Methodology

The purpose of consultations was to find out what sorts of projects exist, what they entail, who is involved, why they were set up — and, most importantly, what makes a project work and why some do not work.

The approach to data collection was three-pronged, and aimed to provide both breadth and depth to the consultation findings. The project attempted to identify and document quickly all current relevant projects and programs, which target Aboriginal and Torres Strait Islander communities, that would have the effect of reducing or preventing injury. To this end, a project database was first established to record and classify as many projects as possible. Secondly, key funding or peak organisations were contacted and individuals asked about current programs and individual projects.

These first two steps uncovered a surprisingly large number of disparate but relevant projects. The review of projects did not generally include mainstream injury prevention projects aimed at the general population. Clearly, in the time available, individual programs — or even blocks of programs — may have been missed. The meta-analysis of projects provides a quantitative summary of data collected. Given the preliminary nature of this work, figures presented in this section should be read as indicative only.

The third strategy involved selecting a number of projects as case studies. Consultation around projects involved mainly phone conversations and e-mail correspondence with project workers in community organisations, and officials in relevant government and non-government agencies. Selected site visits to communities where projects were being undertaken, and meetings with those involved in projects, complemented the phone and electronic interviews. The site visits helped to contextualise and consolidate information gained from interviews. The case studies provide a valuable closer view of the people, organisations and environment in which projects are planned and undertaken. They are presented with a minimum of editorial comment or interpretation in order to represent the views of the people most involved in projects, who provided candid descriptions of how things actually worked ‘on the ground’.

The detailed accounts of projects and the general comments from stakeholders provided the basis for the analysis in the findings and conclusion. What is reported in the findings section represents what has been found consistently in the interviews with stakeholders. The direct quotes, while referring to the experience of individual projects, are illustrative of general views about issues raised by the informants.

It is important to note that it was beyond the terms of reference for this project to consult the ‘users’ or ‘consumers’ — that is, the Aboriginal and Torres Strait Islander target population of interventions — about their experiences. This feedback would normally be collected as part of the ongoing evaluation of any individual project or program.

The consultation phase was undertaken in conjunction with the search for relevant literature relating to the projects identified, including the grey literature. Direct contact with project staff and funding agencies helped to identify useful print-based and electronic resources well as a number of formal evaluations of projects. Together the interviews, site visits and available published or unpublished material provided the basis for the case studies presented in Appendix D. The full project database is provided as a separate entity.

Preliminary tasks

Identifying projects

Broad criteria

Projects were selected for the database using broad criteria, in an attempt to identify as widely as possible initiatives, projects and programs that would improve safety and lessen injury among Aboriginal and Torres Strait Islander people. It included projects with a specific injury focus, as well as those where injury may have been tangential to the intended objectives of the project.

Searches of existing literature, databases and websites

Projects were identified through searches of existing literature, projects, evaluation reports, annual reports and databases, including:

- Harrison, J., Miller, E., Weeramanthri, T., Wakerman, J., & Barnes, T. (2001). *Information sources for injury prevention among Aboriginal and Torres Strait Islander Australians: status and prospects for improvements*. Canberra: Australian Institute of Health and Welfare;
- National Drug and Alcohol Research Institute publication and online database Indigenous Australian Alcohol and Other Drugs Database <http://www.db.ndri.curtin.edu.au/>;
- Department of Prime Minister and Cabinet, Partnerships Against Domestic Violence (PADV) website and meta-evaluation <http://www.padv.dpmc.gov.au/>;
- Australian Domestic and Family Violence Clearinghouse databases <http://www.austdvclearinghouse.unsw.edu.au/databases.htm>;
- Department of Family and Community Services (FaCS) website <http://www.facs.gov.au/sfcs/index.htm>;
- Secretariat of National Aboriginal and Islander Child Care (SNAICC) website <http://www.snaicc.asn.au/>;
- Auseinet website <http://auseinet.flinders.edu.au> Social and emotional wellbeing projects;
- Beyond Blue Annual report <http://www.beyondblue.org.au/site/>;
- NSW Health, Drug and Alcohol Bureau audit of NSW drug and alcohol projects (Indigenous Drug and Alcohol Projects 1999–2000);
- NSW Attorney General's Department Domestic Violence Resource Link (DV Link) <http://www.cjc.nsw.gov.au/lc/dvlink.nsf/pages/index>;
- Flinders University, Primary Health Care Research and Information Service (PHCRIS) database of divisions of general practice <http://150.101.248.131/cgi-bin/db.dll/home>; and
- Transportation projects (Brice, 2000).

Public input

The public was invited to contribute to the project through an advertisement placed in the Aboriginal and Torres Strait Islander and mainstream press, and through electronic media. The advertisement requested assistance in identifying projects that address: children's injuries; sports injuries; falls and water injury; self-harm, suicide and violence; domestic violence and sexual assault; substance misuse; and road injury. It was placed in the *Koori Mail*, the *National Indigenous Times*, the *Australian*, the Indigenous Online Network and KooriNet. An information sheet (see Appendix B) and flyer were also produced and disseminated through the Yooroang Garang student network and through snowballing. An 1800 number Injury prevention hotline and an injury prevention e-mail address <injury@fhs.usyd.edu.au> were set up to receive enquires.

Identifying key stakeholders

Key stakeholders consulted for this project included:

- representatives of government and statutory bodies responsible for major initiatives;
- representatives of peak organisations;
- university researchers;
- project coordinators, managers and administrators at the community and organisational level; and
- community and project workers, including staff of Aboriginal medical services (AMSs) and Aboriginal Health Workers.

A full list of people and organisations consulted is in the project database.

Research assistance

Three Aboriginal research assistants[A] and two non-Aboriginal research assistants[B] were contracted to provide assistance for the consultation phase of the project. All are graduates of the Bachelor of Health Science (Aboriginal Health and Community Development) Honours (Yooroang Garang) or another program, and they have received training in qualitative research.

Interviews

From the responses gathered in the first phase, a number of individual projects were selected for further investigation, which was undertaken by the consultant and the Aboriginal and non-Aboriginal researchers. Initial phone contact was made with organisations to provide information about project and the consultants, confirm their contact name and details, request their assistance in identifying injury intervention programs and relevant people to consult with, and request a face-to-face or telephone interview.

The information sheet sent out to organisations included a statement that organisations participating in consultations would be acknowledged and invited to comment on a draft report. Interviews were undertaken either face-to-face or by phone, e-mail or fax using a series of open-ended questions (see Appendix B). Interviewees were also requested to provide additional reference or resource material related to their projects.

[A] Ms Estelle Con Goo, BA Hons (Sydney), Mr Reuben Bolt, BA Hons (Sydney) and Ms Llewellyn Williams BA Hons (Sydney).

[B] Ms Tara McLachlan BA Hons (Sydney) and Ms Diane Gosden MA (Hons) Macquarie.

Information was sought about:

- questions, terms and definitions;
- describing injury in Aboriginal and Torres Strait Islander contexts;
- describing injury in a specific or local context;
- preventing Injuries;
- describing an intervention (activities, funding, resources);
- evaluating the effectiveness of an intervention;
- outcomes and success of the intervention;
- monitoring and evaluation;
- benefits, community acceptability and transferability; and
- recommendations.

The process was open and conversational, and informants were encouraged to talk about aspects of projects that interested them most.

Responses to the interviews were recorded either by the interviewer taking notes, or by the interviewee providing a written e-mail response to the questions. A number of informants supplied additional print-based, electronic or video material as well as evaluation reports, where they had been carried out, which provided useful background material to the projects.

Selection of site visits

The following locations were chosen for site visits and face-to-face interviews:

- Nowra — South Coast Aboriginal Medical Service;
- Port Macquarie — Mid North Coast Area Health Service;
- Cairns — Apunipima Health Council; Queensland Ambulance Service; Queensland University Public and Tropical Health Unit; Yarrabah Community — Gurriny Yealamucka Health Services; and
- Sydney — Western Sydney Area Health Service; ATSIC.

The transcripts of the interviews, the views of those responding to the request for information, additional print, electronic and video material, and any evaluation reports all provided the basis for the nineteen case studies and the findings in this volume.

Follow-up

Prior to the submission of the draft report, contact was made with each of the organisations conducting projects included as case studies in this report. Individuals interviewed were invited to confirm details and provide any additional comments or corrections. A copy of the transcripts of interviews was returned to participants. A copy of the draft consultation report was also provided for comment, and comments received were incorporated into the final report.

Response to the consultation process

There was considerable variation in the responses of stakeholders to the consultation process. On the whole, informants responded very positively to the objectives of the project. They were very

proud of their efforts and were willing to share information about projects, reflecting their desire to contribute to worthwhile efforts to improve Aboriginal and Torres Strait Islander health.

The response to the advertisement and flyer, while not overwhelming, was useful in uncovering projects that had not been identified elsewhere. It also brought forward a range of individual viewpoints on injury problems and solutions. A number of lengthy responses came from individuals who had worked in Aboriginal and Torres Strait Islander communities and were able to provide detailed comments on particular areas of need, such as prevention and services for brain injury, sports injury and children's playgrounds as well as particular regional issues.

In regard to the individual case studies, the majority of people interviewed were satisfied with the written case study and the opportunity to review the information they had provided and for their consent to the case study to be included in the report. In one case, permission was not given and the case study was not included in the final report.

Recording of current activity in the projects database

All current and planned Aboriginal and Torres Strait Islander injury prevention activity identified by this project has been recorded and can be found in the project database (provided as a separate Microsoft Access file). The database is by no means an exhaustive list, but rather represents a snapshot of current projects: most ongoing, some recently completed, and a few planned.

The information in the database is organised using the following fields:

- reference number;
- name of project/program;
- name of organisation conducting the project;
- type of organisation — State/Territory government, Commonwealth government, Indigenous, NGO or partnerships;
- funded by — (the primary agency is listed);
- key contact and contact details;
- State/Territory;
- location — rural, urban or remote;
- scope — national, State/Territory, multi-State, regional or local;
- phase — planned, pilot, implemented or completed;
- evaluation included (little information available; included for future use);
- type of intervention — methods used;
- external cause of injury being addressed — based on standard aggregations of the ICD-9 External Cause (E-code) classification;
- contributing factors — associated with the external cause of injury;
- type of intervention — derived from the project title or description;
- target group;
- comments; and
- whether the project used a public health model (little information available; included for future use).

