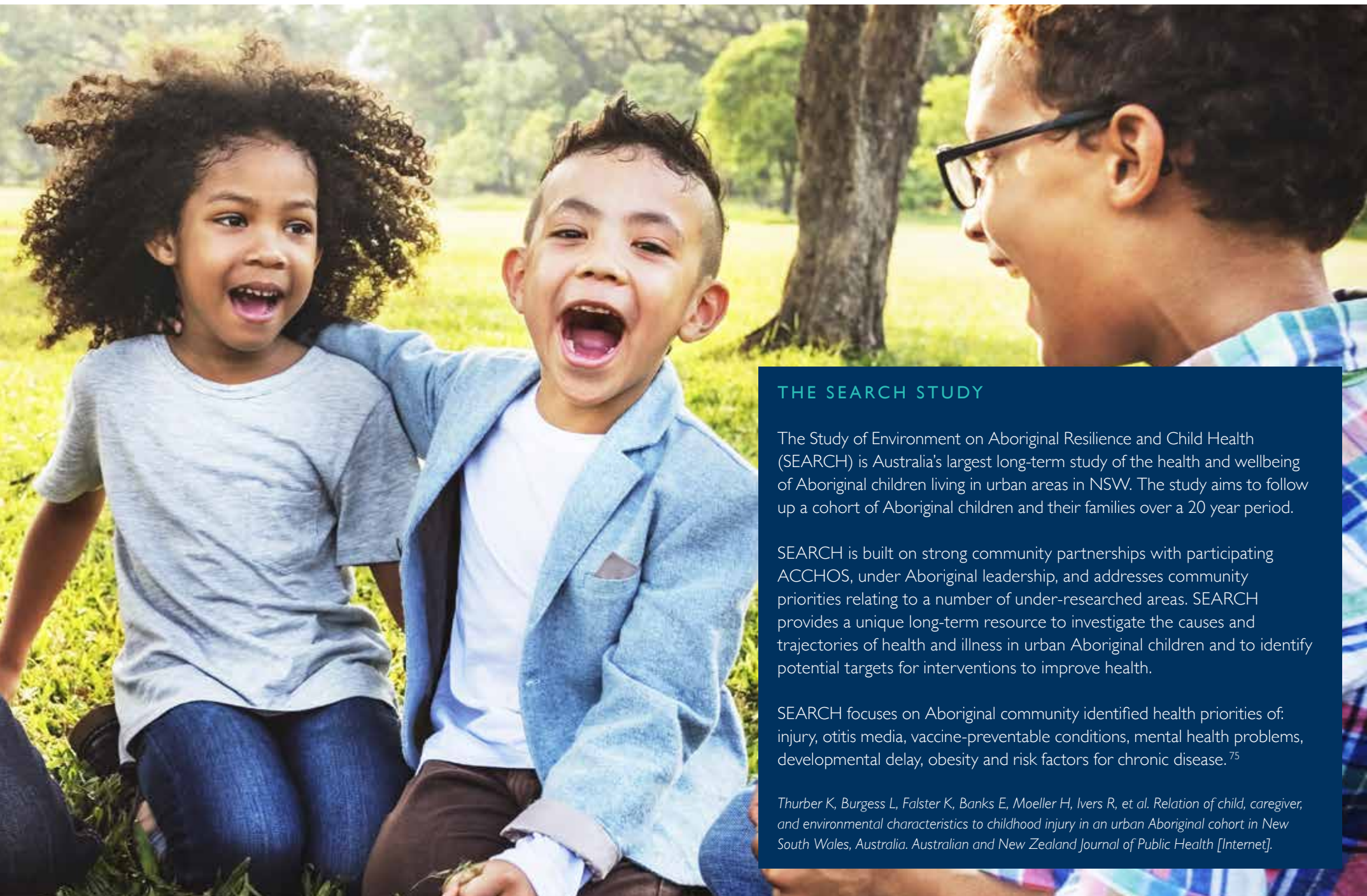
Aboriginal and Torres Strait Islander children have higher risk of burns compared with non-Aboriginal children, yet their access to burn care, particularly post discharge, is poorly understood, including the impact of care on functional outcomes.

The Coolamon study describes the burden of burns, access to care and functional outcomes in Aboriginal and Torres Strait Islander children, and aims to develop appropriate models of care. Mixed methods data collection includes survey, clinical, and health systems data to quantify the evidence practice gap. Aboriginal ontology based on interconnectedness, person-centred care and Aboriginal ways of knowing provides a holistic framework for the qualitative research.

Aboriginal ownership and involvement are crucial to the study. The Coolamon study has support from peak Aboriginal health bodies. The unique collaboration between Aboriginal and non-Aboriginal researchers, clinical and policy stakeholders, and community members will help to ensure strong translation to practice and plays a critical role in leading to better prevention and management.

Ivers RQ, Hunter K, Clapham K, Coombes J, Fraser S, Lo S, et al. Understanding burn injuries in Aboriginal and Torres Strait Islander children: protocol for a prospective cohort study. BMJ Open. 2015;5(10).





THE SEARCH STUDY

The Study of Environment on Aboriginal Resilience and Child Health (SEARCH) is Australia's largest long-term study of the health and wellbeing of Aboriginal children living in urban areas in NSW. The study aims to follow up a cohort of Aboriginal children and their families over a 20 year period.

SEARCH is built on strong community partnerships with participating ACCHOS, under Aboriginal leadership, and addresses community priorities relating to a number of under-researched areas. SEARCH provides a unique long-term resource to investigate the causes and trajectories of health and illness in urban Aboriginal children and to identify potential targets for interventions to improve health.

SEARCH focuses on Aboriginal community identified health priorities of: injury, otitis media, vaccine-preventable conditions, mental health problems, developmental delay, obesity and risk factors for chronic disease.⁷⁵

Thurber K, Burgess L, Falster K, Banks E, Moeller H, Ivers R, et al. Relation of child, caregiver, and environmental characteristics to childhood injury in an urban Aboriginal cohort in New South Wales, Australia. Australian and New Zealand Journal of Public Health [Internet].

TAKING ACTION THROUGH ABORIGINAL LEADERSHIP AND COLLABORATION

Addressing Aboriginal child injury is complex for many reasons. There are a multitude of factors which have to be taken into consideration to prevent or reduce injury to children. This necessarily requires the collaboration of many sectors of government. The health sector has a particularly important role to play, not least because of the economic impact of injury and other health disadvantage on the health system. It also requires government and non-government organisations to work alongside Aboriginal communities. Along with preventing injury from occurring in the first place, there is also a need for improved treatment to prevent secondary injury and improve rehabilitation outcomes.

This section explores areas in which action can be taken by government and non-government organisations to address Aboriginal child injury prevention. It commences by considering the findings from qualitative research conducted with the parents and carers of Aboriginal children in a number of communities in NSW.⁷⁶ The section also provides an overview of the broad range of agencies that have a role to play in preventing and reducing injury to Aboriginal children in NSW across a variety of settings. It lists current areas of activity and provides two case studies of targeted Aboriginal child safety programs.

LISTENING TO ABORIGINAL PARENTS

There is very little information available in the research literature which describes the child safety perceptions and concerns of Aboriginal parents' carers or their attitudes towards appropriate preventative measures.^{77,78} Research undertaken to inform these Guidelines included focus group discussions with Aboriginal parents and carers in selected communities in NSW.⁷⁶ Some of the views and concerns of the parents and carers who participated in the research are presented below. While they are not representative of all Aboriginal parents and carers in NSW they draw attention to some of the issues that need to be taken into consideration in developing action towards Aboriginal child injury prevention.

Neighbourhood safety and the safety of roads, waterways and places where children play were they key concerns for Aboriginal parents and carers who participated in the research. They were very concerned about the safety of children on local residential roads where drivers regularly drive at high speeds. They thought that the parks and playgrounds in their localities should be improved and made safer play areas for children.

Because children are children, and they need to be able to explore the environment, and accidents is a part of learning about consequences. (Focus group participant)

It was also acknowledged that within Aboriginal communities, parenting practices may be different to those of the wider population. Parents and carers expressed the view that children need to be safe but also need the space and freedom to be active in their play and to learn for themselves. Embracing some risk taking behaviour was considered part of Aboriginal child rearing; minor scrapes and bruises were thought to be a normal part of childhood.

Parents and carers were concerned about knowing what to do after a child has an injury but they were also fearful of judgement from others and the 'shame' that is sometimes associated with parenting practices.

Circumstances in which parents or carers thought that it may be difficult to always protect children from unintentional injuries included: when you are a younger parent and have limited experience or role models; where you have shared care arrangements with the other parent; when you can't afford to buy safety products; when you have a number of children to look after; where one of the children in your care has a disability; where you 'can't always watch them' and children will find a way to get around your best efforts to keep them safe.



Low income families, particularly single parent families, using private or public rental accommodation face particular challenges in keeping children safe from unintentional injury at home. The following quotes from focus group participants illustrate some of the daily challenges of caring for small children in poorly maintained premises:

Housing doesn't help a lot... they came and fixed the bathroom, and they leaked all through the wall; they didn't come and do it for about six months. So we've had exposed pipes in the bathroom that could have hurt anyone in the house.

I just got them to fix the broken tile that led into the laundry, but the door doesn't close because the floor's rotting from the bottom up... They came and fixed that tile because he would have stubbed – if he would have stubbed himself, cut himself, they're in big trouble then. And bits – he was trying to eat the bits of cement that were continually coming out. I sweep 20 times a day.

My cupboards are that cheap wood stuff. So I said to them, 'Actually I have no cupboards.' I've got no cupboards whatsoever. All my pots and pans are on top of my stove. Everything that I own is on top of things, which isn't good for kids, obviously. I've got no room. And I said to them, 'Guys, you need to come and fix it up. I've got no kitchen, I've got no oven, I've got no kitchen cupboards, I've got nowhere to put anything.' Yeah, yeah, yeah. That was five, six years ago, and it's now going on six years.

As one parent explained,

It should be every parent's right to baby-proof or safe-proof your house, whether they are a rental or not.

Some of the recommendations for what needs to happen to address child safety concerns from the parents and carers we talked to included:

- Strengthening community capacity building by providing information, and practical skills around safe homes and families.
- Improving the safety of children living in public housing, through better maintenance of properties.
- Being aware of cultural factors around child supervision and recognising the importance of addressing safety education for a child's multiple carers, including sibling supervision.
- Acknowledging the importance of culturally appropriate ways of messaging and communication, such as storytelling.
- Utilising social media and community events to get child safety messages out to community.

Participants noted the importance of utilising community infrastructure by building on successful community programs that were already underway.

STAKEHOLDER COLLABORATION FOR SAFER KIDS AND STRONGER FAMILIES

Child injury prevention necessarily involves many organisations, agencies and sectors. This is best done in collaboration and partnership. A concerted effort by governments, non-government organisations and communities to prevent and reduce injury can contribute to closing the Indigenous health gap with lifelong benefits to individuals and communities.

ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATIONS

Aboriginal community organisations, particularly Aboriginal Community Controlled Health Organisations (ACCHOs) have a pivotal role to play in preventing injury and supporting safer and healthier families and communities, through their programs and in collaboration with government, researcher and other partners. The Aboriginal Health and Medical Research Council (AHMRC), the peak body for Aboriginal Community Controlled Health Organisations in NSW, represents, supports and advocates for ACCH their communities on Aboriginal health at state and national levels.⁷⁹

One of the most valuable societal contribution of ACCHOs is to facilitate the engagement of the most marginalised and vulnerable sector of the Australian community with mainstream health and community services, thus contributing to social inclusion which underlies social health and wellbeing.

Many Aboriginal community controlled organisations have developed innovative culturally based approaches to complex health and social issues. However few of these innovative models have been documented or evaluated. Therefore there is relatively little knowledge of the important and complex relationships, networks, collaborations and partnerships which have enabled organisations to address complex social needs and sustain resilient leadership.

Some of the ways in which ACCHOs can contribute to child injury prevention in their communities include:

- Linking families to support services
- Acknowledge and address the barriers to seeking help and highlight that these are real and significant – judgement and shame
- Providing support for parenting
- Building practical skills in the community for example through first aid courses
- Developing home visiting programs
- Local child safety campaigns using local champions
- Parenting programs

The two examples in this section show how innovative programs can be tailored to meet local needs.

Safe Home Safe Kids is an example of how one Aboriginal Community Controlled Health Organisation developed and sustained a home visiting program implemented by Aboriginal Family Workers for more than 10 years.

The Pepi Pod Program is an example of a program developed from Maori traditional practices and implemented in Aboriginal and Torres Strait Islander communities in Queensland to address the problem of Sudden Unexpected Death in Infancy or SUDI.

