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Aboriginal perspectives of child health and wellbeing in an urban setting: Developing a conceptual framework

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Abstract

Health and wellbeing is defined internationally as a multi-dimensional and holistic concept, particularly within Indigenous worldviews. However, in Australia there is a lack of detailed frameworks supporting such definitions that are founded on Aboriginal knowledges. This study aimed to explore Aboriginal perspectives of child health and wellbeing in an urban setting. Qualitative interviews with 25 care-givers of Aboriginal children living in Melbourne, Australia were conducted. Aboriginal people and community controlled organisations were collaborative partners in all stages of the research. A conceptual framework of Aboriginal child health and wellbeing in an urban setting was developed comprising four main themes: Strong Culture; Strong Child; Strong Environment; and Strengths and Challenges. Aboriginal conceptions of culture are considered central to Aboriginal child health and wellbeing in an urban context. A holistic framework that privileges Aboriginal knowledge of child health and wellbeing has not previously been available. Further exploration of socio-ecological models within Aboriginal child health and wellbeing contexts is needed. This study identifies dimensions for further exploration in research, policy and practice.

Keywords: Indigenous; Aboriginal; Australia; child; urban; holistic; health; wellbeing; sociology

Introduction

Internationally across cultures, health and wellbeing are multi-dimensional concepts (World Health Organization, 1948, 1986). This is particularly pertinent to Indigenous peoples throughout the world whereby holism is core to understandings of health and wellbeing (Committee on Indigenous Health, 1999; Durie, 1985; Mark & Lyons, 2010; Royal Commission on Aboriginal Peoples, 1996). In Australia the most commonly used definition of health for Aboriginal and Torres Strait Islander people states that health is 'not just the physical well being of an individual but is the social, emotional and cultural wellbeing of the whole community' (National Aboriginal Health Strategy Working Party, 1989). However, while this definition is widely used within Australian Aboriginal and Torres Strait Islander health policy discourse, there is not currently a detailed operational framework supporting it and there is considerable fluidity regarding its constituent elements (Lock, 2007). For example Milroy's definition identifies five dimensions of physical health, psychological health, social health and wellbeing, spirituality, and cultural integrity (Australian Indigenous Doctors' Association & Centre for Health Equity Training Research and Evaluation UNSW, 2010). Documentation of oral knowledge from interviews and focus groups with Aboriginal and Torres Strait Islander people themselves regarding these issues has been recommended to address this gap (Lock, 2007). An explicit commitment to children within this definition has also been suggested (Harrison & Hunter, 2007).

It is well established that Aboriginal and Torres Strait Islander children and families experience substantial inequalities in health, educational and social outcomes compared to both their non-Aboriginal and Torres Strait Islander peers and to Indigenous children in other developed nations

(Freemantle, Officer, McAullay, & Anderson, 2007). These inequalities are strongly associated with both historical and contemporary racism, colonisation and oppression (Paradies, Harris, & Anderson, 2008). However, the extent to which Australian ATSI child health research has explored a diverse range of dimensions and determinants of health and wellbeing has recently been questioned, with research in this field to date predominantly focusing on physical illnesses (Priest, Mackean, Waters, Davis, & Riggs, 2009). Notwithstanding the critical need to address the significant health inequalities presented by current data, often these data measure outcomes not necessarily based on holistic ATSI concepts of child health and wellbeing and thus can miss many strengths and assets of Indigenous children and families (Priest et al., 2009). Aboriginal and Torres Strait Islander health research in urban contexts has been recognised as a priority by Australian scholars and policy-makers (National Health and Medical Research Council, 2002; Scrimgeour & Scrimgeour, 2007) together with greater involvement of ATSI peoples in all stages of research (National Health and Medical Research Council, 2002). Despite common misperceptions that Indigenous health is only a remote area concern, data indicates that Australian ATSI children and young people in urban areas experience similarly poor, and on some indicators worse, health outcomes compared to their remote peers (National Aboriginal Community Controlled Health Organisation, 2001; Zubrick et al., 2004, 2005). Nonetheless, Australian Aboriginal and Torres Strait Islander child health research in urban areas remains limited (Priest et al., 2009). These issues are particularly pressing, given that over 70% of all ATSI people in Australia now live in urban cities or regional urban areas (Australian Bureau of Statistics, 2007) and face particular challenges including invisibility, minority status, and views that they have lost their cultural identity (Atkinson, Taylor, & Walter, 2008; Anderson, 2003; Brough et al., 2006; Goodman & West-Olatunji, 2008; House of Representatives Standing Committee on Aboriginal and Torres Strait Islander Affairs, 2001; Scrimgeour & Scrimgeour, 2007).

