

Researching the safety of children and youth in urban communities: An Indigenous perspective

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Introduction

This paper explores some of the issues and challenges researching communities, neighbourhoods and families by drawing on the experiences of an Indigenous led multidisciplinary research team during the first phase of a community based intervention research project. The project, *Safe Koori Kids: Community based approaches to Indigenous injury prevention*, targets Aboriginal children, youth and families in urban communities in South Western Sydney. Currently in its pilot stage, the project brings together researchers with disciplinary backgrounds in anthropology, epidemiology, public health, health promotion and community development. In addition to the multi-disciplinary orientation the research is undertaken within the context of Indigenous research paradigm. The discussion focuses on four central issues: firstly, the challenges faced in doing research within Aboriginal communities and families in urban neighbourhoods; secondly, the challenges and issues in interdisciplinary research approach; and thirdly, the strengths and benefits of an Indigenous research paradigm. The paper also highlights the important role of qualitative research methods in public health intervention research.

The Research Team

The Safe Koori Kids study was conceived by a multidisciplinary team of three researchers with disciplinary backgrounds in anthropology, community education/community development, and epidemiology/public health who shared a common commitment to using research as a vehicle for social change. The study sought to bring together insights from these disciplines to achieve greater understanding of how improvements in safety for children and youth can be achieved in the social and physical environments in which Indigenous people live. The study also brought together two institutions with specific orientations and sets of values: The George Institute being a large research Institute committed to high-quality research, large scale public health intervention studies, evidence-based policy development and capacity development; Yooroang Garang: School of Indigenous Health Studies at the University of Sydney, committed to improving Aboriginal health and education. *Safe Koori Kids* Project is therefore shaped not only by a multidisciplinary team, but by distinct institutional contexts and by the backgrounds, personalities, orientations and aspirations of the chief investigators.

The Study

The *Safe Koori Kids* study was funded by the National Health and Medical Research Council (NHMRC) in 2006. Over 3 years it aims to develop culturally acceptable and sustainable intervention strategies targeting Indigenous child and youth safety in urban neighbourhoods in South West Sydney. The study focuses on the safety of social and physical environments young people occupy, including the home, schools, neighbourhood, sporting and recreational facilities and public areas.

The research draws from public health model of intervention research but carried out within an Indigenous research paradigm. The study was designed as a 3 staged project employing quantitative and qualitative methods and a participatory action approach to the design of the

intervention. The commencement of the project followed extensive community consultation over a period of almost 2 years and involved multiple ethical approvals from Aboriginal and mainstream organizations. The baseline phase of the study involves the collection of quantitative and qualitative data on the extent and type of injury to Indigenous children and youth in the study area. The design of the intervention has occurred in collaboration with the Indigenous community (see Khavarpour, Clapham and Stevenson 2006). The intervention is planned to be implemented over three areas namely: School based – an education intervention targeting all primary school children; Family/community based – a practical safety intervention with Indigenous families; and a Capacity building intervention – to develop Indigenous safety promotion skills for teachers and service providers.

Background

Children aged 0-14 are the most vulnerable of any population group for injury (SIPP 2001). Interventions that target young people have a strong likelihood of success, not only because interventions can reduce or prevent injuries, but also because factors to which children are exposed influences the injury experienced at older ages. Consequently, focus on this group raises the possibility of early intervention for injury in later adolescence and early adulthood (Pointer et al 2003, 16 ff). The 'injury issues' which confront children in Indigenous communities, however, are far more complex than those experienced within the general population and are closely related to Indigenous social disadvantage, poverty and ill health. (Moller 2003, 8).

Safety in Aboriginal communities is complex and related to a myriad of other well-documented health, social and economic issues (HREOC 1997, ADHA 2005, Harrison et al 2001, McClure et al 2000, Memmott, et al 2001, Moller et al 2004). Indigenous Australians live in diverse environments and are exposed to unique social and physical risks. Multiple causal factors underlie the unacceptably high rates of preventable injuries in Aboriginal communities. They include the ongoing effects of colonisation, low economic status, loss of land, language and culture, the erosion of cultural and spiritual identity, the experience of racism and discrimination, disintegration of family and community, poor self-esteem and personal wellbeing, unresolved grief, the loss of parenting and relationship skills, high rates of drug and alcohol misuse and of violence (Harrison et al 2001, Helps and Harrison 2004). These factors, in addition to poor safety standards, unsafe roads and lack of access to primary health care, place Indigenous adults and children at greater risk of injury.

