

## Principles for injury prevention

The interviews identified a number of principles for injury prevention strategies for the future.

### 1. Individuals have the right to be respected and valued.

“We aren’t all bad you know. We do deserve to be treated as equal, not as a low life. Jesus, some of the people I have had in here all bugged up and they’re not just all Koori’s either. Some of my friends are white too, but most don’t like to admit that.”

### 2. The elders need to be recognised and supported to create the future

“They are usually a more refined group. My experience is they are more level headed. There is a greater need for our elders to be more recognised in the communities. I believe our children and our adults should be able to approach elders because they have got the experience behind them. Not often enough are our elders used.”

### 3. The strengths of individuals and families that are doing well should be recognised and celebrated

“I know a young lad about 19 who’s a father himself, who was bought up in a very abusive environment. Where his parents drank, he was abused and neglected by his parents who would just leave him with anybody, he was bought up by everybody else and he doesn’t drink himself he has nothing to show for it but he is a very good dad.”

### 4. The strengths of community need to be restored and valued

“We need to be a much stronger group of people, then we can look after our children and can work on uniting our family again.”

### 5. The strengths of culture need to be rediscovered and practically applied to the present day environment

“We have lost a lot of respect for our elders. Only by returning to our cultural being and instilling that into our kids can we address the problem. We have lost a lot of our community protection and spirit and insight our community needs UNITY.”

## 6. The diversity of cultures should be used as a strength rather than a source of conflict

“My dream would be that they have a place of their own, a space for cultural diversity, a space for the 52 different tribes.

From it, we all grow as human beings in our community because we're part of a just society.”

“If only we could let go of our fears and our prejudice. I feel they are so rich in their culture and we may lose it. I want my grandchildren to experience this culture.”

“There is no simple band-aid approach. It's about empowering Aboriginal Australia, celebrating Aboriginal Australia. Respect, how can anybody who is never shown respect, respect themselves.”

“Making the community safe and welcoming. A safe environment, there's nowhere like that in Mount Druitt.”

## 7. Learn by doing not by talking and theorising

“Stop wasting the money and do what's needed. We know what's needed so do the bloody thing.”

## 8. Build a future for children by modelling respect and safety as adults

“If we're going to regain this respect we need to start with the children so they can teach their children to carry on the self-respect to relate to other people.”

“To have commitment to our children and meet their needs we must as adults provide support factors:  
a safe caring environment,

constant supervision and guidance,

foster the concept of Home for the child,

give clear messages to the child and include the child in decision making that directly effects them and their world - it was shattered for us, let us help them to put the jigsaw together, listen – in order to hear what the child is really saying.”

“Allow the concept of “safe place” where the child feels safe enough to reach out ... in order to reach in and heal.”

“Provide good role models – Heal our own hurt first.

9. Provide good education based on indigenous knowledge and the law of the land

"I would just really like to see health services provided. Factions, nepotism, and power have to go. It's got to do with community development in Aboriginal health."

"There has got to be education for Aboriginal people with no conflict of interest involved."

"In the ideal world we would have glossy posters, educate and run workshops."

"You can't educate the whole community at once. You have to break it down into categories like sport."

10. Provide service structures that provide continuity of care and commitment to long term change and challenge management and planning practices that result in fragmentation and short term experiments.

"It's then about consistency of care. It is no good having a really good AMS if it's not accessible to the people."

"If we're really going to build a safe community we have to work on it 24 hours a day like we do with our own kids. It can't be a 9 to 5 service, it has to be beyond that."

"More flexibility for professional people to work flexible hours. Once you open up the places things start to happen and people start to take care of themselves."

"Most Aboriginal staff are on temporary contracts. Neither they nor their clients know who will be there tomorrow or whether today's priorities will be continued."

## Overview of major findings

As in much of the rest of Australia, routinely available health data are not adequate for detailed profiles 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 in the Area 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. Accidental injury is also common, and risk-taking, peer group pressure and hazardous environments, increase rates of injury.