In order to address these important research gaps, this study aimed to explore Aboriginal perspectives of child health and wellbeing in an urban setting. (When referring to this study the term Aboriginal is used as people from the Torres Strait Islands were not participants; The term 'Koori' is used by some Aboriginal people from south eastern Australia to describe themselves and is also used in this study). The study aimed to do so in partnership with Aboriginal organisations and community members and by privileging Aboriginal knowledges and experiences. The research drew on constructivist grounded theory (Charmaz, 2000; Sandelowski, 1995; Schwandt, 2000) in the context of a participatory collaborative approach with Aboriginal peoples (Henry, Dunbar, Arnott, Scrimgeour, & Murakami-Gold, 2004; Pyett, 2002). Constructivist grounded theory sees knowledge as mutually constructed within a socio-cultural and historical context, rather than as an external truth that is discovered or found. (Charmaz, 2000; Schwandt, 2000) Collaborative participatory research recognises the expertise of researchers as well as the knowledge of community members, and acknowledges that combining the two can lead to research that is more rigorous, productive and relevant, as well as more culturally appropriate and more effective in generating social change (Cochran et al., 2007; Pyett, 2002; St. Denis, 1992). Ethics approval was obtained from Deakin University and the University of Melbourne.

Method

Community consultation

In accordance with Australian National Health and Medical Research Council (NHMRC) ethical principles that require researchers to develop relationships and consult with Aboriginal and Torres Strait Islander community members (National Health and Medical Research Council, 2003), the research team liaised with both the peak state body for Aboriginal health and one of its member organisations: a community controlled health service in the inner suburbs of Melbourne.

By definition an Aboriginal Community Controlled Health Service is an incorporated Aboriginal organisation, initiated by and based in a local Aboriginal community, governed by an Aboriginal body elected by the local Aboriginal community and delivers a holistic and culturally appropriate health service to the Community which controls it (NACCHO, 2006). A non Aboriginal researcher (NP) volunteered in the health service for 12 months on a part-time basis to develop and maintain credibility within the community as a 'seen face' (Tuhiwai Smith, 1999). Over this time the scope, aims and methods for the proposed study were developed through informal and formal discussions with staff and community members. This process was consistent with recommendations for urban Aboriginal health research where engagement with urban communities that may be highly diverse and dispersed (Holmes, Stewart, Garrow, Anderson, & Thorpe, 2002; Pyett, Waples-Crowe, & van der Sterren, 2009; Scrimgeour & Scrimgeour, 2007) can be highly challenging. As recommended (National Health and Medical Research Council, 2003; Pyett et al., 2009; Pyett, Waples-Crowe, & van der Sterren, 2008; Scrimgeour & Scrimgeour, 2007; World Health Organization, 2003) a formal project agreement with the two Aboriginal community controlled organisations was developed and four senior Aboriginal women agreed to be project advisors.

Sample

This study recruited male and female participants who were grandparents, parents, aunties or uncles of Aboriginal children, and/or Aboriginal childcare or health workers, or foster parents, caring for Aboriginal children in an urban area. Systematic sampling in research with urban Aboriginal peoples is not easy due to the invisible nature of the population and past negative experiences with research (Pyett, 2002; Scrimgeour & Scrimgeour, 2007). Therefore, a form of snowball sampling was used via community and family networks of the project's Aboriginal advisors and through three local Aboriginal community controlled organisations: an urban health service, an early childhood centre and the state peak health body. Aboriginal project advisors approached people they thought would bring diverse views and experiences. Participants were also asked to nominate others in their networks as potential people to follow up for interviews. While this approach has potential for sampling bias, it is considered appropriate in initial studies such as this and is consistent with literature on sampling in complex settings (Arcury & Quandt, 1999; Scrimgeour & Scrimgeour, 2007). Others have used a similar purposive methods to ensure there is representation of a variety of Aboriginal family groups in a research study and that introductions are made through kinship rather than individual networks (Champion, Franks, & Taylor, 2008). Recruitment occurred in two waves to allow preliminary analysis to inform the second wave of interviews (Charmaz, 2000; Gobo, 2004). Fifteen participants were recruited and interviewed, and codes, provisional categories and themes developed for explaining the data. Gaps in the emergent themes were identified and a further 10 participants recruited to facilitate refinement and deeper exploration until data saturation was reached.

Data collection

Face-to-face interviews were held in homes, workplaces, the health service or community locations as nominated by participants. Most interviews were conducted by a non Aboriginal woman (NP) and most also included an Aboriginal co-interviewer. Interviews were 15–90 minutes duration, audio-recorded, and in-depth guided by pre-prepared open-ended questions (Morse & Richards, 2002). Key questions were 'What is wellbeing for an Aboriginal child? How would you describe a healthy Aboriginal child? How do you know an Aboriginal child is developing well? How do you know an Aboriginal child is ready for school?'

