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**Researching the safety of Indigenous children and youth: an urban perspective**

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## Researching the safety of Indigenous children and youth: an urban perspective

### Abstract

Injury is one of the leading causes of Indigenous mortality in Australia and safety in Indigenous communities has become increasingly prominent in commentary on Indigenous communities. However, our knowledge of urban Indigenous people and their experiences has been largely ignored in these debates; most of the discussions to date have focused on remote areas, despite the fact that around one-third of Indigenous Australians live in urban settings. This paper reports on the Safe Koori Kids study, which addressed the safety of Indigenous children, carried out in Sydney's outer metropolitan area of Campbelltown between 2006 and 2009 (Clapham et al. 2006a, 2006b). The study aimed to increase our understanding of the broad range of factors involved in injury in Indigenous communities and to create a culturally acceptable and effective intervention program by addressing child and youth resilience. The program, delivered to Indigenous and non-Indigenous primary-aged children across 11 primary schools and evaluated in five of these schools, drew on local knowledge and resources to address safety issues. The program was underpinned by recognising that a multitude of factors affect the safety of children and families. Additionally, the program embedded positive messages to reinforce the cultural identity of Indigenous people living in urban areas. The theme of connections and reconnections embedded in our study emerged as children responded positively to the way urban Indigenous identity was represented in the program. Researchers recorded an increase in self-efficacy in questionnaire responses among the primary-aged children after the program was delivered over one school term in five schools. Qualitative data collected from teachers also revealed that Indigenous children responded to the program with an increased sense of achievement and pride in Aboriginal heritage. Improving the safety of Indigenous children in urban areas is complex and currently not well understood. Intervention programs need to incorporate a much better comprehension of the factors that increase the vulnerability of urban Indigenous children. Safety programs must recognise the social and cultural context in which children live, draw on local resources and reinforce a sense of pride in Indigenous identity to build resilience among vulnerable children.

### Keywords

youth, perspective, children, urban, indigenous, safety, researching

### Publication Details

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## **Researching the Safety of Indigenous Children and Youth: An Urban Perspective**

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Professor Mark Stevenson

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### **Abstract**

Injury is one of the leading causes of Indigenous mortality in Australia and safety in Indigenous communities has become increasingly prominent in commentary on Indigenous communities. However, our knowledge of urban Indigenous people and their experiences have been largely ignored in these debates; most of the discussions to date have focused on remote areas despite the fact that around one-third of Indigenous Australians live in urban settings. This paper reports on the Safe Koori Kids study which addressed the safety of Indigenous children, carried out in Sydney's outer metropolitan area of Campbelltown between 2006 and 2009. The study aimed to increase our understanding of the broad range of factors involved in injury in Indigenous communities and to create a culturally acceptable and effective intervention program by addressing child and youth resilience. The program, delivered to Indigenous and non Indigenous primary aged children across 11 primary schools, and evaluated in five of these schools, drew on local knowledge and resources to address safety issues. The program was underpinned by recognising that a multitude of factors affect the safety of children and families. Additionally, the program embedded positive messages to reinforce the cultural identity of Indigenous people living in urban areas. The theme of connections and reconnections embedded in our study emerged as children responded positively to the way urban Indigenous identity was represented in the program. Researchers recorded an increase in self-efficacy in questionnaire responses amongst the primary aged

children after the program was delivered over one school term in five schools. Qualitative data collected from teachers also revealed that Indigenous children responded to the program with an increased sense of achievement and pride in Aboriginal heritage. Improving the safety of Indigenous children in urban areas is complex and currently not well understood. Intervention programs need to incorporate a much better comprehension of the factors which increase the vulnerability of urban Indigenous children. Safety programs must recognise the social and cultural context in which children live, draw on local resources and reinforce a sense of pride in Indigenous identity to build resilience amongst vulnerable children.

## **Introduction**

This paper reports on the Safe Koori Kids (SKK) study which was carried out in Sydney's outer metropolitan area of Campbelltown between 2006 and 2009. The study addressed the safety of Indigenous children living in urban areas. It did this firstly by increasing our understanding of the broad and complex factors involved in injury in Indigenous communities. It drew on local knowledge and resources to address safety issues which had been identified in the first phase of the research. Over a three year period (2006-8) a school based program was designed and delivered to Indigenous and non Indigenous primary aged children across 11 primary schools with a formal evaluation undertaken in five of these schools. The program was underpinned by recognition that a multitude of factors affect the safety of children and families. Additionally, the educational material reinforced the positive cultural identity of Indigenous children living in urban areas.