Overall the major features to be taken into consideration when planning prevention of injury are:

- the frequency, severity and causes of injury are poorly described and understood
- injury patterns 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 and their relatives are 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 efforts must seek to establish for the community leaders and residents that injury reduction is possible. They must be concrete and focussed on action that is sustained long enough to produce results.

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.

Violence prevention is a major need. The approaches to violence prevention however must be careful not to increase alienation and must not echo the violence that they are designed to reduce. Violence is a universal issue and it needs to be addressed universally. Complementary programs are needed for men, women and children.

The community needs to be assisted to demonstrate that making safe choices in environment and behaviour brings positive and long lasting benefits. They need to identify and celebrate success.

## **Future directions**

The first part of this section echoes the voice of the people. It looks at where we are now and to the future and suggests possible directions to be taken. The ideas have been developed in consultation with the steering committee, elders, key agencies and participants in the project.

The format used is one that has been found to be useful by the World Health Organisation when dealing with complex issues that require community acceptance, understanding and support.

The second part consists of firm recommendations for action. It is focused on policy makers and agencies.

## 1. Violence

### What the community said?

“Elder abuse really worries me because it’s a secret silence like a sneaky little snake where people are manipulated for lots of reasons. A lot of it has to do with respect. Self respect as much as anything. If you don’t respect yourself how can you respect others.”

“Violence oppresses the entire community because it impacts on the entire community and it holds us back from moving forward.”

“For the victim it’s a lack of self-esteem that leads to self-destruction. Mental and emotional. And it has a big impact on the family. They suffer mental and emotional stress. For the community a lot depends on whether they know about it. If they know they will step in and support. A lot of the time they feel inadequate and hopeless.”

“Family violence is accepted and common. The woman working makes the man feel inadequate and forced into a role of DV out of frustration. You can’t just blame one aspect of it. You can’t blame one any more than the other. Nine out of 10 couples who are victims or perpetrators of DV are going to get back together. You have to work in a holistic way with the whole family to stop the cycle of violence.”

### Where are we now?

- Violence is a major problem in the Aboriginal community affecting all ages and families in some way
- Violence is accepted behaviour in the Aboriginal community.
- Violence arises out of frustration and disempowerment
- Violence creates fear and continues disempowerment
- Imprisonment does little to reduce violence but has many other negative effects

#### BUT

- The community does not want to continue to accept violence
- The community wishes to be empowered
- The community wishes to accept responsibility for change

#### AND, the people want

- Action to occur
- To see positive change
- To regain their culture

### Where would we like to go?

- Violence is the exception rather than the rule
- The environment is safe
- Aboriginal people are not labelled and stigmatised as violent
- To live in unity without racism

#### SOMETHING TO TRY

- Culturally appropriate counselling services using a holistic approach to the whole family
- Children to experience positive role models
- People will take responsibility for their behaviour and actively seek solutions
- Helping services for both men and women

#### POSSIBLE PARTNERS

- WSAHS
- Daruk AMS
- Counselling Service
- DOCS
- Education Department
- Marrin Weejali
- Blacktown Council
- Community Solutions
- Police

**How will we begin?**

- Strengthen counselling services with culturally relevant approaches and Indigenous staff
- Build better partnerships between agencies including existing services
- Acknowledge and support staff who are doing well and who have potential to do better.
- Establish a safe place for Aboriginal people
- Initiate men's and women's groups
- Provide positive role models and mentor children
- Assist children to consider other strategies rather than resorting to violence
- Link to existing family violence support groups in the area.
- Personal input from community agencies and leaders.
- Community meetings that focus on action, which include input from relevant people and key stakeholders.
- Use appropriate strategies to link the community together
- Link with pre-schools

**Who else might work with us?**

- Council Of Elders
- Youth Workers/Social Workers
- Correctional Services
- Refuges
- Private Health Providers
- Polyclinic
- DV Workers
- Anger Management Workers
- Aboriginal Children's Service
- Murawina Gwen Delaney Early Childhood Service

**Recommendations (the numbers below refer to detailed recommendations on page 61**

1-5,11

## 2 Alcohol and Other Drugs

### What the community said?

“Alcohol abuse effects the community overall. The effect depends on the position they hold in the community.”