The database facilitates easy identification and description of aspects of the project and, used electronically, provides a mechanism for further searches along a particular parameter. For instance, all projects primarily targeting Aboriginal and Torres Strait Islander men in rural areas can be quickly identified. It should be noted that no attempt was made to indicate levels of funding for projects.

Presentation of case studies

The numbers of case studies that could be included for more detailed presentation was much limited by the time constraints of the project. The nineteen case studies, found in Appendix D, present a detailed description of individual projects as well as the views of those coordinating or managing them. The selection of case studies attempts to present a range of injury problems, describe a variety of interventions and cover a broad geographical area. Selection also depended on the availability and willingness of staff to discuss their projects within the time frame of the project as well as an indication that the project was broadly successful.

It should be noted that although a number of projects exhibit elements of best practice, the case studies do not pretend to showcase the best projects, but rather display a range of approaches to injury prevention in Aboriginal and Torres Strait Islander communities, and present a range of views.

Framework for analysis

The analysis found in the 'Findings' section of this volume is based on a broad thematic analysis of the information derived from interviews. Using a qualitative approach, an attempt has been made in the 'Findings' to present the themes which emerged during the interviews while remaining as close as possible to the statements and views of informants. For this reason the 'Findings' section makes extensive use of the direct quotes included in the individual case studies, as well as the verbal or written submissions received in response to the advertisements for this project.

Defining 'success'

One rationale for undertaking this project is to identify what is actually working in Aboriginal and Torres Strait Islander injury prevention. Knowledge of what makes a project successful in reducing or preventing injuries, and which factors contribute to a lack of success or progress, must contribute to more effective policy making, and avoid unnecessary waste of resources and energy. Being able to identify success also depends on a process of evaluation so that success or the lack of it are understood and appropriate action taken. It is also important that the further evaluation of injury prevention activity be informed by reliable data on where and how injuries are currently occurring in Aboriginal and Torres Strait Islander communities.

An overarching framework for the way in which successful injury prevention programs might work is provided by the five Principles of the Ottawa Charter <http://www.who.int/hpr/archive/docs/ottawa.html>:

- Building a Health Public Policy;
- Improving Community Action;
- Developing Personal Skills;
- Creating a Healthy Environment; and
- Re-orienting Health Care Services (towards prevention/promotion).

It should be noted that the same broad principles underlie the National Aboriginal Health Strategy (National Aboriginal and Torres Strait Islander Health Council, 2000), which places a strong emphasis on the central role of Aboriginal community controlled health organisations.

For Aboriginal and Torres Strait Islander injury surveillance and prevention programs, Shannon et al (2001b) recommend the following elements of a public health model for projects to make an impact in Aboriginal and Torres Strait Islander communities:

- understanding and addressing community priorities;
- development of community ownership;
- collection of appropriate data; and
- development of effective partnerships with external groups, which have a role to play in enhancing the capacity of the community to address the problem.

Shannon et al (2001a) also point out the importance of acknowledging that intervention strategies for injury surveillance and prevention projects developed and tested in one context do not necessarily work in another. Communities need to recognise and 'own' injury (and the antecedent causes) as an issue of importance. Community structures need to be developed in partnership with a range of relevant groups and organisations in order to raise the capacity of the community to address the injury problems.

There have also been attempts to define 'success' and 'achievement' in specific areas of injury prevention — for example, family violence prevention. The Partnerships Against Domestic Violence meta-evaluation <http://www.padv.dpmc.gov.au/> includes the following elements of best practice approaches for projects specifically addressing domestic and family violence:

- the need to build on the skills of people in the local community;
- protocols and guidelines for effective service delivery are needed, across agency boundaries;
- sound appropriate training for workers;
- safety of victims a key priority;
- recognition and validation of the importance of community healing;
- recognition of the importance of a family approach to dealing with violence in communities; and
- broad-based reference group of key stakeholders.

The analysis of success in the 'Findings' (see section later in this volume) represents the views of those consulted in this project. It should be noted that these are highly consistent with all the factors identified above.

Meta-analysis of projects

Number of projects

A total of 314 projects or programs was identified by this project, and they fell roughly into three groups. Of the total projects, less than 40 were identified as having a specific ‘injury prevention’ focus. Many others address key social or physical environmental factors that contribute to injury and safety in Aboriginal and Torres Strait Islander communities. The majority of these types of projects address either family violence or issues related to alcohol, or both.

Recognising the importance of adopting long-term strategies to the widespread and serious injury and safety issues currently faced by Aboriginal and Torres Strait Islander communities, the project also identified a third group of projects with a secondary or long-term safety outcome. These projects were unlikely to have a specific injury objective and were most likely to be funded under the headings of ‘early intervention’, ‘capacity building’ or ‘social and emotional wellbeing’.

By employing a broad definition of ‘injury prevention’, the project uncovered a large number of projects. The list of projects in Appendix A is by no means exhaustive of all possible projects that could have been included, but rather a first attempt at compiling a list of Aboriginal and Torres Strait Islander Australian injury-related projects. The constantly changing nature of this field and the short-term nature of many projects mean that to develop and maintain a more accurate database would need to be resourced separately as an ongoing project.

External cause of injury being addressed

More than half the projects identified (see Table A) focused on a specific external cause, most commonly interpersonal violence.

• Table A - Number of injury-related projects identified: external cause of injury

External Causes	**State/Territory**											
	ACT	*AUS*	*Multi-State*	*NSW*	*NT*	*Qld*	*Qld/TSI*	*SA*	*Tas*	*Vic*	*WA*	***Total***
Drowning and submersion											3	**3**
Fires/burns/scalds		2		1								**3**
Interpersonal violence			6	20	17	19	1	8	2	9	23	**105**
Multiple external causes				5	1	3		1				**10**
Self harm	1			1	7	8		1		4	14	**36**
Transportation			3	2	1	2		1			16	**25**
Not specified		1	3	20	47	8	1	8		9	35	**132**
Total	**1**	**3**	**12**	**49**	**73**	**40**	**2**	**19**	**2**	**22**	**91**	**314**

Contributing factors

• Table B - Number of injury-related projects that address contributing factors

Contributing Factor	State/Territory											
	ACT	*AUS*	*Multi-State*	*NSW*	*NT*	*Qld*	*Qld/TSI*	*SA*	*Tas*	*Vic*	*WA*	*Total*
Alcohol				6	38	9	1	4		6	31	**95**
Alcohol and other drugs				4	1			3		2	1	**11**
Alcohol and volatile substance abuse				1	1	2					3	**7**
Volatile substance abuse				2	1						3	**6**
Not specified	1	3	12	36	32	29	1	12	2	14	52	**195**
Total	**1**	**3**	**12**	**49**	**73**	**40**	**2**	**19**	**2**	**22**	**91**	**314**

Less than half the projects (see Table B) addressed a contributing factor to injury and these were commonly alcohol or other substance use projects.

Organisations conducting projects

It should be noted that no attempt was made to distinguish projects on the basis of size, either in terms of funding received or population serviced by the project. Nevertheless, it would appear that the majority of the projects are local, community-based projects conducted by Aboriginal and Torres Strait Islander organisations. A large number of projects was funded and conducted by State/Territory government departments, and many projects involved collaborative partnerships with more than one organisation.

Location of projects

With the exception of the ACT, projects identified were located in all of the States and Territories of Australia, with most injury-related activity concentrated in Western Australia and the Northern Territory (see Table C).

• Table C - Number and location of injury-related projects

State/Territory	Total
ACT	1
Australia	3
Multi-state	12
NSW	49
NT	73
Qld	40
Qld/TSI	2
SA	19
Tas	2
Vic	22
WA	91
Total	**314**

Note: TSI = Torres Strait Islands

The vast majority of projects was found in rural or remote areas. Despite the fact that the largest percentage of Australia's Aboriginal and Torres Strait Islander population is concentrated in urban areas, only around 20% of projects were located in urban areas.

Sources of funding

Although the amount of funding for each project is included in the project database, it should be noted that there is considerable variation in funding provided to different projects. The majority of projects receives funding from government bodies, notably:

- Commonwealth Department of Health and Ageing (CDHA);
- Aboriginal and Torres Strait Islander Commission (ATSIC);
- Commonwealth Department of Prime Minister and Cabinet (Office of the Status of Women);
- Commonwealth Department of Family and Community Services (FaCS);
- State/Territory health departments; and
- NSW Department of Aboriginal Affairs (DAA).

Sources of funding for individual projects included in the project database are not complete, particularly those related to drug and alcohol projects and night patrols, for which information has been derived from Gray et al. (2002). However, it is clear from information from Attorney's-General departments that these departments are funding many of these programs, for example, the National Crime Prevention Strategy and related State/Territory programs.

In fewer cases, private bodies provided funding, and sometimes in-kind support, such as a vehicle. Some organisations were able to pool resources to make a project viable. For example, the

Queensland Department of Emergency Services' Community Education Program for Aboriginal and Torres Strait Islander Communities, which provides in-service and training in first aid for Aboriginal and Torres Strait Islander people in Cape York and the Torres Strait, is supported by the local health service vehicle and land and sea management resources.

Injury focus

The injury prevention projects identified in this project can be broadly classified into three types by their intervention target: projects that address a specific injury issue; projects that address two or three issues; and multi-issue initiatives.

The vast majority of projects identified, aimed to prevent injury from a specific external cause such as:

- interpersonal violence (105 projects);
- transportation (25 projects);
- housing safety (2 major programs with multiple projects);
- suicide and self-harm (36 projects);
- drowning (3 projects); and
- sports injury (1 project).

A smaller number of projects linked injury issues in one project. The Torres Strait Water Safety Project, for example, addresses the dual issue of alcohol-related drowning in the Torres Strait. The Family and Domestic Violence Prevention and Intervention Program, run by the Krurungal-Aboriginal and Torres Strait Islanders Corporation for Welfare, Resource and Housing in Queensland, is similar to a number of projects that link family violence with alcohol or substance misuse, and occasionally to men's or women's health.

Projects using multi-issue initiatives involve several interventions operating at different levels. Notable examples include: the Injury Surveillance and Prevention Projects conducted by NSW Health in collaboration with community partners in Shoalhaven, the Mid North Coast, and Western Sydney; and two Queensland projects, the Woorabinda Community Injury Prevention Project and the Injury Prevention in Indigenous Communities Project. In these projects, the identification and reduction or prevention of injury is the major focus, with a broad approach to possible interventions.