THE PEPI POD PROGRAM

Co-sleeping is a common practice and the cultural norm in many Indigenous communities. However, Sudden Unexpected Death in Infancy (SUDI) has been associated with co-sleeping in hazardous circumstances. To address this problem, the Pepi-pod Program adapted a Maori traditional infant sleeping device for Indigenous communities in Queensland. The safe sleep space was accepted and used appropriately by families with identified risk factors for SUDI, and raised awareness of safe sleeping recommendations within rural/remote, regional and urban communities in Queensland.

The program draws attention away from the problems for vulnerable babies in unsafe sleeping situations and instead focuses on a solution – support for parents and protection for the baby. Innovative strategies which allow for the benefits of bed-sharing, respect cultural norms and infant care practices, whilst enabling the infant to sleep in a safe environment are necessary to reduce SUDI amongst Indigenous communities.

Young J. Reducing risk for Aboriginal and Torres Strait Islander babies: trial of a safe sleep enabler to reduce the risk of sudden unexpected deaths in infancy in high risk environments. Queensland: University of the Sunshine Coast; 2015.

Young J, Craigie L, Watson K, Kearney L, Cowan S, Barnes M. Safe sleep, every sleep: Reducing infant deaths in Indigenous communities. Women and Birth. 2015;28 (SI):S31-S2





SAFE HOMES SAFE KIDS PROGRAM

The Safe Homes Safe Kids Program sits well within the holistic health service model offered by the Illawarra Aboriginal Medical Service (IAMS), specifically within their priority area of child and family safety and wellbeing.

The Aboriginal Family Workers who deliver the home safety kit have good knowledge of the range of services offered by the IAMS and within the region. This enables them to link vulnerable families with the support services their family needs to keep children healthy and safe, including transport, child care, legal, housing and financial counselling services.

'Once we get in the home, other things come out, so then we'll help the family with other things.' Aboriginal Family Worker

All IAMS staff work towards the same goal of providing a holistic service; having consistent and shared goals between everyone means that everyone is invested in ensuring child and community safety.

Clapham K, Bennett-Brook K, Hunter K. The role of Aboriginal family workers in delivering a child safety-focused home visiting programme for Aboriginal families in an urban region of New South Wales. Health Promotion Journal of Australia. 2018;29:173–82.

STATE GOVERNMENT ORGANISATIONS

Many NSW State Government departments have major responsibilities for legislation and regulation of the environments in which Aboriginal children live and play. They include:

- Aboriginal Affairs
- Aboriginal Housing Office
- Attorney General
- Department of Education
- Department of Family and Community Services
- Department of Premier and Cabinet
- Fire and Rescue NSW
- Housing NSW (Agency of Department of Family and Community Services)
- Juvenile Justice (Department of Justice)
- NSW Environment Protection Authority
- NSW Ministry of Health
- NSW Police Force
- NSW Rural Fire Service
- NSW State Emergency Services
- Office of Local Government
- Office of Sport and Recreation
- Roads and Maritime Services (Transport for NSW)
- SafeWork NSW

Despite the large number of departments with responsibilities for children, there has been an overall lack of coordination and strategic leadership from government that would enable these departments to focus their efforts on effective childhood injury prevention.⁸⁰

Some of the key actions for state government organisations are:

- Taking action on the social and cultural determinants of health
- Embedding safety in existing programs (for example, child, maternal and family health programs, early childhood nurses and home visiting programs, schools and early childhood settings)
- Including Aboriginal child safety in mainstream safety programs

LOCAL HEALTH DISTRICTS

NSW has fifteen local health districts (LHDs) and two specialty networks. Eight LHDs cover the Sydney metropolitan region and seven cover rural and regional NSW. Sydney Children's Hospitals Network incorporates two of the state's tertiary paediatric hospitals. LHDs have a responsibility to promote, protect and maintain the health of residents within the area. LHDs are guided by the five strategic directions from *Healthy, Safe and Well: A Strategic Health Plan for Children, Young People and Families 2014-24*.^{81,82}

- Caring for mothers and babies
- Keeping children and young people healthy
- Addressing harm and risk
- Early intervention
- Right care, right place, right time

The strategic directions include a special focus on those most vulnerable or at risk, or with special health needs. The Plan also highlights the need to collaborate with partner agencies to address the identified priority injury prevention areas outlined in state and national plans.

PRIMARY HEALTH NETWORKS

Primary Health Networks (PHNs) have been established with key objectives to increase the efficiency and effectiveness of medical services for patients. There are ten PHNs in NSW. The principal remit of the PHNs is to improve health outcomes. They will address Aboriginal health as well as the nine national health priority areas one of which is injury prevention and control.⁸³ PHNs and Aboriginal Community Controlled Health Organisations (ACCHOs) have a commitment to work together to improve access to health services and improve health outcomes for Aboriginal and Torres Strait Islander people. PHNs could potentially support organisations to collaborate on Aboriginal child injury prevention. Information about PHNs can be found online at:

<http://www.health.gov.au/internet/main/publishing.nsf/content/phn-maps-nsw>

LOCAL GOVERNMENT ORGANISATIONS

Local governments within NSW are involved in ensuring sporting and recreational facilities are safe, including being involved in the development and management of local playgrounds. Kidsafe NSW has assisted many local governments with their responsibility to maintain safe playgrounds, and assist in running workshops on playground inspection methods which are tailored to individual councils.⁸⁴ Local Governments in partnership with the Roads and Maritime Service also implement The Local Government Road Safety Program which offers councils funding for a Road Safety Officer, as well as funding for local road safety projects to ensure safety initiatives and projects are delivered to improve road safety for local residents.^{85,86}



NON-GOVERNMENT ORGANISATIONS

There are a wide range of non-government organisations that contribute to promoting the safety of Aboriginal children in NSW. Partnerships between these organisations, government and the Aboriginal community are an important way of ensuring that all children enjoy the same level of protection from preventable unintentional injuries. Some of the following organisations have developed or are developing a key focus, policies and strategies around Aboriginal child safety.

- Kidsafe NSW <http://www.kidsafensw.org>
- Kids and Traffic <http://www.kidsandtraffic.mq.edu.au>
- Royal Flying Doctor Service
<https://www.flyingdoctor.org.au>
- Royal Lifesaving Society
<http://www.royallifesaving.com.au>
- SIDS and Kids <https://rednose.com.au>

OTHER ORGANISATIONS AND PROFESSIONAL NETWORKS

In addition to the organisations listed above, there are a small number of research and other organisations and networks which are actively involved in the prevention of injury in the NSW Aboriginal child population through research leadership, intervention, data and/or collaboration. Two professional networks bring together researchers, policy makers and practitioners around injury prevention. These groups are:

- Australian Injury Prevention Network
<http://aipn.com.au>
- Public Health Association Australia, Injury
Special Interest Group <https://www.phaa.net.au>
- NSW Paediatric Injury Prevention and Management Research Forum
- NSW Ombudsman, Child Death Review Team <https://www.ombo.nsw.gov.au/what-we-do/coordinating-responsibilities/child-death-review-team>

OTHER COMMUNITY GROUPS

Injury prevention practice in the community can include a very broad other organisations, service providers, programs and practitioners.

- After school care
- Sports clubs
- Youth services

A list of online resources that can be used for developing an Aboriginal child injury prevention focus can be found in Table 2.



ADVOCACY AND THE MEDIA

The media can play a powerful role in either reinforcing or challenging the stereotypical views of Indigenous people in Australia. Aboriginal children and youth feature frequently in media stories that highlight the stark differences in health status between Indigenous Australians, often with a negative focus on child abuse, the juvenile justice system and alcohol abuse.⁸⁷ While it is important to draw attention to the health and safety issues confronting Indigenous people and communities in order to effect change, highlighting the disparities can also work in the opposite way by stigmatising the Indigenous communities and blaming victims. A challenge for those working in Aboriginal child injury prevention is how to frame injury prevention in a positive light and offer hope for the future.

New forms of digital media and online platforms provide opportunities to engage socially responsible journalism to prevent injury to children.

Advocacy using online platforms and social media such as Facebook and Twitter has become an important strategy to strengthen collaboration on child injury prevention internationally. The Canadian charity Parachute, for example, serves as an umbrella organisation for child and youth injury prevention. Parachute Canada is active in knowledge translation and has developed evidence-based tools which highlight the burden of injury on Aboriginal children in Canada.⁸⁸ In the United States, the National Centers for Injury Prevention and Control (CDCs) have online platforms which include resources on childhood injury and Native American injury, particularly transport injury.⁸⁹

Social media may have considerable impact on the Aboriginal community but has not been used extensively in Australia for Aboriginal child injury prevention. An example in the area of Aboriginal and maternal and infant health is the Stay Strong and Healthy Facebook site.

<https://www.facebook.com/StayStrongAndHealthy>.

TABLE 2 Indigenous child injury prevention online resources

Organisation	Strategy or Policy	Target Group	Website
Aboriginal Health and Medical Research Council (AHMRC)	Child car seat safety checklist	Children and youth	http://www.ahmrc.org.au/
Fire and Rescue NSW	Protect your mob online resource	Children and youth	http://www.fire.nsw.gov.au/page.php?id=897
George Institute for Global Health	Buckle Up Safely Aboriginal program	Children 3-5 years	http://www.georgeinstitute.org.au/projects/buckle-up-safely-safe-travel-for-aboriginal-children
Indigenous Health InfoNet	Indigenous injury online resources	All ages	http://www.healthinonet.ecu.edu.au/related-issues/injury
Kidsafe South Australia	Safety for our little fellas online resources	Children	http://www.kidsafesa.com.au/resources/safety-for-our-little-fellas
Kidsafe Victoria	Safety for our little fellas online resources	Children	http://www.kidsafevic.com.au/resources/safety-for-our-little-fellas
Kidsafe Western Australia	Watch out for your kids online resources	Children	http://www.kidsafewa.com.au/professional-resources-l
Kids and Traffic	Safe Journeys Safe Communities online resource	Children under 6 years	http://www.kidsandtraffic.mq.edu.au/safe-journeys-safe-communities/
Rural Health Education Foundation	Living Safely- preventing accidents and injury in Indigenous communities DVD	Children and youth	http://www.healthinonet.ecu.edu.au/key-resources/promotion-resources?lid=20829
NSW Centre for Road Safety	How to fit your helmet - online resource	Children and youth	https://roadsafety.transport.nsw.gov.au/stayingsafe/bicycle-riders/helmets-gear.html
Queensland Health	Caring for Piccaninny	Young children	https://www.childrens.health.qld.gov.au/wp-content/uploads/PDF/qcpimh/caring-for-piccaninny.pdf
Roads and Maritime Services (Transport for NSW)	Yarnbusters online resource	Youth	http://www.rms.nsw.gov.au/about/what-we-do/aboriginal-communities.html
Royal Lifesaving Australia	Ngadyung swimming program	Children and youth	https://www.facebook.com/Ngadyung/
SIDS and Kids	Pepi-pod program	Babies aged 0-5 months	https://rednose.com.au/page/reducing-the-risk-of-sudi-in-aboriginal-communities
Wollongong University, George Institute for Global Health	Safe Koori Kids online game and website	Children 8- 12 years	http://projects.georgeinstitute.org/safekoorikids/indexI.html

COLLABORATION AND ABORIGINAL LEADERSHIP

This section demonstrates that there are multiple organisation and agencies which have a role to play in preventing injury to children across a very broad range of settings and geographical areas. However to date there has been no strong history of collaboration by the various stakeholder groups with an interest in child injury prevention within NSW.⁸⁰ Stakeholder collaboration together with Aboriginal leadership and representation at a high level are needed to make the urgent changes and improvements to address this important issue. The complex underlying causes of childhood injury in vulnerable populations need to be addressed through a systems approach together with multiple intervention strategies which address the specific local and cultural needs of Aboriginal communities.



SECTION 5

WHAT WORKS AND WHAT DOESN'T IN PROGRAM DEVELOPMENT

Investment in evidence based programs has become increasingly important for policy makers and practitioners in recent years. As the previous sections have shown, there are considerable challenges in obtaining good quality research evidence in the field of injury studies. This section contains a summary of studies identified a literature review of effective programs that address Aboriginal child injury in Australia and internationally (Appendix A).

Evidence about outcomes of programs is important, but it is also important to seek information and take into consideration the lessons learnt in the process of implementing and evaluating programs. This section draws from the lessons learnt in implementing and evaluating health and social programs across a broad range of areas including: Aboriginal child health and safety, injury prevention, community development, health promotion, early childhood education. The references to these sources can be found at the end of this section





DEVELOPING AN EFFECTIVE CAR RESTRAINT PROGRAM FOR ABORIGINAL CHILDREN

Aboriginal children are over-represented in road-related injuries and death, being 2.7 times more likely to die from such causes than other Australians. Buckle Up Safely for Aboriginal children was adapted from a large scale NHMRC funded trial of an educational intervention to increase the use of child restraints in 3 to 5 year olds.