“The attitude of some people is you see one drunk person they must be all like that. It’s not the case.”

“There is a need for drug and alcohol awareness. Without being told the effects, they don’t know. It doesn’t matter. Stop the person from taking it.”

“Older people don’t tend to worry about wounds. We have older men affected with alcohol and they have vitamin deficient wounds and they let them go thinking they’ll fix themselves.”

### Where are we now?

- Alcohol and other drugs are consumed by all ages and both genders
- Alcohol and other drugs are used to ease the pain and suffering experienced by Indigenous people.
- Alcohol and other drugs are an escape from the pain of daily life and loss of culture but often have the opposite effect
- Alcohol and other drug use is influenced by peer pressure
- Alcohol and other drugs are a contributing factor that often leads to addiction, violence, crime and family breakdown.

BUT

- There is clear recognition that the use of alcohol and other drugs are damaging the Aboriginal community and there is strong desire for change

### Where would we like to go?

- Minimise the level of alcohol and other drugs use at all ages
- Affected members develop their awareness and acknowledge and accept assistance
- Affected members acknowledge and accept responsibility for their own lifestyle.

#### SOMETHING NEW TO TRY

- Culturally appropriate men and women’s groups focusing on the well being and self-esteem.
- Vocational training for employment (becoming job ready)

#### POSSIBLE PARTNERS

- Marrin Weejali Aboriginal Alcohol and Other Drugs Service
- Daruk AMS
- Other appropriate alcohol and other drugs services
- WSAHS

### How will we begin?

- Aboriginal organisational members/staff, community and elders to work with the affected community to rebuild their Aboriginal culture and self – esteem
- Consult with the effected community about what they want and need
- Educate the Indigenous community on the harmful effects of alcohol and other drugs, using culturally based strategies
- Culturally appropriate detoxification - healing centres
- Enhance and increase the capacity of existing services to accommodate for larger numbers
- Increase the number of Indigenous alcohol and other drugs services in the area
- Provide appropriate programs to empower the Indigenous community with knowledge, increasing self – esteem and awareness
- Resource the existing Aboriginal alcohol and other drugs services in the area.

### Who else might work with us?

- Aboriginal organisations and community
- Correctional Services
- Police
- Employment Services
- Vocational training providers
- Juvenile Justice
- Office of Probation and Parole
- Department of Education
- Department of Community Services
- Other services relevant to Indigenous needs.

### Recommendations (the numbers below refer to detailed recommendations on page 61

11,4,5,3

### 3 Men

#### What the community said?

“Women say I’m hurting, I better go to the doctor.  
Men are that macho stuff. I’m right and wait till it falls off.”

“What I see with Aboriginal men is that they also need cultural appropriate counselling done by men. The legacy of removal has bought them into a time zone.”

“There are a lot of things in place for women to be able to tap into services if they wish. There should be more places more support services in place is needed for our men.”

“Men don’t show their emotions and speak about what’s bothering them as much as women will.”

#### Where are we now?

- Men experience high levels of all types of injury
- There are few services or groups that cater for the underlying needs that result in injury
- Men have low self esteem
- They experience high levels of peer pressure to take risks
- Men have lost a valued status within their culture
- Men want to be a part of the family unity.