There is growing literature on violence in Indigenous communities, particularly widespread family violence (Atkinson et al 2002, Blagg et al 2000, HREOC 1997, Memmot et al 2001) which draw attention to the need to address the problem of children who are regularly exposed to violence in the home or community, or by being threatened in a dispute between others often members of their own extended family (Stanley et al 2003). Indigenous children are significantly over-represented in most statutory child protection systems and are six times more likely to be removed from their families than other Australian children. For many Indigenous children, violence is 'a normal and ordinary part of life' and often goes unreported (Gordon et al 2002). Despite all of this, there are still significant knowledge gaps about the causes and nature of injury to children and youth in Indigenous communities. There has been considerable focus on violence, but other important safety issues such as the extremely high Aboriginal mortality associated with transport go practically unnoticed. There is a lack of information about the extent of these problems across different geographical regions and a paucity of studies conducted within Indigenous communities in urban areas (Stanley et al 2003).

The Context

A crucial aspect of the study is the context in which it is being carried out. Campbelltown is a growth area located on the South West periphery of Sydney's sprawling outer metropolis. South West Sydney was chosen for the study site as it contains a large, diverse and young Aboriginal population. Approximately 8,568 Aboriginal people live in the 7 local government areas which make up SW Sydney (ABS 2001). This represents around 25% of Sydney's Aboriginal population and just over 7% of the Aboriginal population of NSW.

Aboriginal populations are known to be 'young' populations, 39.3% are under 14 years old compared with 20.4% of non-Indigenous people of the same age. Across SW Sydney 2711 Indigenous people (1384 male/1327 female) are estimated to be aged between 5-14 years (ABS 2001). The largest age grouping in the Campbelltown area is primary school aged children (aged 5-11 years) comprising 12.7% of the City's total population, also the Safe Koori Kids' target population.

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, 2006). 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 included 3,600 people of Aboriginal and Torres Strait Islander descent comprising 2.5% of the total population. Aboriginal and Torres Strait Islanders living in Campbelltown are concentrated in a number of the city's public housing estates (Campbelltown City Council, 2006).

The Issues

Doing Interdisciplinary Research

Interdisciplinary research has become increasingly important in recent years. The growth in interdisciplinary journals, the fostering of collaborative links across previously 'siloed' disciplines within universities and the growth of large scale collaborative research teams reflects a trend to more competitive and strategic direction from research bodies to address complex national priority areas. This trend has been particularly important within public health arena where no single discipline is able to address all the dimensions of the complex health and social issues and their interrelatedness with a range of social determinants.

Researching safety is necessarily a multi-disciplinary endeavour. Injuries end up as health statistics and are the domain of the health sector, but safety is a broader concept encompassing not only the objective absence of physical harm, but also the subjective feeling of being safe (Nilsen et al 2004). Understanding what is needed and actually intervening to improve child and youth safety requires insights from many disciplinary areas and perspectives. Public health provides models of community-based injury prevention programs which employ multiple interventions as a strategy for achieving population-level changes in health status (Coggon & Bennett 2004, 346). Partnerships between researchers and communities are a key aspect of such models. This approach targets both immediate causes (proximal factors) as well as broader social and environmental influences (distal factors) and involves community participation and empowerment as essential elements of prevention activities. An underlying assumption of this approach is that sustainability of interventions depends on creating an infrastructure in local communities for addressing safety or strengthening the existing infrastructure. An ethnographic approach derived from anthropology involves the researcher in understanding social processes from the point of view

of the participants in the study and in-depth exploration of their personal experiences, perceptions and world view. This model of research also involves collaboration and partnerships between researchers, service providers and policy makers and includes an understanding of how poverty, environmental health and local infrastructure, education and employment and the provision of services (or lack thereof) impacts on personal and community safety.

However, doing interdisciplinary research at the local level poses a number of challenges. Different traditions, practices and assumptions underlie the various disciplines. These different perspectives can create competing views and interests. Specific issues confront multi-disciplinary teams include the number of participants (or sample size); the issue of causality; issues around reliability and validity; the formulation and measurement of outcomes; and the importance of context and process. There is a need for cross-fertilization, better understanding and compromise in order to produce tangible and promising outcomes.

Public health intervention as practiced by epidemiologists generally research favours large scale studies which can be validated by statistical methods. For qualitative researchers, however, smaller numbers are preferred to fully explore and comprehend the participants' view. Here, immersing oneself in the qualitative data is the ultimate aim. The generation of large amounts qualitative data will requires the use of computer based qualitative analysis tools such as NVivo, however in our experience that larger scale qualitative studies using this tool will require moving to more standardised questions, which have more in common with quantitative approaches.