Population targets of interventions

The majority of projects targeted Aboriginal and Torres Strait Islander communities or families, with a significant number of projects targeting youth (see Table D).

- Table D - Number of injury-related projects: population groups targeted

State / Territory	Indigenous families	Elders	Indigenous Communities	Women	Boys	Youth	Children	Community Workers	Men	Adults	People with disabilities	Offenders / inmates
ACT	0	0	1	0	0	0	0	0	0	0	0	0
Australia	0	0	2	0	0	0	0	0	0	0	0	0
Multi-State	4	0	6	0	0	1	1	1	0	0	0	0
NSW	9	3	18	1	2	6	8	1	2	0	1	0
NT	9	2	23	2	0	12	2	1	4	5	0	2
Qld	14	0	10	4	0	4	3	1	5	0	0	3
Qld/TSI	0	0	2	0	0	0	0	0	0	0	0	0
SA	3	0	7	3	0	3	3	0	1	0	0	0
Tas	1	0	2	0	0	0	0	0	0	0	0	0
Vic	5	0	11	0	0	2	1	0	0	0	0	0
WA	13	1	35	1	0	17	7	1	9	0	0	1
Total	**58**	**6**	**117**	**11**	**2**	**45**	**25**	**5**	**21**	**5**	**1**	**6**

Note: TSI = Torres Strait Islands

Specific groups within the population that were targeted by projects include those at risk of suicide, self-harm or misuse of drugs or alcohol, drivers and pedestrians.

There are some notable absences in the groups targeted for injury prevention activity. Those groups much less likely to be targeted in projects include people with physical or mental disabilities, children to some extent and male victims of violence. It was pointed out by a number of those consulted that these vulnerable groups are at much higher risk of injury. The lack of project activity specifically targeting these groups suggests that their considerable needs may be currently neglected.

This is highlighted in the lack of interventions that address violence between males. Despite the fact that interpersonal violence is clearly addressed in so many projects, violence occurring outside the home, particularly between men, receives surprisingly little attention.

Interventions grouped by policy focus

Generic injury prevention project

Of the 314 programs identified as projects seeking to improve the safety and lessen injury among Aboriginal and Torres Strait Islander people, only a few focused explicitly on preventing injury. Projects such as the Shoalhaven Injury Surveillance and Prevention Project, the Mid North Coast Injury Surveillance Project, the Western Sydney Injury Surveillance Project, the North Queensland Injury Prevention Project, and the Woorabinda Community Injury Prevention Project Inquiry — mostly funded by State health departments — have addressed injury as the primary focus.

These projects utilised the principles of risk management and injury prevention by identifying the underlying issues in injury, including socioeconomic issues, and depended on a high degree of community support for their success.

The development of appropriate models for Aboriginal and Torres Strait Islander injury prevention and the establishment of effective partnerships are important aspects of projects using a multi-issue approach. The establishment and maintenance of working partnerships among communities and stakeholder organisations is a key feature of the Injury Prevention in Indigenous Communities Project currently being conducted by the North Queensland Indigenous Injury Prevention Partnership (NQIIPP).

Transportation

Transportation injuries have been identified as the leading cause of injury mortality among Aboriginal and Torres Strait Islanders (see Volume I: Current Status and Future Directions). Most of the transportation projects identified are located in Western Australia and address a range of road safety issues including breath testing, seat belts and pedestrian injury, strategic planning and resource development. Approaches to road safety range from the production of printed information, to promoting the use of cages on utility-type vehicles, to a holistic approach to address numerous risk factors for pedestrian injuries. The RoadWise project in Fitzroy Crossing, for example, focused primarily on reducing the large number of pedestrian injuries and fatalities recorded in the locality. The project, conducted by RoadWise and a number of collaborative partners, used multiple strategies to increase community involvement in the project. The project also addressed the issue of pedestrian visibility for local motorists and tourists by educating them to be aware of pedestrians on the road, and by encouraging pedestrians to be more visible to motorists at night (see Appendix D: Case studies).

Family and interpersonal violence

As previously stated, the majority of Aboriginal and Torres Strait Islander projects identified in the project addresses the issue of domestic or family violence. Most are funded through the Partnerships Against Domestic Violence strategy. This national strategy involves ongoing evaluation through its meta-evaluation program. An overview of funded projects, as well as aspects of 'best practice' for projects related to Aboriginal and Torres Strait Islander family violence, is identified in the meta-evaluation bulletins.

Projects under PADV include: the Rural and Remote Domestic Violence Initiative, funded through the Commonwealth Department of Family and Community Services (FaCS), which established five pilot projects and has approved 20 new services in rural and remote areas; Support Services for Indigenous Australians, also funded through FaCS, delivers counselling, relationship education and intervention services; the Family Violence Advocacy Projects, funded through ATSIC, comprising the Apunipima Cape York Health Council (Cairns Qld) and Bega Garbirrunga Health Service, (Kalgoorlie, WA); Training for Agencies working with Indigenous Women, also through ATSIC, includes the Far North Indigenous Consortium for Social and Emotional Health (Cairns) and the Top End Women's Legal Service (Darwin). PADV has also commissioned research on attitudes to domestic violence in Aboriginal and Torres Strait Islander, and culturally- and linguistically diverse communities.

Since 1998, ATSIC has funded direct service delivery to address family violence. Under its Family Violence Legal Prevention Program, thirteen Family Violence Prevention Legal Services (FVPLS) have been set up nationally to assist communities affected by violence.

One notable family violence project, which could be applicable to any Aboriginal or Torres Strait Islander community, is the Apunipima Health Council's Family Violence Advocacy Project. After extensive community consultation, a three-pronged model was developed to address the problem of family violence in the Cape York region. It involved local level community workshops aimed at building self-esteem; a local service provider forum to facilitate exchange of information between community members and service providers; and a monthly regional meeting of government and non-government organisational representatives.

Drug and alcohol projects

Aboriginal and Torres Strait Islander projects with a drug and alcohol focus have been reviewed recently in a useful resource by Gray et al. (2002)[C]. This report identified a total of 277 alcohol or other drug intervention projects conducted by or for Aboriginal and Torres Strait Islanders. The majority of the projects (266 or 81%) were conducted by 177 Aboriginal and Torres Strait Islander community-controlled organisations. Of the 277 projects:

- 57 provided a mix of health promotion services, such as sporting and recreational activities as an alternative to or diversion from alcohol or other drug use, and a small number of community development projects; and
- 93 provided acute intervention services — including 68 night patrols, 22 sobering-up shelters, one combined patrol and shelter, and two multi-service projects.

Most of the night patrols were located in the Northern Territory (33) and Western Australia (21), and accounted for the larger numbers of projects in those jurisdictions.

Some State/Territory government mainstream initiatives in alcohol misuse, such as the Northern Territory's Living With Alcohol program introduced in 1991, have had an impact in areas with a large Aboriginal and Torres Strait Islander population. This program was introduced specifically to reduce the personal, social and economic costs of alcohol misuse and abuse in the Northern Territory. The program is based on the principles of harm minimisation and has developed, implemented and coordinated a comprehensive range of strategies to reduce alcohol-related problems and build on existing programs.

Housing, health and safety

The two major housing safety initiatives identified involve multiple local housing projects with a focus on safety and health in rural and remote communities. No urban projects were identified. The Fixing Houses for Better Health project, conducted by Health Habitat and funded by ATSIC and the Department of Family and Community Services (FACS), aimed to maximise the safety and health of 1000 Aboriginal and Torres Strait Islander houses nationally (see Appendix D: Case studies). The specific injury problems addressed included: electrical safety, gas safety and fire safety; any safety issues relating to structural collapse (e.g. stairs, handrails); and burns from hot water. Child safety was of particular concern in relation to all of these areas.

[C] D. Gray, B. Sputore, A. Stearne, D. Bourbon and P. Strempel (2002) *Indigenous Drug and Alcohol Projects 1999-2000.* Australian National Council on Drugs Research Paper #4. Canberra: Australian National Council on Drugs. This publication complements the National Drug Research Institute's substantial online database <http://www.db.ndri.curtin.edu.au/>.

Within NSW, Housing for Health projects have been undertaken in at least eighteen communities in rural and remote areas. These projects aim to assess, fix and maintain health hardware so that houses are safe and the occupants have the ability to carry out healthy living practices. Housing issues addressed include leaking taps, unsafe power, inadequate hot water and inoperative showers. The program does not address issues that are not directly linked to health improvement (NSW Health, n.d.).[D]

Early intervention/capacity building

A large number of projects and services have been funded under the FaCS Stronger Families and Communities Strategy, which will continue until the end of 2004. To date, 127 of the total of 800 projects funded under the strategy are in Aboriginal and Torres Strait Islander communities. Selected projects have been included in the projects database. The evaluation of these projects began early in 2003. A number of these projects address domestic violence; others address youth crime, leadership and relationships. A major focus of the strategy is on early intervention. The major categories for funding are early intervention, parenting, relationships, and leadership.

Based on the view that often communities were seen to have good ideas and needed short-term funding, FaCS funding is seen as assistance to get things started or initiate new ideas. For the most part FaCS projects funded under the Stronger Families and Communities Strategy are not seen as injury prevention but rather as early intervention and capacity building. Nevertheless there are some clear overlaps, as in these three examples.

1. A vacation care program was developed from a desire to help children stay out of trouble. The feedback at the end of the Christmas break was that, for first time, there were no incidents of vandalism. Although there cannot be a direct causal attribution made towards the program, it may indicate that the program reduces the prevalence of risky behaviour that may lead to injury.
2. A project funded at Bagot community in Darwin provided breakfast in an equipment-safe kitchen. This meant a safe environment for mothers, as well as education on nutrition.
3. The Tennant Creek Youth and Community Safety Project addressed youth issues and crime prevention. While this is not direct injury prevention, it helps to create an environment where injuries are less likely to occur.

Social and emotional wellbeing

A number of projects broadly addressing social and emotional wellbeing have been funded through the widely-publicised Beyond Blue initiative. Although all projects have not been systematically recorded at this stage, one example is the partnership between the Top End Division of General Practice and Batchelor Institute, which is working to improve the delivery of primary mental health care and promotion to remote Aboriginal and Torres Strait Islander communities in the Northern Territory.

