THE NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER SAFETY PROMOTION STRATEGY

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The *Aboriginal and Torres Strait Islander Safety Promotion Strategy* was endorsed by the Australian Health Ministers on 28 July 2005 as part of a package of National Injury Prevention Plans. This package consists of:

The *National Injury Prevention and Safety Promotion Plan: 2004 – 2014*;

The *Aboriginal and Torres Strait Islander Safety Promotion Strategy*; and

The *National Falls Prevention for Older People Plan: 2004 Onwards*

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The ATSIIPAC also acknowledges the contributions of Mr Jerry Moller for valuable advice and assistance throughout the development of the Strategy, and more recently, Dr Mel Miller and Mr Michael Watter of Siggins Miller Consultants, in the completion of this Strategy.

Development of the *National Aboriginal and Torres Strait Islander Safety Promotion Strategy*

The *National Injury Prevention Plan Priorities for 2001-2003* and the *National Injury Prevention Plan – Priorities for 2001-2003 Implementation Plan* were released in August 2001 to encourage a consistent and integrated approach to preventing injury. These Plans concluded in December 2003. These Plans recognised the need to develop a separate plan to address the issue of injury prevention for Aboriginal and Torres Strait Islander peoples.

The Aboriginal and Torres Strait Islander Injury Prevention Action Committee (ATSIIPAC), through the Australian Government Department of Health and Ageing, commissioned a review of literature, programs, activities and evidence to form the basis of the Strategy. This was completed in 2003, and has significantly informed the development of the *National Aboriginal and Torres Strait Islander Safety Promotion Strategy.*

In August 2004, a nationally focused version of the *NSW Aboriginal Safety Promotion Strategy* was released for public consultation. Feedback from the consultation indicated that the document did not cater adequately for the wide range of circumstances found across Australia, and a broader approach was needed.

On 18 and 19 October 2004, a workshop (which included representatives from the ATSIIPAC) was held in Canberra to redevelop a strategic document to address the needs of Aboriginal and Torres Strait Islander peoples for safety promotion and injury prevention in a culturally appropriate way. At that workshop, eight key priority activities were agreed on to reduce the leading causes of death and disability owing to injury among Aboriginal and Torres Strait Islander communities. These priority activities will be included in the *National Injury Prevention and Safety Promotion Plan – 2004-2014.*

The draft Strategy was further refined at a national symposium on 2 December 2004, with input from a diverse group of participants from ATSIIPAC; Aboriginal and Torres Strait Islander communities; government agencies; the health sector and experienced practitioners from the field of injury prevention and safety promotion.

EXECUTIVE SUMMARY

The Aboriginal and Torres Strait Islander Injury Prevention Action Committee (ATSIIPAC) developed the National Aboriginal and Torres Strait Islander Safety Promotion Strategy. ATSIIPAC was appointed by the Aboriginal and Torres Strait Islander Working Group of the National Public Health Partnership Group.

The Strategy outlines specific strategic requirements for improving safety and reducing the incidence and harm of injury to Aboriginal and Torres Strait Islander peoples. This Strategy builds on and is integrated with the *National Injury Prevention and Safety Promotion Plan – 2004-2014*, and together they represent a comprehensive approach to safety promotion and injury prevention for all Australians.

Aboriginal and Torres Strait Islander peoples live in diverse environments with many unique social and physical risks. Safety issues for Aboriginal and Torres Strait Islander peoples are intertwined with feelings of cultural and spiritual injury. The Strategy provides a framework for action that is relevant and sensitive to the specific social and cultural needs of Aboriginal and Torres Strait Islander peoples.

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.

The injury death rate for Aboriginal and Torres Strait Islander peoples was 2.8 times higher than for other people in Australia (Helps 2004), while the national rate of injury-related hospitalisation for Aboriginal and Torres Strait Islander peoples is about twice the rate for other Australians (Lehoczky 2002). The differentials are higher for many causes of injury and in rural and remote areas. Other effects of injury to Aboriginal and Torres Strait Islander peoples include loss of cultural knowledge and wisdom, and the chance of a full life; the burden on caregivers for people with disabilities; decreased workplace productivity; and continuation of the cycle of grief among families, friends and Aboriginal and Torres Strait Islander communities. Hurt, loss and suffering can increase the risk of physical injury, especially if the feelings are severe, prolonged, or widespread in a community. These differentials are in part a reflection of a range of environmental, economic and social factors beyond the control of individuals and families as well as the result of individual choices and behaviours. There is a need to build on the existing capacity for resilience and to address systemic issues that reduce people's capacity to make health-enhancing choices and the likelihood they will do so.

The vision for the Strategy is for Aboriginal and Torres Strait Islander peoples to live in safe environments free from the effects of injury. Underlying the Strategy is the right for people to be safe, and their responsibility to promote and maintain the safety of others.

The Strategy's goals include improving the safety of environments and building on community capacity to promote well being, supporting communities to prioritise and address safety and injury issues, and mobilising actions and resources that encourage Aboriginal and Torres Strait Islander communities, government, and non-government sectors to work together to promote safety and prevent injury. The Strategy also identifies principles known to be effective in promoting safety for Aboriginal and Torres Strait Islander peoples, to guide implementation of the initiatives in the priority activities.

PRIORITY ACTIVITIES

Change process

1. Build collaborative relationships for promoting safety and preventing injury within and between governments at all levels, and organisations and community groups that work with Aboriginal and Torres Strait Islander peoples, in order to collectively address injury.
2. Stimulate national discussion on improving Aboriginal and Torres Strait Islander peoples' safety, by encouraging Aboriginal and Torres Strait Islander community leaders to set safety promotion and injury prevention priorities, and by strengthening leadership and commitment.

Infrastructure

3. Increase knowledge and skills in and commitment to safety promotion and injury prevention in Aboriginal and Torres Strait Islander communities, among community leaders, and within the Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander workforce.
4. Provide enough resources to build and enhance workforce capacity.
5. Support safety promotion and injury prevention policies and strategies that address a mixture of social, environmental and behavioural factors, and provide good examples of dealing with the underlying alienation and disadvantage of Aboriginal and Torres Strait Islander peoples.
6. Improve surveillance systems and other sources of quantitative and qualitative data, to provide adequate information for Aboriginal and Torres Strait Islander safety promotion and injury prevention. Develop mechanisms to coordinate injury prevention research and evaluation activities.

Projects and programs

7. Create and sustain local focus on promoting safety and preventing injury.
8. Develop and maintain a whole of government focus that supports a range of sustainable programs and projects which promote safety and prevent injury.

A number of priorities for action have been identified - social and emotional wellbeing, child and young people's safety, violence affecting families and individuals, land transport, water safety and workplace safety. These are not separate issues - they overlap and interact in their causes, the people affected, and potential solutions. This highlights the need for collaborative multi-sectoral solutions led by Aboriginal and Torres Strait Islander communities, and recognises the importance of integrating this Strategy with existing strategies, plans and initiatives that may already be working effectively at all levels of government.

ATSIIPAC has recommended that a group should be given the responsibility and resources to oversee the development of an implementation plan for the Strategy. The implementation plan will outline evidence based strategies for each of the priority activities and identify possible priorities for local community action. It will take into account the pre-existing jurisdictional plans that cover various elements of the strategy in order to avoid duplication of monitoring, reporting and evaluation activity. Therefore, the implementation plan will provide flexibility for individual States and Territories to pursue their own priorities, and to integrate these with existing safety promotion and injury prevention initiatives. The overseeing group will also develop a monitoring and evaluation framework, with related performance indicators, for the implementation of the Strategy. Resources sufficient to support long-term change initiatives will be required. The directions detailed in this document are in line with the whole of government approach, coordinated effectively across issues and sectors, advocated by Council of Australian Government processes. They are intended to complement strategies, plans and initiatives that are already in existence or may be developed in the future, to improve health and safety outcomes for Aboriginal and Torres Strait Islander peoples.

CONTENTS

FOREWORD

The *National Aboriginal and Torres Strait Islander Safety Promotion Strategy* identifies specific issues and principles that must be implemented to enhance the effectiveness of Aboriginal and Torres Strait Islander safety promotion and injury prevention activities. It is a partner document to the *National Injury Prevention and Safety Promotion Plan – 2004-2014*, and together they represent a comprehensive strategic approach to issues of safety in Australia.