#### BUT

- Many men are aware of the need for change
- The community wants effective male leadership

#### AND

- Men are interested in change
- Injury issues have been shown to be a good starting point for dealing with men’s issues
- Men want to be a part of the family unit (the importance of family needs to be worked on for next meeting)

#### Where would we like to go?

- Men have a valued place in culture.
- Men acknowledge their needs and accept assistance to take responsibility for their actions
- Men recognise that injury can be prevented and are prepared to invest in safety promotion

#### SOMETHING NEW TO TRY

- Men’s groups focusing on men’s well being which includes accidents, injuries, violence and alcohol and other drugs issues
- Men are assisted to become positive parents and role models
- Men receive training to be employed. Including recruitment into the helping professions

#### POSSIBLE PARTNERS

- Daruk AMS
- Holy Family
- WSAHS
- Centrelink
- UWS Men’s health Unit

**How will we begin?**

- Work with the elders to rebuild a model of status for men in Aboriginal culture
- Consult with men about what they want and need
- Initiate men's groups
- Assess the viability of a men's space for private discussion and confidential support by men
- Increase employment of qualified Aboriginal men
- Assist men to understand and be empowered to respond to their legal rights and responsibilities
- Understand more of the treatment of Drugs Alcohol and Gambling
- Address sexual assault issues
- Work with sporting groups on safety and injury prevention
- Conduct a men's camp to assess needs and define directions
- Increased opportunities for employment for qualified men
- Increase opportunities for education qualification for men.

**Who else might work with us?**

- Sporting groups
- Alcohol and other drugs services
- Employment services
- Correctional services
- Justice Department
- Police
- Legal services

**Recommendations (the numbers below refer to detailed recommendations on page 61**

14,15,1-5,11

## 4 Women

### What the community said?

"I reckon most women around here have been either sexually abused or raped. No wonder they are taking drugs and alcohol. I reckon they would have to be bashed up by their partners too."

"I've seen many ladies come in here that have got no confidence whatsoever. That's a big thing looking for a job."

"A lady that had been bashed by her grand daughter. She had a broken arm and lots of bruising and lot of mental stress and not wanting to be there with her granddaughter and not having anywhere to go, so she had to stay there. Nobody did anything to try to get her moved either."

"Another Koori lady had marks all over her body – cuts all up her arms. I think that was DV too. She had 3 children. She was moved on because her non-Aboriginal husband used to go around to the refuge all the time. She came from Taree originally, but he found out where she was. He tried to jump through her bedroom window at the refuge window one night. A worker stopped him and called the police, but he'd run away by the time they had got there."

She used to suffer a lot, I think she had a mental illness, because she was always rousing, she was cranky all the time and swearing all the time and she was always in a deep depression. The kids use to play up on her because she wasn't coping. But when her husband wasn't around she was a nice person."

### Where are we now?

- Women are subjected to violence and sexual abuse from an early age
- Many women take on the role of victim
- Services for women often focus on women's needs without adequate consideration of the whole family needs
- There are more services for Aboriginal women than men and more women employed in these services
- Despite the resources available, progress remains slow.

#### BUT

- Women are committed to change
- Women are more in tune with their health and have a positive role as the main care giver in the family

#### AND

- Women have a lower overall injury rate
- Women actively adopt prevention strategies and are active in the community

### Where would we like to go?

- Women will experience less violence and more safety
- Women empowered to help build a strong Aboriginal society
- Women will retain status as effective caregivers and receive support from their partners and the community.
- Women will have safe places staffed by Aboriginal people for support in times of stress
- Women are assisted to become positive parents and role models through support and education

#### SOMETHING NEW TO TRY

- An Aboriginal Women's Safe House
- Women receive training to be employed. Including recruitment into the helping professions

#### POSSIBLE PARTNERS

- Daruk AMS
- WSAHS
- DOCS
- Community Solutions

**How will we begin?**

- Work with the elders to rebuild a model of status for women in Aboriginal culture
- Consult with women about what they want and need
- Increase employment of qualified Aboriginal women
- Assist women to understand and be empowered to respond to their legal rights and responsibilities
- Develop projects that work holistically with the Aboriginal family
- Inform women of the patterns of injury and the possibilities for prevention and seek their ideas and support for prevention and safety initiatives
- Increase the knowledge of services that are available through personal contact

**Who else might work with us?**

- Western Sydney DV Group
- Holy Family
- Blacktown Council

**Recommendations (the numbers below refer to detailed recommendations on page 61**

14,15,1-5,11

## 5 Children and Youth

### What the community said?

“Children’s accidents are from play, like cuts. Broken bottles and people drinking over there at Bidwell reserve. Most of our kids just play in the streets where they live.”