The theme of the 2009 Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) conference was connections and reconnections. It posed questions such as - what does it mean to be Aboriginal and "urban"? And, what are the issues of relevance for Indigenous people living in urban and semi-urban and regional areas? Researchers in the SKK study asked similar types of questions. We were particularly interested in how safety features amongst the concerns of urban Aboriginal families with children? Is it a priority and why? Will a preventative health program which connects with Indigenous cultural themes resonate with urban Indigenous children and families? Whilst we did not expect that a single educational program would have an immediate impact on rates of injury, we hoped that the program would contribute to improving the safety knowledge and attitudes of children, teachers and families.

## **Injury, youth and urban Indigenous communities**

Injury is one of the leading causes of Indigenous mortality in Australia and safety in Indigenous communities has become increasingly prominent in commentary on Indigenous communities. Indigenous people suffer nearly three times the rate of fatal injuries (Helps and Harrison 2004) and are hospitalised at around twice the rate of all Australians (Helps and Harrison 2006). With a population of 517,200 in 2006, Indigenous people make up around 2.5% of Australian population (ABS 2007). Most Indigenous Australians live in major cities (32% or 165,800 people) or regional areas (43%; 223,900 people) (ABS 2008a). However, our knowledge of urban Indigenous people and their experiences has not been reported widely; almost all of the research focus in this area has been on remote areas. Lack of effective sustainable and culturally appropriate interventions are barriers to improved health for Indigenous Australians; Indigenous Australians have not benefited to the same extent from advances which have led to improvements in injury mortality and hospitalisations for most Australians.

Children aged 0-14 are the most vulnerable group for injury (SIPP, 2001) and are the most rapidly growing sector of Indigenous population (ABS 2007). The injury issues confronting children in Indigenous communities are more complex than those experienced by the general population. Injuries to Indigenous children and youth go beyond immediate physical injury from transport, recreation, and accidents in the home and school; linked to Indigenous social disadvantage, poverty, alienation and family and community dysfunction. Indigenous children may be put at risk due to an overcrowded home environment, economic deprivation, high stress levels and recurring domestic violence (Moller et al., 2004). Interventions that target young people have a strong likelihood of success, firstly because intervention can reduce or prevent injuries, and secondly because interventions can address factors to which children are exposed which influences injury experienced at older ages (Pointer et al 2003). This raises the possibility of early intervention to address injury in later

adolescence and early adulthood.

### **The study site – south west Sydney**

South west Sydney was chosen for the Safe Koori Kids study site because of its large, diverse and young Aboriginal population. At the 2006 census 34,515 Indigenous people, or a quarter of the total number of Indigenous people in New South Wales, were recorded as living in Sydney (ABS 2008b). The Aboriginal and Torres Strait Islander population is known to be a 'young' population. Nationally, the median age of the Indigenous population at 30 June 2006 was 21.0 years, compared to 37.0 years for the non-Indigenous population. South west Sydney contains one of the largest concentrations of Indigenous people in the Sydney area.

The city of Campbelltown is a growth area located on the South West periphery of Sydney's sprawling outer metropolis. Campbelltown City included 3,785 people of Aboriginal and Torres Strait Islander descent comprising 2.7% of the City's population. Primary school aged children aged 5-11 years, the Safe Koori Kids' target population, comprise 11.1% of the Campbelltown's total population. Campbelltown is also known as an area of high socio-economic disadvantage. Based on 2001 census figures, compared to the Sydney statistical division, Campbelltown has higher proportion of low-income households and a lower proportion of high-income households (Campbelltown City Council Community Atlas). Campbelltown has more unemployed people, more people over 15 with no formal qualification, significantly more persons who left school at year 10 or below, significantly less people with tertiary qualifications, more one-parent families with children under 15, larger households, lower proportion of households with no car, lower proportion of homeowners who fully owned their home and a significantly higher proportion of public renters (Campbelltown City Council Community Atlas). Aboriginal and Torres Strait Islanders living in Campbelltown are concentrated in a number of the city's public housing

estate. As in most Australian cities, 'urban' Aboriginal people, who are often hidden' from the urban majority, frequently have roots in regional and rural towns, and many families regularly maintain contact and move between town and city.