The causes of injury to Aboriginal and Torres Strait Islander peoples are diverse, and the relationships complex. Many factors related to injury and safety are also relevant to environmental management, transport, crime, family breakdown, and property damage, and require collaborative approaches to these issues across governments and sectors.

Despite this complexity, recent evidence, cited throughout this strategy, shows that safety promotion and injury prevention initiatives that are well planned, appropriately implemented, and adequately resourced can significantly reduce the effects of injury on individuals and communities.

Background

Aboriginal and Torres Strait Islander peoples live in diverse environments. Many of these environments display unique social and physical risks. Safety issues for Aboriginal and Torres Strait Islander peoples are intertwined with their social, emotional and spiritual wellbeing. This Strategy aims to provide a framework for action that is relevant and sensitive to these issues. In line with the National Strategic Framework for Mental Health and Social and Emotional Wellbeing 2004-2009, this Strategy includes reference to the need to: enhance resilience and protective factors; reduce risk factors, develop workforce capacity; work with both community controlled and mainstream service providers, coordinate effort, and demonstrate effectiveness.

Aboriginal and Torres Strait Islander peoples removed from their lands onto missions, reserves and stations often experienced overcrowded living conditions, poor diet, contact with introduced diseases, and lack of adequate health care. In some cases, family groups were broken up and communities were formed that bore little relationship to traditional kinship structures. Until the last few decades, legislation supported systems of wages, rights, education and health and welfare services for Aboriginal and Torres Strait Islander peoples that were different from other Australians. When mainstream systems were extended, there was insufficient attention to ensuring their responsiveness to the needs and wishes of Aboriginal and Torres Strait Islander peoples.

The sense of grief and loss experienced by generations of Aboriginal and Torres Strait Islander peoples about dispossession, the disruption of culture, family and community, and the legislated removal of children has contributed to continuing problems in emotional, spiritual, cultural and social well being for Aboriginal and Torres Strait Islander individuals, families, and communities (NATSIHC 2003).

Within this historical and cultural context, safety promotion and injury prevention are challenging tasks that must be supported by a whole of government approach to address social determinants and increase community capacity to manage available health resources.

Scope

This Strategy encompasses the concepts of safety promotion and injury prevention. It addresses intentional and unintentional injury, self-harm and harm to others, and embraces Aboriginal and Torres Strait Islander peoples living within discrete communities, and as part of society more broadly, in urban, rural or remote areas.

What is injury?

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.

In keeping with Aboriginal and Torres Strait Islander peoples' holistic conceptualisation of health and wellbeing, safety promotion and injury prevention must address spiritual, emotional and cultural aspects of harm.

Physical injury can result from harmful contact between people and objects, substances or other things in their surroundings. Examples are: being struck by a car, cut by a knife, bitten by a dog, or poisoned by inhaled petrol. Some physical injuries are the intended result of deliberate harm by people to others (assault/homicide) or themselves (self-harm/suicide). Most injuries are not intended, and these are often described as accidental; but most injuries can be prevented whether intentional or unintentional.

What is safety?

In this Strategy, safety is defined as being at little or no risk of injury. Safety has both subjective and objective aspects – meaning that people must feel they are safe in addition to actually being safe. In an Aboriginal and Torres Strait Islander context, this includes feeling safe culturally, spiritually and as a community.

A holistic concept of safety and the recognition of the impact of injury also means that existing initiatives at national, State and Territory, and local levels must be implemented mindfully of how work in other related areas can complement and strengthen the impact of the work envisaged under the *National Aboriginal and Torres Strait Islander Safety Promotion Strategy.* At the national level, they include the *National Suicide Prevention Strategy* and *LIFE Framework*, the *National Strategic Framework for Mental Health and Aboriginal and Torres Strait Islander Social and Emotional Wellbeing 2004-2009*, and the *National Drug Strategy Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003-2006*. A list of other relevant national policies, strategies and publications is included at Appendix A. This list is not exhaustive, and other relevant initiatives will also develop during the lifetime of this Strategy.

The need for a specific Aboriginal and Torres Strait Islander Safety Promotion Strategy

Why injury is a matter for concern

Although exact numbers and rates of injury cannot be determined, existing data demonstrates that injury is a major problem for Aboriginal and Torres Strait Islander peoples. Cultural fragmentation, alienation and poverty appear to be major underlying factors.

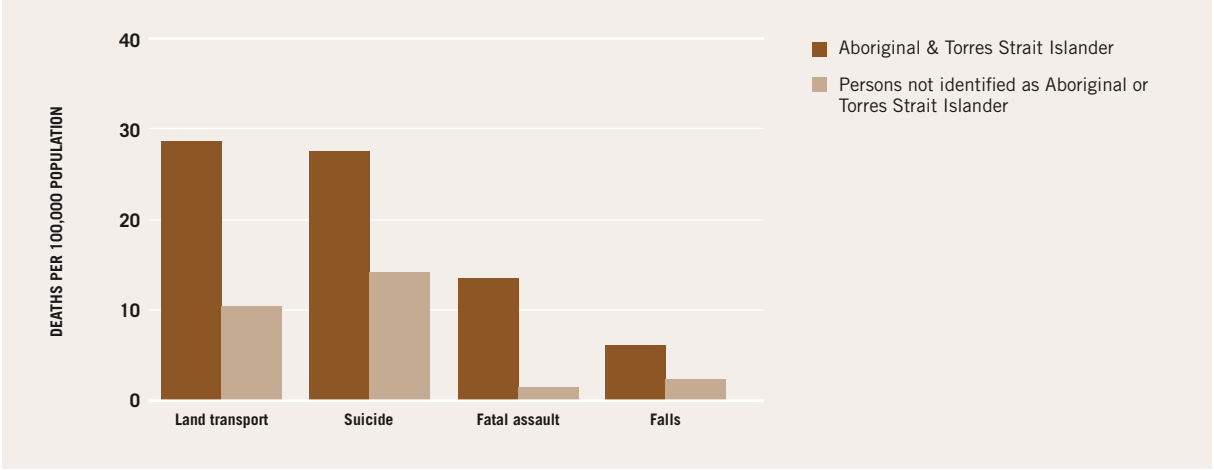
Injury prevention programs cannot by themselves right wrongs or take on the whole agenda of alienation and cultural erosion. They must, however, recognise the importance of these issues, and select priorities and intervention models that seek to redress the deep-seated distrust and anger in the community.

In the period 1997 to 2000, the injury death rate for Aboriginal and Torres Strait Islander people was 2.8 times higher than for other people in Australia (Helps 2004).[1]

Figure 1 compares rates for common external causes of injury death for persons identified as Aboriginal and/or Torres Strait Islander persons and those that were not.

[1] Note about data: The quality of death, hospital and population data on Aboriginal and Torres Strait Islander people differs among States and Territories, complicating meaningful reporting for Australia as a whole, and small case numbers limit reporting for individual jurisdictions. Mortality information reported here is for the four jurisdictions in which Aboriginal and Torres Strait Islander data is thought to be relatively complete: Western Australia, South Australia, Queensland and the Northern Territory (Helps 2004). Data quality varies over time, preventing reliable measurement of trends. All-ages rates have been age-standardised by the direct method using the population of persons in Australia in 1991 as the reference. Confidence intervals are 95% values, calculated using a Poisson method for case numbers up to 100, and a normal approximation for larger numbers.

Figure 1: Deaths due to common causes of injury registered 1999-2000, Aboriginal and Torres Strait Islander peoples and persons not identified as Aboriginal and Torres Strait Islander peoples



Intentional self-harm (suicide) and ***land transport trauma*** were the most common causes of injury death for Aboriginal and Torres Strait Islander people, as they were for the remainder of the population (Figure 1). However, the Aboriginal and Torres Strait Islander suicide rate was nearly twice as high as the rate for the rest of the population, and the land transport injury death rate was nearly three times as high.

Fatal assault (homicide) was a less common cause of Aboriginal and Torres Strait Islander peoples' injury death, but rates were high in comparison to those for the rest of the population. The recorded rate for Aboriginal and Torres Strait Islander males was over 7 times higher than the rate for other males, and the rate for females was over 11 times higher than the rate for other females.