“A lack of appropriate play spaces. A lot of them just play in the street near their homes.”

“There’s no forgiving of the Black kids their blamed for everything; they’re not welcome into people’s homes, shopping centres or places.”

“There is a lot of abuse among children mental physical. If there is a really bad injury among children the family will take them away to hide it. Back to Bourke or somewhere.”

“I also see a lot of stress with women going into another relationship. The children not his then they’ll have children together then theirs division in the family. You’ve got your children, which are not his and his children.”

### Where are we now?

- Children experience a fragmented culture and are exposed to many poor role models
- Injury is not given it’s true recognition because of the level of conflict and depression in many families
- Injuries are not properly treated and sometimes neglected at time of great stress
- Injury is not just the physical results but also the impact on mind body and soul.
- Children and Youth are governed by negative peer pressure and receive status from meeting dysfunctional norms

#### BUT

- Children and Youth have great potential
- Children and Youth are valued by Aboriginal culture
- Children and Youth are acknowledge by the community as the hope for the future

#### AND

- Children and Youth are eager to learn
- Children and Youth adopt health and safe lifestyles if they are given positive examples

### Where would we like to go?

- Children will have the unconditional right to be safe
- Children will have a positive view for the future and will see safety as a focal part of their vision
- Children’s injuries will be properly and quickly treated
- Children will value their culture and live it in a way that promotes not only their own safety but the safety of others
- SOMETHING NEW TO TRY
- Integrating school programs and adult programs for child wellbeing and safety
- Encourage children to be safety leaders among their peers and in their family
- POSSIBLE PARTNERS
- Department of Education
- Sport and recreation
- WSAHS
- Daruk AMS
- Holy Family
- Aboriginal Youth services
- Westmead Children’s Hospital
- Aboriginal Children’s Service
- Murawina Gwen Delaney Early Childhood Centre

**How will we begin?**

- Work with elders to rebuild their cultural integrity
- Liaise with Aboriginal education assistants in each school
- Visit schools and talk with children about their needs and prevention of injury
- Work with children and youth to rebuild their cultural integrity.
- Assist agencies who deal with adults to recognise the needs of children in the families they work with
- Generate a range of activities for children that provide positive rewards while protecting safety
- Explore employment opportunities with local aboriginal land councils
- Address sexual assault issues

**Who else might work with us?**

- Police Citizens Youth Club
- Western Area Adolescent Team
- Department Of Community Services (Aboriginal children's services)

**Recommendations (the numbers below refer to detailed recommendations on page 61**

1-5,10,12,13,14,15

## 6 Older people

### What the community said?

“Elders, because of a lack of basic reading and writing skills, when they were younger they got away with it. Now this age of technology has made them very reliant on other person, which leaves them open for exploitation.

Key-cards are another problem. Some of them can't remember their pin number so they give it to someone and when they go to get some money out there's nothing left and that causes stress, then they ring us for some kind of emergency relief.”

“Because we have a large population of diabetics, they have trauma to their feet. There are a lot of amputations because of this. Depression, manic depression and mental disorders also contribute to injury.”

“They are usually a more refined group. My experience is that they are more level headed. There is a greater need for our elders to be more recognised in the communities. I believe our children and our adults should be able to approach elders because they have got the experience behind them. Not often enough are our elders used.”