[D] NSW Aboriginal and Torres Strait Islander Plan for the Prevention and Management of Substance Misuse Regional Program Audit.

Also under the broad heading of social and emotional wellbeing is the Commonwealth Department of Health's National Youth Suicide Prevention Program, which has funded a number of important suicide prevention initiatives. A major national initiative under this strategy is the Aboriginal and Torres Strait Islander component of the CommunityLIFE Promotion project, which began in 2003. Based on the LIFE framework, the national framework for suicide prevention activities in Australia, the project involves direct practical assistance to enhance community participation and skills in planning, implementing and evaluating safe, effective and sustainable life promotion programs.

Water safety and drowning prevention

The three drowning prevention and water safety projects identified were all located in Western Australia and were largely education programs targeting young people. The Drowning Prevention Program for Aboriginal Health Workers throughout Rural and Remote Western Australia project equipped Aboriginal Health Workers with skills and knowledge to educate community members on drowning prevention strategies. The Remote Aboriginal Swimming Pools Project was part of a state government Department of Housing and Works Environmental Health intervention. It involved the building of swimming pools in three remote Aboriginal communities of Western Australia, teaching the children water safety skills, and training other community members in swimming and lifesaving techniques. The Drowning Prevention Project will introduce the Royal Life Saving Society's Swim and Survive program within Aboriginal and culturally- and linguistically diverse groups in Western Australia.

Sports injury prevention

There is apparently little activity around preventing sports injuries suffered by Aboriginal and Torres Strait Islanders, although the issue is identified in other studies as a potentially important area for intervention (Royal, 2002). Only one sports injury project was identified, targeting Aboriginal people in a remote Northern Territory community. This pilot project, conducted by Batchelor Institute (an institute of higher education) in conjunction with Indigenous Sports Program (Australian Sports Commission) and Sports Medicine Australia (NT) is planned to be run in a number of other remote communities in 2003.

Types of interventions

The database of projects reveals that no single approach to injury-related problems is prevalent. The project uncovered a very broad range of interventions currently being used in Aboriginal and Torres Strait Islander communities. This range of interventions possibly reflects the diversity both of the injury field and of the Aboriginal community, which require a diversity of intervention approaches. It should be noted that in collecting the numbers of projects that use each major type of intervention (see Table E), information was not available for every project.

- Table E - Number of injury-related projects: type of intervention (Part 1)

State/Territory	Injury Surveillance	Safety audit/ Repairs	Road Safety Campaign	Education programs	Resource development	Awareness/ Media	Legal/ Advocacy	Night Patrol	Shelters
ACT	0	0	0	1	0	1	0	0	0
Australia	0	2	0	0	0	1	0	0	0
Multi-State	0	0	3	2	2	4	0	0	0
NSW	4	1	2	4	2	4	3	8	0
NT	0	0	1	6	2	3	6	33	2
Qld	2	0	2	12	5	5	1	3	3
Qld/TSI	0	0	0	1	0	0	0	0	0
SA	1	0	1	7	1	0	1	5	2
Tas	0	0	0	0	0	0	0	0	0
Vic	0	0	0	3	0	4	1	2	6
WA	0	0	16	14	3	5	3	22	9
Total	7	3	25	50	15	27	15	73	22

Note: 1 Part 2 of this Table, which includes seven more categories of injury-related intervention, appears below

2 TSI = Torres Strait Islands

- Table E - Number of injury-related projects: type of intervention (Part 2)

State/Territory	Arts/ Theatre/ Music	Youth Activities	Counselling/ Personal Skills/ Leadership/ Relationships	Cultural Programs/ Camps	Early Intervention/ Parenting	Community Development/ Capacity Building	Policy/ Planning/ Research/ Evaluation
ACT	0	0	1	0	0	1	0
Australia	0	0	0	0	0	0	0
Multi-State	1	0	0	2	1	0	1
NSW	1	3	2	4	8	6	1
NT	0	4	6	1	13	4	4
Qld	0	1	1	4	3	9	2
Qld/TSI	0	0	0	0	0	0	0
SA	1	3	1	2	1	1	0
Tas	0	0	0	0	0	1	0
Vic	1	1	4	3	2	2	0
WA	3	8	7	7	1	7	1
Total	7	20	22	23	29	31	9

Note: 1 Part 1 of this Table, which includes nine more categories of injury-related intervention, appears above

2 TSI = Torres Strait Islands

Injury surveillance

Broad-based Injury Surveillance projects (see Part 1 Table E) make up only a small percentage of approaches to an intervention. These projects have taken a more systematic approach to identifying and preventing injury. They draw from existing data or develop systems to record data to identify the causes of injury within Aboriginal and Torres Strait Islander communities and then, in collaboration with communities and organisations, develop strategies to address these causes.

Safety Audit/Repairs

The approach to housing safety taken by the Fixing Houses for Better Health and NSW Housing for Health projects is to assess, fix and maintain health hardware so that houses are safe and the occupants have the ability to carry out healthy living practices.

Road safety campaign

Road safety interventions encompass a variety of approaches, including: education and media campaigns, education, breath-testing and restraint use.

Education programs

Projects that intervene through education and training include: an accredited training program such as the Certificate IV in Family/Domestic Violence and Sexual Assault (Aboriginal Family Health Education) offered by Education Centre Against Domestic Violence (ECAV) in NSW (see Appendix D: Case studies); and projects aimed at reducing sports injuries (see Indigenous "STRONG" Safer Sport Pilot Program in Appendix D: Case studies).

The Indigenous "STRONG" Safer Sport Pilot Program was initiated by the Indigenous Sports Program (Australian Sports Commission) and Sports Medicine Australia (NT), and funded by the Australian Sports Commission. The curriculum was written by Batchelor Institute of Indigenous Tertiary Education in conjunction with these two organisations, and then piloted in Yirrkala community in north-east Arnhem Land, NT, in December 2002.

The three drowning prevention projects all had an important element of education and training embedded in them. The Remote Aboriginal Swimming Pools Project involved the construction of swimming pools in three remote Aboriginal communities of Western Australia, teaching the children water safety skills, and training other community members in swimming and lifesaving techniques. The Drowning Prevention Project will introduce a successful mainstream project, the Royal Life Saving Society's Swim and Survive Program, to Aboriginal and culturally- and linguistically-diverse groups in Western Australia. This initiative follows previous successful initiatives in water safety in remote communities (see Appendix D: Case studies: WA Water safety projects).

A few health education projects — for example, the Noarlunga Health Service's Safe Dreaming Trails Links Schools project — have focused on school education. This creative project led to the production of a CD-ROM, and involved children in traditional storytelling and artwork as part of the identification of hazards in the school environment. Although the project targeted both Aboriginal and non-Aboriginal children in the classroom, the strong cultural element was intended to address reconciliation between Aboriginal and non-Aboriginal people.

Numerous projects use education within a broader strategy that may also include counselling, awareness-raising or cultural activities.

Resource development

Other projects have raised awareness by developing and distributing resources such as print-based materials, pamphlets and posters and resource booklets, videos and CD-ROMs. These strategies are utilised in a broad range of projects with different injury foci and target groups.

Awareness campaign/media

A number of projects have been designed around a broad-based campaign to raise awareness about an issue. A major national program 'Walking into Doors" involved a media campaign using well-known personalities Archie Roach and Ruby Hunter to promote greater awareness of the impact of domestic violence in Aboriginal and Torres Strait Islander communities.

Legal services/advocacy

ATSIC has been the major organisation supporting a number of very successful legal and advocacy services, particularly around developing approaches to family violence that meets local needs. The Top End Women's Legal Service (TEWLS) Aboriginal Women's Outreach Project in Darwin has been a highly successful project involving the employment of Community Legal Workers in Darwin and local Aboriginal and Torres Strait Islander communities.

Night patrols

Night patrols have been one of the most successful approaches that address alcohol and other drugs in relation to violence. The majority of night patrols is located in the Northern Territory and Western Australia, and accounted for the larger numbers of projects in those jurisdictions (Gray et al., 2002).

More recently other states have also established night patrols. In NSW, for example, trials of Aboriginal night patrols — which support volunteer community members to pick up young people 'at risk' and transport them to their home or to some other safe place — were conducted in four areas around NSW (Kempsey, Wentworth, Forster and Narrandera). Transport services are also provided to alcohol- and drug-affected people who require them, in keeping with the *Intoxicated Persons Act*. An evaluation of the program showed that night patrols were a highly successful crime prevention strategy (NSW Health, n.d.).

Shelters

Like night patrols, sobering-up shelters are concentrated mainly in Western Australia and the Northern Territory. They often provide an alternative to police detention for intoxicated people who may do harm to themselves or others.

Personal safety shelters are set up to offer refuge to women and children who are at risk or victims of domestic violence. They are often incorporated into an existing service — such as the Women's Mobile Outreach, Broome — and are integrated with other types of interventions such as counselling, advocacy and education.

Arts/theatre/music

A few projects were highly creative, involving the arts. Walking Into Doors used music and well-known personalities Archie Roach and Ruby Hunter in a highly publicised media campaign to help address family violence. The Port Youth Theatre Workshop Project involved two pilot projects with Aboriginal and Torres Strait Islander children aged 5–8 and 9–12 years. The project was meant to address the issue of family violence, and provide a safe and creative way to explore emotional issues and ways of dealing with feelings. In this project, the arts and health came together in a fun, exploratory and safe way. Other projects linking the arts to family violence are the Kamilaroi Music Against Violence Project and the Yirra Yaakin Noongar Theatre Project.

Youth activities

Other youth-based approaches include youth drop in centres, such as the one being developed by the Bardi Youth Project in Western Australia, and funded by the National Suicide Prevention Program.

Counselling/personal skills development

Counselling and personal skills development were often combined with other strategies, particularly in projects that address family violence and self-harm. The Men's Outreach Service in Broome, for instance, offers: a centrally-located drop-in facility; individual counselling; group work training for court-mandated and voluntary client groups; community education and liaison with local service providers; and advocacy.

Cultural programs/cultural camps

The development of a cultural component to intervention projects very often takes the form of camps for men, women, children or youth. This environment is conducive to elders and other community workers delivering community education workshops.

Early intervention/parenting

Projects utilising early intervention approaches attempt to enhance the capacity of families to deal with a range of health and social issues. Projects have various foci, including improving relationships and parenting skills.