Deaths due to ***falls*** occurred at lower rates, but rates were still 2.5 times higher for Aboriginal and Torres Strait Islander persons than for others. ***Water safety*** is another issue of importance for Aboriginal and Torres Strait Islander people, with age standardised deaths rate from drowning 3.6 times those of the general population (Helps & Harrison 2004).

Recorded injury death rates for Aboriginal and Torres Strait Islander people were higher than those for other residents of each ***remoteness*** zone: about twice as high for residents of major cities and three times as high for residents of remote areas. The death rates for Aboriginal and Torres Strait Islander people in remote areas were particularly high for land transport, suicide (especially for men), and homicide (Helps 2004).

Injury is also a leading cause of ***hospital admissions*** among Aboriginal and Torres Strait Islander people (SIMC 2004). The rate of hospitalisation of Aboriginal and Torres Strait Islander people for injury in 1999-2000 (whole of Australia) was about twice the rate for other Australians (Lehoczky 2002).

Assault was the most common cause of injury hospitalisation for Aboriginal and Torres Strait Islander people, making up about a quarter of all injury admissions, with rates about as high for females as for males (Lehoczky 2002). In contrast, assault accounted for about 5% of injury admissions for the total population in 1999-2000, with higher rates for males than females (Helps 2002).

Falls were the second most common cause of injury requiring admission to hospital for Aboriginal and Torres Strait Islander people in 1999-2000 (and the most common cause for the rest of the population), with a rate similar to that for the total population. Falls made up about 15% of all injury hospitalisations for Aboriginal and Torres Strait Islander people.

Other common causes of injury leading to hospital admission were land transport-related injury, intentional self-harm and complications of surgical and medical care.

In addition to high rates of injury, ***access to treatment services*** is limited for many residents of remote areas. For example, of the 1,216 discrete Aboriginal and Torres Strait Islander communities surveyed in 2001, 943 (78%) were situated 50km or more from the nearest hospital (SIMC 2004).

Figure 2 shows how injury death rates vary with age for males and females, for people recorded as Aboriginal or Torres Strait Islander and those who were not. Aboriginal or Torres Strait Islander rates were generally higher, the differences being most marked for the 30 or 40 years from late teen-age. Male rates were generally higher than female, though male rates were more similar to female rates among children and older persons.

Figure 2: Deaths due to external causes of injury registered 1997-00, by age, sex and whether identified as Aboriginal & Torres Strait Islander

Stressors: Personal and community circumstances can contribute to the risk of injury, and injury and its consequences add to the stresses of life. In 2002, nearly half of all Aboriginal and Torres Strait Islander peoples reported suffering the death of a family member or close friend in the previous year (46%), and high proportions reported other stressors, such as serious illness or disability (31%), or being unable to find employment (27%). Eighty three percent of Aboriginal and Torres Strait Islander people surveyed reported at least one of the stressors, compared with 57% of people in the general population (ABS 2004).

Figure 3: Percentage of remote and non-remote Aboriginal and Torres Strait Islander peoples reporting the occurrence of stressors (ABS 2004)

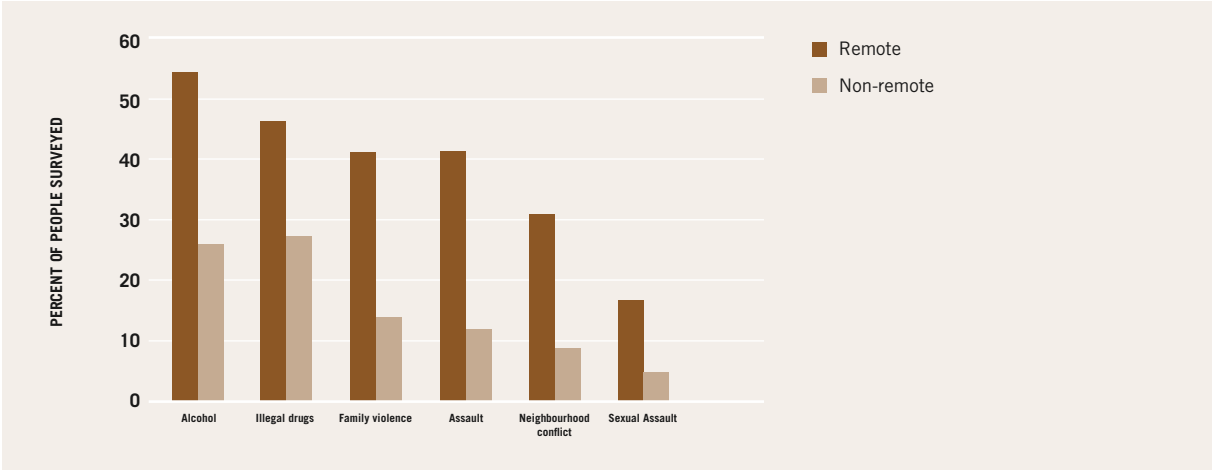


Figure 3 shows that some stressors were particularly prevalent in Aboriginal and Torres Strait Islander communities in remote areas, including problems related to alcohol (54%) and illegal drugs (46%), community problems of family violence (41%), abuse or violent crime (41%), neighbourhood conflict (31%) and sexual assault (16.7%) (ABS 2004).

While most Aboriginal and Torres Strait Islander people either do not drink alcohol[2] or drink it infrequently, those who do drink tend to consume much higher quantities of alcohol than the general population (NDS 1994). Alcohol is a major contributor to the circumstances that result in injury. Other drugs and behaviours such as petrol sniffing add to the risk of injury (CAACI 2002).

The following quotations from consultations with Aboriginal and Torres Strait Islander peoples illustrate the various ways in which injury is conceived and how it affects individuals and their communities:

[2] 57.5% of Aboriginal and Torres Strait Islander persons aged 15 and older had not consumed alcohol in the last 12 months (Remote: 65.1%, non-remote 19.9%) [ABS 2004]

ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES' CONCEPTS AND IMPACT OF INJURY

'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 contributing factors. Accidental injuries are also common, and risk taking, peer group norms and hazardous environments increase rates.'

'We really have to understand the underlying causes and the greatest contributor is grief. The level of grief experienced within the Aboriginal community is really distressing. And there is great pain or feel it with the Aboriginal people. There is no respect, honour or compassion.'

'Because of the historical legacy from loss and grief they are at risk of self-harm, DV, violence, violence to themselves and family. They are not injuries of the past; they are still injuries of the present day and will remain for generations to come. It can happen anytime. We need to look at the factors as to why these injuries are still occurring and how can we change it. We can change it.'

'Injury is not a clear and focused concept in the minds of Aboriginal people in Western Sydney. Every interviewee mentioned violence, drugs and alcohol. Most mentioned many unintentional injuries and there was great concern about suicide. Intermixed with this were issues with broader implications that could increase the risk to injury. Gambling, poor nutrition, financial stress, poor housing and poor environment were all mentioned as linking to injuries. The Aboriginal people's view is holistic in line with the Aboriginal concept of health and wellbeing. Injury is not seen as a separate issue but part of an overall set of issues that erode the status and self esteem of Aboriginal people, their families and their communities'.

(Western Sydney Area Health Service (2003) Blacktown LGA injury surveillance and prevention study - United We Win)

Prevention costs less than treatment

Investment in implementing the Strategy will be a step toward achieving future savings. Injury prevention is widely regarded internationally as an important public health strategy, with a positive impact on cost reduction, and years of life gained. It is estimated that injury cost Australia $A13.3 billion in 1995-96 (Moller 1998), and this figure does not consider the non-financial costs of injury and a lack of safety.

However, substantial net benefits have been identified from injury prevention programs. It has been estimated that road safety programs have delivered a net present value return of around $13.4 billion for the period 1970-2010 in Australia (Applied Economics 2003), and community-based falls prevention programs in Australia and the US have been shown to produce a cost benefit ratio of between 7:1 and 10:1(Beard et al in press). Similar cost benefit ratios have been described for community-based smoking cessation programs and diabetes prevention programs.

Since few attempts have been made to reduce trauma in Australian Aboriginal communities, minimal evidence of cost effectiveness of these investments is available. What is known is that reducing risk environments and behaviours in Aboriginal communities has many more documented benefits than simply reduced health expenditure.

