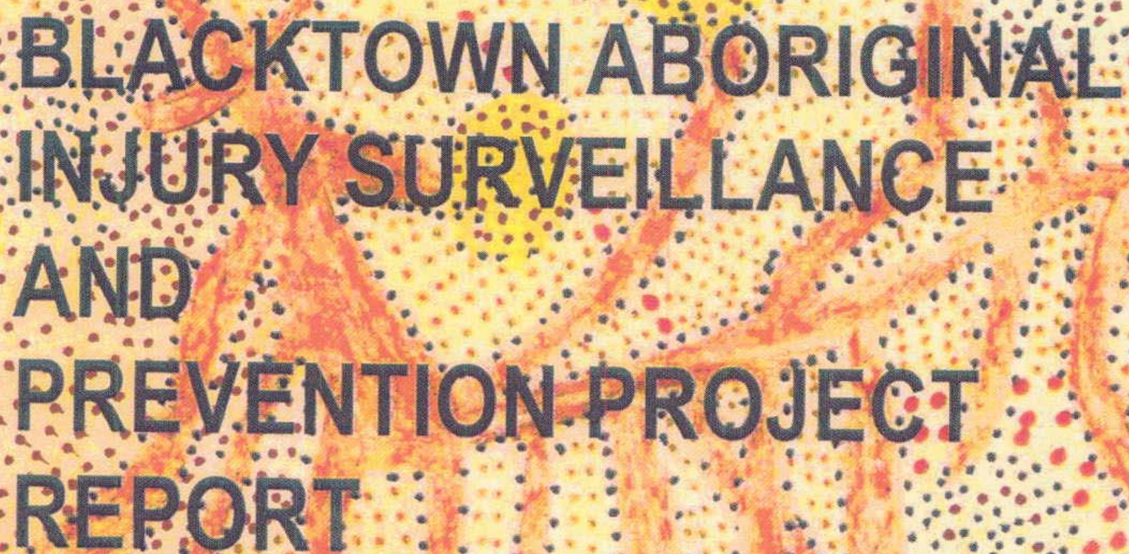

BLACKTOWN ABORIGINAL INJURY SURVEILLANCE AND PREVENTION PROJECT REPORT

UNITED WE WIN

Cover illustration – Maureen Streeter
“The design represents a map of Western Sydney, with a focus on Mt Druitt and key spots through to Westmead. The figures represent the fragmention of the indigenous community, for although they live in the area their spirit has a longing connection to their homeland.

The different colour dots represent the many different clans living in the area, with the different size of red and coloured in yellow, while non-indigenous services are black and red. There are also yellow meeting places representing the desire of the indigenous community for change. Only a couple of the roads cross each other thus representing the services’ fear of loss of funding.”the dots representing the differing strength of the people. Aboriginal services are painted in black and

Additional copies of this report may be obtained by contacting:
Western Sydney Area Health Service
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June 2003

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Blacktown LGA

Aboriginal Injury Surveillance and Prevention Project Report

UNITED WE WIN

The glare of a thousand years is shed on the black man's wistful face,
Fringe-dweller now on the edge of towns, one of a dying race;
But he has no bitterness in his heart for the white man just the same;
He knows he has white men friends today, he knows they are not to blame.
Curse no more the nation's great, the glorious pioneers,
Murderers honoured with fame and wealth, won of our blood and tears;
Brood no more on the bloody past that is gone without regret,
But look to the light of happier days that will shine for your children yet.
For in spite of public apathy and the segregation pack,
There is mateship now, and the good white hand stretched out to grip the black.
He knows there are white men here today who will help us fight the past
Till a world of workers from shore to shore as equals live at last.

Oodgeroo Noonuccal (Kath Walker)

Developed by the Aboriginal Community and local service providers

Supported by the Western Sydney Area Health Service

Funded by NSW Health Injury Prevention Policy Unit

Acknowledgments

Information providers

Many people have provided the information that describes the nature of Aboriginal injury in Western Sydney. Many groups provided formal data and assisted in unlocking its secrets:

Department of Education and Training, welfare services, employment and training providers, refuges, Aboriginal Liaison Officers, police, Aboriginal Legal Service, Aboriginal community Elders from Blacktown LGA, health care professionals, child-care services, emergency departments (ED).

Many others gave their time, valuable stories and understanding of complex issues of cause and effect. Many remain anonymous because their stories are personal and their privacy is important.