Following a pilot study in the Shoalhaven region, the program was then implemented across a further 12 sites, with funding from NSW Health and Transport for NSW. By the end of 2016, 435 restraints had been distributed and 16 community workers had been trained in fitting car restraints. Key elements to success were: Building on a strong evidenced based model; connecting effectively with communities; building capacity; flexible program.

Hunter K, Keay L, Clapham K, Brown J, Bilston L, Lyford M, et al. "He's the Number One Thing in My World": Application of the PRECEDE-PROCEED Model to Explore Child Car Seat Use in a Regional Community in New South Wales. *International Journal of Environmental Research and Public Health*. 2017;14(10):1206. <http://dx.doi.org/10.3390/ijerph14101206>

ELEMENTS OF EFFECTIVE PROGRAMS HAVE BEEN SHOWN TO:

BE BASED ON STRONG EVIDENCE

- Take account of the strengths, limitations and gaps in the available evidence when deciding on evidence on which to base practice.⁹⁰
- Respond to needs within a framework of human rights and self-determination.^{90, 91, 92}
- Recognise that Indigenous perspectives and methods of research can inform development of appropriate and effective programs.^{46, 47, 93, 94}

BUILD ON COMMUNITY STRENGTHS

- Work with Aboriginal communities and organisations to build on existing community strengths.^{47, 91, 92, 95}
- Support and strengthen community governance structures.^{90, 92}
- Find out what is important to the community.^{90, 91, 92}
- Empower communities by acknowledging local Indigenous knowledge and promoting culturally appropriate strategies.^{57, 92}
- Provide culturally appropriate and safe access to care.⁹⁶
- Support strong and strategic Indigenous leaders and mentors.^{47, 90, 92, 95}

TAKE A HOLISTIC APPROACH

- Consider that programs should be holistic in nature and consider the social determinants of health.^{90, 95}
- Do not work in silos; recognise that partnerships with organisations outside of the health sector may be required e.g. housing.⁴⁶
- Coordinate between different departments and levels of government to solve complex problems more holistically.^{57, 91, 92}

COMMUNICATE APPROPRIATELY WITH COMMUNITY

- Consultation/negotiation processes must occur with Aboriginal stakeholders before program implementation.^{46, 47, 90, 94}
- Share findings with Aboriginal community members.^{46, 47, 90, 91, 92}
- Ensure ongoing consultation with Aboriginal community.^{46, 47, 90, 91, 92}
- Consider appropriate messaging/language and communication (Story telling; Social media; Community events; Local campaigns/faces).^{91, 95, 96}
- Ensure that there is a two way flow of information between local communities and policy makers.⁹¹
- Community input should be sought at all levels of program planning, implementation and evaluation.^{47, 90, 91, 92}

BUILD LOCAL CAPACITY

- Use a strengths-based development approach, which builds on the capacities of Indigenous people, such as Aboriginal health and community workers, and organisations.⁹²
- Build capacity through training and local workforce development, mentoring of staff and governance systems development; this contributes to both community trust and tangible economic benefits.^{47, 91, 92, 95}
- Support and training needs to be targeted to the needs of organisations and their key staff.⁹¹
- Consider injury prevention capacity building opportunities for Aboriginal organisations (e.g. First aid course; hands on strategies; home visiting programs; parenting programs).^{91, 92, 96, 97, 98}

WORK COLLABORATIVELY AND BUILDS PARTNERSHIPS

- Have a co-operative approach and collaborate with community.^{46, 47}
- Establish effective partnerships between researchers/NGOs/ policy makers and community members.^{92, 94}
- Base partnerships on respect for Indigenous control and decision making/priorities.^{91, 92, 96}
- Value the knowledge, experience and understandings each party brings and respectfully and openly engage with each other.⁹⁵
- Have a shared vision and work within a framework of Aboriginal self-determination.^{90, 91}

HAVE FLEXIBLE TIMEFRAMES

- Allow Indigenous communities to set their own time frames compatible with their own cultural protocols.^{91, 92}
- Consider that long time frames may be needed to establish partnerships and build Indigenous staff capacity for program management.^{47, 95}

BE SUSTAINABLE

- Commit to long term personal connection with communities based on trust, honesty and respect.^{46, 47, 91}
- Establish sustained relationships between people working towards shared goals.^{92, 94}
- Include effective evaluation and sustainability strategies.^{90, 91}
- Develop monitors or measures for outcomes of a program.⁹⁴

BE WELL RESOURCED

- Include funding for skilled Aboriginal workers, infrastructure and materials.^{46, 47, 90, 96}
- Ensure adequate and sustained resourcing based on the roles and responsibilities of those involved.^{46, 90, 91, 94}
- Establish clarity about resource and financial limitations.⁹²

ADDRESSING THE CHALLENGES TO EFFECTIVE PROGRAM DEVELOPMENT

Addressing the complex issues which underlie the high rates of child injury in Indigenous communities is not easy. Being aware of the challenges or barriers to effective program development and implementation can assist policy makers and program developers to build strategies to address potential issues. The following key factors have been identified as barriers to success in the research literature.

TIMEFRAMES

- Timeframes which are required by granting agencies or other organisations may be inappropriate or unworkable for Indigenous communities.^{46, 92}
- Hurried, one-off 'consultations' that are organised without Indigenous input into design.⁹²
- Limited support of the time required to build relationships with Indigenous communities.^{46, 92}

WORKING IN SILOS

- An unnecessary and heavy burden is placed on Indigenous people when governments work in a fragmented manner or within siloed departments and jurisdictional arrangements whereby each agency tries to engage with the same Indigenous people and organisations.^{46, 92}
- Silo projects that don't address the holistic desires of Indigenous communities.^{46, 92}



LACK OF KNOWLEDGE ABOUT HOW INDIGENOUS COMMUNITIES WORK

- Staff operating on inaccurate assumptions about the Indigenous community, its membership, its governance, and who can represent its views; and failing to recognise the diversity within any Indigenous community.^{91, 92}
- Staff treating Indigenous people as 'one stakeholder among many' rather than as recognised traditional owners of Country.⁹¹

FAILURE TO INCLUDE COMMUNITY IN DECISION MAKING

- Indigenous people want a say in decision making, consistent and adequate funding of services and for government departments to be more accountable to them than to distant capitals.⁹²
- Possible solutions to 'problems' in Indigenous communities are frequently determined in distant capitals. Processes for 'consultation' are often brief and superficial and fail to take into account the aspirations and ideas of wellbeing of Indigenous people and the social contexts in which they live.^{91, 92}
- This challenge is more acute in remote areas of Australia where complex governance arrangements are currently in place; these are inadequate to foster local engagement.⁹²

LACK OF UNDERSTANDING OF INDIGENOUS WAYS OF KNOWING AND DOING

- Governments failing to address power inequalities, expecting Indigenous people to function in western bureaucratic forms and style.^{91, 92, 96}
- Favouring western systems over Indigenous knowledge.⁹¹

STRUCTURAL RACISM

- Racism embedded in institutions.⁹¹



CULTURALLY INAPPROPRIATE COMMUNICATION AND DISSEMINATION

- Lack of attention to ways of distributing information to stakeholders limits its actual use.⁴⁶

LACK OF FUNDING TO SUPPORT CAPACITY BUILDING

- Indigenous peak bodies and Indigenous community organisations are in a unique place to support community based child safety interventions and large scale research but frequently lack the personnel and resources to enable them to do so.⁴⁷
- Lack of capacity within projects to include strategies for individual capacity building, such as including funding to the training of local Aboriginal people.⁴⁶
- Failure to recognise the importance of building in organisational capacity, such as building more effective Indigenous community governance structures; and community capacity building, such as strategies to ensure long-term engagement and shared ownership of the goals and processes.^{46, 92}

A CHECKLIST FOR ACTION ON ABORIGINAL CHILD INJURY PREVENTION

On the following page is a set of questions to consider in the initial planning phases - before investing in the injury prevention approach being considered.

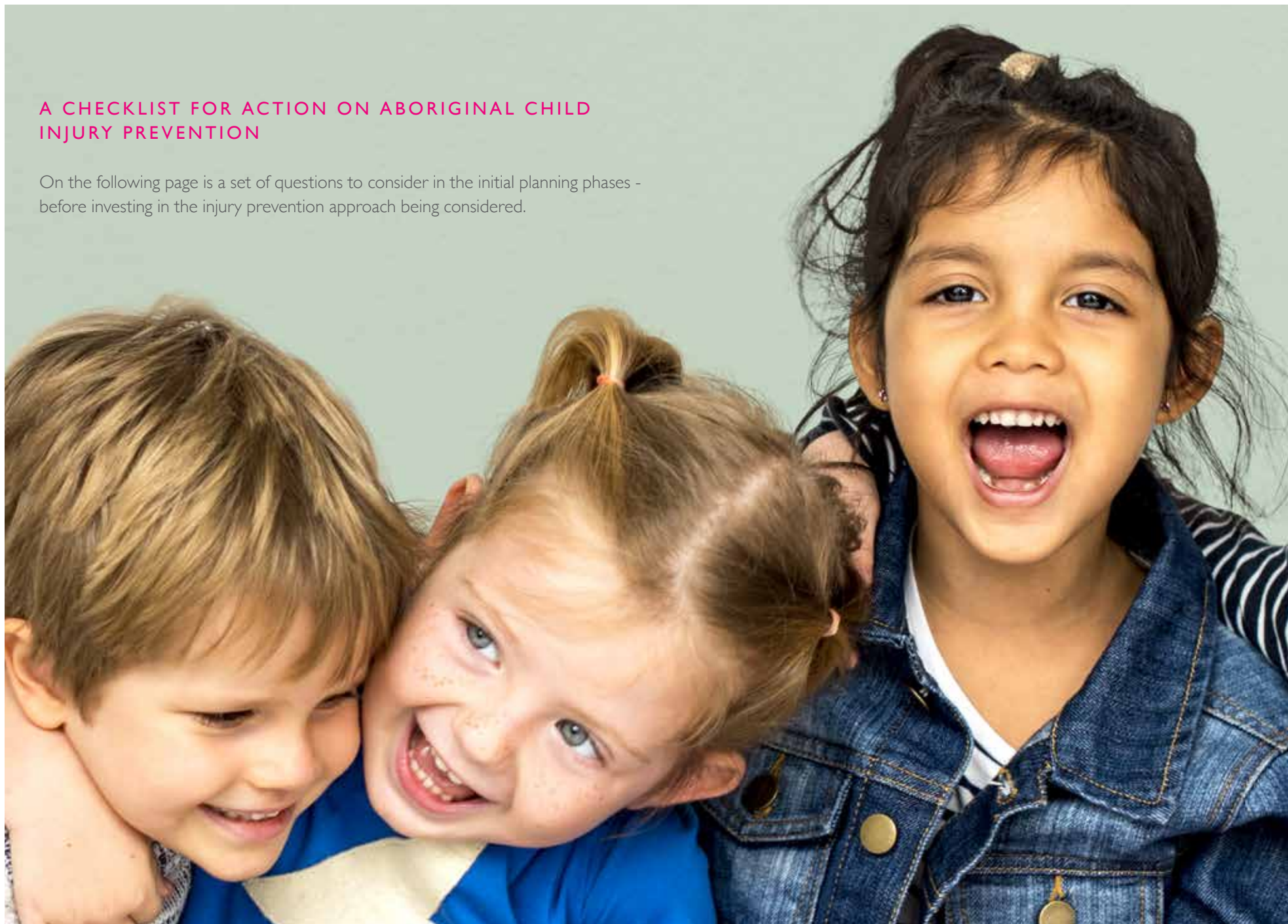


TABLE 3 A Checklist for action on Aboriginal child injury prevention

Organisation	Strategy or Policy	Yes	No
Is there any evidence of effective strategies in the area?	Have you consulted the evidence in the Good Practice Guide to see which strategies are backed by evidence from the literature?		
What are the facilitating factors and barriers to transferring the Strategy / intervention to an Aboriginal context/ setting?	Do you have evidence of the strategy being used in Aboriginal community settings or being used in an Aboriginal setting but on a different issue?		
	What are the specific characteristics of your local Aboriginal community or population that might have to be taken into account – i.e. are there any differences to populations with which this approach has been evaluated?		
	Have you consulted with the appropriate individuals and/or organisations in the community? Do you understand the specific characteristics of the people and community, including knowledge of local culture and protocol?		
	Is the target Aboriginal community ready to accept the strategy/intervention? Does the community have the capacity and resources to support the implementation and evaluation? What capacity needs to be enhanced?		
	Are there opponents to the introduction of the intervention? Are people willing or unwilling to work outside their organisation's mandate or immediate scope?		
	Is the strategy/intervention focused enough? Is it clear to all what is involved and is it doable?		
	Is it worth investing resources now or are there other strategies that provide an increased likelihood of success? Is the investment worth the likely outcome?		
	Do you have enough time as it relates to political, policy or funding cycles or to demonstrate successful implementation?		
	Can you obtain financial support for a long enough period to implement the strategy and follow it up to assess impact? E.g. is there likely to be a change in government that might impact what you are trying to achieve?		
Can the barriers be overcome?	Are there champions for injury prevention or children (e.g., individuals, celebrities, or NGOs) who can support or guide your efforts within or outside of the local Aboriginal community?		
	Is there a bigger political/policy process you can link into (e.g., international declarations, charters or resolutions, national alcohol reduction policies or transportation strategies)?		
	If the Aboriginal community is not ready to accept the strategy/intervention is there an earlier step that would increase community readiness (e.g., an awareness campaign)?		
	Are there opportunities to involve the Aboriginal community and specific target audience in planning and implementing the strategy/intervention?		
	Can you obtain political endorsement of the strategy to ensure life beyond a particular government?		
	Can you obtain commitment to funding for a period long enough to demonstrate effectiveness in your setting?		
Is the strategy appropriate for the target audience?	What adaptations need to be made to take the specific target group into consideration?		