The disproportionately higher rates of injury amongst Aboriginal and Torres Strait Islander peoples, and the many and varied consequences, suggest that costs of treating or managing these effects are substantial. Given the evidence for the effectiveness of safety promotion and injury prevention activities, this plan presents an opportunity to realise significant savings in financial terms and in saved years of healthy life.

The following case study is an example of effective, independent, community driven action that has had wide-ranging, positive effects for the community.

RESTRICTION OF THE HOURS OF SALE OF ALCOHOL IN A SMALL COMMUNITY

The population of Halls Creek, a small town in the remote Kimberley region of Western Australia, is predominantly Aboriginal. After many years of high alcohol consumption, a number of measures were taken in an effort to redress its negative influence on the community. Key among these was a restriction on the trading hours when 'takeaway' alcohol was available. The effects of this intervention were monitored by examining longitudinal patterns of alcohol consumption, incidence of crime and outpatient data at the local hospital. The data were compared with equivalent periods prior to the restricted trading hours.

A decrease in alcohol consumption was observed for each of the two years following the intervention. Overall, incidence of crime declined and alcohol-related presentations to the hospital and those resulting from domestic violence also decreased. Emergency evacuations as a result of injury showed a marked decrease.

The consistency of trends across a variety of health and social data show a positive effect after the implementation of restricted trading hours. While a direct effect is likely, a multitude of concurrent programs which promote health in the community would probably also have contributed. The process in achieving change, supported by statutory measures, has, however, been successful in curbing the morbidity and mortality experienced by the community

(Douglas 1998)

Programs targeting all Australians have not been as effective in increasing safety among Aboriginal and Torres Strait Islander peoples

Figure 4 outlines the specific issues that influence Aboriginal and Torres Strait Islander peoples' safety and injury. The disruption of Aboriginal and Torres Strait Islander peoples through cultural displacement and loss of respect brings with it unique stressors. These stressors increase the risk of injury through poverty, individual, family, and community conflict and their impact across generations, and safety programs that focus only on risks in the physical environment will therefore not be effective.

The vulnerability of children and young people, and the fact that they comprise a greater proportion of the Aboriginal and Torres Strait Islander population, require a particular and culturally appropriate emphasis on this group. Approaches to child safety must be specifically tailored to the realities of Aboriginal communities, avoiding simple translation of mainstream strategies that may be inappropriate or harmful when applied in different contexts.

The Strategy provides a framework for action that is relevant and sensitive to the social and cultural needs of Aboriginal and Torres Strait Islander peoples.

Figure 4: Determinants of Aboriginal and Torres Strait Islander safety

Environment • Adequate living conditions • Safe and healthy housing • Absence of overcrowding • Safe and healthy workplaces • Safe, affordable and reliable transport • Safe roads and pedestrian areas • Hazard free public places	**Safety policy** • Safety promotion policies • Cooperation between sectors • Just laws and regulations • Injury surveillance • Adequate data • Adequate funding for safety training and prevention programs • Research and evaluation	**Socio-economic** • Adequate levels of literacy • Adequate levels education and training • Availability of jobs • Absence of poverty • Absence of racism in society and media • Opportunities for indigenous children to excel in all areas
Culture • Identity • Ancestry • Spirituality • Language • Links to land • Cultural knowledge • Cultural programs	**Recognition of Aboriginal and Torres Strait Islander community structures and community protocols**	**Family and community** • Safe and caring families • Safe and caring communities • Safe schools • Social support • Healthy and loving relationships • Functioning community based organisations • Strong, healthy, committed community elders & leadership
Programs and services • Access to emergency care • Access to holistic health services • Culturally competent staff in health, welfare and other services • Access to safe places for victims • Services for homeless people • Drug and alcohol education • Accessible and appropriate health information	**Health and wellbeing** • Good physical health • Social and emotional wellbeing • Healthy diet • Physical activity • No drug or alcohol misuse • Appropriate health education	**Psycho-social** • Personal skills • Self esteem • Motivation • Purpose • Coping with grief and loss • Access to counselling services • Good parenting skills • Leadership

Communities are already making a difference but more capacity is required

The following case studies are examples of actions by Aboriginal and Torres Strait Islander communities to promote safety and prevent injury. With support, similar progress can be made in many other communities.

PREVENT YOUTH SUICIDE PROGRAM (VIC)

The Prevent Youth Suicide Program aims to improve mental health, self-esteem, and employment potential of young people in the Winda Mara community of Portland, Victoria. The program was funded under the National Suicide Prevention Program.

Key activities of the program included the establishment of young Koori-friendly Drop-in Centre and substance free cultural, recreational and educational activities. A range of mainstream organisations were involved in providing support and recreation activities to Koori youth, with the aim to increase young people's level of familiarity and access to mainstream support services.

Koori young people were actively linked to Brophy Youth and Family Services to encourage greater take up of further training and education opportunities, and a network of key agencies was also established to deal with future issues.

(Submission to Injury Prevention Activity among Aboriginal and Torres Strait Islander Peoples Project)

WA WATER SAFETY PROJECTS (WA)

The Royal Life Saving Society WA Branch oversaw the Remote Aboriginal Swimming Pools Project as part of a Department of Housing and Works environmental health intervention. Swimming pools were built in remote Aboriginal communities of Burringurrah, Jigalong and Yandeyarra.

Learn to swim programs were introduced for school children and training and education programs for all community members. The Society also produced a video to educate Indigenous parents and carers of the dangers in and around aquatic environments. Programs were designed to encourage active community participation with the pool facility providing safe and healthy environment. Recreational, educational, social and training programs were implemented, including traineeships in Aquatics.

There is also greater opportunity for physical activity in hot climates, and boredom has also been alleviated. Each school has adopted a 'no school, no pool' policy, to encourage attendance, and early results from health checks conducted by the Telethon Institute for Child Health Research indicate a marked improvement in health conditions such as ear and skin diseases.

(Clapham 2004)

SAFE DREAMING TRAILS LINKS SCHOOLS (SA)

Safe Dreaming Trails Links Schools is an injury prevention project, developed by Noarlunga Health Services (South Australia) that uses the school as the setting and the students as agents for change, in a cross-cultural, collaborative approach to addressing community safety standards. Key aspects of the project include: providing information; developing an effective process for identifying and fixing community safety hazards; introducing a cross-cultural focus; and working towards reconciliation.

Students developed skills in identifying and reporting safety hazards in their school and local community, with opportunities to learn about indigenous safe community practices through dreaming stories. Collaborative links were fostered between health, education, local service providers and the community. The cultural component of the project was led by a Kaurna elder who introduced the children to Indigenous safe community practices through a dreaming story – Tjilbruke, and a visit to Warriparinga, an important traditional, Aboriginal meeting place with significant spiritual value for Kaurna people. The students crossed over the reconciliation stepping-stones to enter Warriparinga.

The project also incorporated a 'Spot the Hazard Walk' where child street detectives set out on a trail of exploration and learning. The whole project has been documented on a creative CD Rom, which highlights the launch of the children's Aboriginal artwork and cultural activities.

(Clapham 2004)

SHOALHAVEN INJURY SURVEILLANCE AND PREVENTION PROJECT (NSW)

The Shoalhaven Injury Surveillance and Prevention Project, in Phase 1, aimed to describe injury patterns and risk factors among Aboriginal people living in the Shoalhaven region, and to identify opportunities for local communities use this information to plan injury prevention strategies.

Phase 2 of the project aimed to implement the findings of Phase 1, with a key aim to develop the region as a safe community through addressing injuries that result form domestic violence, interpersonal conflict, and injuries to children.

Several short and long term areas for action were identified through the project, with recommended actions being to:

- Address specific injury risks and risk groups, such as through creating safe home environments
- Improve access to services
- Develop the infrastructure in Aboriginal and Torres Strait Islander communities to develop, support and sustain community based injury prevention strategies
- Establish a Shoalhaven Safe Indigenous Communities Initiative based on community involvement, ownership and control
- Create community based training and employment opportunities through the establishment of an Indigenous Community Safety Officer Program; and
- Improve injury surveillance systems to enable ongoing identification of injury patterns and risk factors.

(Clapham 2004)

WADJA WARRIORS FOOTBALL TEAM

The Wadja Warriors rugby league team was comprised of men aged 18 - 35 years living at Woorabinda, Central Queensland. The team had been banned from competition three years before because of violence both on field and within the crowd during competitions, but wanted to prove that they could return to the sport in their own right.