Steering Committee

This report would not have been possible without the active participation and commitment of the Steering Committee. Their insights into issues and the networks that they shared are the foundation of both the process and recommendations:

Jamie Bellwood (Aboriginal Health Worker Mount Druitt Hospital), Kylie Parsons (Indigenous Community Development Worker, Blacktown Council), Yvonne To'a (Aboriginal Health Worker Blacktown Hospital), Anne Pont (ISU Manager, Centrelink), Eileen Hinton (ISU Centrelink), Daliah Fittler (ISU Centrelink), Maxine Conaty (ATSIC), Tabatha Timbrey-Cann (Aboriginal Specialist, Department of Housing).

Project Team

Maureen Streeter, Aboriginal Injury Prevention Officer	Community networking, interviewing, project and report development
Jerry Moller, New Directions in Health and Safety	Project and report development and professional advice on data and injury issues.

Western Sydney Area Health Service support

Christine Pollachini, Manager Injury Prevention
Marie Wilson, Director Aboriginal Health
Diana Aspinall, Safe Communities Project Officer
Glenn Close, Director Epidemiology, Indicators, Research and Evaluation (EIRE)

Executive Summary

As in much of the rest of Australia, routinely available health data are not adequate for detailed profiling of injury among Aboriginal people in Western Sydney. There are a number of factors that influence this. Many injuries are treated in settings that do not systematically report injury data. Data are only readily available from public Emergency Department (ED) systems and hospitals. Health data systems are known to have errors in identifying Aboriginality. Comparison of rates of hospital admissions with non-Aboriginal populations is also difficult due to problems with Aboriginal identification in the census data.

Emergency Department data comparisons were not attempted in this report because of the wide catchment area of the large ED departments and likely differential use of other treatment services for this level of injury. Many injuries appear to remain untreated.

Despite the fact that exact numbers and rates of injury cannot be determined, available data show that injury is a major problem in this Area. In particular, the level and nature of violence and self-harm is of concern. Cultural fragmentation, alienation and poverty appear to be major underlying factors. Unintentional injury is also common, with rates of injury increased by risk-taking, peer group pressure and hazardous environments.

Overall, the major features that need to be taken into consideration when planning injury prevention in Aboriginal communities are:

- the frequency, severity and causes of injury are poorly described and understood
- patterns of injury are closely associated with underlying social issues
- role models for children lead to high levels of risk-taking and injury
- peer pressure and status-seeking in a poor and alienated community results in severe injuries among adolescents and young adults
- intentional injury is of paramount concern
- violence is widespread
- self-harm is common and erodes the confidence of the community
- the threshold for treatment is high. Injuries are only treated when the injured person (or a relative) is convinced that it is safe to seek treatment or the injury is severe
- injury is accepted behaviour in the Aboriginal community. This includes both intentional and unintentional injury, and
- there is a lack of trusted, accepted and effective treatment facilities

Injury prevention programs cannot by themselves right the wrongs or take on the whole agenda on alienation and cultural erosion. They must, however recognise the importance of these issues and select priorities and intervention models that seek to redress the deep-seated distrust and anger in the community.

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Abbreviations

LGA	Local Government Area
WSAHS	Western Sydney Area Health Service
EDIS	Emergency Department Injury Surveillance
AMS	Aboriginal Medical Service
ABS	Australian Bureau of Statistics
AIHW	Australian Institute of Health and Welfare
Dharruk	Suburb of Blacktown
Daruk	Daruk Aboriginal Medical Service
ACCHS	Aboriginal Community Controlled Health Service
AHS	Area Health Service
ED	Emergency Department

Aims of the report

- To describe injury among Aboriginal people in the Blacktown Local Government area
- To identify important issues and causes
- To identify possible ways of reducing injury
- To suggest priorities for action
- To stimulate a local Aboriginal injury prevention strategy
- To lay the foundation for reducing Aboriginal injury

Background

The incidence, causes and impacts of injury among Aboriginal people tend to be poorly documented in Australia. New South Wales is no exception and a great deal of work has been undertaken to improve statistical information. Limitations in international coding standards mean that in-depth exploration of the high incidence of injury among Aboriginal people remains difficult. The NSW Health Injury Prevention Policy Unit has recognised this and has funded a number of Areas to utilise existing data and to undertake qualitative research to develop local information bases for understanding and responding to Aboriginal injury.

This report has been commissioned to extend the work already done in the Shoalhaven and Mid-North Coast Health Areas of New South Wales to an urban Area. The Blacktown Local Government Area (LGA) was chosen because it has a high proportion of Aboriginal people and the western suburbs of Sydney are the home to 7% of the NSW Aboriginal population.

