

RECOMMENDATIONS

Implementing this report

1. Disseminate this report to other agencies to raise awareness of the importance of safety and injury prevention and the many issues and needs identified by the Aboriginal community
2. Create (and seek Elsa Dixon funding) a position to implement the recommendations of this report.
3. Conduct a workshop with the Aboriginal communities within Western Sydney to refine and direct the actions from the recommendations within this report
4. Continue to involve a wide range of organisations and people in identifying strategies for reducing injury and increasing safety by developing and implementing the future directions set out in this report
5. Identify possibilities for implementing the future directions detailed in this report in a way that complements the Premier's Department initiative through Community Solutions

Health services.

6. Document and better understand Aboriginal community expectations of health services for Aboriginal people and the roles and responsibilities of Aboriginal and non-Aboriginal workers within Western Sydney
7. Ensure that induction courses and in-service training include strategies to increase cultural awareness among staff at all levels in organisations and practices that interact with Aboriginal people
8. Improve identification of Aboriginality in Department of Health data collections in line with NSW Health guidelines.
9. Improve the collection of data relating to injury and its causes in all places where injury is treated including routine collection of text descriptions of causes and develop facilities for processing and effective feedback of information to decision makers and the community.
10. Investigate use of multi- media and other communication and education strategies to raise awareness of injury and safety issues including risk factors and possible solutions
11. Identify opportunities for promoting Aboriginal alcohol management plans and programs and other aspects of Western Sydney Alcohol and Other Drug Action Plan in a manner that builds on the importance of safety and injury prevention.

Other services

12. Develop programs and projects involving more than one sector/agency in partnership with a focus on linking services and building continuity of support.
13. Each agency assess its work and the needs of its clients to determine what contribution can be made to increasing safety and decreasing injury directly or in partnership with other agencies.

Broad Community Issues

14. Provide a series of places for Aboriginal people to gather and recover their cultural heritage. These will include safe places for men and women in both urban and Blue Mountains settings
15. Build injury and safety programs around the culture and traditions of the Aboriginal people, using appropriate means of communication such as story telling and art.

APPENDIX 1 Interview guide

QUESTIONS

1. What do you think are the main injuries that happen among Aboriginal people in this area?

Examples:

- Poisoning,
- Broken arm
- Cut foot
- Assault

2. What might the main cause of these injuries be? eg. Car accident, playing footy

3. If any what 'age group' would you say a most at risk (let them say the age groups they think)

0 – 4, 5 – 9, 10 – 14, 15- 19, 20 – 24, 25 – 29, 30 – 34,
35 – 39, 40-44, 45 – 49, 50- 54, 55 – 65, 65 – 75, 75 and over

Male/Female

4. What do you think are the main causes of these injuries among

- Men
- Women
- Children
- Adolescents/Youth
- Middle aged people
- Elders
 - Environment – potholes
 - Alcohol
 - Carelessness
 - No safety equipment

5. Where do most of these occur

- Footy field,
- Pub,
- Road if road where?

6. Are Males or females more at risk?

7. Are any of these injuries deliberate? Eg. Self-harm/violence?

- Are the people who do this like this all the time or only at certain times? (day, night, weekend)
- Why do you think they are like this at that time? (pension day, alcohol, other reasons)
- If deliberate what sort of affect do you think these injuries have on the people their families and community?

8. Where do Aboriginal people go to get their injuries treated, e.g., go to the hospital/AMS/GP?

9. What do you think our project could do to stop these injuries amongst Aboriginal people? Eg. When kids are poisoned what can we do?

REFERENCES

- ¹ Injury Surveillance Bulletin WSAHS October 2002
- ² Blacktown City Council, Blacktown City Council Suburb Profile, BBC Consulting Planners, November 2000
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- ⁴ Stewart J, Aboriginal Health Strategic Plan, Western Sydney Area Health Service June 1995
- ⁵ ABS 1998 Regional Profile, Blacktown LGA cited in Blacktown City Council, Social Plan, Local Government Area Profile Pge1, BBC Consulting Planners November 2000
- ⁶ ABS 1998 Regional Profile, Blacktown LGA cited in Blacktown City Council, Social Plan, Local Government Area Profile Pge1, BBC Consulting Planners November 2000
- ⁷ NSW Police Department, Mt Druitt Local Area Command 2002
- ⁸ Report of the NSW Chief Health Officer, Aboriginal and Torres Strait Islander peoples Injury and poisoning. NSW Department of Health, Report of the NSW Chief Health Officer, Aboriginal and Torres Strait Islander peoples Injury and poisoning. October 2002
- ⁹ National Health and Medical Research Council When it's right in front of you. Assisting health care workers to manage the effects of violence in rural and remote Australia, Commonwealth of Australia (<http://www.nhmrc.gov.au>) August 2002
- ¹⁰ Holistic Community Justice A proposed Response to Aboriginal Family Violence, Aboriginal Justice Advisory Council undated.
- ¹¹ Addressing Aboriginal Alcohol and Other Drug Harm, it's everyone's business, Western Sydney Alcohol and Other Drug Action Plan. March 2001