Funding was secured from local programs targeting domestic violence, public intoxication, and injury prevention. In return, the men on the team undertook to suspend any members of the team from playing for a specific time period if they were reported for family violence or indulged in alcohol or drug consumption during competition. They also agreed that players would reduce violence on field, take an injury prevention attitude to the sport, and contribute to community activities. Players and coach initiated "Rules of Conduct" that were signed by all players.

In the period that followed the women's domestic violence worker at Woorabinda reported that violence decreased by 60%. Observation of competition matches revealed that despite severe provocation from the opposing teams, the Wadja Warriors displayed exemplary behaviour during and after matches. Despite four players being suspended for bringing alcohol onto the team bus, most players reported total abstinence from alcohol consumption for the entire season, not just for the before and after game periods required by the agreement.

Wadja Warriors players willingly contributed to community cleanups of Woorabinda streets, with cuts from broken glass responsible for the most presentations at the local accident and emergency department. Wadja Warriors players volunteered their labour to construct and erect bins in public areas of Woorabinda to reduce rubbish discarded on the street, and worked on the installation of falls prevention surfacing in the local children's playground. A local publican also agreed to provide alcohol in cans or plastic to reduce glass in the community.

(Information provided by Fran McFadzen, Director Health Promotion, Central Public Health Unit Network, with the consent of the Woorabinda Community)

Alignment of strategies and programs improves effectiveness and efficiency

The *National Strategic Framework for Aboriginal and Torres Strait Islander Health* identifies fragmentation of effort as a core source of the failure to improve the health and well being of Aboriginal and Torres Strait Islander peoples. Fragmentation is also identified within the *National Injury Prevention and Safety Promotion Plan – 2004-2014* as a specific deficiency in current injury prevention activities.

Fragmentation can lead to duplication of effort and initiatives that are uncoordinated or in conflict. There is also the potential for the management capacity of Aboriginal and Torres Strait Islander elders and communities to be stretched if interventions are not coordinated and cohesive.

Conversely, if organisations and governments work in close consultation with each other and Aboriginal and Torres Strait Islander communities, it simplifies the task that communities face in dealing with complex government administrative systems. It also provides for greater leverage and economies of scale in the application of limited resources.

VALUES, VISION, GOALS AND PRINCIPLES

Without a clear vision and goals action can become ad hoc and directionless and unaccountable. A statement of where we aim to be and what we aim to achieve is a necessary first step in achieving positive change. There are, however, always many ways to implement actions to achieve goals and move towards a vision of the future. To make sure the way we work towards goals does not in itself cause harm, requires that we agree on the values to guide the choice of action and principles to underpin their implementation.

The following values, vision and principles are the foundation of the action necessary to reduce the harm caused by injuries and to ensure that any unintended negative consequences are avoided.

Values

Underlying the Strategy are two basic values:

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

Vision

Aboriginal and Torres Strait Islander peoples live in safe environments free from the impact of injury

Goals

To enhance community safety, prevent injury and reduce harm through:

- Improving the safety of environments
- Increasing community capacity to promote well being
- Supporting communities to prioritise safety issues and to design, implement and evaluate safety promotion and injury prevention programs
- Mobilising government and non-government organisations to ensure maximum infrastructure and support for safety promotion and injury prevention
- Communities, government, and non-government sectors working together

PRINCIPLES FOR BEST PRACTICE IN ABORIGINAL AND TORRES STRAIT ISLANDER SAFETY PROMOTION

The application of the following principles is essential for public and private organisations working with Aboriginal and Torres Strait Islander peoples and communities in the field of safety promotion and injury prevention.

Acknowledge Aboriginal and Torres Strait Islander cultural influences and the historical, social and cultural context of communities.

Initiatives need to sensitively acknowledge, affirm and reflect the values of Aboriginal culture within and between communities. Initiatives that neglect the effects of history and the social environment of Aboriginal and Torres Strait Islander people will have limited success. The highest standards of ethics including privacy and confidentiality must be observed in delivering initiatives and undertaking research.

Ensure ongoing community involvement and consultation.

Initiatives need to have community input at all levels of program planning, implementation and evaluation. Support from the broader community and within the wider health system will impact on effective and sustainable practice. It is also important to build respect for elders, and develop community mentors and role models so that knowledge can be transferred within communities.

Adhere to the holistic definition of health.

A coordinated and proactive approach to primary health care that includes early intervention and prevention strategies will promote improved Aboriginal and Torres Strait Islander health and well being.

The practical application of self-determination principles is fundamental in all Aboriginal and Torres Strait Islander health promotion planning.

Aboriginal people are best placed to work consistently in partnership with relevant organisations on interventions that build community ownership and respond to the needs and motivations of the community with cultural understanding and sensitivity.

The establishment of effective partnerships is required to address many of the determinants of health.

Many of the determinants of health are beyond the direct influence of the health sector alone. Different collaborations and partnership approaches are likely to be prerequisites for effective action to address these determinants.

Build the capacities of the community, government, service systems, organisations and the workforce, ensuring equitable resource allocation cultural security and respect in the workplace.

Examples of building and strengthening capacities through effective practice could be where others agree to participate in or take on programs; where individuals, units or even government departments have greater ability to work together to solve problems or where a process is established for routinely improving practice.

Practice should be based on available evidence.

Evidence can come from a wide range of sources. Qualitative as well as quantitative evidence can inform practice. Decisions about the evidence on which to base practice should take account of the strengths, limitations and gaps in the available evidence.

Programs should aim to be sustainable and transferable.

Sustainable programs will be planned and organised to incorporate rigorous evaluation throughout and responsiveness to the outcomes of that evaluation.

Programs that are multi-faceted and include effective evaluation and sustainability strategies will also improve the design of future programs.

Involving stakeholders, in particular those who have supported similar initiatives can positively influence the transferability of programs. Providing formal and/or informal training of people whose skills and interest will be retained can create a broader base of advocacy.

Demonstrate transparency of operations and accountability.

Visible decision making policies and practices that are based on a sound rationale will have the capacity to take into account the complex and changing nature of Aboriginal and Torres Strait Islander Safety Promotion.

The Strategy principles are adapted from *Principles for Better Practice Aboriginal Health Promotion* (NSW Health 2002) to focus specifically on Aboriginal and Torres Strait Islander peoples' approach to safety promotion and injury prevention, and align closely with those espoused by the *National Strategic Framework for Aboriginal and Torres Strait Islander Health*, which all Australian governments have endorsed.

The principles augment those of the *National Injury Prevention and Safety Promotion Plan – 2004-2014*, which are fundamental to building the national capacity for promoting safety and preventing injury, and highlight the need for leadership, evidence-based planning, coordination and integration of effort, supportive legislation and policies, appropriate levels of resourcing, and monitoring and evaluation of initiatives.

The World Health Organization's principles for safety promotion highlight safety as a fundamental human right, define safety in a holistic context, state that objective and subjective dimensions to safety must be addressed, and individuals, communities, and governments must act together using a multi-sectoral approach that includes community enabling activities (Quebec-WHO Collaborating Centre for Safety Promotion and Injury Prevention, 1998). At least two types of processes can be used to promote safety in a community: a problem-oriented process, and a setting-oriented process. Mobilising a community towards safety improvement requires a program that covers all ages, environments and situations, actively develops skills, and involves the local community network in assessing and setting priorities.

The World Health Organization has a set of guidelines for communities applying for recognition as a WHO Safe Community. Such communities must have:

- An infrastructure based on partnership and collaborations, governed by a cross-sectional group that is responsible for safety promotion in their community
- Long-term, sustainable programs covering both genders and all ages, environments and situations
- Programs that target high-risk groups and environments, and programs that promote safety for vulnerable groups
- Programs that document the frequency and causes of injuries
- Evaluation measures to assess their programs, processes and the effects of change
- Ongoing participation in national and international Safe Communities networks.