The Area

The Western Sydney Area Health Service comprises five Local Government Areas (Auburn, Baulkham Hills, Blacktown, Holroyd and Parramatta). This report will mainly consider the Blacktown LGA. This includes Mount Druitt, an area of high overall socio-economic disadvantage and a high proportion of single parent and low-income families.

The Aboriginal and Torres Strait Islander population for the Western Sydney AHS was 8,756 at the last census. This represented:

- 1.9% of the total population of the Western Sydney area
- 7.3% of the NSW Aboriginal and Torres Strait Islander population

Blacktown is the largest LGA in Western Sydney. At the 2001 Census the population was 256,364 (38% of WSAHS population). Injury within this LGA accounted for 24,5392-injury presentation in 2000-2001 (45% of Western Sydney Emergency Department injury presentations during 2000-2001[1]).

There are twenty-three suburbs within Blacktown LGA. Those showing significant socio-economic disadvantage include Bidwill, Blackett, Emerton, Lethbridge Park, Shalvey, Tregear, Whalan and Wilmot.[2].

Table 1 shows the distribution of the Aboriginal and Torres Strait Islander population within Blacktown LGA.

Table 1 Indigenous population in Blacktown LGA by selected suburb, 2001

	Indigenous population	Total population	Proportion
Bidwill	425	4577	9.3%
Blackett	246	3505	7.0%
Doonside	551	13719	4.0%
Emerton	106	2310	4.6%
Hebersham	271	5995	4.5%
Lethbridge Park	307	4869	6.3%
Mt Druitt	243	11612	2.1%
Shalvey	294	3758	7.8%
Tregear	316	3999	7.9%
Whalan	326	5871	5.6%
Wilmot	230	2540	9.1%
Dharruk	119	2873	4.1%
Summary			
WSAHS	8,756	682,397	1.3%
NSW	119,865	6,371,745	1.9%

Source: 2001 Census Data, CDATA 2001, ABS

The highest proportion of indigenous residents in the Blacktown LGA are children aged 0-4 years (18.3%), followed by 5-9 (16.5%) and 10-14 years (12.3%)[2]. Indigenous infant mortality is still three to five times higher than that for other Australian children.[3]

Since August 1987, the area has had an Aboriginal Community controlled health service. This is the Daruk Medical Service, which was initiated with Commonwealth funding[4.]

Blacktown LGA has high rates of reported crime compared to state averages, with seven out of eight categories significantly higher than the NSW rates. Blacktown has high rates of assault (12 per 1,000) and break and enter of a dwelling (16.1 per 1,000) compared to NSW (8.5 per 1,000 and 12.7 per 1,000 respectively)[5].

Over one quarter of young people in the 15-19 years age group in Blacktown reported no income. Of those receiving a weekly income the highest proportion obtained $40-$79. The highest proportion of those aged 20-24 years received $300-$499 per week. The majority of people aged 55 years and over in Blacktown do not participate in the work force[6.]

Key Priorities of the NSW Aboriginal Health Strategic Plan

The National Aboriginal Health Strategy 1989 recognised Aboriginal Community Controlled Health Services (ACCHS) as being the most efficient and effective way to deliver holistic primary health care to the Aboriginal community. This approach incorporates the principles of Aboriginal community control and cultural appropriateness. The principle of Aboriginal community control is also an integral part of the NSW Aboriginal Health Partnership.

The NSW Department of Health is committed to improving health outcomes for Aboriginal people through greater access to both mainstream and Aboriginal specific health and related programs.

Primary health care providers in NSW include ACCHSs, health services provided through the public health system and general practitioners (GPs). Studies reveal that while Aboriginal people underutilise public health and GP services their use of inpatient services is high. A range of issues impact on access to and utilisation of primary health care services, including distance, cost, lack of information and cultural insensitivity. In some regions, access to GPs who bulk bill is non-existent.

Improving access to health services involves effective networking within the partnership structure. The strategies in the plan are aimed at addressing the obstacles through a partnership approach. Consequently, responsibility for implementation of some of the strategies falls upon a range of service providers as well as the NSW Department of Health and Commonwealth Department of Health and Aged Care.

It is clear that health services have a leadership role in injury prevention. Many preventive strategies will, however be designed and implemented in other sectors because the root causes of the high levels of injury are found in the way in which society works and the social conflicts that have eroded Aboriginal well being over many generations.