Analysis

Interviews were transcribed verbatim, identifying information removed, and thematic analysis conducted informed by constructivist

grounded theory (Charmaz, 1990, 2000, 2005) using NVivo 7 software. Initial codes were created from the first 15 transcripts using line-by-line coding and these codes then linked together to create broader categories that represented larger amounts of data (Charmaz, 1990, 2000, 2005). A second sample of interviews was then conducted to explore data gaps, to refine the earlier analysis and emergent categories and sub-themes, and to link interview data with theoretical concepts relevant to the study (Charmaz, 1990, 2000, 2005). Categories were grouped into four major conceptual themes, each comprising a number of sub-themes, that allowed for comparison with socio-ecological models of health (Lynch, 2000; Mrazek & Hegarty, 1994).

Aboriginal project advisors commented on emergent themes throughout the analysis. Feedback sessions were held with two Aboriginal community groups within mainstream settings to verify the results with Aboriginal peoples not directly connected with the community controlled health sector, and a third feedback session was held at the participating health service. Many participants held multiple roles within the Aboriginal community that were not mutually exclusive; for example, one participant could be simultaneously a mother, an aunty/carer, and a health worker. Thus, it was not methodologically or culturally appropriate to analyse and compare responses for discrete groups such as parents, carers, or workers.

Results

Four broad conceptual themes were developed: 'Strong Culture'; 'Strong Child' (individual child characteristics); 'Strong Environment' (social environments); and 'Strengths and Challenges: Harder for Koori Kids/Koori Kids Doing Well' (macro environment). These conceptual themes and sub-themes are shown in a visual model (Figure 1). Three themes and component sub-themes ('Strong Culture', 'Strong Child', 'Strong Environment' are reported below illustrated with direct quotations from Aboriginal participants. The fourth theme 'Strengths and Challenges: Harder for Koori Kids/Koori Kids Doing Well' is mentioned briefly in this paper and reported in detail separately (Priest, Mackean, Davis, Waters, & Briggs, 2012). Pseudonyms were chosen by the Aboriginal project advisors.

Strong culture

Culture, understood in terms outlined by the participants below, was seen as critically important and the central core of Aboriginal child health and wellbeing, providing the basis for both a 'Strong Child' and a 'Strong Environment'. As well as its life-giving and sustaining role, culture was seen as the ultimate source of answers and meaning in life and as a supply of strength for Aboriginal children as they grow.

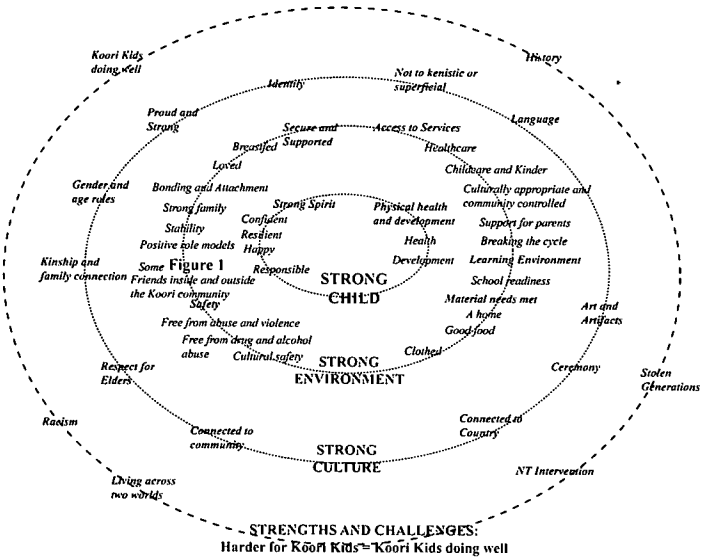

Figure 1

FIGURE 1: CONCEPTUAL FRAMEWORK OF ABORIGINAL CHILD HEALTH, DEVELOPMENT AND WELLBEING IN AN URBAN SETTING

> Culture is very, I just don't know how much more to say, it's so important for our children, for Aboriginal children. (Steph)[1]

> When people say wellbeing to me, all I need is culture because within that is everything you'll find anywhere else. (Janaya)

Identity was explained as children knowing and understanding who they were and where they were from, and was particularly emphasised as important to culture and to wellbeing and thus a key aspiration held by Aboriginal parents.

> They can't have good wellbeing within themselves if they can't have identity and know where they are from. (Terri)

> As an Indigenous parent you hope that she will grow up understanding who she is. (Annie)

Being *proud and strong* in their Aboriginal identity was identified as an important foundation for children's successful participation in life, as a source of moral knowledge and of guidance with regard to children learning responsible and healthy behaviours, and essential to self esteem.

> They have a sense of identity, they know who they are, they know what's right and wrong. They know how to treat people, they know how to treat themselves most importantly, plus they learn to be responsible if they have families when they are older. (Tom)

This link between a sense of identity and self-esteem was considered particularly important for Aboriginal children with light-coloured skin who may not be immediately identified by others as being Aboriginal.

> Knowing that inside it doesn't matter the colour of their skin they are all Kooris ... we've always just told the kids you know it doesn't matter how light or how dark your skin is, it's what you feel in here. (Sharni)

Conversely, an absence of culture and identity was seen to have dire consequences for Aboriginal children, including feelings of loss and confusion that could then lead to other difficulties later in life.

