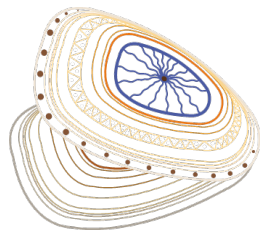


Strengths-based approaches in Aboriginal health research

**Sax Forum – Working Collaboratively in Aboriginal Health
Research, June 29th 2022**

Professor Kathleen Clapham

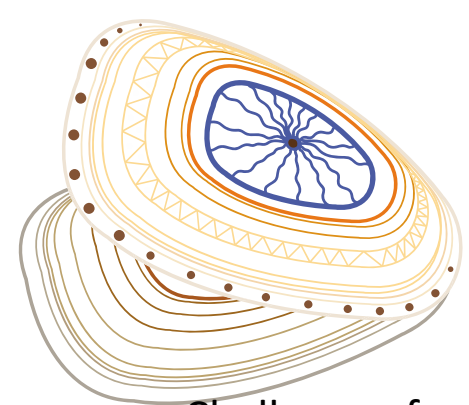
Ngarruwan Ngadju First Peoples Health and Wellbeing Research Centre,
Faculty of Science, Medicine and Health, University of Wollongong



Acknowledgement of Country

I acknowledge the traditional lands and waterways in which we gather on today. I acknowledge Elders past and present and all Aboriginal and Torres Strait Islander people present today.





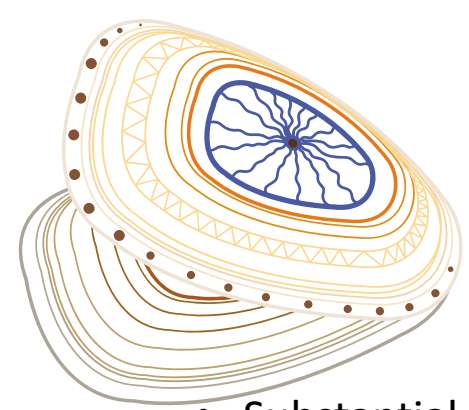
Power and persistence of the colonialist narrative

- Challenges faced by Indigenous communities globally are perpetuated by the colonialist narrative (Smith 2012);
- In recent years the tensions of this colonialist narrative have risen to the surface.
- This persists throughout the research domain and shapes accepted research methodologies.
- Research has ignored the profound knowledge embedded within Aboriginal communities and indifferent to local community culture.
- Overall the deficit mindset contributes to the long history of failed solutions to 'Aboriginal problems' (Hollinsworth 2013, Fforde et al. 2013, Fogarty 2018, Gorringe et al. 2011).



New South Wales police stand guard around a statue of Captain Cook in Hyde Park, Sydney. (Getty)

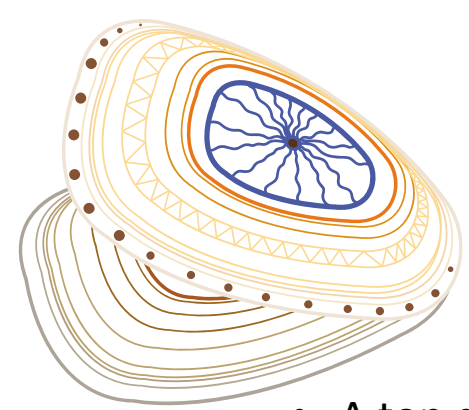




Disrupting the narrative

- Substantial recent work across many disciplines (Bessarab et al 2014), Armstrong et al. 2012, Sarra 2011, Vigo 2017, Fogarty et al 2018, McCallum et al 2012) illustrate the **negative consequences of the deficit mindset** resulting from the colonialist narrative for the Aboriginal communities they supposedly aim to improve.
- **Indigenous research methodologies** disrupt this narrative.