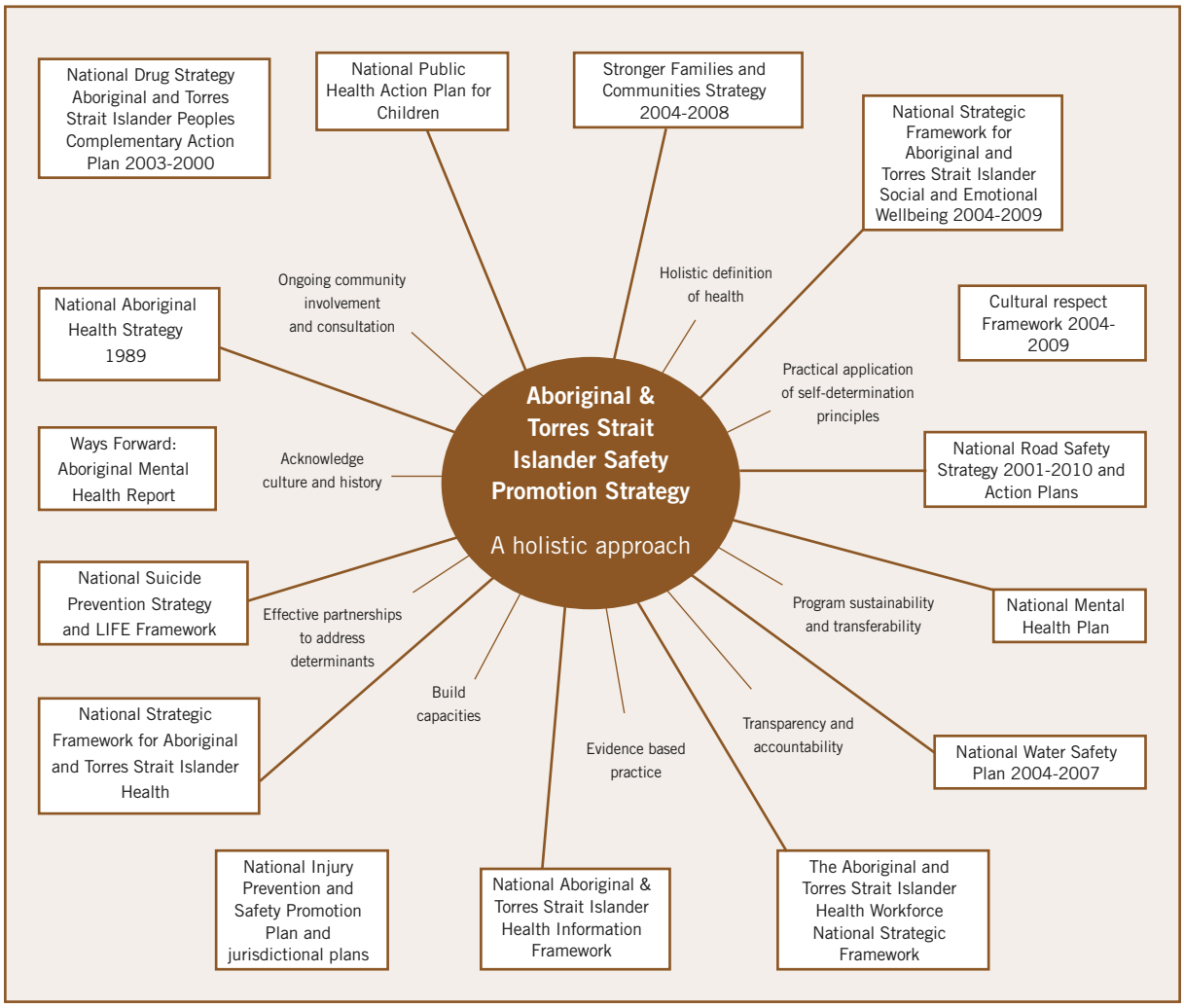
A HOLISTIC APPROACH TO SAFETY PROMOTION AND INJURY PREVENTION

There is significant overlap between risk factors for injury and those for mental health and social and emotional wellbeing problems, suicide, crime, violence, substance use, and chronic disease. (Patton et al 1997, Resnick et al 1997, Zubrick et al 1995). These problems compound each other and contribute to ongoing cycles of crisis, grief, loss and trauma in individuals, families and communities, and the capacity of parents and elders to care for younger generations is limited by their own health, substance misuse, poverty and exclusion (Tatz 2000, Pearson 2000, Anderson 2002).

The complex nature of the determinants of Aboriginal and Torres Strait Islander peoples' injury requires a holistic approach, which means that Aboriginal and Torres Strait Islander communities work with a wide range of stakeholders to address issues that are diverse but have a specific social, cultural, and historical background.

Figure 5 presents such a holistic approach:

Figure 5: A holistic approach to Aboriginal and Torres Strait Islander Safety Promotion



PRIORITY ACTIVITIES

CHANGE PROCESS

1. Build collaborative relationships for promoting safety and preventing injury within and between governments at all levels, and organisations and community groups that work with Aboriginal and Torres Strait Islander peoples, in order to collectively address injury.
2. Stimulate national discussion on improving Aboriginal and Torres Strait Islander peoples' safety, by encouraging Aboriginal and Torres Strait Islander community leaders to set safety promotion and injury prevention priorities, and by strengthening leadership and commitment.

Infrastructure

3. Increase knowledge and skills in and commitment to safety promotion and injury prevention in Aboriginal and Torres Strait Islander communities, among community leaders, and within the Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander workforce.
4. Provide enough resources to build and enhance workforce capacity.
5. Support safety promotion and injury prevention policies and strategies that address a mixture of social, environmental and behavioural factors, and provide good examples of dealing with the underlying alienation and disadvantage of Aboriginal and Torres Strait Islander peoples.
6. Improve surveillance systems and other sources of quantitative and qualitative data, to provide adequate information for Aboriginal and Torres Strait Islander safety promotion and injury prevention. Develop mechanisms to coordinate injury prevention research and evaluation activities.

Projects and Programs

7. Create and sustain local focus on promoting safety and preventing injury.
8. Develop and maintain a whole of government focus that supports a range of sustainable programs and projects which promote safety and prevent injury.

PRIORITIES FOR ACTION

A number of priorities for action have been identified from considering and discussing the evidence about Aboriginal and Torres Strait Islander peoples' safety promotion and injury prevention. These are not separate issues - they overlap and interact in their causes, the people affected, and potential solutions. These priorities highlight the need for cooperation and collaboration by government agencies, industry groups, communities and individuals representing fields such as drug and alcohol services, the hospitality industry, violence prevention services, families and young people services, land transport and road safety, and police. Most importantly, the effective implementation of these actions requires the involvement of communities in identifying and determining priorities at the local level.

Social and emotional wellbeing

Aboriginal and Torres Strait Islander peoples' concept of social and emotional wellbeing acknowledges that self-harm and substance misuse are expressions of underlying spiritual, emotional and social distress. The achievement of social and emotional wellbeing depends on a variety of factors concerning the individual, family and community experience, and on the delivery of remedial services. The social and emotional wellbeing of individuals can be affected by their state of physical health, family relationships (including family violence, history of child abuse, family removals), sexual health and gender identity, education, employment and community relationships (including access to language and culture) and spirituality.

Self-harm is a leading cause of death for Aboriginal and Torres Strait Islander peoples, with rates twice that of the general Australian population. Low self-esteem, feelings of grief and loss, and involvement in the criminal justice system are significant contributing factors.

The misuse of substances such as alcohol, tobacco and other drugs has short and long term harmful consequences, both direct and indirect - for example, chronic alcohol consumption can lead directly to liver cirrhosis, alcohol induced psychosis, or foetal alcohol syndrome. Shorter-term indirect effects include contributions to transport-related injury, and harm to others and self. Similarly, tobacco smoking may lead to lung cancer in the long term, or inflame the asthma in children in the short-term. Volatile substance use is a growing problem with potential for significant neurological injury.

Child and young people's safety

Children are particularly vulnerable to injury through violence, harm and neglect. Young parents and mothers need support to reduce the level of harm to children, and strategies should be in place for early identification of children at risk. The stresses of adolescence are universal, but where coping skills and resilience of individuals are low, responses may take the form of risk taking behaviour, substance use, and self-harm. Injuries from burns, drowning and land transport are also major problems.

As well as their immediate effects, injuries to young people have a particularly high cost in terms of the lives lost, or the many subsequent years coping with physical and emotional impairment. The potential to prevent inter-generational violence and harm also underlines the importance of safety promotion and injury prevention for children and young people.