SOURCE: Adapted from Adams et al. Child Safety Good Practice Guide: Good investments in unintentional child injury prevention and safety promotion. Sydney: Sydney Children's Hospitals Network, (2017)

REFERENCES



- 1 Australian Institute of Health and Welfare. The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples 2015. Cat. no. IHW 147. Canberra: AIHW, 2015.
- 2 Australian Institute of Health and Welfare. A picture of Australia's children 2012. Canberra: AIHW, 2012.
- 3 Moller H, Falster K, Ivers R, Jorm L. Inequalities in unintentional injuries between indigenous and non-indigenous children: a systematic review. Injury Prevention. 2015;21:e144-e52.
- 4 Peden M, Oyegbite K, Ozanne-Smith J, Hyder AA, Branche C, Rahman AF, et al., editors. World report on child injury prevention. Geneva: World Health Organisation (WHO) and United Nations Children's Fund (UNICEF); 2008.
- 5 Australian Institute of Health and Welfare. Indigenous child safety. Cat. no. IHW 127. Canberra: AIHW, 2014.
- 6 Australian Institute for Health and Welfare, Children's Headline Indicators [Internet]. 2017 [cited 10 January 2017]. Available from: <http://www.aihw.gov.au/chi/>.
- 7 Australian Institute of Health and Welfare. Aboriginal and Torres Strait Islander child safety. Cat no IHW 50. Canberra: AIHW; 2011.
- 8 AIHW: Pointer S. Hospitalised injury in children and young people 2011-12. Injury research and statistics series no. 91. Cat. no. INJCAT 167. Canberra: AIHW; 2014.
- 9 NSW Child Death Review Team. Child death review report 2015. 2016.
- 10 Admitted patient episodes [data file] [Internet]. NSW Health. 2015 [cited 28 April 2016 and 6 May 2016].
- 11 AIHW: Pointer S. Hospitalised injuries in Aboriginal and Torres Strait Islander children and young people 2011-13. Canberra: AIHW, 2016.
- 12 AIHW: Henley G & Harrison JE. Injury of Aboriginal and Torres Strait Islander people due to transport: 2005-06 to 2009-10. Injury research and statistics series no. 85. Cat. no. INJCAT 161. Canberra: AIHW, 2013.
- 13 Duke J, Wood F, Semmens J, Edgar DW, Spilsbury K, Hendrie D, et al. A study of burn hospitalizations for children younger than 5 years of age: 1983-2008. Pediatrics. 2011;127(4):e971-7.
- 14 Ivers RQ, Hunter K, Clapham K, Coombes J, Fraser S, Lo S, et al. Understanding burn injuries in Aboriginal and Torres Strait Islander children: protocol for a prospective cohort study. BMJ Open. 2015;5(10).
- 15 Möller H, Falster K, Ivers R, Falster M, Randall D, Clapham K, et al. Characteristics of hospitalized burn injury in Australian Aboriginal and non-Aboriginal children: a population data linkage study. Medical Journal of Australia. In press.
- 16 Clapham KF, Stevenson MR, Lo SK. Injury profiles of Indigenous and non-Indigenous people in New South Wales. Medical Journal of Australia. 2006;184(5):217-20.

- 17 Centre for Epidemiology and Evidence. The health of Aboriginal people of NSW: Report of the Chief Health Officer 2012. Sydney: NSW Ministry of Health, 2012.
- 18 Centre for Aboriginal Health. Mortality and Hospitalisation Due to Injury in the Aboriginal Population of New South Wales 2010 Accessed 25 October 2011. Available from: http://www.health.nsw.gov.au/pubs/2010/pdf/aboriginal_injury_report.pdf.
- 19 Möller H, Falster K, Ivers R, Falster M, Randall D, Clapham K, et al. Inequalities in Hospitalized Unintentional Injury Between Aboriginal and Non-Aboriginal Children in New South Wales, Australia. *American Journal of Public Health* [Internet]. 2016;[e1-e7 pp.]. Available from: 10.2105/AJPH.2015.303022.
- 20 Helps Y, Harrison JE. Hospitalised injury of Australia's Aboriginal and Torres Strait Islander people 2000-02. Adelaide: AIHW; 2006.
- 21 AIHW: Pointer S & Helps Y. Impact of improvements to Indigenous identification in hospital data on patterns of hospitalised injury. Injury research and statistics series no. 73. INJCAT Cat. no. 149.2013.
- 22 Australian Institute of Health and Welfare. Australia's health 2014. Australia's health series no 14 Cat no AUS 178. Canberra: AIHW; 2014.
- 23 Falster MO, Randall DA, Lujic S, Ivers R, Leyland AH, Jorm LR. Disentangling the impacts of geography and Aboriginality on serious road transport injuries in New South Wales. *Accident Analysis and Prevention*. 2013;54:32-8.
- 24 Falster K. Measuring Aboriginal child injury in urban community settings: the SEARCH Study. Roundtable Discussion on Preventing Unintentional Injury to Aboriginal Children and Young People in NSW: Developing Guidelines for Policy and Practice; 29 June 2016; The George Institute, Sydney 2016.
- 25 National Public Health Partnership. The National Aboriginal and Torres Strait Islander Safety Promotion Strategy. Canberra: National Public Health Partnership; 2004. Available from: http://www.nphp.gov.au/publications/a_z.htm.
- 26 Marmot M. Social determinants and the health of Indigenous Australians. *Medical Journal of Australia*. 2011;194(10):512-13.
- 27 Steering Committee for the Review of Government Service Provision. Overcoming Indigenous Disadvantage: Key Indicators 2014 Report. Canberra: Commonwealth of Australia, 2014.
- 28 Clapham K, Stevenson M, Lo S. Injury profiles of indigenous and non-indigenous people in New South Wales. *Medical Journal of Australia*. 2006;184(5):217-20.
- 29 National Public Health Partnership. The National Injury Prevention and Safety Promotion Plan: 2004-2014. Canberra: NPHP; 2004. Available from: <http://www.health.gov.au/internet/main/publishing.nsf/content/health-publth-strateg-injury-index.htm>
- 30 Dudgeon P, Milroy H, Walker R. Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice [eBook]. Barton, ACT: Commonwealth of Australia; 2014. Available from: <http://aboriginal.telethonkids.org.au/kulunga-research-network/working-together-2nd-edition/>.
- 31 Desapriya E SM, Ramanzin T, Weinstein S, Scime G, Pike I. Injury prevention in child death review: child pedestrian fatalities. *Injury prevention : journal of the International Society for Child and Adolescent Injury Prevention*. 2011.
- 32 Boufous S, Ivers R, Senserrick T, Martiniuk A, Clapham K. Underlying causes and effects of injury in Australian Aboriginal populations: A review: An Evidence Check rapid review brokered by the Sax Institute (<http://www.saxinstitute.org.au>) for NSW Health. 2010
- 33 Helps Y, Moodie D, Warman G. Aboriginal People Travelling Well: Community Report. Melbourne: The Lowitja Institute, 2010.

- 40 Senserrick T, Ivers R, Martiniuk A, Clapham K, Lyford M, Grzebieta R. Indigenous Safe System Demonstration Project Final Report Volume 1: Literature Review And Methods. Sydney, NSW: The George Institute for Global Health; 2010.
- 41 Vos T, Barker B, Stanley L, A L. Burden of disease and injury in Aboriginal and Torres Strait Islander peoples: 2003. 2007.
- 42 Australian Institute of Health and Welfare. Substance use among Aboriginal and Torres Strait Islander people. Cat no IHW 40. Canberra: AIHW; 2011.
- 43 AIHW: Henley G & JE Harrison. Injury of Aboriginal and Torres Strait Islander people due to transport, 2003-04 to 2007-08. Injury research and statistics series no 58 Cat no INJCAT 134. Canberra: AIHW; 2010.
- 44 NSW CDRT (Child Death Review Team). Causes of death of children with a child protection history 2002–2011. A special report to Parliament under s.34H of the Community Services (Complaints, Reviews and Monitoring) Act 1993. Sydney: NSW Ombudsman, 2014.
- 45 Falster K. The impact of the Brighter Futures program on unintentional injuries in vulnerable children. Childhood Injury Prevention & Management Research Grants, NSW Kids and Families; 2006.
- 46 Martiniuk A, Ivers R, Senserrick T, Boufous S, Clapham K. Effective and inclusive intervention research with Aboriginal populations: An Evidence Check rapid review brokered by the Sax Institute (<http://www.saxinstitute.org.au>) for NSW Health. 2010.
- 47 Hunter K. Lessons learnt in developing community based programs: Buckle-Up Safely. Roundtable Discussion on Preventing Unintentional Injury to Aboriginal Children and Young People in NSW: Developing Guidelines for Policy and Practice; 29 June; The George Institute Sydney 2016.
- 48 Hunter K, Keay L, Clapham K, Lyford M, Brown J, Bilston L, et al. Buckle-Up Safely (Shoalhaven): a process and impact evaluation of a pragmatic, multifaceted preschool based pilot program to increase correct use of age appropriate child restraints. Traffic Injury Prevention. 2014;15(5):483-90.
- 49 Hunter K, Keay L, Clapham K, Brown J, Bilston LE, Mannix S, et al. Child car restraint use among Aboriginal and Torres Strait Islander children. Injury Prevention. 2016;22(Suppl 2):A1-A393.
- 50 MacKay M, Vincenten J, Brussoni M, Towner L. Child Safety Good Practice Guide: Good Investments in Unintentional Child Injury Prevention and Safety Promotion. Amsterdam: European Child Safety Alliance; 2006.
- 51 Adams S, Elkington J, MacKay MJ, Zwi K, O'Sullivan M, Vincenten J, et al. Child Safety Good Practice Guide: Good investments in unintentional child injury prevention and safety promotion. NSW Australia edition ed. Sydney: Sydney Children's Hospitals Network; (in press).
- 52 Ivers R, Clapham K, Senserrick T, Lyford M, Stevenson M. Injury Prevention in Australian Indigenous Communities. Injury: International Journal of the Care of the Injured. 2008;39(Supplement 5):561-7.
- 53 Möller H, Falster K, Ivers R, Falster MO, Clapham K, Jorm L. Closing the Aboriginal child injury gap: targets for injury prevention. Australian & New Zealand Journal of Public Health [Internet]. 2016.
- 54 Clapham K, Khavarpour F, Stevenson M. Researching the Safety of children and youth in urban communities: An Indigenous perspective. Peer reviewed proceedings of the Australian Consortium for Social and Political Research, Inc. (ACSPRI) Social Sciences Methodology Conference. Sydney: The University of Sydney: Australian Consortium for Social and Political Research, Inc. (ACSPRI); 2006.
- 55 Brewin M, Coggan C. Evaluation of a New Zealand indigenous community injury prevention project. Injury control and safety promotion. 2002;9(2):83-8.