Community development/capacity building

A broad-based community development approach to injury prevention and safety promotion may utilise any number of the intervention strategies mentioned above. A notable example of this approach is the Yarrabah Men's Health Group Project, which uses the principles of community development to develop a broad range of strategies — including personal skills development; leadership and parenting, employment and business; education and training; and cultural pride — to address a range of health and social issues, including suicide prevention, self-harm, domestic violence. This approach is expected to have both a short- and long-term impact on high injury rates in that community, and it involves a high degree of community involvement acceptance and leadership.

A number of projects build the capacity of communities through the development of networks and partnerships.

Policy/planning/research/evaluation
This category includes all activity associated with strategic planning and policy development, as well as research and evaluation projects.

Evaluation of projects

Few of the projects identified included a formal evaluation component as part of the funded project. Nevertheless evaluation had usually occurred, or was planned to occur, using either formal or informal means in almost all of those projects included in Appendix D: Case studies.

Some funding bodies have undertaken a formal evaluation of a number of projects and have produced easily accessible reports. Partnerships Against Domestic Violence produced a meta-evaluation of its projects. That meta-evaluation is available online at <www.dpmc.gov.au/osw/padv/index.html>. ATSIC has conducted an evaluation of its Family Violence Prevention Legal Service Units (see Top End Women's Legal Service Aboriginal Women's Outreach Project in Appendix D: Case studies). Family and Community Services is planning an evaluation of the Stronger Families and Communities Strategy for early 2003. In NSW, a training and evaluation program is now being developed for a rollout of night patrols.

Findings

Number and types of projects

This project identified a surprisingly large number of current, recent or planned activities that may have an impact on reducing of the high rates of injury prevalent in Aboriginal and Torres Strait Islander communities. There is a mismatch, however, between the projects currently occurring and the identified causes and contributing factors to injuries in Aboriginal communities.

Activity appears to be strongly concentrated on a few major causes of injury, rather than the whole range of external causes of morbidity and mortality that has been identified in the Aboriginal and Torres Strait Islander population. Relatively few projects focused on preventing injury or death from transportation or drowning, and only one sports-injury prevention project was identified.

The vast majority of projects identified by the project are concerned with either family violence or alcohol or both, with a focus primarily on the social or behavioural aspects of violence and abuse and the consequences of these problems. A significant number of projects have an early intervention or capacity-building focus that addresses issues such as personal and family relationships, developing parenting skills, social activity and community leadership. Despite the apparent high level of activity, the area of family violence is thought to be under-resourced. Consultations with workers indicated that current initiatives are positive but are far from reaching all of those who require their services.

Of the 314 projects identified, relatively few projects had a specific objective to reduce or prevent injury (although this partly reflects our sampling method). A number of promising projects in this category draw from existing data or develop systems to record data to identify the causes of injury within Aboriginal and Torres Strait Islander communities and then, in collaboration with communities and organisations, develop strategies to address these causes.

A number of key projects addressed a particular underlying factor, such as housing, which impacts on many aspects of health and safety as well as on the social and emotional wellbeing of families. Housing safety projects not only have the potential to prevent injuries arising from inadequate, poorly-constructed and badly-maintained houses, but also to improve other aspects of safety including interpersonal violence. One informant commenting on a women's outreach service made the following recommendation:

> Ensure all Aboriginal people have adequate housing (this is one of the biggest problems contributing to child sexual abuse, family violence, injury and consequently, psychological damage).

Most projects are in rural or remote areas. Very little injury prevention activity was identified in urban areas, despite the larger proportion of the Australian Aboriginal and Torres Strait Islander population residing in a small number of cities and towns.

There is a very strong commitment to community-driven projects, where activities are conducted by local Aboriginal and Torres Strait Islander community organisations. In this respect, Gray et al's (2002) comments on the vast number of drug and alcohol projects apply equally to projects in other injury-related areas:

> 'The sheer number of projects indicates that Indigenous people are vitally concerned about problems of alcohol and other drug misuse within their communities. More importantly they are doing something about the problem — in some cases with no outside funding at all, and in most cases supplementing grant funding with voluntary community work'.

There is a strong emphasis, in the projects identified, on partnerships between local Aboriginal and Torres Strait Islander community organisations, universities, State/Territory and Commonwealth government funding bodies, and non-government organisations. While the commitment to partnerships is, for some, a requirement for the funding body, for others it is an effective way of achieving sufficient support for effective self-determination and community control.

Most projects target either the Aboriginal and Torres Strait Islander community or Aboriginal and Torres Strait Islander families. Many projects focus on the needs of the individual client or family group through counselling, advice and advocacy services. A smaller number target specific groups such as women, men, youth and children. Few projects target the elderly or those with a physical or mental disability.

The project identified an extremely wide range of strategies to address injury issues. Strategies such as night patrols and sobering-up shelters and women's shelters have an established track record as highly successful ways of dealing with the wide range of violence- and alcohol-related problems in Aboriginal and Torres Strait Islander communities. Community education, awareness and training of key community personnel were also popular approaches. Many projects use a variety of strategies to address one or more issues.

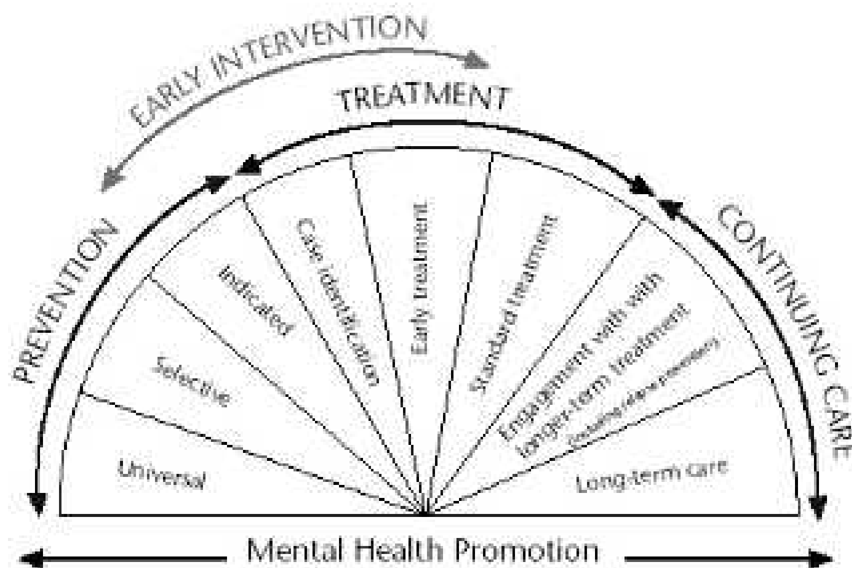
Understanding and use of injury prevention in the context of health promotion

The question of whether a particular project or group of projects could be considered as 'injury prevention' activity was discussed primarily with individuals responsible for funding programs. Projects framed in terms of 'community development' can have an extremely important effect on injury rates in the longer term by building community capacity and addressing social and economic factors underlying the widespread nature of injury in Aboriginal and Torres Strait Islander communities.

At the individual level, the results of 'early intervention' projects that address fundamental personal issues — such as parenting, relationships and leadership — may determine rates of injury in the long term, but the impact will not be immediate. Similarly, the effect on injury rates of projects that address the social and emotional wellbeing of individuals and communities is extremely difficult to determine. Moreover, as many recent projects have not yet been evaluated, it is too early to comment on the impact of these broader approaches in reducing rates of injury in Aboriginal and Torres Strait Islander communities.

A health promotion approach to primary health care distinguishes types or layers of intervention in terms of prevention, early intervention, treatment and continuing care (see Figure A).

• Figure A Health promotion approach to primary health care



Source: Commonwealth Department of Health and Aged Care, 2001a:7 adapted from Mrazek & Heggerty, 1994

This model (see Figure A on previous page) can easily be adapted to describe the spectrum of injury prevention. What it illustrates is that there is a continuum of activities that can be broadly classified as prevention, early intervention; intervention and continuing care, and the lines between them are often blurred. 'Prevention' programs are interventions that seek to minimise risks associated with preventable injury. They can include health promotion activities, personal injury prevention and even community development. 'Treatment' is usually taken in response to a problem once it has occurred. However, 'treatment' — for example psychological counselling for perpetrators of violence — can also lead to a reduction in the harmful behaviour that caused the injury in the first place. 'Acute interventions' — for example, night patrols and refuges, which aim to prevent intoxicated persons from harming themselves — can also prevent injury occurring.

Many projects employ multiple interventions that go across the spectrum of health promotion approaches. The Men and Family Relationship Initiative project in Broome, for example, involves a town-based drop-in facility, individual counselling, group work training for court mandated and voluntary client groups, community education, and liaison with local service providers and advocacy. The Injury Prevention in Indigenous Communities Project (NQIIPP) addresses the whole spectrum of treatment through to prevention, by looking at key injuries in each age group. Similarly, night patrols are multi-faceted and flexible interventions that span the spectrum of interventions:

> Night patrols perform a huge range of functions, according to the needs of their communities and the resources they have available. They act as a nexus to connect people and services such as clinics, courts, police, community government councils, and family. They mediate disputes, remove people from danger, keep the peace at events such as sports carnivals, are consulted by agencies such as courts for input into sentencing, and play a crucial role in the development of community justice systems. (NT Night Patrol)

Experiences of injury prevention programs

Without exception, those consulted were enthusiastic about the interest the Department of Health and Ageing is taking in the area of injury prevention and safety in Aboriginal and Torres Strait Islander communities. All saw injury and safety as priorities for Aboriginal and Torres Strait Islander communities. Those involved in projects were very proud of their efforts and willing to share their experiences, good and bad.

The Best Practice Database provides examples of excellent and innovative projects in Aboriginal and Torres Strait Islander communities. Many of these projects — such as the Yarrabah Men's Health Group Project, Community Education Program for Aboriginal and Torres Strait Islander Communities, Fixing Houses for Better Health projects, and Top End Women's Legal Service (TEWLS) Aboriginal Women's Outreach Project — have been developed over many years and have strong community support. A number of very promising planned initiatives — such as the Aboriginal and Torres Strait Islander component of the CommunityLIFE Project and the Drowning Prevention Project — parallel existing successful mainstream programs.