> That's central to wellbeing and identity. You know if you don't know who you are, where you come from, you know that can be a problem for a child. (Lee)

> You know, you take away your identity and your culture and what have you got? You have a pretty screwed-up life. (Meg)

Being proud of one's Aboriginal identity was regarded as vital to wellbeing.

> Wellbeing, it's about her being comfortable with herself as an Indigenous person ... her wellbeing is mentally is how she is and how she sees herself and how the pride is. (Terri)

Children proud of their identity were considered those who were confident to tell others about their Aboriginality and able to respect other cultures. Pride in Aboriginal identity was often portrayed as the opposite of being ashamed, and an important protective factor for Aboriginal children from the negative effects of racism.

> Be proud of who they are ... for being Indigenous you know? Because I know my kids can have their days when people at school have picked on them and it's made 'em feel real low. And I say 'Be proud, mate', you know, 'be proud to have black on the inside in your blood. Don't mind about anyone else, because we're all equal.' (Jo)

The need for family and community members to tell children about their family background as a way of fostering and nurturing identity and pride was a strong message. This included the passing of cultural knowledge from one generation to the next and modeling of community- and gender-related roles. This practice of oral knowledge was seen to strengthen children's confidence and self-esteem and ensure awareness of cultural protocols important to maintaining wellbeing.

Kinship and family connection was emphasised, particularly the extended nature of Aboriginal

[1] Pseudonyms are used to protect confidentiality.

kinship networks beyond blood relations, with 'aunties' and 'uncles' including community members and family friends other than direct relatives. This was seen to provide children with many benefits including strong support networks, cultural safety through kin being present in services, identity within the wider Aboriginal community through family relationships, and ensuring that cultural protocols regarding who was allowed to marry were not breached later in life.

> Health stuff is important but it's really that you are connected with people. You know, who your family are and, you know, understand where they are. (Jim)

Kinship networks were seen as particularly important during challenging times when responsibility for ensuring that children's needs were met could be shared. However, conflict between meeting family and cultural responsibilities, such as having multiple family members stay overnight, and perceived household standards held by non-Aboriginal agencies was also portrayed.

> You know, we'll have four mattresses here, and 20 people on the ground, 10 in there. You know, all sleeping together and that's how we are. You know. You have DHS [state welfare agency] walk in on that and that's unsuitable ... And your kids are likely to be taken because you're being inappropriate ... I don't know what blackfellas house you will go to, mine are in the bathroom so I don't shame everyone, that haven't got mattresses laid up against the wall because at any point now any of your people can come in here and gonna want a bed. (Janaya)

Respect for Elders was particularly stressed when discussing the importance of kinship networks, Elders were clearly seen to have significant wisdom and knowledge to share with younger people both to promote positive wellbeing and to provide healing and support in times of difficulty. Strong concern was voiced about Elders dying and cultural knowledge being lost to future generations, and passing down cultural knowledge across generations was identified as a key task for older members of the Aboriginal community.

> These kids need to get back on their Country and spend time with their Elders and you will find more better-focused kids better-behaved kids. (Janaya)

Being *connected to community* was seen as critical to remaining connected to culture and imperative to maintaining wellbeing. Culture, family and community were all very closely associated with each other and to Aboriginal child wellbeing, with family and community synonymous for many.

> You can't become disconnected from community and yeah it's when you become disconnected from your cultural background I think you become disconnected with yourself and that's impossible so you can't really be a sick individual. In order to stay well you need that connectedness. (Susie)

Community connectedness was seen as especially important to cultural identity in urban settings where traditional cultural practices were not practised in the same way as in remote settings because of earlier and more repressive colonisation.

> We gather at gatherings, we pay our respects when somebody passes away, we, you know, we practise coming together as community whether it's a social occasion or it could be as I said before paying our respects. (Ian)

Participating in community events, such as attending community controlled health or education services, and attending sport, holiday programs, community funerals, and cultural celebrations such as NAIDOC were all considered important to developing Aboriginal children's identity and pride.

Connection to Country and the importance of Aboriginal children experiencing a connection to land was also intertwined with a strong understanding of identity, culture and family and community connectedness.

> Wellbeing for an Aboriginal child very strongly comes from connection, connection to who their mob is, you know an understanding of where their land is, an understanding and a belief in identity. You know, understanding who your family is, who your mob is, your land, very, very important. (Lee)

Connection to land was described as deeply spiritual. Land was commonly described as the life-giving mother with whom people felt a deep spiritual relationship, and for whom they had custodial responsibility. This encompassed the whole natural environment, extending to animals as well as the land itself.