### **Researching Aboriginal communities and families in urban neighbourhoods**

The SKK project was funded by the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) and National Health and Medical Research Council (NHMRC). It was implemented during 2006-8 following a period of extensive consultation with the local Indigenous community in the previous two years. During the first phase of the project, quantitative and qualitative data was collected on injury incidence and impact in the NSW Aboriginal population. The second phase involved the design and development of the intervention and an evaluation and dissemination plan. During the third phase the intervention was implemented in schools and communities; this involved Aboriginal and non-Aboriginal primary school children, their teachers, parents as well as community members and service providers. The program was evaluated and work on translation to policy was undertaken during 2009-10.

The study applied insights from the emerging literature on family and community resilience to the prevention of intentional and unintentional injury in Indigenous communities (Clapham et al 2007). Resiliency has been defined in the literature as 'positive adaptation in response to adversity' (Masten and Coatsworth 1998). This capacity to successfully adapt, in the face of challenging or adverse circumstances, is often considered an individual trait or characteristic. However studies based on a strengths perspective which have emerged within the field of family and community resilience (for example Walsh 1996) seek to identify the characteristics of individuals, groups and environments that seem to protect from the negative consequences of adverse circumstances. Such studies provide promising frameworks for the



development (or enhancement) of interventions targeting injury prevention among Indigenous children and families (Kalil, 2003). Building on the resiliency of families, organisations and communities can assist them to cope with or withstand difficulties. To date, however, there is a lack of empirical evidence to support the widespread adoption of these approaches and few example of research in Indigenous contexts.

To understand the context in which injury and safety concerns occur, the first phase of the Safe Koori Kids project involved interviews and focus groups with Aboriginal and non-Aboriginal service providers across a range of health and community sectors, teachers and school staff and Aboriginal community members. Participants were asked about their perception of injury and how injury and safety issues affect their children's lives and what they consider as an appropriate model of intervention. Based on the analysis of qualitative data and in collaboration with community partners, researchers developed a module based program for implementation in local schools. Participants were asked about injury /safety issues affecting Aboriginal children and youth, perceptions of the safety of their environment, and possible intervention strategies and strategies for further engaging the local Indigenous community. The findings from the qualitative data collection further informed the development of the intervention and the ongoing direction of the research.

A number of broad risk factors were identified in the first phase of the project. At the community level these included risky urban environments, unsafe playing areas, poor transport and communication, lack of activities for kids, drug dealers in local area, racially related bullying in schools and Koori kids normalisation to freedom which was directly attributed to parenting styles. At the family and individual level risk factors included risky home environments, impact of domestic violence on kids, lack of parental supervision, absence of responsible adults, high levels of risk taking by children and young people, high levels of local drug and alcohol use and kids taking on adult responsibilities. Analysis of

qualitative data also revealed a number of important protective factors. These included Aboriginal people's capacity to 'survive', their strong sense of connection to family and local Aboriginal community, the support of Aboriginal staff in schools particularly Aboriginal Education Workers, the provision of cultural rooms in some schools which were regarded as a 'safe place' for koori kids within the sometimes hostile school environment, development of kids 'toughness', the protection and support of older siblings which koori kids frequently experienced, and access to prevention programs

The intervention which was developed as a result of the consultation, data collection and analysis consisted of a school-based safety program, a teacher training program and a family and community program. The research team developed and sustained partnerships with Indigenous and non-Indigenous service providers across a range of government and non-government organisations in the Campbelltown area throughout the project.

Schools were selected to participate in the study on the basis of the number of Indigenous students in the school, formal support from the school and a formal expression of interest from local Indigenous communities. After designing, developing and writing the educational modules on which the Safe Koori Kids study was based the research team developed a teacher training workshop which was also used as a forum for evaluation activities. An interactive educational online game was also developed and funding was provided to schools for an excursion to local resources which promoted environmental safety.