One of the major challenges in prevention projects in Aboriginal and Torres Strait Islander communities is the cost of running projects, particularly in remote and large rural areas. Not only the geographical spread of communities and the lack of communication and other infrastructure, but also the high level of personal support from staff which is needed in these communities, adds a substantial burden to any project budget. This is particularly burdensome to organisations that are committed to principal Aboriginal and Torres Strait Islander community involvement and control of projects:

> It's important to keep up the monthly visits to each community as the community workers need our regular support but if there is not the extra money we can't run or go out to a community if something dramatic comes up. We are on a very small budget and people are doing a really good job. The eight women working from the four communities get a low wage directly from us. (Northern Territory Women's Legal Service)

It should also be noted that interventions employed for a particular purpose could have a planned or unplanned benefit on other aspects of Aboriginal and Torres Strait Islander community health and wellbeing. For instance, the WA Water Safety Project, with a focus on drowning prevention, also had an impact on educational attendance:

> Each community has adopted a 'no school, no pool' policy — or 'school means pool' as one community has more positively coined it — whereby each child is given a daily 'pool pass' for attending school. The children participate in a number of activities at the pool, including swimming lessons, work experience and holiday programs. They have painted brightly coloured murals on the buildings, displaying their creative and artistic talents. (WA Water Safety Project)

When evaluating projects, it is important not to be inflexible when comparing outcomes to stated objectives. As one informant pointed out, sometimes facilities are not used in the way originally intended. This may be seen as a failure, but the change in emphasis of the project may have other beneficial outcomes for the community. Projects can evolve as priorities change and new needs are identified, and can learn from their successes and failures.

The Yarrabah Men's Health Group Project, for example, had a primarily counselling and training focus to begin with. The community has moved to adopt a broad community development approach to try to build community capacity and skills development of individuals in order to address the needs of men and women in the community. This approach appears to be having a good deal of success.

Sharing information about injury and injury prevention is the focus of a number of significant projects. The CommunityLIFE Promotion project, for example, will pass on, through the development of a web-based Good Practice Suicide Prevention Resource, what is already known about preventing suicide, as direct practical assistance to those implementing life promotion programs in Aboriginal and Torres Strait Islander communities. The Injury Prevention in Indigenous Communities Project is involved in mapping out information about injury and injury prevention in north Queensland on the basis of current activity, organisations involved, successes and failures, and planned projects. This project aims to enhance information systems so that comprehensive information will be available to community organisations, funding bodies and policy makers. Other projects, such as the Education Centre Against Violence (ECAV), share information, knowledge and skills in domestic violence prevention through formal accredited training courses.

Funding

It should be noted that the present project did not attempt to record the actual amount of funding received for each project. What was noted as one of the major concerns of those consulted, however, was the lack of certainty about ongoing funding for projects that were considered as worthwhile and meeting an urgent need.

Concern over the lack of 'recurrent' government funding is widespread in the community sector. As Gray et al (2002:16) point out, as a consequence of moves by governments to program-based budgeting in the 1980s and output-based budgeting in the latter part of the 1990s, the distinction between recurrent and non-recurrent funding is misleading, as all government project grants are made for finite periods and renewal is subject to annual review.

Nevertheless, the reliance on one-off grants places an administrative burden on organisations, which appear to be continuously in pursuit of government and other funds in order to carry out projects to ensure the health and security of their communities. A number of demonstrably successful projects identified were not able to continue because the organisation had received no further funding for that project. In one case, funding was received for another project so attention had to be diverted to meet the intended outcomes of that project, rather than continue with the work already done in the previous project.

In a few cases, Aboriginal and Torres Strait Islander communities have received funding for health projects from sources other than government. One community received $500,000 of community partnership funds from an international pharmaceutical company for health developments over a three-year period. This helped the community establish a locally-managed primary health care service that has continued to work in the suicide prevention area. In another case, in-kind support from the State/Territory lottery office was received for a road injury project.

Others involved in ongoing projects were highly committed to change, but frustrated by the lack of ongoing funding for what they considered highly worthwhile programs. The availability of funding clearly influences the momentum of a project. Most thought that not enough was being done to address the problems that confronted them. Many organisations had to supplement from their own resources funding received for projects:

> ATSIC are getting more than good value. They only provide funding for 10.2 months so we always need to find some top-up to continue running for the whole year. (NT Women's Legal Service)

Often projects were able to operate by piecing together available resources:

> Resources required to run the project included: staff, transport, communication resources — phone/fax/e-mail, various written and audio-visual material; consumables — personal hygiene items — soap, razors, toothbrushes etc; recreational facilities — TV, video, pool table, cards etc. The consumables were provided by Safer WA Office equipment/set up from core funding. The vehicle was on loan from women's refuge. There were some donations. (WA Men's Health Project)

In a number of cases, it was reported that no long-term funding could be accessed to implement the project in the way it could have benefited the community the most.

Cost-effectiveness of projects

Again, it should be noted that levels of funding were not recorded for each project. Participants were asked about their views of the cost-effectiveness of the programs. Without exception, participants interpreted this question as referring to the value of projects to the community in relation to the budget on which they were operating. Their responses do not provide the basis for a cost-benefit analysis, a task best undertaken by a thorough evaluation of the project.

Most informants found it difficult to determine the cost-effectiveness of projects. Some saw this as trying to put a price on people's lives:

> If one person's life is saved then it is worth it. (Injury Surveillance Project)

In this sense, most participants regarded their project or program as highly cost-effective:

> The night patrol is expensive to run but it's good value. If we took the organisation away tomorrow there would be a huge cost to the community in terms of the burden it would put on other services. (individual comment)

and:

> Very, very cost effective. It's a very good investment. In this environment it takes a long time to build relationships. (individual comment)

Sometimes the project was seen as cost-effective because of the value relative to the low resources allocated to it:

> All up, the project cost $10,000. Which was definitely good value. (individual comment)

At other times, the project was seen as good value because of cost cutting in some area:

> In your opinion, was it cost effective? Absolutely. The staff are underpaid. (individual comment)

Transferability of projects

As noted previously, Shannon et al. (2001a) point out the importance of acknowledging that intervention strategies for injury surveillance and prevention projects developed and tested in one context do not necessarily work in another. Most of those interviewed for this project were of the opinion that projects developed in one community could be used in other communities, particularly in the same region. In a number of cases, the development of models was one of the intended outcomes of the project. In all cases, however, it was agreed that the local conditions within a particular community had to be taken into account.

Monitoring and evaluating the project

This project identified considerable variation in the degrees and ways in which projects are monitored and evaluated. This appears to be closely related to the requirements of the funding body. Projects funded by ATSIC — for example, Fixing Houses for Better Health — underwent evaluation using both qualitative and quantitative data as well as ongoing internal monitoring. In a number of projects, constant monitoring was integrated into the project (see for instance the PADV meta-evaluation at <http://www.padv.dpmc.gov.au/>).

Data collection and analysis for a national evaluation of the Department of Family and Community Services (FaCS) Stronger Families and Communities Strategy has recently begun. The evaluation framework has been developed, taking into account the large number of projects funded by the strategy (800 projects) of varying sizes and different desired outcomes. All projects will be asked to complete a questionnaire, which looks at processes as well as outcomes. A smaller sample of projects in the community context will supplement the questionnaire data.

Formal evaluations provide valuable and reliable information about the impact a project is making, and there is a strong recognition of the importance of evaluating projects. It can provide excellent feedback to organisations about the work they are doing. A number of project coordinators noted that organisations are never resourced to evaluate their project work. Some organisations carry out and document, in-house evaluations (see for example, 'Outcomes' and 'Evaluation' in Case Study 11, later in this volume).

The Evaluation of the Effectiveness and Efficiency of ATSIC Family Violence Prevention Legal Service Unit (FVPLU) in Darwin Final Report (May 2001) found that the Top End Women's Legal Service (TEWLS) Aboriginal Women's Mobile Outreach Project was an example of innovative best practice. It was thought to be highly regarded and as providing a vital service because of its strong elements of community empowerment, community engagement and ownership. The model was seen as culturally appropriate and addressing the logistics of quality service delivery for remote communities.

Not all evaluation involves a formal process. Sometimes, informal feedback and comment can provide a good sense of what works and what does not at the local level. Sometimes it is clear when a project has had an impact. The next section will discuss the sorts of information organisations use so that they know how they are making a difference.

How do you know if the strategies are working?

All informants were asked about the success of their projects. The following responses were recorded.

Achieving a reduction in injury

In a minority of cases projects led to clear improvements in the form of a possible reduction in injury. In the case of a road safety project, for example, the results were tangible: new warning signs on the road, more lighting, and more awareness of issues. Prior to the project there had been there had been at least one injury or fatality every 6 months in the last 5 years:

> They now have lights along the most dangerous stretch of road. No injuries in the last 6 months. (WA road safety project)

Similarly, one suicide prevention project achieved dramatic results in its first few years:

> The project involved a 3-day training course. Forty people were trained in recognising signs of suicide. These were ‘watchdogs’. There were no suicides for a number of years following the establishment of the program. From 1996 to 2000, the rates of suicide were reduced. (Queensland suicide prevention project)

For others there was a general sense that a reduction in injury rates may be occurring:

> At this stage, the reduction in injury has been a minor improvement, but (the service) has *definitely made a difference.* (WA men’s health project)

Some noted that they were doing the best they could with the available budget:

> The project has been successful, with a qualifier: the limited budget impacts on the outcomes possible to achieve. The “hard data” shows improvements in various aspects of the houses related to safety and health. Houses were demonstrably safer and healthier after the project. (National housing project)

And for some it was too early to say:

> As the project was piloted in December 2002, it is too early to estimate the impact of the participants and their community to know what difference the project has made, or whether it has prevented or reduced injury. (NT sports injury project)

The feedback from others is positive

Feedback from those in the community can be a good indicator of whether or not a project is making a difference. Feedback received about projects can be from participants and stakeholders:

> At this stage, the participants have not evaluated the project but the presenters, participants and the associated organisations that were involved in the delivery saw the pilot program as a successful program. (NT sports injury project)

Or from other different sources, such as the police, or another health service:

> The mental health service has been able to keep a better track of their clients who may not turn up for their appointments but will be able to ring us and check as their clients usually use the drop-in service. (WA Men’s Health Project)

People tell good and bad stories about how things are going:

> The project is "not perfect" — there is still some family violence on the communities but there are some good stories of men who have reduced or stopped violence. And there are still some bad stories. (NT Women's Legal Service)

People who visit from outside also provide feedback:

> We get visits from people on how to use our model for their own place. A group from Townsville visited to see how to organise their services — they have a large transient population — a similar situation to Alice Springs. A group of people has come over twice and the coordinator came and spent a week here with us. We also get a lot of groups from unis. (NT night patrol)

The project has an observable positive effects

In the majority cases, the reduction in injury was only one of the observable benefits that resulted from the intervention (note that these are perceptions of positive effects, rather than objective conclusions based on data analysis).