Another challenge or compromise is in the different approaches to the design of the research. The methodologies of the social sciences favour plurality, pragmatism, enquiry, reflexivity while the methodologies of the sciences with which they now collaborate prioritise rigid design over the loose structure of a qualitative research endeavour. Moreover, the funding bodies which support large scale intervention studies are more supportive of a structured approach and the standard hierarchy of evidence which regards randomised controlled trials as the 'gold standard' to the exclusion of other types of evidence.

The scientific study of injury and its prevention is a relatively new branch of public health which uses epidemiological techniques and methods. Developed over the past 3-4 decades it involves the collection of data (primarily mortality or morbidity statistics from hospitals, police, and road crash data), data analysis using statistical techniques to identify risk factors, and experimental designs to develop and test countermeasures. However an important qualitative component of the research involves an exploration of the ways in which Aboriginal people perceive and conceptualise the 'safety' of the neighbourhoods and communities in which they live, in particular, what constitutes a safe environment for Aboriginal children and young people. While rigour, planning and thinking early about outcomes is positive, it also comes with a cost; it is less reflexive, less flexible, and far less participatory and democratic. A more structured approach to research where researchers produce structured questions early on in the research process is favoured indeed required by research ethics committees who have become increasingly important research gatekeepers in recent years. A more flexible ethnographic approach where observation and listening over a lengthy period and forms the basis of the enquiry and shapes the questions one eventually asks requires lengthy justification and is treated with some suspicion and as lacking rigour.

Researching Aboriginal communities and families in urban neighbourhoods

The *Safe Koori Kids* study applies insights from the emerging literature on family and community resilience to the prevention of intentional and unintentional injury in Indigenous communities. Considerable academic literature on resilience, emanating primarily from

psychological, child development and educational arenas, has emerged over the past two decades. In this literature resiliency has been defined as 'positive adaptation in response to adversity' (Matsen and Coatsworth 1998, page number). This capacity to successfully adapt in the face of challenging or adverse circumstances is often considered an individual trait or characteristic. More recently, the field of family and community resilience has emerged, based on a strengths perspective (Walsh 1998 in Kalil 2003:34). Insights from this recent literature on family and community resiliency (Kalil 2003) provide promising frameworks for the development (or enhancement) of interventions targeting injury prevention among Indigenous children and families. Building the resiliency of families, organisations and communities can assist them to cope with or withstand difficulties. Resiliency research seeks to identify the characteristics of individuals, groups and environments that seem to protect from the negative consequences of adverse circumstances (Kalil 2003). 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. The *Safe Koori Kids* study investigates the factors that impact on the resilience of Aboriginal families and communities, particularly in relation to the prevention of injuries to children and young people. Concurrently Aboriginal peoples throughout history have demonstrated their capacity to 'survive' and withstand many of the devastating and ongoing effects of colonisation. Their strong sense of connection to family and community has been critical to this survival and well-being, a crucial and important point for any intervention strategies in these communities

Undertaking community based research with Aboriginal communities in an urban setting poses a number of challenges. Some of the more technical issues around multi-disciplinary research with communities have to do with accessing and managing data. There are different methods of collection and administration of data for quantitative and qualitative research. For the quantitative component key issues are access to routine data collections (such as health data) and the identification of Aboriginality in such collections; access to other local level data collection, such as police records for crime and assault; road crash data; and medical records from GPs. The local nature of this data and the relatively small population raises important issues of confidentiality, particularly the possibility of identifying individuals, families and communities.

For the qualitative component, however, the great challenge in community based, and particularly action based research is access to participants and achieving participation. It can be difficult to access to participants in an urban sprawl setting where there is relatively little community engagement and communities are low in the stakes of social capital.

Indigenous community members are not naïve to research, nor should they be. The history of negative experience with researchers makes some people frankly hostile, despite the Indigenous leadership recognising the importance of the research and its outcome for the community and participation in the research. However, these gatekeepers ensure that access to ordinary community members is not a direct or easy process.

Access to participants then is most often and most easily done through other agencies. Community based research inevitably involves working with multiple and multi-level organisations at the local community level. The mapping of these organisations and services has been in itself an important focus of the research. One practical challenge which is an ethical dilemma for individual researchers and part of the important ethics of interpersonal relationships which ethics committees so often overlook is the imposition of the research on the goodwill of the workers, specifically Aboriginal workers. In many organisations and services these 'cultural brokers' give far more than they are paid. They provide a hugely important service to their communities and to researchers and easily comprehend the benefits to their community of taking a broader view of local problems and collaborating with outsiders who want to do some good. However they are particularly vulnerable to burnout.