“We have lost a lot of respect for our elders only by returning to our cultural being and instilling that into our kids can we address the problem. We have lost a lot of our community protection and spirit and insight our community UNITY.”

### Where are we now?

- There are very few older Aboriginal people because their lives are shortened by premature disease and death
- The number of injuries to this group is relatively small when compared to non Aboriginal people, but injuries are significant and complicated by diseases
- Older Aboriginal people suffer falls and violence. They are troubled by lack of respect from their children and grandchildren
- Older people are often exploited by their families

#### BUT

- There is growing understanding of the wealth of traditional knowledge held by older people.
- Many older people provide leadership

#### AND

- The community has a strong desire to revitalise Aboriginal culture

### Where would we like to go?

- Older people should be actively involved in discussion of how to reduce accidental injury, violence and self harm in the area
- Older people will have the unconditional right to be safe from harm and exploitation
- Older Aboriginal people should be respected in line with Aboriginal culture

#### SOMETHING NEW TO TRY

- Services that treat the common diseases and illnesses of older Aboriginal people should determine the risk for injury and provide injury prevention strategies

#### POSSIBLE PARTNERS.

- WSAHS
- Daruk AMS
- Holy Family
- Make a Move
- Gilgai Aboriginal Centre Inc.

**How will we begin?**

- An older persons forum to access and value the wisdom of older Aboriginal people in increasing safety in Aboriginal society
- Health services dealing with older people for any reason will routinely assess their risk of injuries and actively follow up on injuries that occur to older people
- There will be increased training among health and other helping professions about the nature and impact of injuries among older Aboriginal people
- Link with existing falls prevention programs

**Who else might work with us?**

- Wangary Home Care Services
- Disability Services
- Ageing and Disability Department

**Recommendations (the numbers below refer to detailed recommendations on page61**

1-5,10,14,15

## 7 Self harm

### What the community said?

“Yes self-harm is a big one, suicide. No they’re not like it all the time until it gets to a time when it takes over their lives.”

“If you sat them down at the beginning they’re not on self-destruct, they’re hopeful, they have to have opportunities and they have to be supported to these opportunities.”

“Given the level of marginalisation it’s amazing there isn’t more (self harm).”

“The mother told me during one of my visits, that she had been hospitalised for self-mutilation. The mother, dad and one son and the girlfriend of the son were all doing it. They mainly cut themselves and burns. They were a pretty scary bunch. I didn’t want to get involved. They had dreadful scares.”

“We’ve moved away from our cultural beliefs. We need to move back to that. I feel that Western Medicine isn’t Appropriate for us. Take for example a GP will see a Koori person and put them on Serepax. And then he is not taking our culture into account.”

### Where are we now?

- Self – harm including self - mutilation, overdosing and suicide is common among Aboriginal people in area.
- The impact of these events reaches far beyond the individuals and families involved, eroding confidence and producing fatalism about the future.
- Mainstream suicide prevention activities are not reaching Aboriginal people.
- There is a lack of counselling and support services.

#### BUT

- Concern about the issue is strong and the community has a desire for action.
- While services are few and stress is high, there are incidents where community support and strength has reduced risk and provided a positive future.

### Where would we like to go?

- The community will be encouraged by examples of positive change and swing behind the programs and people that produce them
- The environmental, cultural and social factors that trigger self-harm will be actively addressed. This includes the role of incarceration in increasing the risk of self harm and the erosion of self esteem through unemployment
- The strengths in the Aboriginal community will be fully utilised in the planning of self-harm reduction
- More Aboriginal workers will be available to support people at risk and treatment responses will be built on Aboriginal understandings of well being rather than on Western medicine

#### SOMETHING NEW TO TRY

- A medium to long term support and counselling service for people at risk
- Healing camps and groups

#### POSSIBLE PARTNERS.

- WSAHS
- Daruk
- Holy Family
- Department Sport and Recreation.