Violence affecting families and individuals

The recorded rate of homicide for Aboriginal and Torres Strait Islander males was over 7 times higher than the rate for other males, and the rate for females was over 11 times higher than the rate for other females.

Aboriginal and Torres Strait Islander people living in remote areas also experienced higher levels of abuse or violent crime (17%), witnessing violence (30%), or community problems of family violence (41%) and neighbourhood conflict (31%). About 20% of Aboriginal and Torres Strait Islander people reported assault as a neighbourhood or community problem, and 11% had experienced abuse or violent crime in the preceding year (ABS 2004).

Women are particularly vulnerable to injury through violence and harm, and hospitalisation rates for assault to Aboriginal and Torres Strait Islander women are many times the population average. As the primary care givers for the next generation, violence and injury to women has a direct influence on the wellbeing of children and the future of communities, and such women are in need of particular support in any attempts to reduce harm from injury at individual, family and community levels.

Land transport

Land transport safety encompasses drivers, pedestrians and vulnerable road users using land transport systems, industry groups, legislative bodies, and system/environment planners. Land transport injuries are another leading cause of Aboriginal and Torres Strait Islander injury-related death, with rates three times the population average. Land transport-related death rates are particularly high in remote areas.

Most Aboriginal and Torres Strait Islander people depend on land transport for mobility, to enable participation in family and cultural activities, work and recreation. Provision of safe and sufficient transport presents special challenges in remote areas.

The diversity amongst stakeholder groups and their interests requires that a balance be achieved in how land transport safety issues are addressed.

Water safety

As noted earlier in this document, Aboriginal and Torres Strait Islander people are 3.6 times more likely to die from drowning than the general population rate (Helps and Harrison 2004). The incidence of drowning in the Aboriginal and Torres Strait Islander population is higher in remote areas than metropolitan or rural areas (Harrison 2003 in Moller et al 2004). Drowning is related to water transport in the Torres Strait and swimming in dams and rivers in remote inland areas.

Workplace safety

There is a lack of published data on Aboriginal and Torres Strait Islander work-related injury. However, census data shows that many Aboriginal and Torres Strait Islander people work in high-risk industries and on high-risk tasks. Evidence from the NSW and Torres Strait injury surveillance and prevention studies (Gladman et al 1997 and Royal 2000) suggests that safety promotion needs to be strengthened in Community Development Employment Project schemes (Moller et al 2004).

NEXT STEPS

ATSIIPAC has recommended that a group should be given the responsibility and resources to oversee the development of an implementation plan for the Strategy. The implementation plan would outline evidence based strategies for each of the priority activities and identify possible priorities for local community action. It will take into account the pre-existing jurisdictional plans that cover various elements of the Strategy in order to avoid duplication of monitoring, reporting and evaluation activity. Therefore, the implementation plan will provide flexibility for individual States and Territories to pursue their own priorities, and to integrate these with existing safety promotion and injury prevention initiatives. The overseeing group will also develop a monitoring and evaluation framework, with related performance indicators, for the implementation of the Strategy. Resources sufficient to support long-term change initiatives will be required. The directions detailed in this document are in line with the whole of government approach, coordinated effectively across issues and sectors, advocated by the COAG processes. They are intended to complement strategies, plans and initiatives that are already in existence or may be developed in the future, to improve health and safety outcomes for Aboriginal and Torres Strait Islander peoples.

APPENDICES

Appendix A

Policies, strategies, and publications related to Aboriginal and Torres Strait Islander safety promotion and injury prevention

Families and Communities

CommunityMatters: Working with diversity for wellbeing (A MindMatters booklet)
http://cms.curriculum.edu.au/mindmatters/resources/comm_matters.htm

The booklet addresses how schools, in partnerships with their diverse communities, can approach mental health promotion in a holistic way. The resource aims to assist schools to enhance mental health protective factors and student social and emotional wellbeing.

National Public Health Action Plan for Children 2005-2008 (currently under development by the Child And Youth Health Intergovernmental Partnership)
http://www.nphp.gov.au/workprog/chip/cyhactionplanbg.htm

An Aboriginal and Torres Strait Islander Working Group has been established to advise CHIP and ensure that the public health needs of Indigenous Australian children are included in the Plan

Stronger Families and Communities Strategy 2004-2008
http://www.pm.gov.au/news/media_releases/media_Release780.html

The *Stronger Families and Communities Strategy* is an Australian Government initiative giving families, their children and communities the opportunity to build a better future. The Strategy recognises that early childhood is a critical period and a *National Agenda for Early Childhood* has consequently been developed. The Strategy has a particular emphasis on early childhood initiatives and resources that can be used to achieve better outcomes for children and their families.

Information and Data

Overcoming Indigenous Disadvantage: Key Indicators 2003
http://www.pc.gov.au

The Report has been prepared at the request of the Council of Australian Governments. Its key task is to provide indicators of Indigenous disadvantage that are of relevance to all governments and Indigenous stakeholders, and that can demonstrate the impact of program and policy interventions.

The indicator framework includes three priority outcomes that sit at the apex of this framework:

1. Positive child development and prevention of violence, crime and self-harm
2. Safe, healthy and supportive family environments with strong communities and cultural identity
3. Improved wealth creation and economic sustainability for individuals, families and communities

Under these outcomes sit the first tier (headline indicators), which provide an overview of the state of Indigenous disadvantage. This serves to keep a national focus on the challenge of reducing disadvantage. The second tier is of more immediate relevance to policy. It contains seven 'strategic areas for action', which can make inroads into headline disadvantage over time. A series of strategic change indicators has been identified which shed light on whether policy actions are making a difference in the strategic areas for action.

Reported injury mortality of Aboriginal and Torres Strait Islander people in Australia, 1997-2000
http://www.aihw.gov.au

Results from an exploratory analysis of the Aboriginal and Torres Strait Islander mortality data are presented in this technical report, which is intended to inform and enhance future statistical reports. A summary of patterns and trends in Aboriginal and Torres Strait Islander mortality data is presented, which can inform injury prevention activities.

Injury and Safety Plans

The National Road Safety Strategy 2001-2010 and Actions Plans
http://www.atsb.gov.au.

The *National Road Safety Strategy 2001-2010* and its associated two-year action plans aim to achieve a 40% reduction in the number of fatalities per 100,000 population by 2010. The Strategy and actions plans were developed jointly by all Australian jurisdictions, with input from the National Road Safety Strategy Panel, which represents a broad range of organisations with a stake in road safety. Ministers of the Australian Transport Council have endorsed them. The new plan for 2005 and 2006 contains the following initiatives that complement and enhance the road safety measures listed elsewhere that would improve road safety for Aboriginal and Torres Strait Islander peoples.

Actions are to:

- work with Aboriginal and Torres Strait Islander communities to identify and implement locally relevant initiatives that improve road safety outcomes; and
- complete the development of an Internet-based clearing house to share effective Aboriginal and Torres Strait Islander road safety initiatives among stakeholders and communities (to be complemented by national forums on road safety for Aboriginal and Torres Strait Islander peoples).

The forum held in 2004 identified the following priority action areas:

- inconsistent and incomplete statistical data on indigenous
- fatality and injury rates;
- low levels of licensed driving;
- low seat belt wearing rates among Aboriginal and Torres Strait Islander drivers and passengers;
- unsafe consumption of alcohol by drivers and pedestrians;
- need to share information on Aboriginal and Torres Strait Islander road safety among key government bodies and stakeholders;
- need to involve local communities when development
- countermeasure programmes; and
- inadequate road infrastructure.

National Water Safety Plan 2004-2007
http://www.watersafety.com.au.

The *National Water Safety Plan 2004-2007* (NWSP) builds on the achievements of the inaugural water safety plan and was developed in consultation with the many and varied stakeholders with the goals of providing a coordinated and cooperative approach to Water Safety throughout Australia. The Aboriginal and Torres Strait Islander population has been identified as a priority group for immediate action under the NWSP 2004-2007.