- 56 Brewin M, Coggan C. Evaluation of the Ngati Porou Community Injury Prevention Project. *Ethnicity and Health*. 2004;9(1):5-15.
- 57 Senserrick T, Hinchcliff R, Ivers R, Martiniuk A, Boufous S, Clapham K. Aboriginal Injury Prevention Projects: A Review: An Evidence Check rapid review brokered by the Sax Institute (<http://www.saxinstitute.org.au>) for NSW Health. 2010
- 58 Klassen TP, MacKay JM, Moher D, Walker A, Jones AL. Community-Based Injury Prevention Interventions. *The Future of Children: Unintentional Injuries in Childhood*. 2000;10(1):83-110.
- 59 Australian Government. National Aboriginal and Torres Strait Islander Health Plan 2013-2023. Canberra: Commonwealth of Australia; 2013.
- 60 NSW Health. An Aboriginal Safety Promotion Strategy. Sydney: NSW Health, Aboriginal Health Unit Monograph; 2003.
- 61 NSW Kids and Families. Healthy, Safe and Well: A strategic health plan for children, young people and families 2014-24. NSW Government.
- 62 Hendrie D, Miller T, Randall S, Bramelf K, Moorin R. Incidence and costs of injury in Western Australia 2012. Perth: Government of Western Australia, Department of Health, 2017.
- 63 Smith LT. *Decolonising Methodologies: Research and Indigenous Peoples*. 2nd ed. Dunedin: Zed Books Ltd and University of Otago Press; 2006.
- 64 Humphery K. Dirty questions: Indigenous health and 'Western research'. *Australian and New Zealand Journal of Public Health*. 2001;25(3):197-202.
- 65 Bainbridge, R., Tsey, K. and McCalman, J. et al. (2015) 'No one's discussing the elephant in the room: contemplating questions of research impact in Aboriginal and Torres Strait Islander Australian health research', *BMC Public Health*, vol. 15:696–706.
- 66 National Health and Medical Research Council, Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and communities: Guidelines for researchers and stakeholders (2018), Commonwealth of Australia: Canberra.
- 67 Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, Canada SSaHRCo. Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans 2014.
- 68 Health Research Council of New Zealand. Guidelines for Researchers on Health Research Involving Maori 2010. Available from: <http://www.hrc.govt.nz>.
- 69 National Health and Medical Research Council, Australian Research Council and Universities Australia. National statement on ethical conduct in research involving humans. Canberra: Commonwealth of Australia; 2007 (Updated 2018) Available from: <https://nhmrc.gov.au/about-us/publications/national-statement-ethical-conduct-human-research-2007-updated-2018>
- 70 National Health and Medical Research Council. Keeping research on track II: A companion document to Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and communities: Guidelines for researchers and stakeholders Canberra: Commonwealth of Australia; 2018 [Available from: <https://nhmrc.gov.au/about-us/publications/keeping-research-track>.
- 71 Aboriginal Health and Medical Research Council. AHMRC Guidelines for Research into Aboriginal Health: Key principles. 2013. Available from: <http://www.ahmrc.org.au/ethics.html>.
- 72 Australian Institute of Aboriginal and Torres Strait Islander Studies. Guidelines for ethical research in Australian Indigenous studies. 2012. Canberra: AIATSIS. Revised 2nd Edition. Available from: <https://aiatsis.gov.au/research/ethical-research/guidelines-ethical-research-australian-indigenous-studies>.
- 73 The Lowitja Institute. EthicsHub [Available from: <http://www.lowitja.org.au/ethics>.

- 74 National Health and Medical Research Council. Road Map 3: A strategic framework for improving Aboriginal and Torres Strait Islander health through research Canberra: Commonwealth of Australia; 2018 [Available from: <https://nhmrc.gov.au/road-map-3>]
- 75 Thurber K, Burgess L, Falster K, Banks E, Moeller H, Ivers R, et al. Relation of child, caregiver, and environmental characteristics to childhood injury in an urban Aboriginal cohort in New South Wales, Australia. *Australian and New Zealand Journal of Public Health* [Internet]. <http://onlinelibrary.wiley.com/doi/10.1111/1753-6405.12747/full>.
- 76 Clapham K, Ivers R, Hunter K, Bennett-Brook K. Bringing Aboriginal Voices to the Table: What are the child safety concerns and priorities of Aboriginal families and communities? Roundtable Discussion on Preventing Unintentional Injury to Aboriginal Children and Young People in NSW: Developing Guidelines for Policy and Practice; 29 June; The George Institute Sydney 2016.
- 77 Ou L CJ, Garrett P, Hillman K. Ethnic and Indigenous access to early childhood healthcare services in Australia: parents' perceived unmet needs and related barriers. *Australian and New Zealand Journal of Public Health*. 2010;35(1):30-7.
- 78 Herman S, Adkins M, Moon RY. Knowledge and beliefs of African-American and American Indian parents and supporters about infant safe sleep. *Journal of Community Health: The Publication for Health Promotion and Disease Prevention*. 2015;40(1):12-9.
- 79 Aboriginal Health & Medical Research Council. [Available from: <http://www.ahmrc.org.au/>].
- 80 Thompson C, Morris D, Bennett-Brook K, Aisbett J, Clapham K. A scan of childhood injury and disease prevention infrastructure in NSW: A report to Parliament under s.34H of the Community Services (Complaints, Reviews and Monitoring) Act 1993. Centre for Health Service Development, Australian Health Services Research Institute: University of Wollongong, 2015.
- 81 NSW Government. Local health districts and specialty networks 2015 [Available from: <http://www.health.nsw.gov.au/lhd/Pages/default.aspx>]
- 82 South Western Sydney Local Health District. Health Improvement for Children, Young People and Families 2016 - 2025. Online: NSW Government, Health; 2015. Available from: www.swslhd.nsw.gov.au.
- 83 Booth M, Hill G, Moore MJ, Dalla D, Moore MG, Messenger A. The new Australian Primary Health Networks: how will they integrate public health and primary care? *Public Health Research and Practice* [Internet]. 2016; 26(1):[e2611603 p]. Available from: <http://www.phrp.com.au/issues/january-2016-volume-26-issue-1/the-new-australian-primary-health-networks-how-will-they-integrate-public-health-and-primary-care/>
- 84 Kidsafe NSW. Playground safety [cited 2017 6 January]. Available from: <http://www.kidsafensw.org/playground-safety/>.
- 85 Kidsafe NSW. Local Government 2017 [6 January 2017]. Available from: <http://www.kidsafensw.org/playground-safety/local-government/>
- 86 NSW NGTf. Local government 2017 [6 January 2017]. Available from: <http://roadsafety.transport.nsw.gov.au/aboutthecentre/localgovernment/index.html>
- 87 Stoneham M. Bad news: negative Indigenous health coverage reinforces stigma. *The Conversation* [Internet]. 2014. Available from: <http://theconversation.com/bad-news-negative-indigenous-health-coverage-reinforces-stigma-24851>.
- 88 Parachute. The Canadian Atlas of Child & Youth Injury Prevention 2016 [Available from: <http://injuryevidence.ca/how-to/>].
- 89 Centers for Disease Control and Prevention. Injury Prevention & Control: Motor Vehicle Safety 2016 [Available from: <https://www.cdc.gov/motorvehiclesafety/native/factsheet.html>).

- 90 NSW Health. Principles for better practice in Aboriginal health promotion: The Sydney Consensus Statement NSW Health 2002. Sydney: NSW Department of Health; 2002.
- 91 Hunt J. Engagement with Indigenous communities in key sectors. Resource sheet no. 23. Produced for the Closing the Gap Clearinghouse. Canberra: Australian Institute of Health and Welfare & Melbourne: Australian Institute of Family Studies; 2013. Available from: <https://www.aihw.gov.au/reports/indigenous-australians/engagement-with-indigenous-communities-in-key-sect/contents/table-of-contents>
- 92 Hunt J. Engaging with Indigenous Australia-exploring the conditions for effective relationships with Aboriginal and Torres Strait Islander communities. Australian Institute of Health and Welfare & Melbourne: Australian Institute of Family Studies 2013. Available from: <https://www.aihw.gov.au/reports/indigenous-australians/engaging-with-indigenous-australia-exploring-the/contents/table-of-contents>
- 93 Hunter K, Keay L, Clapham K, Brown J, Bilston L, Lyford M, et al. "He's the Number One Thing in My World": Application of the PRECEDE-PROCEED Model to Explore Child Car Seat Use in a Regional Community in New South Wales. *International Journal of Environmental Research and Public Health*. 2017;14(10):1206. <http://dx.doi.org/10.3390/ijerph14101206>
- 94 NSW Health. Aboriginal Health Impact Statement Checklist. https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2017_034.pdf
- 95 Australian Government. Engaging with Aboriginal and Torres Strait Islander Communities. Canberra: Commonwealth of Australia; 2014. Available from: https://www.kidsmatter.edu.au/sites/default/files/public/Handbook_engaging_with_web.pdf
- 96 Secretariat National Aboriginal and Islander Child Care. Pathways to safety and wellbeing for Aboriginal and Torres Strait Islander children 2015. Available from: <http://www.snaicc.org.au/pathways-safety-wellbeing-aboriginal-torres-strait-islander-children/>.
- 97 Clapham K, Bennett-Brook K, Callister C, Fildes D. Evaluation of the Illawarra Aboriginal Medical Service 'Safe Homes, Safe Kids' Program. Wollongong, NSW: Centre for Health Services Development, Australian Health Services Research Institute, University of Wollongong 2015.
- 98 Clapham K, Bennett-Brook K, Hunter K. The role of Aboriginal family workers in delivering a child safety-focused home visiting programme for Aboriginal families in an urban region of New South Wales. *Health Promotion Journal of Australia*. 2018;29:173–82.



SUMMARY OF KEY STUDIES



Program (Location)	Injury topic	Age	Details	Reference and Links	Summary of Evidence – Key message
Safe Koori Kids (Sydney, NSW)	All unintentional injuries	Aboriginal and Torres Strait Islander children aged 8-12 years	<p>Pre/post intervention assessment of child safety knowledge, attitudes and self-efficacy.</p> <p>The study involved 790 primary school aged children at 24 middle and upper primary classes across five schools in Sydney, Australia.</p>	<p>Clapham K., Stevenson M. (2010). Child injury in an urban Australian indigenous community: the safe Koori kids intervention. Injury Prevention, 16(1). http://injuryprevention.bmj.com/content/16/Suppl_1/A138.2</p>	There is limited knowledge about effective child injury prevention for disadvantaged Indigenous minorities in high income countries. The intervention positively contributed to the resilience of Indigenous children and families with respect to safety and their environment.
Aboriginal Buckle-Up Safely (Shoalhaven, NSW)	Passenger safety	Aboriginal and Torres Strait Islander children aged 3-5 years	<p>Controlled trial using observation and self-reported measures – assessed differences in restraint practices.</p> <p>The study used a process and impact evaluation of a multifaceted education-based pilot program targeting correct use of age-appropriate restraints in a regional setting with a high proportion of Aboriginal and Torres Strait Islander families.</p>	<p>Hunter, K., Keay, L., Clapham, K., Lyford, M., Brown, J., Bilston, L., Ivers, R. Q. (2014). Buckle up safely (Shoalhaven): a process and impact evaluation of a pragmatic, multifaceted preschool-based pilot program to increase correct use of age-appropriate child restraints. Traffic injury prevention, 15(5), 483-490. https://www.ncbi.nlm.nih.gov/pubmed/24678571</p> <p>Hunter K, Keay L, Clapham K, Brown J, Bilston L, Lyford M, et al. "He's the Number One Thing in My World": Application of the PRECEDE-PROCEED Model to Explore Child Car Seat Use in a Regional Community in New South Wales. International Journal of Environmental Research and Public Health. 2017;14(10):1206. http://dx.doi.org/10.3390/ijerph14101206</p>	Using an integrated educational program that includes access to subsidised restraints helps promote best practice child restraint use among communities with a high proportion of Aboriginal and Torres Strait Islander families in New South Wales.

Program (Location)	Injury topic	Age	Details	Reference and Links	Summary of Evidence – Key message
Safe Home Safe Kids (Illawarra, NSW)	Home safety	Aboriginal and Torres Strait Islander children aged 0-5 years	<p>Surveys of participants to capture process and impact measures of knowledge, attitudes and practices.</p> <p>The program addresses the need for a culturally appropriate and strengths-based safety program delivered by Aboriginal family workers to vulnerable families.</p>	<p>Clapham, K., Bennett-Brook, K., Callister, C., & Fields, D. (2015). Evaluation of the Illawarra Aboriginal Medical Service Safe Homes, Safe Kids Program. http://ro.uow.edu.au/ahsri/672/</p> <p>Clapham, K., Bennett-Brook, K., & Hunter, K. (2018). The role of Aboriginal family workers in delivering a child safety-focused home visiting programme for Aboriginal families in an urban region of New South Wales. Health Promotion Journal of Australia. 2018;00:1-10. https://doi.org/10.1002/hpja.174</p>	Safe Homes Safe Kids offers a promising home visiting program for addressing complex family issues in urban areas and holds promise for high-risk/vulnerable families to reduce the risk of child injury.
Pepi-Pods (Rural and remote communities in Queensland)	Safe sleep practices	Aboriginal and Torres Strait Islander babies aged 0-5 months	<p>The program aims to reduce the risk for Aboriginal and Torres Strait Islander babies of sudden unexpected deaths in infancy in high risk environments through the trial of a safe sleep enabler to reduce the risk.</p> <p>The program uses a culturally respectful method that is accepted by Aboriginal and Torres Strait Islander families and the services providing care for them.</p>	<p>Young, J., Craigie, L., Cowen, S., Kearney, L., & Watson, K. (2015). Reducing risk for Aboriginal and Torres Strait Islander babies: trial of a safe sleep enabler to reduce the risk of sudden unexpected deaths in infancy in high risk environments. University of the Sunshine Coast & SIDS and Kids http://www.usc.edu.au/media/15595923/pepi-pod-materials_2015_australia_finalsept.pdf</p>	Evaluating innovative and culturally respectful strategies to reduce SUDI risk through enabling safe sleep environments, which support community ownership, develop multidisciplinary team skills, and reorient services from safe sleep advice to safe sleep action, will better inform the evidence-base used by educators, clinicians, researchers and policy makers in supporting parents and reducing infant deaths.