> We believe that every living thing in our Country has a spirit. We have a connection to that. (Rosie)

Promoting this connection to Country was identified as critical to Aboriginal child wellbeing, despite challenges of fostering this connection when many urban Aboriginal people did not live on their own Country. Participants described strategies of teaching children the geographical boundaries of their Country, visiting Country, telling stories about experience of previous generations, and teaching children about significant places or plants for medicine and tools.

> We go to Gunnai Country, up to Gippsland, and talking – the whole bringing about, you know. Who you are, what happened here. So you are passing those stories just through living experiences ... then there is that connection and they can look on a map and they can find their Gunditjamara Country and their Gunnai Country, so just that knowing. (Meg)

Ceremony was also considered an important way of supporting Aboriginal children's cultural development, both on Country away from the city or in the city where the land may or may not be people's own Country. Participation in ceremony, including corroborees and dancing, was clearly considered a whole of family activity, and important for passing on knowledge. The significance of smoking ceremonies in creating culturally and spiritually safe places was also highlighted.

> If there is a dance night on, you get the kids involved so that they have their turn, they actually learn what sort of moves we have, and what paint represents us, and where to put it and how to respect it and when to wear it and when not to wear it. (Rod)

Art and artifacts, including music, art and craft and dance were also seen as important to developing Aboriginal children's cultural knowledge, reinforcing identity and cultural pride and facilitating self-expression. Being able to participate in cultural art activities was often a characteristic reported when participants described a child who was strong and proud and experiencing wellbeing. Varying views regarding the place of Aboriginal languages in urban contexts were expressed. Some considered teaching children Aboriginal words or 'lingo' within English sentences as important, while others saw that language should not be a major focus of cultural learning in a city context where children were from many different language groups.

Finally, the need to ensure cultural activities were *not tokenistic or superficial* was a common theme for participants. This seemed to particularly refer to well-meaning non-Aboriginal people who attempted to provide cultural activities for Aboriginal children but who lacked a deeper understanding of cultural issues.

> Just don't ring up somebody to come out and play a didge [didgeridoo] and throw a boomerang. Culture goes beyond just doing that, do you know what I mean? (Steph)

Stereotypical views of what it means to be an Aboriginal person and commonly held misperceptions that Aboriginal people only live in remote areas were also raised.

> Culture-wise to non-Indigenous people I see as you have got to be out there in your lap lap eating bush food and all that blah blah blah. (Terri)

Identity and culture were thus seen to extend beyond some of these outward expressions of culture, which despite being important, do not fully represent the depth and richness of being

an Aboriginal person. Connectedness to family, community and Country were also important dimensions of cultural identity and pride.

One participant identified that she had a contrasting perspective from others in her community about culture. She viewed addressing children's practical daily needs as universal and independent of culture, with culture sitting alongside but separate to meeting such needs. Nonetheless, her view of culture as family and community connectedness and participation in Aboriginal events was consistent with key elements of culture described by other participants in this study.

> I might be a little bit different to what the others would say. They would say that culture means the whole thing, but to me it doesn't ... I had to look after my children, you know. They had to be fed, that had nothing to do with culture. They had to be fed, have a home, have a stable environment, you know. What's that got to do with culture? Then that comes with it, you know. You're brought up with your family, the Aboriginal people go to Aboriginal places, you do all of these things, that comes with it. If you are in that community though. I think that's what I actually mean. You've got to live in the community ... I think that's what culture actually means to me. (Sally)

Strong child

Participants described the importance of both physical and social and emotional aspects of health and wellbeing for a strong child, both of which were strongly grounded in cultural wellbeing.

> We've got ours [culture] and we believe in ours and we like to practice ours, and that's healthy. That's part of health, it's a big part of health and part of emotional wellbeing, and it strengthens the individual, as they grow up. (Tom)

Aspects of *physical health and development* identified being free from frequent illness and pain, including ear infections, dental caries, asthma and skin conditions, all seen to negatively impact on participation in activities at home and in education and community contexts. Achieving similar health status to their non-Aboriginal peers was also seen as a key issue of equality and justice.

> A healthy Aboriginal child, one that looks happy and not sick all the time. (Lucy)

A *strong spirit* was viewed as critical to wellbeing. While physical health and development was clearly seen as important, greater emphasis was placed on social and emotional issues. Rather than the term 'social and emotional wellbeing' participants far more commonly spoke of a 'strong spirit'. This included children being allowed to explore and express themselves without societal or family pressure and being able to make choices and decisions freely.

> They have their own little spirit within them, they have to be able to explore that spirit themselves and be who they want to be. (Tracey)

Having a strong spirit encompassed a number of components all described as important for Aboriginal children's wellbeing, including being happy, confident, resilient and responsible. Happiness was described as very closely connected to wellbeing for Aboriginal children, indicated by having a smile on their face.

> I think it's very important even at a young age, to be happy, to see a young child smile. (Sally)

A *confident* child was described as believing in themselves, being free to make their own decisions and able to learn from their mistakes, and having a strong self esteem without being ashamed or confused.