**How will we begin?**

- It is important to demonstrate success. Small initiative with resources provided to a level that can succeed are needed
- We will acknowledge the impact of self – harm on the Aboriginal people in the area support them in their grief and anger.
- Consultation with Aboriginal community to identify needs.
- Spiritual place with wise Aboriginal facilitator from the local Aboriginal community
- Excursions to their own country where they have roots

**Who else might work with us?**

- Suicide Prevention Services
- Aboriginal Grief And Counselling Services.
- Indigenous Churches
- Link Up
- Aboriginal Children’s Service
- Murawina Gwen Delaney Early Childhood Centre
- Butucarbin Aboriginal Corporation

**Recommendations (the numbers below refer to detailed recommendations on page 61**

1-5,14,15,11

## 8 Services

### What the community said?

“Quite a few don’t go anywhere. Hospitals are just bad news amongst Aboriginal people. I’ve taken a number of our people to the hospital. Regardless of what people may say they are looked down upon. They read things into things that aren’t there and they don’t want to go back.”

“The welfare system has taken over our culture and that’s our mentality now. There are no other avenues to go. The family has broken down; there is no culture. There are all these groups out there and it’s not working. It’s our culture we’ve given up. The Community are doing their own thing. Organisations are getting greedier. There is no understanding any more. What is going on in our family unit? There is no community unit any more. I love my people. I want to see my people benefit. I’ve seen good people die and organisations getting greedier and greedier. It’s never going to get any better until we get our culture back. I don’t want us to get hurt any more.”

“The organisations in this area are jealous of each other we have to work together.”

“There’s too much favouritism with the Aboriginal community they pick and choose who they want to fuss over. There’s more people out there that need help and they don’t like asking and when they’re refused they won’t ask again. Confidentially plays a big part in loosing trust within the Aboriginal community.”

### Where are we now?

- Some services are stretched to the limit.
- The planning and management structures of agencies do not permit workers to finish the job and make a lasting difference. Funding is too short term and reorganisation too prevalent
- Some agencies are afraid that others will criticise their performance. They limit communication and act as competitors rather than team members
- The community believes that nepotism and favouritism are prevalent. This undermines the work of the services
- Some agencies have a clear understanding of the contribution they can make to reduce injury, self-harm and violence, but lack a mandate to act

#### BUT

- There are many strong and capable workers in the area
- There is desire for action rather than more drawn out planning
- The community is supportive of reducing fragmentation and separation of services.

### Where would we like to go?

- We would like a cohesive approach to injury prevention and safety by the leading agencies that serve Aboriginal people in the area
- An emphasis on small but decisive actions that bring results
- A climate of trust to be developed between agencies
- A skilful well supported workforce to meet the needs of Aboriginal people.
- Improve training and education

#### SOMETHING NEW TO TRY

- Opportunities to build agencies and community self-esteem through effective injury prevention should be actively pursued
- Identification of the total resources provided for Aboriginal health and social programs in the area and development of new partnerships to use these resources effectively.

#### POSSIBLE PARTNERS.

- All human service agencies in the area
- TAFE
- University’s

### How will we begin?

- Multi-agency consideration of this report.
- An all of agencies gathering and conference to show and tell positive initiatives and identify needs that are not being met.
- A united approach in funding applications relating to injury and safety to State and Federal governments
- Audit the capabilities of people working with Aboriginal people in the area and identify and recognise their skill and commitment. Identify gaps and develop strategies for increasing the involvement of Aboriginal people in the management and delivery of services.
- Inform the community in a unified way of the services available
- Increase the commitment of agencies to work together
- Openly address the rumours of preferential treatment with the community and assess if there is any basis to them and the response required

### Who else might work with us?

- Skills West
- Department of Aboriginal Affairs
- ATSIC
- Whole of Government
- Department of Housing
- Aboriginal Housing Office
- TAFE
- NSW Premiers Department

### Recommendations (the numbers below refer to detailed recommendations on page 61

6-13,1,4,5