### **Insert Figure 1 here**

The school based intervention comprised five modules which incorporated local traditional Aboriginal culture into existing safety curriculum. These were integrated into the school curriculum for children aged 8 to 12 years (Stages two and three). The five modules

namely, 'Survival' (safety in the outside environment), 'Getting Around' (transport safety), 'Playing it Safe' (sports safety), 'Living Together' (home and school safety) and 'Values and Respect' (interpersonal relations, bullying and racism) were implemented in the schools over a 10 week period during term two. The interactive online game (see <http://www.thegeorgeinstitute.org/safekoorikids/news> ) linked to the modules and provided positive visual reinforcement for 'traditional' Aboriginal cultural themes, safety and contemporary urban Indigenous lifestyles and values. At the end of the game children were asked questions relating to the safety aspects they encountered in the game: these were linked to the learning objectives of the SKK program. The intervention also reached out to the parents and carers of the children participating in the intervention: the SKK program identified activities for Aboriginal parents and carers who were specifically encouraged to participate in the SKK activities in classroom and at the school level.

The research team used a pre-test/post-test design to evaluate the effectiveness of the intervention in five of the primary schools. These schools were chosen on the basis of high Indigenous enrolments. Twenty four teachers, 790 children (Indigenous and non-Indigenous) and a number of children's parents and/or carers participated in the final stage of the study. A questionnaire designed by the researchers and comprising 30 questions was administered to the 790 school children on two occasions. Questions in the questionnaire were based on the knowledge, skills and attitudes taught across the 5 safety modules by the classroom teachers. The pre-test was administered by classroom teachers in weeks 1-2 or the second school term. The post-test was administered towards the end of same term, 9-10 weeks later. The purpose of the questionnaire was to assess the change (or otherwise) in the child's self-efficacy and knowledge and attitudes towards safety. A teacher questionnaire was also administered pre- and post-intervention to a total of 24 classroom teachers from the 5 schools. The purpose of the teacher questionnaire was to measure change in the teachers' safety knowledge and

attitudes to Indigenous children, teaching practices in these areas, as well as the level of Indigenous parental involvement in the program.

### **Community engagement**

The research team engaged with the Indigenous communities throughout the development and implementation of the SKK Project. Local Indigenous organizations and the Indigenous workers within government and non-government organisations were identified early in the project and invited to contribute to the design and development of the research. An Aboriginal Research Advisory Committee was established specifically for the SKK project to provide input into the direction of the research and strategies to implement the initiatives. It was important to recognize existing local power and authority structures and relationships, for example the Tharawal Aboriginal Medical Service, as the only Aboriginal community controlled health service provider in the area and acted as an important community 'gate keeper' as well as a source of advice and approval. The Aboriginal Education Consultative Group (AECG) provided an important forum for discussion and communication about the project with Aboriginal parents and teachers in local schools.

The project was led by an Indigenous researcher and employed Aboriginal research staff. Local resources were used whenever practicable, for example an Aboriginal teacher was contracted to design and oversee the development of the school program. The research team, working through local Aboriginal health service, held regular meetings with the members of the Indigenous community and participated in the annual NAIDOC week activities in the local area. Local TAFE College and first aid organisations were utilised to provide First Aid courses. Indigenous community members participated in the First Aid Safety Program classes at various stages of the program. Parents and carers provided positive feedback to the research team on their experience of the First Aid courses.

Throughout the project we attempted to provide opportunities for Aboriginal people to have input into the direction of the research as well as to raise concerns. Ethical approval for the study was obtained through the Human Research Ethics Committees of the University of Wollongong, the Aboriginal Health and Medical Research Council of NSW and the Board of the Tharawal Aboriginal Corporation.

From the outset the development of a comprehensive dissemination plan was considered a key component of the research. The plan took into account the varied audiences for the project and used various media to reach these audiences. These promotion strategies followed guidelines developed by Flinders University Primary Health Care Research and Information Service (PHCRIS 2003). Using this model, information was disseminated throughout all phases of the project using various strategies: participation in local Indigenous forums; regular reports to the local Aboriginal Corporation, Aboriginal Education Consultative Group and various Indigenous consultative committees; websites; flyers and pamphlets for local community; factsheets for policy makers, service providers and organisations; presentations and workshops for teachers and community groups in the local area. Results of the research were disseminated through various academic publications and conferences.