The *NWSP 2004-2007* aims to:

- Identify, prioritise and benchmark the major Water Safety issues
- Establish the Water Safety Standards and Policies to be applied and monitored nationally
- Commit to improve the expertise, programs and resources that currently operate within the system
- Maximise organisational linkages
- Ensure that duplication of effort and resources are avoided
- Ensure that positive ideas and best practice are shared throughout Australia

To achieve the aims four key result areas have been highlighted; 1) Water Safety Education, 2) Water Safety Research, 3) Aquatic Locations, and 4) Key Demographics. Under these key result areas there are a series of recommendations, one of which is that 'Access and availability of facilities, water safety programs and services must be appropriately increased to meet the needs of Aboriginal and Torres Strait Islander communities'.

Social and Emotional Wellbeing

National Strategic Framework for Aboriginal and Torres Strait Islander Social and Emotional Wellbeing 2004-2009

In press

Swan P & Raphael B. Ways forward: National consultancy report on Aboriginal and Torres Strait Islander mental health. Canberra: AGPS 1995

http://www.health.gov.au/internet/wcms/Publishing.nsf/Content/mental-pubs/$FILE/wayfor.pdf

The National Suicide Prevention Strategy

http://www.health.gov.au/internet/wcms/publishing.nsf/Content/mental-suicide-overview

In the 1999-2000 Federal Budget, the Government committed $39.2 million over four years from July 1999 for a *National Suicide Prevention Strategy* (NSPS) to build on the former *National Youth Suicide Prevention Strategy* (NYSPS).

The importance of local level suicide prevention activities, support of community organisations and the development of community models of suicide prevention is a priority under the NSPS. The Key Outcomes of the NSPS are:

- support of national suicide prevention activities across the life span; and
- development and implementation of a strategic framework for a whole of government and whole of community approach to suicide prevention across all levels of government, the community and business.

National Life Framework

http://www.health.gov.au/internet/wcms/publishing.nsf/Content/mental-suicide-life

The *LIFE Framework* aims to foster strategic partnerships and to position suicide prevention effort across all sectors. It was developed by the National Advisory Council on Youth Suicide Prevention, guided by consultation with key groups and evidence that suicide prevention requires a multi-faceted approach involving collaboration between all levels of government and the community.

The *LIFE Framework* consists of three companion documents: LIFE: Areas for action, LIFE: Learnings about suicide and LIFE: Building partnerships.

National Mental Health Strategy

http://www.mentalhealth.gov.au/mhinfo/nmhs/index.htm

The *National Mental Health Strategy* is an agreement between the Commonwealth and all State and Territory governments that aims to improve the lives of people with a mental illness. The Quality and Effectiveness Section of the Mental Health Branch is responsible for implementing a range of Strategy initiatives associated with information development, depression and suicide.

beyondblue: National Depression Initiative

beyondblue is a national, independent, not-for-profit organisation working to address issues associated with depression, anxiety and related substance misuse disorders in Australia. It is a bipartisan initiative of the Australian, state and territory governments with a key goal of raising community awareness about depression and reducing stigma associated with the illness.

beyondblue works in partnership with health services, schools, workplaces, universities, media and community organisations, as well as people living with depression, to bring together their expertise around depression.

beyondblue's five priorities:

1. Increasing community awareness of depression, anxiety and related substance misuse disorders and addressing associated stigma.
2. Providing people living with depression and their carers with information on the illness and effective treatment options and promoting their needs and experiences with policy makers and healthcare service providers.
3. Developing depression prevention and early intervention programs.
4. Improving training and support for GPs and other healthcare professionals on depression.
5. Initiating and supporting depression-related research.

National Drug Strategy Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003-2006

http://www.nationaldrugstrategy.gov.au/publications/framework.htm

The *National Drug Strategy Aboriginal and Torres Strait Islander Peoples' Complementary Action Plan 2003-2006* was endorsed by the Ministerial Council on Drug Strategy (MCDS) on 1 August 2003 to help provide a nationally coordinated and integrated approach to reduce drug related harm amongst Aboriginal and Torres Strait Islander peoples. Although implementation of priorities to be pursued under the Plan is largely the role of jurisdictions, the Australian Government, through the Department of Health and Ageing, also has a role in implementation in the form of coordination of effort at a national level and development of national programs to support jurisdictions.

The MCDS endorsed the new *National Drug Strategy: Australia's integrated framework 2004-2009*, on 20 May 2004. MCDS acknowledged that the development of the *Complementary Action Plan* was a significant outcome from the previous National Drug Strategy and identified the implementation of the *Complementary Action Plan* as a specific priority area for action.

Recommendations of the Royal Commission on Aboriginal Deaths in Custody
http://www.austlii.edu.au/au/special/rsjproject/rsjlibrary/rciadic/

The Royal Commission was established in October 1987 in response to a growing public concern about the large number of deaths in custody of Aboriginal people. For the purpose of reporting on any issues underlying or associated with the deaths, the Commission took account of social, cultural and legal factors which appeared to have a bearing on those deaths, and made a series of recommendations about how they might be addressed.

Workforce

Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework (2002)
www.health.gov.au/oatsih/index.htm

The *Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework* (Workforce Strategic Framework) was developed by a drafting committee of the Commonwealth, State and Territory Government Standing Committee on Aboriginal and Torres Strait Islander Health. The *Workforce Strategic Framework* presents a 5-10 year reform agenda to build a competent health workforce to address the health needs of Aboriginal and Torres Strait Islander peoples.

Health and Wellbeing

National Aboriginal Health Strategy
http://www.health.gov.au/internet/wcms/Publishing.nsf/Content/health-oatsih-pubs-healthstrategy.htm

Developed in 1989, the NAHS is still considered valid today as a comprehensive holistic approach to improving the health and wellbeing of Aboriginal and Torres Strait Islander people. It is considered complementary to the *National Strategic Framework for Aboriginal and Torres Strait Islander Health*.

National Strategic Framework for Aboriginal and Torres Strait Islander Health: Framework for action by governments

National Aboriginal and Torres Strait Islander Health Council
http://www.health.gov.au/internet/wcms/Publishing.nsf/Content/health-oatsih-pubs-healthstrategy.htm

This document draws together nationally agreed strategies to address specific health problems, state and territory policies and plans and the national collaborative policy and planning frameworks within which Aboriginal and Torres Strait Islander health programs are managed today. It also identifies key priorities that must be addressed within the health and community services systems.

This *National Strategic Framework* is a complementary document that builds on the 1989 *National Aboriginal Health Strategy* and addresses approaches to primary health care and population health within contemporary policy environments and planning structures. All Australian Health Ministers have endorsed it.

Rural Health Strategy
http://www.ruralhealth.gov.au/

The *Rural Health Strategy* funded a range of initiatives including rural health services, programs to support the recruitment and retention of GPs and long-term measures to increase the rural workforce. The *Rural Health Strategy* will also focus on new preventive health measures to address the gap in health outcomes between rural and urban Australians.

Rural Chronic Disease Initiative

http://www.health.gov.au/

Funding was provided in the 2000-01 Budget for the *Rural Chronic Disease Initiative* (RCDI) to address chronic disease issues in small rural and remote communities. The RCDI assisted small rural communities to develop chronic disease prevention and management projects and increase skills and knowledge. Each project was designed to meet local needs and circumstances and promote and encourage healthy lifestyles. The RCDI funded 30 projects across rural and remote areas of Australia.

Building on the success of the *Rural Chronic Disease Initiative*, primary health projects will be established to address chronic disease factors. The primary health projects will receive time-limited non-recurrent grants to achieve specific outcomes in the priority areas of injury prevention, alcohol and injury, smoking and obesity. The first round of funding for primary health projects will specifically target remote communities, including Aboriginal and Torres Strait Islander projects.

Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2004-2009

http://www.health.vic.gov.au/koori/cultural-respect-framework.pdf

The *Cultural Respect Framework* has been developed as a guiding principle in policy construction and service delivery for utilisation by jurisdictions as they implement initiatives to address their own needs, in particular mechanisms to strengthen relationships between the health care system and Aboriginal and Torres Strait Islander peoples.

The *Cultural Respect Framework* recognises the following principles which are consistent with the *National Aboriginal and Torres Strait Islander Health Strategy* and the *Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework 2002*: A holistic approach, health sector responsibility for improving the health of Aboriginal and Torres Strait Islander individuals and communities, community control of primary health care services, working together, localised decision-making, the importance of health promotion, building the capacity of health services and communities, and accountability for health outcomes.

Appendix B

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