Program (Location)	Injury topic	Age	Details	Reference and Links	Summary of Evidence – Key message
Maori safe sleep innovations for infants (New Zealand)	Safe sleep practices	Maori babies aged 0-5 months	<p>Review of the development of Maori initiated innovations for safer infant sleep environments including the wahakura and pepi-pod.</p> <p>A traditional Maori infant sleeping device has been revived in an attempt to mitigate some of the risks of SUDI deaths. The program uses a culturally respectful method that is accepted by the Maori community</p>	<p>Abel, S., & Tipene-Leach, D. (2013). SUDI prevention: A review of Maori safe sleep innovations for infants. New Zealand Medical Journal, 126(1379). https://www.nzma.org.nz/journal/read-the-journal/all-issues/2010-</p>	The persistently high rates of SIDS and SUDI deaths in largely Maori communities, highlights the significance of other SUDI risk factors including unsafe bed sharing
Water safety practices for Native Indians (Northern Canada, Taloyoak, Nunavut and Tuktoyaktuk, Northwest Territories, Canada)	Water safety	<p>Native Indian youth aged 16-18 years.</p> <p>Adults up to age 70 were also included</p>	Ethnographically informed community-based research including interviews, observations and archival research of newspaper articles, past swimming pool reports, and government documents. The study examined how elders within the Native Indian communities influence water safety practices through sharing of traditional knowledge.	<p>Giles, A. R., Castleden, H., & Baker, A. C. (2010). 'We listen to our Elders. You live longer that way': Examining aquatic risk communication and water safety practices in Canada's North. Health & Place, 16(1), 1-9 9p. http://www.sciencedirect.com/science/article/pii/S1353829209000537</p>	<p>Those deemed "experts" in water safety communication (lifeguards and swim instructors) have been unsuccessful in conveying information that prevents injuries and fatalities in arctic waters, which are not part of their areas of expertise and lived experience.</p> <p>Incorporating Elders' knowledge and Aboriginal people's perceptions into aquatic program initiatives in communities holds potential to improve southern-based water safety programs towards being more culturally and geographically relevant.</p>

Program (Location)	Injury topic	Age	Details	Reference and Links	Summary of Evidence – Key message
Fitzroy Valley (Fitzroy Crossing and Fitzroy Valley)	Alcohol related injury	All members of the Aboriginal communities, including children and youth	<p>Impact evaluation of the alcohol restriction in Fitzroy Crossing. Supply restrictions: sale of packaged liquor with ethanol >2.7% at 20°C to any person other than a lodger (as defined in Section 3 of the Liquor Licensing Act) introduced October 2007.</p> <p>Research found that broken glass is a serious and hazardous problem for the community. Alcohol bottles and broken windows were identified as the major contributing source of broken glass and were hazardous especially for children with bare feet.</p>	<p>Kinnane, S., Henderson-Yates, L., Parker, H. (2010). Fitzroy Valley alcohol restriction report: an evaluation of the effects of alcohol restrictions in Fitzroy Crossing relating to measurable health and social outcomes, community perceptions and alcohol related behaviours after a 12 month period.</p> <p>http://www.dao.health.wa.gov.au/Others/DocumentManager.aspx?EntryId=376</p>	Prior to the imposition of the alcohol restriction children were reported to be experiencing trauma, poor health and poor supervision. After the restriction families were more aware of their health and more proactive in regard to their children's health. There was also increased effectiveness of services already active in the valley and parents generally took better care of children.
The Family Spirit Trial (America)	All injuries	American Indian and Alaskan Native children aged 0-3 years	<p>Community Based Participatory Research Approach. Intervention is a 43-session home-visiting curriculum administered by American Indian paraprofessionals to teen mothers with a behavioural risk from 28 weeks gestation until the baby's third birthday. The trial measures children's social, emotional, and behavioural outcomes including child emergency department visits and hospitalisations for injuries and ingestions.</p>	<p>Mullany, B., Barlow, A., Neault, N., Billy, T., Jones, T., Tortice, I., Walkup, J. (2012). The Family Spirit Trial for American Indian teen mothers and their children: CBPR rationale, design, methods and baseline characteristics. Prevention Science, 13(5), 504-518.</p> <p>http://link.springer.com/article/10.1007%2Fs1121-012-0277-2</p>	The study demonstrates the utility of American Indian para professionals in reservation settings where there is a paucity of health care professionals.

Program (Location)	Injury topic	Age	Details	Reference and Links	Summary of Evidence – Key message
Tribal Motor Vehicle Injury Prevention Programs for Reducing Disparities in Motor Vehicle Injuries (Native Indian and Alaskan Native communities)	Passenger safety	0-18 American Indian and Alaskan Native children and youth included in study amongst others	Evidence-based road safety interventions to reduce motor vehicle–related injuries and deaths. Communities implemented selected interventions from the Guide to Community Preventive Services. A multifaceted approach was taken by incorporating several strategies, such as school and community education programs, media campaigns, and collaborations with law enforcement officers into their programs.	West, B. A., & Naumann, R. B. (2014). Tribal motor vehicle injury prevention programs for reducing disparities in motor vehicle-related injuries. MMWR: Surveillance summaries, 63, 28-33 https://www.cdc.gov/mmwr/preview/mmwrhtml/su6301a6.htm	The increased use of seat belts and child safety seats, as well as increased enforcement of alcohol-impaired driving laws, lead to a decrease in motor vehicle crashes involving injuries or deaths.

EXAMPLES OF GOOD PRACTICE PROGRAMS

SAFE KOORI KIDS PROGRAM

South-Western Sydney Region

IMPLEMENTATION LEVEL

Regional

APPROACH

Building Capacity

SETTING

Primary Schools

DATE

2006-2008

TARGET GROUP

Primary school aged children, their parents, carers and teachers

EVIDENCE BASE

School-based injury prevention education has the potential to increase safety-related knowledge and behavior^{1,2}

BACKGROUND

Injury is one of the leading causes of mortality among Aboriginal and Torres Strait Islander people.³ Most Aboriginal and Torres Strait Islander people live in major cities (35%) or regional areas (44%)⁴ and the lack of effective, sustainable and culturally appropriate interventions presents a significant barrier to improved health in this population.

Consistently higher injury rates amongst Aboriginal and Torres Strait Islander children reveal that they have not benefited from the interventions which have been effective in reducing injury rates for non-Indigenous children.⁵⁻¹⁰

Preventing injuries to Aboriginal and Torres Strait Islander children and youth needs to go beyond the immediate physical injury to addressing the broader range of socio-cultural factors impacting on Indigenous populations, such as social disadvantage, poverty, alienation, and family and community dysfunction. However, our knowledge of the injury experience of Aboriginal and Torres Strait Islander people living in urban environments has not been reported widely; most of the research focus has been on remote areas.

The Safe Koori Kids intervention was developed and delivered to Aboriginal and non-Aboriginal children across 11 primary schools in South-western Sydney, NSW, over a three-year period (2006-2008). Following evaluation, work on translation to policy was undertaken during 2009–10.

Safe Koori Kids demonstrates a comprehensive approach to injury prevention in that:

- 1) It treats injury prevention as a priority
- 2) It is in a position to propose priorities in injury prevention within the community
- 3) It is receptive to and involved in initiatives resulting from its implementation
- 4) Evaluation is a key aspect in its implementation.

Community consultation and the incorporation of culturally affirming and appropriate materials into the program make it an exemplary case study in the area of injury prevention in Aboriginal communities.

POLICY BACKGROUND/DRIVING FORCE

Safe Koori Kids was funded by Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) for the formative research conducted in 2005-2006 and the National Health and Medical Research Council in 2006-2008 for the development, implementation and evaluation of the intervention.

Preventing injury in Aboriginal and Torres Strait Islander communities was a national health priority area for Commonwealth, State and Territory Governments at the period of implementation.¹¹⁻¹³ Safety promotion and injury prevention policy overlaps with other important priority areas including mental health, social and emotional wellbeing, violence prevention, alcohol and drugs, housing and work safety. In combining health and education interventions for school-aged children, the program was also consistent with the National Safe Schools Framework¹⁴ and the recommendations of the Ministerial Council on Education, Employment, Training and Youth Affairs' (MCEETYA) Taskforce on Indigenous Education.¹⁵

PARTNERS

- Primary schools in South Western Sydney
- Tharawal Aboriginal Corporation
- Parents/caregivers of Aboriginal children
- The Australian Health Services Research Institute (University of Wollongong)
- The George Institute for Global Health

AIMS AND OBJECTIVES

The program aimed to increase understanding of the broad range of factors involved in injury in Aboriginal communities and to create a culturally acceptable and effective intervention program by addressing child and youth resilience.

KEY STEPS

- 1 Collecting qualitative and quantitative data on injury incidence and impact in the NSW Aboriginal population
- 2 Developing partnerships with Aboriginal and non-Aboriginal service providers across a range of government and non-government organisations within the region
- 3 Consulting community and selecting schools to participate in the program based on the number of Aboriginal students, formal support from the school and a formal expression of interest from local Aboriginal communities
- 4 Developing and designing a culturally appropriate safety curriculum, resources, game and website comprising five modules: 'Survival' (safety in the outside environment), 'Getting Around' (transport safety), 'Playing It Safe' (sports safety), 'Living Together' (home and school safety) and 'Values and Respect' (interpersonal relations, bullying and racism)
- 5 Training teachers to deliver safety curriculum at primary schools and providing resources to enhance the program such as the interactive Safe Koori Kids video game and funds for safety-themed excursions

- 6 Training local safety advocates and developing local safety projects
- 7 Delivering the safety curriculum to children aged eight to 12 years over a 10-week period

EVALUATION

A pre-test/post-test design was used to evaluate the effectiveness of the intervention in five of the 11 primary schools. These schools were chosen on the basis of high Aboriginal enrolments. Twenty-four teachers, 790 children (Aboriginal and non-Aboriginal) and a number of children's parents and/or carers participated in the final stage of the program.

A questionnaire designed by the researchers and comprising 30 questions was administered to the 790 school children on two occasions. Questions were based on the knowledge, skills and attitudes taught across the five safety modules by the classroom teachers. The pre-test was administered by classroom teachers in weeks one to two of the second school term. The post-test was administered towards the end of the same term, nine to ten weeks later. The purpose of the questionnaire was to assess the change in the child's self-efficacy and knowledge and attitudes towards safety.

A teacher questionnaire was also administered pre- and post-intervention to a total of 24 classroom teachers from the five schools. The purpose of the teacher questionnaire was to measure change in the teachers' safety knowledge and attitudes to Aboriginal children and teaching practices in these areas, as well as the level of Aboriginal parental involvement in the program.