## **Findings**

The full program evaluation was completed during 2009-2010 and the main findings are summarized below; detailed study results will be reported elsewhere. A total of 104 Indigenous children and 679 non-Indigenous children and 24 teachers participated in the evaluation of the school program. Findings indicate that teachers across the five intervention schools successfully prioritised safety education in the classroom in an enhanced safety curriculum over a 10 week period. Positive findings from the teachers' questionnaires,

showed increased teacher knowledge of safety and Indigenous culture.

The Safe Koori Kids intervention afforded an opportunity for positive school experiences and building of self efficacy in relation to safety in an innovative way, that is, by positively supporting an Aboriginal cultural identity. Teachers reported an increased sense of pride and achievement amongst Indigenous children. Indigenous children participated in activities that reinforced their sense of mastery, with a view to building resilience through positive reinforcement of their cultural identity. Children responded positively to representations of urban Indigenous identity in the program.

It is important to note that Indigenous children scored lower than non-Indigenous children at baseline (or pre-intervention) on all outcomes namely self-efficacy, attitude and knowledge. At post-intervention Indigenous children also scored lower than non-Indigenous children on self-efficacy. However the improved scores for each of the outcomes were greater for Indigenous children than for non-Indigenous children, with varying levels of statistical significance.

Results of the pre-post test show a significant increase in self-efficacy scores among both Indigenous and non- Indigenous children from pre- to post-intervention. For Indigenous children this increase in self-efficacy was substantially higher compared to non-Indigenous children. This finding shows that Indigenous children were more likely to achieve a sense of mastery in regard to safety as a result of the Safe Koori Kids program than non-Indigenous children. Safety knowledge among Indigenous children and non-Indigenous children also increased significantly. Again, the increase in safety knowledge of Indigenous children's post-test was greater than that of the non-Indigenous children. The significant increase in safety knowledge among both Indigenous children and non-Indigenous children as reported in this study is very encouraging. Knowledge of safety at baseline (or pre-intervention) revealed a substantial gap in safety knowledge between Indigenous and non-Indigenous

children. However, following the intervention, there was a higher change in the Indigenous children's knowledge of safety compared to non-Indigenous children albeit, still lower overall for Indigenous children compared to non-Indigenous children.

There were no significant improvements in attitudes towards safety. The lack of change in attitudes towards safety, while disappointing, indicates the difficulty of achieving fundamental attitudinal changes, and indicates that more work needs to be done in this challenging area.

The participation of Indigenous families in their children's education was a key objective in this study. The intervention created opportunities and incentives for Indigenous children, parents, carers and teachers to come together around the physical as well as the 'cultural safety' of Indigenous children (Bin Salek 2003). The 8% increase in participation of Indigenous families reported by teachers, is an encouraging result even though not statistically significant.

## **Conclusion**

The Safe Koori Kids study has increased our limited knowledge about effective child injury prevention for disadvantaged Indigenous children in urban areas. The school and community safety program developed recognised that the social and cultural context in which urban Indigenous children live has differences and similarities to rural and regional communities from which many of its Indigenous residents originate. The program that was developed was a result of broad community consultation and drew on local resources to reinforce a sense of pride and positive Indigenous identity in order to build on the resilience of vulnerable children. Findings suggests that a school based, culturally affirming, safety intervention can have a positive impact on improved self-efficacy and knowledge about safety. Innovative use of Indigenous knowledge in the curriculum resonated with all children and the Indigenous

parents/carers. Based on the findings from this study, the intervention shows considerable promise as a resource for increasing resilience in Indigenous children, through an increase in self-efficacy albeit, in relation to this single construct, namely safety.

Improving the safety of Indigenous children in urban areas is complex and currently not well understood. Intervention programs need to incorporate a much better comprehension of the broad range of factors which increase the vulnerability of urban Indigenous children. Inter-sectoral collaboration and partnerships between researchers and local service providers and Indigenous community organisations are essential components of program development in urban Indigenous communities. Sustainability depends on ongoing commitment by government, non-government and community sectors working together. Programs such as Safe Koori Kids need to be trialled in a broader range of settings.

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