> Self-confidence and belief, and everyone's got different opinions and that's OK. They must believe in what they do, and what they think and back themselves. That's the important thing in life. (Tom)

Being *resilient* was identified as a particular strength for many Aboriginal children given the complex and difficult life situations that they often experience. This included having positive coping mechanisms and a strength of character often in the face of great adversity,

such as needing to care for parents in difficult circumstances or experiencing racism.

> Most of the Koori kids that I actually see are very resilient. That's what you actually find ... Like non-Aboriginal kids would not survive what Koori kids have gone through. (Sally)

The need for children to be *responsible* was also seen as important. This included being able to undertake roles within a family, helping others within the community, and beginning to understand concepts such as saving money.

> Teaching responsibility is really important, in an appropriate way. I mean you can't overload young children on that sort of stuff ... about doing things and taking [responsibility], making sure you get it done and it contributes to the harmony within the family ... everybody has a role. (Ian)

Strong environment

A strong environment supporting Aboriginal child health and wellbeing was considered to include a range of factors, as described below. Underpinning each of these elements, a strong cultural environment was seen to play a critical role in providing security and safety, promoting learning of self-awareness and identity, and in building community connectedness, all with lasting benefits throughout the life-course.

Aboriginal children being *secure and supported* was seen to be essential to their wellbeing, including being cared for by parents and given direction and guidance throughout their lives. Also important was children being accepted and having a sense of belonging, as well as receiving encouragement and reinforcement of their value and worth. A lack of support was clearly identified as causing problems for children and negatively impacting their wellbeing. *Breastfeeding* was identified as a key contributor to Aboriginal children being secure and supported, and for physical health benefits but more so for healthy *bonding and attachment* between mother and child. Being *loved*, described as having at least one loving parent, and a loving family including extended kinship ties was also highlighted. It was particularly emphasised that while material things were important, being loved was central to wellbeing and that providing such love and care was a highly valued characteristic of Aboriginal people.

> Wellbeing is about being loved ... material things don't necessarily make everything right. They need to be loved ... And we are very caring and nurturing people and, you know, and I think that is an easy thing to do for us, it comes naturally. (Steph)

Other aspects of being secure and supported included children having a *strong family*, *stability* and routine, *positive role models*, *someone to trust*, and *friends in and outside of the Aboriginal community*. Again, the importance of culture in ensuring a safe and supportive environment was highlighted.

> You have to be emotionally, socially and culturally stable, so if a child doesn't have that from their parents it will be very difficult for them to gain a whole range of different skills that they need. (Rod)

Safety was reported as paramount to Aboriginal children's wellbeing, including *freedom from abuse and violence* and *freedom from drug and alcohol abuse*. The need for *cultural safety* was also emphasised, described as children feeling safe to be themselves and being culturally safe as an Aboriginal person.

> It's about that place – about people, young people, children being safe. And that's safe as in I can be who I want to be ... culturally safe, anything safe you know and confident. (Meg)

Having *material needs met*, including a *home*, access to *good food*, and *clothing*, all linked to freedom from poverty, were all identified as underlying contributors to wellbeing for Aboriginal children. However, while highlighted as important, emphasis was carefully made that neither children's wellbeing nor the quality of parenting was solely judged on these criteria with recognition of the substantial negative impact of poverty on the ability of many Aboriginal parents to provide for their children's material needs.

The importance of Aboriginal children being in a *learning environment* that promotes development and school readiness included a strong cultural dimension, with many participants describing the need for children to have opportunities to learn about their culture and identity,

> Learning, I don't just mean like education as in school stuff, but learning about who they are. (Meg)

Access to services, including *healthcare, childcare and kindergarten* services, and for these services to be *culturally appropriate and community controlled,* were also identified as crucial parts of a strong environment. The essential role of community controlled organisations to provide culturally appropriate services in an urban context was strongly emphasised. As well as providing health care and educational services, community controlled organisations were seen as places that facilitate community connectedness, identified as essential fostering children's cultural wellbeing and knowledge. This was seen to have long-term benefits from childhood into adulthood, strengthening Aboriginal identity and a sense of belonging, as well as providing *support for parents* and when needed assisting them to *break the cycle* of disadvantage experienced by some Aboriginal people due to trans-generational transmission of trauma.

> ... so it builds that foundation for the future of being connected not only with their friends but also with community organisations, with other people, with families. So I have seen it as a great experience for my children and it's has done them, it's been great benefits. I have seen for their own emotional wellbeing and development ... those connections will last a lifetime, so it's really important. (Ian)

> But they need to look at the generational scars that the next generation carries because we're still learning how to heal and break that cycle. (Rosie)

Strengths and challenges: Harder for Koori Kids, Koori Kids doing well

Participants also described how the historical, social, economic and political context in which Aboriginal children were living and growing up made it harder for them to experience wellbeing.