Results

Results indicated there was a significant increase ($p<0.05$) in self-efficacy among children from pre- to post-intervention for both Aboriginal (6%) and non-Aboriginal children (2%). Safety knowledge among Aboriginal children increased from pre- to post-intervention by 17% ($p<0.01$) and non-Aboriginal children by 15%, ($p<0.01$). However, there were no significant improvements in attitudes towards safety (Aboriginal children 2%, $p=0.288$, non-Aboriginal children 1%, $p=0.0721$). Overall, Aboriginal children scored lower than non-Aboriginal children post intervention on self-efficacy (75% vs. 77%), knowledge (56% vs. 63%) and attitudes towards safety (79% vs. 84%). Teacher focus groups provided further evidence of the programs impact on children's safety knowledge and attitudes.⁶

LESSONS LEARNED

Facilitators

- Aboriginal involvement in all aspects of the Safe Koori Kids program was important in ensuring that the intervention would be both culturally acceptable and beneficial to Aboriginal communities
- A school-based, culturally-affirming safety intervention can have a positive impact on improved self-efficacy and knowledge about safety
- Innovative use of Aboriginal knowledge in the curriculum resonated with all children and the Aboriginal parents/carers
- The intervention showed considerable promise as a resource for increasing resilience in Aboriginal children through an increase in self-efficacy in relation to safety

Barriers

- There were no significant improvements in attitudes towards safety, indicating the difficulty of achieving fundamental attitudinal changes. More work needs to be done in this challenging area
- It can be difficult to get access to participants in an urban setting where there is relatively little community engagement
- Sustainability depends on obtaining support from State education departments and ongoing commitment by government, non-government and community sectors working together
- Results were not linked to any injury data, but these may be available through local health services

Advice on transferability

- Intervention programs need to incorporate an understanding of the broad range of factors that increase the vulnerability of Aboriginal children living in urban areas
- Inter-sectoral collaboration and partnerships between researchers and local service providers and Aboriginal community organisations are essential components of program development in urban communities

REFERENCES, ADDITIONAL INFORMATION

- 1 Frederick K, Bixby E, Orzel MN, Stewart-Brown S, Willett K. An evaluation of the effectiveness of the Injury Minimization Programme for Schools (IMPS). *Inj Prev* 2000; 6(2): 92-95.
- 2 National Fire Protection Association, USA (NFPA). Final report of the three-year evaluation of Risk Watch. Quincy, MA: NFPA, 2001.
- 3 Australian Bureau of Statistics (ABS). Leading Causes of Aboriginal and Torres Strait Islander Deaths. Canberra: ABS, 2013. Cat no. 3303.0.
- 4 Australian Bureau of Statistics (ABS). Estimates of Aboriginal and Torres Strait Islander Australians, June 2011. Canberra: ABS, 2013. Cat no. 3238.0.55.001.
- 5 Australian Institute of Health and Welfare (AIHW). Headline Indicators for Children's Health, Development and Wellbeing 2011. Canberra: AIHW, 2011. Cat. no. PHE 144.
- 6 Clapham K, Khavarpour F, Bolt R, Stevenson M. Child injury in an urban Australian indigenous community: the safe koori kids intervention. *Inj Prev* 2010; 16(Supplement 1): A138.
- 7 Clapham K, Stevenson M, Lo S. Injury profiles of indigenous and non-indigenous people in New South Wales. *Med J Aust* 2006; 184(5): 217-220.
- 8 Clapham K, Khavarpour F, Bolt R, Stevenson M, Su S. Researching the safety of Indigenous children and youth: an urban perspective. In: McCoy B, Stewart P, Poroch N, editors. *Urban Health: Strengthening our voice, culture and partnerships*. Canberra: Australian Institute of Aboriginal and Torres Strait Islander Studies; 2012. p. 47-57.

- 9 Ivers R, Clapham K, Senserrick T, Lyford M, Stevenson M. Injury prevention in Australian Indigenous communities. *Injury* 2008; 39 (Supplement 5): S61-S67.
- 10 Möller H, Falster K, Ivers R, Jorm L. Inequalities in unintentional injuries between indigenous and non-indigenous children: a systematic review. *Inj Prev* 2015; 21(e1): e144-e152.
- 11 National Public Health Partnership (NPHP). The National Injury Prevention and Safety Promotion Plan: 2004-2014. Canberra: NPHP, 2004.
- 12 National Public Health Partnership (NPHP). The National Aboriginal and Torres Strait Islander Safety Promotion Strategy. Canberra: NPHP, 2004.
- 13 Pointer S, Harrison J, Bradley C. National Injury Prevention Plan Priorities for 2004 and Beyond: Discussion Paper. Injury Research and statistics series no. 18. Adelaide: Australian Institute of Health and Welfare, 2003. Cat no. INJCAT 55.
- 14 Standing Council on School Education and Early Childhood (SCSEEC). National Safe Schools Framework. South Carlton: SCSEEC, 2013.
- 15 Ministerial Council on Education, Training and Youth Affairs (MCEETYA) Taskforce on Indigenous Education. Solid Foundations - health and education partnership for Indigenous children aged 0 to 8 years: discussion paper. Melbourne: MCEETYA, 2001.

Resources

The Safe Koori Kids Website contains resources for children, parents and teachers. Two teaching resources can be downloaded: Safe Koori Kids Program Guide and a Resource Booklet which are intended for use by teachers in the classroom:

<http://projects.georgeinstitute.org/safekoorikids/>

Safe Koori Kids Game:

<http://www.uow.edu.au/wic/safekoorikids/>

CONTACT

Name: Kathleen Clapham

Position: Professor (Indigenous Health)

Organisation: Australian Health Services Research Institute

Address: Building 234 (iC Enterprise 1)

Innovation Campus

University of Wollongong

Wollongong, NSW 2522

Tel: (02) 4221 5171

Email: kclapham@uow.edu.au

URL: ahsri.uow.edu.au

BUCKLE-UP SAFELY: SAFE TRAVEL FOR ABORIGINAL CHILDREN

Shoalhaven, NSW

IMPLEMENTATION LEVEL

Regional

APPROACH

Building Capacity

SETTING

Early childhood learning centres

DATE

2010

TARGET GROUP

Parents and carers of children aged three to five years

EVIDENCE BASE

Community-based intervention combining child passenger restraint distribution, loaner programs or incentives with education programs lead to increased use.¹⁻³

BACKGROUND

Aboriginal and Torres Strait Islander people are over-represented in road-related deaths and serious injury – being 2.7 times more likely to die from such causes than other Australians. The greatest disparity is for Aboriginal and Torres Strait Islander children aged 0-4 years, who are four times more likely to die and two times more likely to suffer serious injury from road-related injury than other Australian children of the same age.⁴

Despite the safety benefits, studies have shown that many children are not seated in the right restraint or the restraint is used incorrectly. Further, parents have reported confusion about which restraints to use and how to use them.⁵

The Buckle-Up Safely (Shoalhaven) program was the adaptation of the Buckle-Up Safely program, successfully delivered in Southwest Sydney, for the Aboriginal community in the Shoalhaven (south coast) area of NSW. It was delivered in 2010 in three early learning centres where 31% of the children were of Aboriginal and Torres Strait Islander descent, higher than the national average of 3%. Aboriginal people led and were involved in all levels of this project.

The Buckle-Up Safely Project received its principal support from the local Aboriginal Education Consultative Group. Findings were reported back to this group and each of the participating services.

The program involved: a two-hour educators' professional development program and ongoing support, delivery of 'hands-on' parent information sessions, giving parents a Buckle-Up Safely bag containing resources, providing access to subsidised restraints and to an authorised child restraint fitting station with mechanics who distributed and fitted the restraints.

POLICY BACKGROUND/DRIVING FORCE

Legislation was introduced in Australia in 2009, mandating the use of age-appropriate restraints for children up to seven years of age.⁶ The law was enacted in New South Wales, Australia in 2010. The Buckle-Up Safely program aimed to supplement these legislative measures by providing a program to increase parent awareness and understanding of the legislation and distribution of the materials required to achieve such improvements.

Sustainability of these efforts was sought by training pre-school/long day care centre staff to deliver the program and its key messages, as well as the provision of free restraint fitting and subsidised restraints to families, as required.

PARTNERS

- The George Institute for Global Health
- Neuroscience Research Australia
- Members of the Steering Committee including representatives of the local Aboriginal community
- Aboriginal Education Consultative Group (AECG)
- Kids and Traffic: Early Childhood Road Safety Education Program
- Transport for NSW
- Shoalhaven Municipal Council
- Authorised local restraint fitters
- Parents of children attending the early childhood learning centres
- Early childhood learning centre directors and staff

AIMS AND OBJECTIVES

- To increase the number of Aboriginal and Torres Strait Islander children correctly restrained in age-appropriate child car restraints
- To increase parents' awareness and understanding of the legislation
- To increase community access to existing services and resources regarding safe travel of children in cars

KEY STEPS

- 1 Engaging with a lead community organisation to identify if the community would like to have the program and obtaining principal support from the community organisation
- 2 Bringing together an Advisory/Steering Committee with representatives from key local Aboriginal organisations to oversee the project and provide cultural advice
- 3 Identifying potential services and conducting a scope of local services relevant to the program
- 4 Providing educator training to staff of early childhood learning centres through a workshop, providing the tools for staff to deliver parent training, and distribute printed materials and strategies to engage with children and families on optimal child restraint use
- 5 Offering information sessions to parents, presenting the dangers of suboptimal motor vehicle child restraint use and demonstrating correct use of restraints
- 6 Offering free fitting of age-appropriate child restraints and subsidised purchasing of restraints
- 7 Providing feedback to each service and key community organisation on the progress of the program
- 8 Building in elements to increase sustainability of the program beyond the project life

EVALUATION

A pre-test/post-test trial was used to evaluate the pilot program. Three early childhood learning centres in Shoalhaven were invited and participated in the pilot study (the Shoalhaven group). Centres were selected based on the number of children attending, sufficient physical access for safe observation, and at least 20% of the families to be of Aboriginal origin.

Program effectiveness was measured by comparing restraint use between the Shoalhaven group and a control group of comparison centres not engaged in the program.

Children in the Shoalhaven group receiving the Buckle-Up Safely program were matched 1:1 with children from the control centres, on factors known to influence restraint use e.g. age of the child, language spoken at home and annual household income.

Trained local Aboriginal research assistants observed how the child was seated in the restraint and how the restraint was installed in the car as the children arrived at each preschool/day care. They also conducted face-to-face surveys with the parents. Further, a pre-test/post-test survey was conducted within the Shoalhaven preschools receiving the Buckle-Up Safely program to measure any changes in self-reported restraint use.

Results

Observed restraint use was measured for 71 families in Shoalhaven group and 71 matched families in the control group. Overall, few children were optimally restrained - 39% of children from the Shoalhaven group were optimally restrained and 31% from the control group. After controlling for the age of the parent interviewed (whether or not they were < 35 years), the Shoalhaven Buckle-Up participants were over twice as likely to have their child more optimally restrained than children from the control group (95% CI: 1.09 – 3.90). Parents aged 35 years or younger were over three times more likely to have their child more correctly restrained (OR=3.29. 95% CI: 1.51 – 7.17).^{7,8}

LESSONS LEARNED

Facilitators

- Community consultation with Aboriginal leaders and parents
- Receiving community support and engagement
- A local steering committee advising the project
- The support of established networks such as the reputable organisation, Kids and Traffic, to introduce the program to the early childhood learning centres, and the NSW Restraint Fitting Station network
- Pro-child safety attitude of early childhood educators
- Optimising consistent messaging across the different program elements

- A clear, illustrative audio-visual presentation demonstrating the safety benefits of child restraints
- Supportive legislation, which had recently been introduced

Barriers

- High turnover of staff in centres
- Some difficulty in engaging families was experienced
- The relatively high cost of restraints means that subsidies are not a sustainable element of the program unless an ongoing funding stream can be found
- It is labour-intensive to allocate, distribute and correctly install the appropriate restraint for each child in the program
- As some of the more financially disadvantaged families had difficulty affording even the subsidised restraints, there were some delays in uptake of the restraints offered, and several were accessed after the evaluation data were collected, resulting in an under-estimate of the impact of the program

Advice on Transferability

At the time of writing, the program had been expanded and was running in 12 communities across NSW.

The key advice to others implementing this program includes:

- Build an engaged Steering Committee with representatives from key Aboriginal organisations and community stakeholders.
- Have Aboriginal leadership at all levels of the project
- Appoint local people to manage the program.
- Focus on capacity building through training of Aboriginal community workers in how to provide advice and fit child car seats, and how to run the program at each site
- Ensure that those responsible for the transport of children (e.g. transport officers within community organisations, and case workers) are included in the training
- Work with the local community, to develop local resources based upon consistent messaging and appropriate images. This includes identifying suitable existing resources
- Work with established education and restraint fitting networks provides a reputable introduction to the program and decreases labour-intensiveness of identifying, contacting and establishing rapport with early childhood learning centres
- While training preschool and day care staff to be able to deliver the program was intended to help the program achieve self-sustainability, staff reported that the co-delivery of presentations by 'outside' specialists improved the number of parents attending the educational session

- Ensure ongoing support to the centres to offset changes in staff and to explore alternative methods of purchasing subsidised restraints to address financial barriers experienced by some families
- Consider parental representation from each centre on the steering committee to aid program implementation and uptake

REFERENCES, ADDITIONAL INFORMATION

- 1 Turner C, McClure R, Nixon J, Spinks A. Community-based programs to promote car seat restraints in children 0-16 years - a systematic review. *Accid Anal Prev* 2005; 37(1): 77-83.
- 2 Zaza S, Sleet DA, Thompson RS, Sosin DM, Bolen JC. Reviews of evidence regarding interventions to increase use of child safety seats. *Am J Prev Med* 2001; 21(Supplement 4): 31-47.
- 3 Towner E, Dowswell T, Mackereth C, Jarvis S. What Works in Preventing Unintentional Injuries in Children and Young Adolescents? An updated systematic review. London: Health Development Agency, 2001.
- 4 Australian Institute of Health and Welfare (AIHW), Henley G, Harrison J. Injury of Aboriginal and Torres Strait Islander people due to transport, 2003-04 to 2007-08. Injury research and statistics series no. 58. Canberra: AIHW, 2010. Cat no. INJCAT 134.
- 5 Brown J, McCaskill ME, Henderson M, Bilston LE. Serious injury is associated with suboptimal restraint use in child motor vehicle occupants. *J Paediatr Child Health* 2006; 42(6): 345-349.
- 6 Office of Legislative Drafting, Commonwealth Attorney General's Department. Australian Road Rules. Canberra: National Road Transport Commission, 2009. p. 253-258.
- 7 Hunter K, Keay L, Clapham K, Lyford M, Brown J, Bilston L, et al. Buckle Up Safely (Shoalhaven): A Process and Impact Evaluation of a Pragmatic, Multifaceted Preschool-Based Pilot Program to Increase Correct Use of Age-Appropriate Child Restraints. *Traffic Injury Prevention* 2014; 15(5): 483-490.
- 8 Hunter K, Keay L, Clapham K, Brown J, Bilston L, Lyford M, et al. "He's the Number One Thing in My World": Application of the PRECEDE-PROCEED Model to Explore Child Car Seat Use in a Regional Community in New South Wales. *International Journal of Environmental Research and Public Health*. 2017;14(10):1206. <http://dx.doi.org/10.3390/ijerph14101206>

RESOURCES

Please contact Kate Hunter (details below) for available resources, including flip charts, posters, height charts, and question and answer sheets.