There were many other indicators of success, including —

1. The general health of clients:

> The general level of health of drop-in clients has increased. Feedback from other people around town working with the same clients say the fellas look better than they have in the past. . (WA Men's Health Project)

2. Less crime:

> There is less alcohol-related street crime. (WA men's health project)

3. Increased knowledge and understanding:

> Women clients are starting to understand the cycle of violence — clients now come to the refuge at the build up of tension rather than wait until violence erupts or hide weapons from partners. (WA women's health project)

4. Self esteem:

> Women are learning they can make their own decisions, that they have support, which helps to overcome their lack of confidence and low self-esteem. These successes would not have been achieved without the Service in place. (WA women's health project)

5. Improvements in the general health of the community:

> Anecdotal reports from health workers in other communities with swimming pools suggest that there had been a reduction in the overall incidence of infections, especially skin, ear and eye infections coinciding with the periods that the swimming pool is open. Physical activity is associated with lower mortality rates, and swimming therefore is an appropriate physical activity in hot climates. (WA water safety project)

6. Improvements in social life and decreased boredom:

> Furthermore these programs have the potential to decrease boredom in the communities where there is limited social and recreational opportunities. (WA water safety project)

Sometimes the bringing to completion of a process can bring its own fulfilment:

> [The project] provided a great opportunity to see something from just an idea develop through to an actual program run in a remote community. (NT sports injury project)

Laying the groundwork

For projects that had set out long-term injury prevention as their major goal, the immediate achievements were in making future improvements in injury rates possible through future community projects. This included the establishment of trust between the project proponents and the community, and the formation of partnerships:

> An immediate outcome resulting from the project has been that communities have acknowledged the significant role which they could play to reduce the risks associated with injury. This included the identification of acceptable structures for the future coordination and cooperation of various health sectors and other relevant agencies programs to enable positive change in relation to Aboriginal injury. (NSW injury surveillance project)

and:

> Collaborative links were fostered between health, education, local service providers and the community. The community was invited to participate in the project through the school newsletter — and a school committee, made up of school members and parents, organised classroom sessions, and an interactive session focus on community hazards involving workers responsible for community safety issues. (SA school education project)

Difficulties with measurement

Despite quantifiable outcomes, the impact on rates of injury was very often hard to assess because of the complex nature of the problem being addressed, and because of the lack of thorough and long-term evaluation.

In the Fixing Houses for Better Health project, data show that of 792 of the houses surveyed and fixed: safe electrical systems improved from 13% to 64%; gas safety improved from 69% to 75%; structure and access improved from 43% to 46%; and fire safety improved from 3% to 16%. However,

> It is impossible to determine, as to whether it has prevented or reduced injury. There is no base line data available. Even if this data was available, confounding factors would make it difficult. Would the results have happened anyhow? No, absolutely not. (National housing safety project)

and:

> Overall there has been some effect. But family violence is so endemic that it’s hard to make a difference. (WA women’s health project)

Raising awareness, or getting the issue out in the open, and increasing understanding of the injury problem was an important indicator of success, but one which is difficult to measure:

> One indicator of success was that family violence, sexual assault, child sexual abuse is being talked about openly largely due to this program. (NSW family violence education project)

Factors influencing success

The question of what makes a project successful is not a straightforward one. Definitions of success differ between individuals, organisations and funding bodies that may have different perspectives and objectives. Attempts to define 'achievement' and 'success' and the development of frameworks for the analysis of these factors have been discussed above (see earlier section, 'Meta-analysis of projects'). This section describes what success means to those responsible for coordinating and managing Aboriginal and Torres Strait Islander injury projects, and the factors they identified as underscoring successful projects.

Those consulted about individual projects and overall programs provided a wide range of views on factors underlying the success of a project. The following factors were consistently mentioned as influencing the success of projects:

- adequate funding and resources;
- community control/respect for community protocols;
- community acceptability and involvement;
- partnerships;
- a functioning organisation and good project management;
- skilled and committed personnel; and
- understanding the underlying factors related to injury.

These factors are now each considered in turn.

Adequate funding and resources

As demonstrated in the discussion in the previous section 'Funding', projects are more likely to be successful when they have secured ongoing funding for their activities. There is a clear need for adequate ongoing funding to support projects that are demonstrating good qualitative and quantitative outcomes, and clear overall benefits for the community.

Community control/respect for community protocols

Having a steering group of stakeholders and/or having a community reference group has been identified both in the literature (e.g. Shannon, 2001b) and in the interviews as a key aspect of a successful project. The inclusion of the whole community, and not just dominant families, is clearly an ongoing challenge for many communities. This issue is discussed further in the section below 'Factors impeding success'.

Community acceptability and involvement

Most projects stressed the importance both of the acceptability of the project to the community and their involvement in it. The following quote is typical of the sentiments often expressed about any Aboriginal and Torres Strait Islander community project:

> The community must first identify that injury is a priority for that community. Once identified, the community should be involved in identifying and assessing the risks, and managing the processes to rectify these. (NSW injury surveillance project)

What is acceptable to an Aboriginal and Torres Strait Islander community, then, clearly depends on local needs, and not on preconceived ideas of what is culturally appropriate for Aboriginal and Torres Strait Islander people. Further, it is important to recognition of the diversity of Aboriginal and Torres Strait Islander communities

> Each community decided how they wanted things to run. (NT women's legal service)

Some factors, which appear to contribute to community acceptability across the board, include good information and communication strategies, and a highly flexible approach. Information should be available and accessible in a way that fits in with the community's style, needs and priorities. It is also important to feed back the results of research or project outcomes to the community. Timelines need to be in accordance with community needs, not government or organisational deadlines as some highly successful projects recognise.

Changing the attitudes and behaviour of individual perpetrators of violence is possible through community endorsement of a project, as the following example demonstrates:

> The community can see the change — community attitudes towards family violence are changing. People say, "Oh, he can't do that — the community legal worker's there." They act as a deterrent. (NT women's legal service)

Very often, in order for a project to be accessible to everyone in the community, it also needs to offer some very practical assistance. On one level, the teaching of personal living skills such as parenting and relationships, and supporting people to increase their confidence and self-esteem, can provide this assistance.

At another level, some projects recognise that attention to basic issues, such as food and transport for the participants, increases the likelihood of successful outcomes:

> Key factors in the success of the workshops were the provision of transport for the children and the provision of food, which contributed to the environment of safety and support. (SA children's theatre project)

Access to reliable information

The collection of reliable data has been an important first step for a number of successful projects. Projects based on an injury surveillance model, for example, undertook a lengthy process of obtaining the most reliable data not only about rates and types of injury that occurred in communities but also the context in which they occurred in order to gain a good understanding of the experience and the priorities of the Aboriginal and Torres Strait Islander communities. This data gathering process, done in close consultation with members of the Aboriginal and Torres Strait Islander community, was then able to be used to develop short- and long-term strategies that are likely to be successful, acceptable and sustainable, and ultimately lead to safer Aboriginal and Torres Strait Islander communities.

Information sharing

The sharing of information can enhance the likelihood of a successful intervention and encourage good practice by: learning from the successes and mistakes of others; avoiding duplication of effort; and being able to access the best available information. A number of important recent initiatives in suicide prevention, regional injury prevention and education, based on the transmission of knowledge, have been discussed above.

Partnerships

There are a number ways that are making projects sustainable. One is the current emphasis on the establishment and maintenance of partnerships. In some cases, the development of partnerships is a key objective of the project. For example, the North Queensland Indigenous Injury Prevention Partnership's (NQIIPP) Injury Prevention in Indigenous Communities Project aims to establish, implement and evaluate more effective ways to prevent injury in Aboriginal and Torres Strait Islander communities in north Queensland, through establishing and maintaining active working partnerships among communities and stakeholder organisations. The NSW health department-funded injury surveillance projects similarly sought to establish and maintain active partnerships:

> The Mid North Coast is in the unique position of having a very successful Aboriginal Health Partnership. These close ties with the communities through the partnership enabled positive outcomes. (NSW injury surveillance project)

and:

> Strategies should be community based and should also have a joint partnership between mainstream and Koori agencies involved. There needs to be an awareness of the impact of all sectors of society not just the health sector — for example, the police. (NSW injury surveillance project)

Partnerships can be facilitated by a formal partnership agreement, such as Yarrabah community's Partnership for Health Project that integrates all primary health care services. The key stakeholders for the three-year Partnership for Health Project include Gurriny Yealamucka Health Service Aboriginal Corporation, Yarrabah Community Council, the University of Queensland and the GlaxoSmithKline pharmaceutical company. Linkages have been formed with 21 other government and non-government organisations. The implementation of the men's health programs is one of the objectives of the new Partnership for Health project. The strategies have been developed and are part of the Yarrabah Health Action Plan.