> It definitely is a lot harder, it certainly is. (Mary)

The counter-balance to this was that participants were keen to highlight that there were 'Koori Kids doing well', despite substantial challenges and in contrast to pervasive negative stereotypes among the non-Indigenous community and media about Aboriginal children and families.

> That's not to say that there's not a lot of families that are still, you know, doing the best they can and doing it well ... I don't think that story gets told enough you know, we don't talk enough about all the well families. (Lee)

Discussion

In partnership with Aboriginal peoples and organisations and by privileging Aboriginal knowledge, this study developed a detailed conceptual framework of Aboriginal perspectives of early childhood health and wellbeing in an urban context. Such a framework is not currently available in the literature. The central and essential role of culture as understood from an Aboriginal perspective to Aboriginal child health and wellbeing was a core theme of this study. Critical elements of an Aboriginal perspective of culture identified by participants were identity, being proud and strong, kinship and family connection, respect for Elders, connection to Country, connection to family, connection to community, ceremony, art and artifacts, and that none of this should be tokenistic or superficial.

While the importance of culture to Aboriginal and Torres Strait Islander child health and wellbeing is commonly discussed within research, policy and practice contexts both in Australia and internationally, this study extends this discourse by describing specific cultural domains and their importance to child health and wellbeing outcomes in an urban setting. The descriptions reveal rich and diverse expressions of urban Aboriginality and challenge stereotypes that urban Aboriginal peoples have lost their cultural identities (Goodman & West-Olatunji, 2008; House

of Representatives Standing Committee on Aboriginal and Torres Strait Islander Affairs, 2001; Scrimgeour & Scrimgeour, 2007) and that 'real' Aboriginal people are those who are 'primitive' or practising 'traditional' culture (Anderson, 2003; Brough et al., 2006). These myths are identified as negatively impacting on the lives and experiences of urban Aboriginal communities (Anderson, 2003; Atkinson et al., 2008; Brough et al., 2006). Engaging with and validating the cultural identities of Aboriginal peoples through giving voice to their narratives has been identified as a key task for health promotion and public health (Brough, Bond, & Hunt, 2004). There is currently limited Indigenous health research exploring culture as a determinant for better health, and as a health resource rather than a barrier to health, with ongoing calls for research that takes a decolonising perspective and privileges the voices of Aboriginal peoples (Bond & Brough, 2004; Morrissey, Pe-Pua, Brown, & Latif, 2007). More broadly, culture as a constituent dimension of child development continues to be poorly researched and not well understood (Robinson, Eickelkamp, Goodnow, & Katz, 2008). The dimensions of culture identified by this study could provide a useful basis for health promotion and intervention programs to support the unique needs of Aboriginal child health and wellbeing in an urban setting.

Moreover, there is a danger that culture can be seen as 'a presumed primordial feature' that allows for the justification of unique and unchanging characteristics of a group (Ahmad & Bradby, 2007, p. 790). Such an understanding would reinforce the permanence of health and social inequalities as determined by culture of the group. Moreover, this assumption common within epidemiological research implies ethnic inequalities in health are related to innate cultural differences (Bhopal, 1997; Karlsen & Nazroo, 2002). However, sociologists understand culture to be 'a flexible resource for living' rather than a fixed and constraining structure determining people's beliefs and behaviours (Ahmad, 1996, p. 190). This is particularly relevant to contemporary Aboriginal culture in an urban context as described in this study, where it is evolving and adapting in response to changes in people's lives.

Identity was described by participants in this study as a key component of the relationship between culture and wellbeing. This reflects the understanding that as well as the structural nature of culture as it represents and interacts with social factors, culture also signifies identity, that to some extent is also a result of agency (Karlsen & Nazroo, 2002). Identity is considered central to an individual's self concept and critically connected to self-efficacy and self esteem (Umaña-Taylor & Fine, 2004; Umana-Taylor & Updegraff, 2007). Like culture, sociologists recognise cultural identity as a dynamic rather than a static process (Ahmad, 1996; Karlsen & Nazroo, 2002). Individuals develop a sense of identity within a cultural context that is constantly challenged or reinforced within the family and the wider society in which they live. As seen in this study and elsewhere, although in urban contexts Aboriginal family structures, places of origin and original language groups are diverse, Aboriginal identity also remains closely tied to localised kinship ties and social relationships developed through engagement with community organisations (Yamanouchi, 2010). Nonetheless, what comprises being of a cultural group, and how this relates to health and wellbeing, remains under investigated internationally (Karlsen & Nazroo, 2002; Nazroo, 1998; Smaje, 1996). This includes amongst Australian Aboriginal children and young people where less research exists exploring relationships between culture, identity and health (Kickett-Tucker, 2009; Priest et al., 2009). Internationally, research suggests that a strong cultural identity is protective against serious mental ill-health for Indigenous children and young people (Chandler & Proulx, 2006) and is critical to their sense of self and capacity to manage adversity, and promote their own self esteem and wellbeing (Umaña-Taylor & Fine, 2004; Umana-Taylor & Updegraff, 2007). Thus, understanding culture as a determinant of health for Aboriginal children must include consideration of structural factors such as history of colonisation and experiences of racism and the examination of how these factors relate to an understanding of agency.