CONTACT

Name: Kate Hunter
 Position: Senior Research Fellow, Injury Division
 Organisation: The George Institute for Global Health
 Address: 1 King Street, Newtown NSW, 2050.
 Phone: (02) 8052 4411
 E-mail: khunter@georgeinstitute.org.au
 URL: www.georgeinstitute.org.au

SAFE HOMES SAFE KIDS PROGRAM

Illawarra Region

IMPLEMENTATION LEVEL

Regional

APPROACH

Creating Safe Environments and Building Capacity

SETTING

Urban family homes

DATE

2013-2015

TARGET GROUP

Parents and carers of Aboriginal children aged 0-5 years with a focus on first-time parents and teenage parents.

EVIDENCE BASE

Home safety education that is delivered one-to-one and face-to-face either at home or in a clinical setting, especially with the provision of safety equipment, is effective in increasing a range of safety practices and it may also reduce injury rates.¹⁻⁵

BACKGROUND

Consistently higher injury rates amongst Aboriginal children reveal that Aboriginal children and families have not benefited from the interventions which have been effective in reducing injury rates for non-Aboriginal children.⁶⁻⁸ Intervention strategies in the Aboriginal community must go beyond traditional approaches and take into account the broader range of social, historical and cultural factors impacting on Aboriginal populations, but few culturally acceptable Aboriginal-led interventions have been evaluated.

The Illawarra Aboriginal Medical Service (IAMS) developed a home visiting safety program called Safe Homes Safe Kids which targets disadvantaged Aboriginal families with young children living in the Illawarra region of NSW. The Program operates as a home visiting model delivered by Aboriginal Family Workers in the parent/carer's home.

The Aboriginal Family Workers aim to improve the safety and wellbeing of families with young children by providing information and resources, support with parenting, facilitating informal support groups and facilitating access to appropriate services. The service delivery they provide is flexible and offered in convenient settings, in order to engage clients who do not ordinarily access services. This involves building trusting relationships with clients. The Safe Homes Safe Kids program takes place in the home of parents and carers

with young children.

Aboriginal Family Workers conduct home visits and provide intensive family assistance to vulnerable at-risk families, utilising a locally produced safety promotion package. The safety promotion package comprises locally developed safety education materials, a booklet with local artwork, as well as a kit of home safety devices intended to prevent injury to young children.

POLICY BACKGROUND/DRIVING FORCE

The IAMS has received funding for the Aboriginal Family Worker positions from the NSW Department of Family and Community Services (FACS) since 2005 under the Aboriginal Child Youth and Family Strategy (ACYFS). The ACYFS is a state-wide prevention and early intervention strategy that aims to provide Aboriginal children with the best start in life. The ACYFS places great emphasis on investment in the 0-5 year age range in keeping with the strong body of evidence demonstrating the importance of the early years in a child's development, and the long-term effectiveness of supporting parents and children during these years. Aboriginal Family Workers in NSW Local Health Districts are employed to deliver services to families in accordance with this strategy. The ACYFS works in close partnership with Families NSW, and the NSW Aboriginal Maternal and Infant Health Strategy.

PARTNERS

- Illawarra Aboriginal Medical Service
- NSW Ministry of Health
- Parents/Caregivers

AIMS AND OBJECTIVES

The overarching aims of Safe Homes Safe Kids are to reduce child injury, and raise awareness about safety by promoting safety in the home environment. The specific objectives are:

- To provide education, information and advice in order to assist parents and carers in understanding their child's development
- To heighten parents' awareness of the dangers around the home
- To work in partnership with families to identify and achieve family goals
- To provide parenting information and advice
- To support families to develop practical life skills to assist them in raising their children and to build confidence in their parenting skills
- To establish and maintain specific and identified links within the local Families NSW child and family network that ensure vulnerable Aboriginal families can access services that suit their circumstances and needs
- To assist families by building connections with appropriate services, community supports and informal social networks with other families

KEY STEPS

- 1 Train Aboriginal Family Workers to deliver the program and conduct home visits to distribute home safety kit and booklet
- 2 Establish a network of service providers (including Family and Community Services, health care professionals and counselling services) within the area and to work with Aboriginal Family Workers in referring appropriate families into the program
- 3 Home visits conducted by Aboriginal Family Workers to provide safety information booklet and home safety kit, helping the family install the included devices and answer any questions
- 4 Ensure Aboriginal Family Workers provide ongoing support through follow-up visits/phone calls and refer families other services as required

EVALUATION

A process, outcomes and impact evaluation was conducted to determine the effectiveness of the program. Additionally, a collaborative approach was taken to the evaluation⁹ and included formative components involving ongoing feedback and reflection between the researchers and the Aboriginal Family Workers to improve the implementation of the project.

The following impact and outcome measures were assessed through a combination of qualitative and quantitative methods:¹¹

- The degree to which the program achieved outcomes for individuals, clients and their families including:
 - Changes in the level of engagement of Aboriginal parents in the safety program
 - Improved client child safety knowledge and skills
 - Changes in attitudes of parents and/or carers towards child safety
 - Observable changes in the home safety environment
 - Improved uptake of child safety devices by clients
 - Improved attitudes of clients towards home and community safety
 - Increase in the prevention of child injury in the home and community
 - Sustained changes in the home safety environment of clients
 - Sustained family access to child and family services
- The effectiveness of the intervention approach in the context of the IAMS
- Longer term societal level impacts of the Program

Qualitative data were collected from interviews with 10 clients (parents and carers of Aboriginal children), 11 IAMS staff and 14 external stakeholders (health professionals and Family and Community Services). Quantitative program and client service data were collected (including IAMS reports, client feedback forms, home risk assessments, product checklist forms, and monthly reports of client's contact with Aboriginal Family Workers and external family services) for 51 participants across 17 households over a 12-month period from October 2013–September 2014. Service mapping of 35 relevant organisations was undertaken to better understand how the Safe Homes Safe Kids program operates in the context of service delivery to children and families more generally within the Illawarra region.¹¹

Results

Results indicated that the program clearly addressed an important need for a safety education program delivered by Aboriginal Family Workers for vulnerable families. Clients expressed a high degree of satisfaction with the Aboriginal Family Workers' delivery of the program and the holistic model of service provision offered by the IAMS.¹¹

Improvements were recorded for each of the main participant. Key results were: increased engagement in safety programs; improved child safety knowledge (parents/carers, children, Aboriginal Family Workers); improved child safety skills (parents/carers, Aboriginal Family Workers); increased accessibility for parents/carers, children and families to services; improved attitudes to home and community safety.^{11, 12} There were also reports of child injuries being prevented and indicators of changes occurring in the home safety environment. The evaluation provided opportunities for collaboration between researchers and the IAMS, capacity building in injury prevention and research and evaluation skills for the Aboriginal Family Workers.¹¹

LESSONS LEARNED

Facilitators

- The cultural appropriateness of the program delivered by Aboriginal Family Workers meaning that clients were accepting of the home visiting component as an appropriate intervention
- The skills and knowledge of the Aboriginal Family Workers around the complex needs of Aboriginal families
- Multifaceted support from the family workers (referring clients to other services, providing assistance with transport, etc.)
- Flexibility of program delivery within the home, making them feel comfortable and confident to actively engage in the program and to gain child safety knowledge and skills alongside their families
- Delivery from the Illawarra Aboriginal Medical Service as part of a holistic service delivery model giving clients access to a network of internal health and welfare services that are delivered from a trusted service provider within the Aboriginal community

Barriers

- Availability of trained and experienced Aboriginal Family Workers
- Ability to recruit and retain experienced staff members that are able to cope in this sensitive area
- Costs associated with providing a home safety kit and booklet for families
- Low number of participating families, meaning quantitative data was not used in the final evaluation as it would have little statistical power

Advice on transferability

- Aboriginal Family Workers should develop skills in ongoing monitoring and evaluation activity aimed at making the program more sustainable in the future
- Creating a strong internal (within the IAMS) and external network of providers and services that the Aboriginal Family Workers are familiar with is important to assist with referrals both into the program and for referring families to other services they may need
- Regular feedback about the program from parents and carers, Aboriginal Family Workers and a network of service providers encourages client engagement in child safety programs and could lead to more innovative and improved practices

REFERENCES, ADDITIONAL INFORMATION

- 1 Hodnett ED, Roberts I. Home-based social support for socially disadvantaged mothers. *Cochrane Database Syst Rev* 2000; (2): CD000107.
- 2 Kendrick D, Elkan R, Hewitt M, Dewey M, Blair M, Robinson J, et al. Does home visiting improve parenting and the quality of the home environment? A systematic review and meta analysis. *Arch Dis Child* 2000; 82(6): 443-451.
- 3 Kendrick D, Illingworth R, Woods A, Watts K, Collier J, Dewey M, et al. Promoting child safety in primary care: a cluster randomised controlled trial to reduce baby walker use. *Br J Gen Pract* 2005; 55(517): 582-588.
- 4 Sznajder M, Leduc S, Janvrin MP, Bonnin MH, Aegerter P, Baudier F, et al. Home delivery of an injury prevention kit for children in four French cities: a controlled randomized trial. *Inj Prev* 2003; 9(3): 261-265.
- 5 Kendrick D, Mulvaney CA, Ye L, Stevens T, Mytton JA, Stewart-Brown S. Parenting interventions for the prevention of unintentional injuries in childhood. *Cochrane Database Syst Rev* 2013; (3): CD006020.
- 6 Australian Institute of Health and Welfare (AIHW). *Headline Indicators for Children's Health, Development and Wellbeing 2011*. Canberra: AIHW, 2011. Cat. no. PHE 144.
- 7 Ivers R, Clapham K, Senserrick T, Lyford M, Stevenson M. Injury prevention in Australian Indigenous communities. *Injury* 2008; 39 (Supplement 5): S61-S67.
- 8 Möller H, Falster K, Ivers R, Jorm L. Inequalities in unintentional injuries between indigenous and non-indigenous children: a systematic review. *Inj Prev* 2015; 21(e1): e144-e152.
- 9 Rodríguez-Campos L, Rincones-Gómez R. *Collaborative Evaluations: Step-by-Step*. 2nd edition. Stanford: Stanford University Press; 2012.
- 10 Clapham K, Bennett-Brook K, Callister C. *Injury Prevention and Australian Indigenous children: A review of current literature*. Wollongong: Centre for Health Service Development, Australian Health Services Research Institute, 2015.
- 11 Clapham K, Bennett-Brook K, Callister C, Fildes D. *Evaluation of the Illawarra Aboriginal Medical Service Safe Homes, Safe Kids Program*. Wollongong: Centre for Health Service Development, Australian Health Services Research Institute, 2015.
- 12 Clapham, K., Bennett-Brook, K., & Hunter, K. (2018). The role of Aboriginal family workers in delivering a child safety-focused home visiting programme for Aboriginal families in an urban region of New South Wales. *Health Promotion Journal of Australia*. 2018;00:1-10. <https://doi.org/10.1002/hpja.174>



RESOURCES

The Safe Home Safe Kids kit and booklet are available through the Illawarra Aboriginal Medical Service. The safety kit comprises various safety devices such as non-slip bathroom accessories, cushioning, doors and locks, electrical covers and burn prevention covers. These are distributed to clients according to their needs. The home safety booklet has been designed with culturally appropriate pictures and covers the dangers that are present within different rooms of the home and the risks to children at different ages.

Wollongong IAMS: (02) 4229 9495

Dapto IAMS: (02) 4264 8777

<http://www.illawarraams.com.au/contact-us>

CONTACT

Name: Kathleen Clapham

Position: Professor (Indigenous Health)

Organisation: Australian Health Services Research Institute

Address: Building 234 (iC Enterprise 1)

Innovation Campus

University of Wollongong

Wollongong, NSW 2522

Tel: (02) 4221 5171

Email: kclapham@uow.edu.au

URL: ahsri.uow.edu.au