Good organisation and management

Organisations that are well organised, functioning and professional were thought by all those consulted to be more likely to produce good projects:

> The neutrality of project managers, particularly in terms of family relationships within the community was an important factor in the success of a project. (Queensland family violence project)

Skills in planning, implementing and evaluating safe, effective and sustainable programs were seen to be crucial. Among other things, this means having project personnel who are able to build capacity as well as undertake more conventional project activities:

> A critical feature was the creation of a debriefing session, to discuss the project, and the expression of emotion that transpired. (SA children's theatre project

Good project management is seen as essential for a project to achieve its goals. For the Yarrabah Men's Health Group project, this has been achieved through a strategic planning workshop:

> The health service has worked closely with Uni of Queensland (Komla Tsey and Mary Whiteside) to reduce injuries from domestic violence and reduce self-harm. The University, through Professor Ernest Hunter, has also been instrumental in obtaining corporate funds for Yarrabah initiatives. (Queensland men's health project)

The success of the project often depended on having a project officer to drive it:

> If I hadn't been driving it, it might have ground to a bit of a halt. People had enthusiasm but I had to push a bit. Still got outcomes but they took a bit longer than anticipated. Might be partly due to cultural difference in approach. (WA road safety project)

Skilled and committed personnel

It was seen by all those consulted as vital to have personnel within the community with the skills and qualifications to plan and implement a project. Aboriginal Health Workers have a particularly important role to play:

> They have a two-way role. They have to report to/feed back to government. In the process of feeding back, something is lost. This is very important, that the Aboriginal Health Workers are involved. These Aboriginal Health Workers have more awareness of other aspects of health issues. They are the key people in liaising between the community and the various governing bodies. The Aboriginal Health Workers receive education about the issues and then they share it with the community members. (NSW injury surveillance project)

and:

> The individual people that worked at the theatre, including younger workers who were skilled and artistic, knowing the kids (5- to 16-year-olds), the kids being able to feel safe, the community, knowing that Josie and others are there. (SA children's theatre project)

Where skills are not there at the outset, community education and training are seen as crucial aspects of any project:

> Firstly, if the community members are interested then they should be trained up. They should be consulted to target specific issues within the community. They should then run with the recommendation. Employing full-time Aboriginal community safety officers (new position to be created), training the community members to identify potential injury risks in the home — for example, storing all the dangerous chemicals in a position that a toddler cannot reach. (NSW injury surveillance project)

Workers not only have to be skilled in project work and have the ability to relate easily with members of the community, they also need to display a high degree of professionalism, particularly when dealing with confidential issues. In most communities, the issue of confidentiality is difficult because of close family ties. Surprisingly, some projects found that they were able to deal with this issue through the employment of a non-Indigenous worker:

> Having a non-Indigenous worker as well as an Indigenous worker was good. Women were able to confide in a person with no family connections in the region. (Queensland family violence project)

Factors impeding success

It should be noted that most of those people involved in projects that have been included as case studies were more likely to talk about their successes than their failures. They were generally unable to identify factors that may make those successes more difficult to achieve. The broader consultation uncovered a range of more global views about factors influencing the success of projects that address the safety of Aboriginal and Torres Strait Islander communities. These are discussed below.

Lack of funding

The issue of funding has already been discussed in detail above. Inadequate resources could either slow down the progress of a project or stop it altogether:

> The funding for the first project was received for the pilot project to develop a model but couldn't get ongoing funding to implement the model. With decent funding they would be able to train people to deliver family violence workshops to pull together the organisations. However, there has been no ongoing funding for the project. Ongoing means long term planning and funding. (Queensland family violence project)

and:

> The project has been successful, with a qualifier: the limited budget impacts on the outcomes possible to achieve. (National housing safety project)

Distance

Long distances between communities is a key factor in their ability to effect change, particularly in remote and large rural areas. This made project outcomes harder to achieve:

> It's difficult to get women from the communities to come along to meetings — only one trip possible a month. (WA women's health project)

Organisational issues

Lack of organisational coherence, dominance of some families within key community organisations and personnel problems were all issues identified by the minority of informants for this study who were willing to share experiences of unsuccessful projects frankly (on the understanding that the project name would not be disclosed).

One of the most difficult problems encountered was that dominant families in the community received favoured treatment, making it difficult for projects to go ahead in the way planned and understood by funding bodies:

> X was selective about who they invited to be involved in the project (invited family members)

Other personnel problems encountered included poor selection of personnel, lack of skill in personnel employed and lack of commitment from personnel employed:

> He didn't want to do the job. Was there for the car and the money … didn't pass on information about the project. (individual comment)

Some of the skills identified as necessary in Aboriginal and Torres Strait Islander safety promotion and injury prevention work were community development skills and, particularly in family violence work, an understanding of gender inequalities. When these were not present, the project suffered.

Problems with multiple projects in one community

Another problem identified was the large number of projects operating in communities at any one time. This could lead to competing interests, and inhibited the communities' ability to work coherently towards addressing their problems. One informant noted that it was no longer possible to get people to come to a community meeting:

> Specific purpose groups in the community have led to some problems. You can't get a community meeting. People are in different interest groups. There is competition. There are different layers of coordination. (individual comment)

Inability of projects to deal with the core issues

The view of many project workers is that the core issues of Aboriginal and Torres Strait Islander health and safety are not being addressed. They are only doing 'bandaid' work. The sheer scale of the problems of injury encountered in many Aboriginal and Torres Strait Islander communities made it difficult for project workers to see any improvement in the future. A grim picture of Cape York communities — already noted in studies such as the Cape York Communities Injury Study (Gladman et al., 1997), the Cape York Justice Study (Fitzgerald, 2001), and the Women's Taskforce Report (Queensland Government, 1999) — was echoed in remarks made by a number of informants in this project about the factors which have been identified in many studies as the underlying determinants of health —

1. Environment:

> There is one environmental health officer for (a vast area). Nothing in place and no way to enforce recommendations and reports. Total hopelessness for Indigenous communities. (individual comment)

2. Food:

> Prices are triple to quadruple. Huge monopolies of shipping companies — won't do anything unless it's paid for. Communities have no control over shops — no power to be involved in any processes. (individual comment)

3. Education of children:

> The system has let down the children — Anyone who makes it to the workforce borders on a miracle. (individual comment)

4. Employment:

> Hardly anyone managing to keep full-time job — only work CDEP — absolute failure — dehumanising — people need commitment, skills training and permanent work and ownership as well. (individual comment)

5. Housing:

> Concept of housing commission, some families have better homes — others disgusting — every politician should be sent up there — poverty and squalor. The more you look, there are more issues. (individual comment)

6. No community involvement in political process:

> Political process needs altering. Indigenous groups disenfranchised. Can't form collective bodies. (individual comment)

The informant here referred to an inability of Aboriginal and Torres Strait Islander people in remote communities to engage in any meaningful democratic or decision-making process, at any level, because of the fragmentation of their lives as a result of the factors above, and the resultant epidemic of abuse and violence.

Lack of commitment to change from government and service organisations

Some of those consulted criticised government and other bodies as lacking a true commitment to change in Aboriginal and Torres Strait Islander communities. Retention and commitment of staff were seen as important factors:

> It is important to get the services committed to change — e.g. managers of regional group were asked to delegate someone in their office to be advocate in their services for domestic violence. This didn't always happen. One issue was a change in personnel in departments, also a lack of commitment from senior people in organisations. (Queensland family violence project)

Conclusion: Key issues emerging from the consultations

Injury is a complex health problem. Unlike many other areas of health, it is not easy to demarcate injury clearly as a health issue. The prevention of injury is similarly complex. The consultation phase of the Aboriginal and Torres Strait Islander Injury Prevention Activity Project involved a broad search to identify all current relevant projects and programs targeting Aboriginal and Torres Strait Islander communities that would have the effect of reducing or preventing injury. A further qualitative investigation of the experience of some of those involved in programs and projects provided the basis for the analysis of factors influencing the success of projects in this field.

The consultation was focused on people and organisations involved in funding, developing and coordinating Aboriginal and Torres Strait Islander injury prevention projects, and included funding bodies, researchers, community educators, community workers, managers and project coordinators. It did not include consulting the 'users' or 'consumers', of projects — that is, the Aboriginal and Torres Strait Islander target population. This valuable information would normally be part of the ongoing evaluation of any individual project or program.

The Aboriginal and Torres Strait Islander Injury Prevention Activity Project identified a large number of current, recent or planned activities, which may have an impact on reducing the high rates of injury prevalent in Aboriginal and Torres Strait Islander communities. Relatively few of these specifically set out to reduce or prevent injury, and a large proportion focused on one of a few external or contributing causes, notably alcohol and family violence.

Most of these projects were located in rural or remote locations, were strongly community-oriented and operated on short-term budgets. As well as urban Aboriginal and Torres Strait Islander people, other neglected groups, who have been identified as vulnerable groups at risk of injury, included the elderly, children, the disabled and those with serious mental problems.

The review identified many successful innovative and creative projects using a variety of strategies to address injury issues. Projects were more likely to be successful if they had a high degree of community involvement and acceptability, involved partnerships, were run by functioning organisations with trained personnel, had a good understanding of the factors underlying the types of injury problems being addressed, and were adequately funded.

Factors impeding success included distance, a lack of organisational coherence and a lack of funding security. Government directly or indirectly funds the vast majority of the projects identified. The inadequacy and short-term nature of funding is a serious problem for many community-based projects.

Few projects included here, however, address the underlying economic marginalisation faced by most Aboriginal and Torres Strait Islander people, particularly in rural and remote areas where opportunities for employment and education are extremely limited, even though the need to address such underlying issues is widely recognised as being fundamental to improvements in all other areas of health and safety. Clearly, a whole-of-government approach is necessary to address all of these areas.

A key area of concern among Aboriginal and Torres Strait Islander community workers is the lack of a coordinated approach, frequently evidenced when numerous government agencies and organisations are involved in multiple projects within communities. In light of this, the recommendation for the development and funding of action plans seems a sensible one.

The project revealed few good evaluative studies. Evaluations provide valuable and reliable information about the impact a project is making, and there is a strong recognition of the importance of evaluating projects. A number of project coordinators noted that organisations are rarely resourced to evaluate their project work.

The value of sharing information should not be underestimated. The mapping of information on the basis of current activity, organisations involved, successes and failures, and planned projects is important information of benefit to organisations, funding bodies and policy makers. The establishment of a communication, information-sharing and collaborative network among individuals and organisations has been identified as a crucial factor in the ongoing success of a project.

Aboriginal and Torres Strait Islander communities are highly sensitive to issues around consultation and community involvement in decision-making. It is imperative that these factors be taken into consideration in any activity designed to reduce the incidence of injury in their communities. Aboriginal and Torres Strait Islander people are also weary of the lip service paid by governments to consultation. Numerous reports and recommendations emphasise the importance of community control, community acceptability and ongoing community involvement as key factors in any Aboriginal and Torres Strait Islander community project.

At the same time, many projects fail because of problems at the local organisational level discussed in the previous section. The solution is not to abandon a commitment to community involvement, but rather to assist communities to develop further. This can be achieved by: supporting communication and organisational infrastructure at the community level necessary for project success; supporting existing work where achievements are being made; and recognising and addressing the issues of environment, nutrition, education, employment and housing underlying all aspects of the health and wellbeing of Aboriginal and Torres Strait Islander communities.

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