For our study this issue is heightened by the community sensitiveness around investigating child safety, and the enormous fear around child protection. Earlier plans to involve children and youth as participants in the research in order to gain their views of what would constitute a safer environment, proved too difficult and sensitive to pursue. Talking to children has become out of the question at least at this phase of the project.

Another challenge for community based research in urban areas is practicing 'ethnography' in an urban setting restrained by space and time. There is no possibility of lengthy cultural immersion in the community, and engaging in and with the community for a long period of time. Ethnographic methods are cherry picked, a bit of observation here and there with one has to contend with some unstructured or interviews or whenever possible collection of narratives.

Working within an Indigenous Research Paradigm

The issues of working within an Indigenous research paradigm and its application to the Safe Koori Kids research project are complex. To begin, it must be acknowledged that academic research has not always served the interests of Indigenous people. The over researching of Indigenous communities as well as the small number of culturally appropriate community based interventions has frequently been criticised. Two specific areas of criticism are the ethics and benefits of research (Anderson 1996, Anderson 2000) and the cultural inappropriateness of research methodologies. Criticism over a number of decades has led to a major reform of the NHMRC's Indigenous health research agenda, with subsequent endorsement in the recently published "Roadmap" (NHMRC 2002) of greater participation of Indigenous people in research, and an emphasis on strategic research that benefits Indigenous people through improved health outcomes. In essence Indigenous health research must be responsive to community needs, and provide opportunities for Indigenous involvement in the study at all stages (Eades et al 1999, Tsey 2001, NHMRC 2002). At the community level, the over debate about research on Indigenous communities leads to the sort of suspicion and lack of trust referred to in the previous section.

Aboriginal leadership of the project and Aboriginal involvement in all aspects of the Safe Koori Kids study was an important consideration in the design and execution of the research in order to ensure that the intervention developed would be both culturally acceptable and beneficial to Indigenous communities, however this is not sufficient. Indigenous researchers are not immune from community wariness about the benefits of research when their communities have yet to experience tangible outcomes of decades of studies. A very important part of an Indigenous research paradigm then, is accepting that considerable time may need to be expanded to build relationships of trust between local Aboriginal community members, organisations and researchers in a community and neighbourhood setting, and acknowledging and respecting the timeframes appropriate to Aboriginal organisations and communities. While this flexibility may not fit the deadlines and expectations of institutions and funding bodies, these benefits of an Indigenous research paradigm are that ongoing consultation ensures the integrity of the research and prioritises the benefit to community (user) over the benefits to the researcher or institution.

Consequently, some research methods will be more compatible with an Indigenous paradigm than others. It is not surprising that Indigenous researchers have favoured qualitative methods, focus groups, narrative and particularly participatory action research, as these methods favour building relationships between the researcher and participant rather than maintaining an objective stance with research subjects (Wilson 2001).

Another key aspect of the Indigenous paradigm is the importance placed on communication appropriate language and knowledge translation promotes early thinking about dissemination

of research in non-traditional ways. That is, dissemination of information about all stages of the research outside the academy becomes a far more important consideration in Aboriginal research projects. The *Safe Koori Kids* project therefore has developed a dissemination strategy which includes the identification of the various audiences early in the research process, the importance of media and advocacy, and the crucial role of appropriate language for the audience.

Apart from these increasingly well documented ethical and practical issues, the emerging field of Indigenous knowledge offers other insights into the challenges faced in this type of research. A key message from this literature is that Indigenous research needs to reflect Indigenous contexts and world views. A complex and as yet unresolved aspect of an Indigenous research paradigm is the aspect which Martin Nakata (2006, 265) has recently written about in relation to the emerging scholarly field of Indigenous Studies. He argues that that to speak from the Indigenous perspective is quite different from non-Indigenous academics who speak from within the disciplinary intersections where their knowledge production and practice takes up issues about Indigenous people (2006, 265).

An Indigenous research paradigm involves sharing of information, building ideas and relationships in addition to data gathering and analysis. Moreover it involves an awareness of the 'locatedness' of Indigenous researchers (Nakata 2006, 272), in relation to knowledge production and the community. Wilson (2001, 176), echoes these sentiments when he distinguishes between the dominant research paradigms and Indigenous paradigms. The dominant paradigms are built on the fundamental belief that knowledge is an individual entity, and the researcher an individual in search of knowledge. Knowledge in an Indigenous paradigm is relational; knowledge is shared therefore it cannot be owned by an individual. Indigenous methodology means talking about relational accountability, not just asking about reliability and validity but asking how the researcher is fulfilling his or her role in this relationship.

The *Safe Koori Kids* project provides an insight into the Indigenous Research Paradigm and explores its difference with the conventional methods of research. It further shows its application to a community based intervention research.

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