Not only were the multiple dimensions of *Strong Culture* described by participants as each

being critical to health and wellbeing for urban Aboriginal children, they were also key factors in promoting a *Strong Child* and a *Strong Environment*. At an individual child level, physical health and development was identified as essential. However far greater emphasis was placed on social, and emotional dimensions of wellbeing. This is in contrast to the existing evidence base which predominantly focuses on physical domains (Priest et al., 2009).

The emphasis placed on social and emotional health and wellbeing may be related to several issues. Aboriginal knowledges and understandings of health and wellbeing are multi-dimensional with physical, psychological, social, spiritual and cultural aspects all interdependent. Firstly, it may be that social and emotional domains are simply seen as more important for Aboriginal children by participants than issues of physical health and illness, and so were discussed more during the interviews; Secondly, participants may understand these domains as contributing significantly to physical health and development; Or thirdly, participants may be responding, either consciously or unconsciously, to the predominant focus on physical health within the current Aboriginal child health policy and research discourse and so are highlighting that these social and emotional issues need to be given greater attention.

As outlined previously, what can be ascertained from the findings of this study is that having a 'strong spirit' and issues related to social and emotional wellbeing are seen as critically important to Aboriginal child health and wellbeing, and that this encompasses a number of key elements within an urban context: happiness, confidence, resilience and responsibility. The conceptualisation by participants of social and emotional wellbeing in terms of children having a 'strong spirit' is also worth particular note as being indicative of the interconnectedness of social and emotional wellbeing and spirituality for Aboriginal people, and of both of these domains with culture. The importance of family and kinship networks and cultural identity to Aboriginal child and adolescent mental health have similarly been identified in recent qualitative studies with Aboriginal people in different Australian urban contexts (Kickett-Tucker, 2009; Williamson et al., 2010). Ensuring that research, policy and practice considers and addresses the social and emotional health and wellbeing of Aboriginal children in urban areas in a way that also values their cultural and spiritual needs is an ongoing priority (Grieves, 2009). Practically for the organisations involved in this study this has included dissemination of findings within a range of policy, research and practice contexts and a follow up study to consolidate and expand findings through hearing the perspectives of Aboriginal children about their health and wellbeing.

Many of the components of a strong environment described by participants in this study are consistent with wider literature in which the significance of a child's environment to their health and wellbeing both in childhood and throughout the life-course is well established (Bronfenbrenner, 1979; Lynch, 2000). They also resonate with recommendations from research and discussions regarding Indigenous health (Durie, 2001; Grieves, 2006; Priest, Coleman-Sleep, & Martin, 2005; Secretariat of National Aboriginal and Islander Child Care Inc, 2004; Sims et al., 2008; Victorian Aboriginal Health Service, 2000; Victorian Government Department of Human Services, 2004; Zubrick et al., 2004) The extent to which these recommendations have been implemented within policy and practice in a culturally appropriate manner requires further examination.

Documenting oral knowledge of Australian Indigenous peoples regarding constituent elements of holistic health and wellbeing and developing more detailed frameworks of this knowledge to support research, policy and practice has been recommended (Lock, 2007). The strengths-based and holistic framework of Aboriginal child health and wellbeing developed in this study begins to address this gap. As the local context of this study potentially limits the generalisability of findings to Aboriginal children in other urban settings, further exploration of the applicability and transferability of this framework within other urban Aboriginal communities in Australia, as well as internationally, is recommended. Such work should also include ongoing consideration of socio-ecological models of

health (Lynch, 2000; Mrazek & Hegarty, 1994). While widely considered useful to understanding Indigenous health and health inequalities, they are largely based on non-Indigenous paradigms and require greater consideration of social theory and local research to consider further their appropriateness to Indigenous health (Anderson, 2007).

Conclusion

A holistic conceptual framework of Aboriginal early childhood health, development and wellbeing in an urban context that privileges Aboriginal knowledge does not currently exist in the literature. The framework developed in this study firmly reinforces the central role of culture to Aboriginal child health and wellbeing within an urban context and challenges the myth that urban Aboriginal people are not 'real' and have lost their cultural identity. It also highlights the need for deeper consideration of culture in terms of structure and agency and relationships between these factors and Aboriginal child health and wellbeing. Critically in terms of both ethics and of rigour, this study is firmly based on strong collaborative partnerships with Aboriginal peoples and organisations across a number of levels throughout the research process. There is an ongoing need for further exploration of Aboriginal perspectives of health and wellbeing across the lifespan and in different geographical contexts, including the perspectives of children and young people. In particular, this includes building evidence regarding the contribution of the social, emotional, cultural and spiritual domains to Aboriginal health and wellbeing.

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