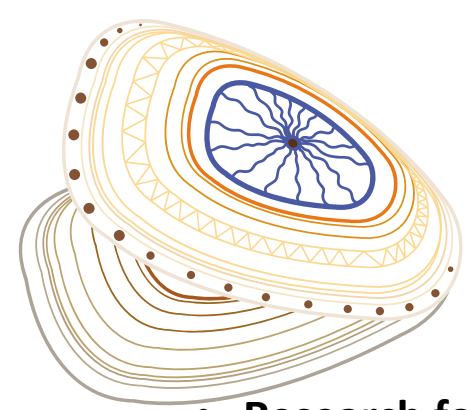




Deficit in Indigenous health research

- A top down approach to solving problems
- Quantifying Aboriginal 'problems' risks portraying Aboriginal people and communities seen as the problem
- Demand for quick, actionable answers to complex issues without understanding of the layers of context
- Failure to acknowledge their position of privilege and inherent power imbalances in research-community relationships
- Lack of Aboriginal input or voice in data governance and high level decision making
- Lack of, or token, Aboriginal leadership
- Failure to acknowledge, value or reward the work of Aboriginal research assistants
- Thinking that inclusion means one Aboriginal community 'representative' on a committee
- Collecting numerical data on Indigenous status, or data linkage, with no clear purpose, research question or Indigenous input into the use of the data or implications of publications

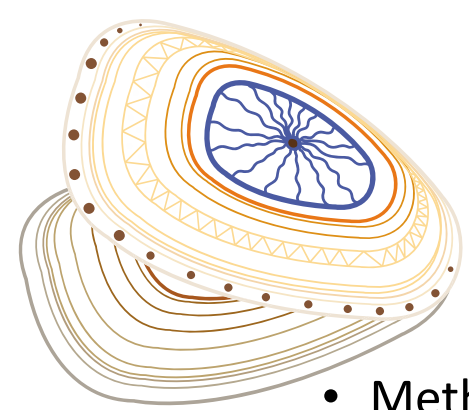




Deficit in the public health narrative

- **Research focused on negative statistics has dominated** Indigenous health research over the past decade.
- Research on the social determinants of health highlighted the glaring health inequities **but the focus on measuring health inequality** through Closing the Gap **has also drawn attention away from the strengths and resilience of Aboriginal people and communities**
- Aboriginality commonly presented as a risk factor, a predictor of poor health and premature death. Equated with vulnerability, disease and premature death, dysfunction and non-compliance
- **Inadequate cultural safety training** of health, education and social work practitioners to address this problem
- **Lack of strengths based approaches to child health** portrays Aboriginal parenting in an a negative light (Geia et al 2011)
- **Literature on poor school attendance** fails to contextualise negative outcomes e.g. reinforces deficit mode in child services
- **Public health nutrition** characterised by 'deficit, disease and dysfunction' (Foley and Schubert 2013)





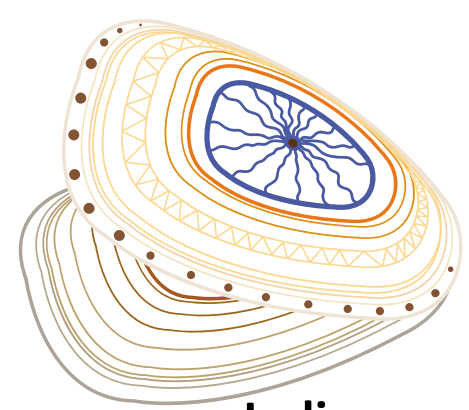
Aboriginality is defined by others and firmly located within a negative world of meaning

- Methods that focus on gaps/weaknesses. Eg needs assessments that continue to confirm the same problems with few solutions. (Brough et al 2004)
- Behavioural change approaches that focus on individual level change can have a moralistic tone, lead to 'victim blaming' and failure to identify structural causes and context
- Narrow definition of culture to explain unhealthy behaviours relies on stereotypes
- Single risk factor messages overlook complexity of upstream influences

Why then does Indigenous health discursively reverberate around the inadequacies, impairment and hopelessness of our people, families and communities? ...What is left of us that we can draw from to make some improvement to our lot in life? I find it hard to just passively accept, as both an Indigenous person and as a health professional, that Indigenous communities have nothing to bring to the table in efforts to improve our own health.

(Bond, 2005).

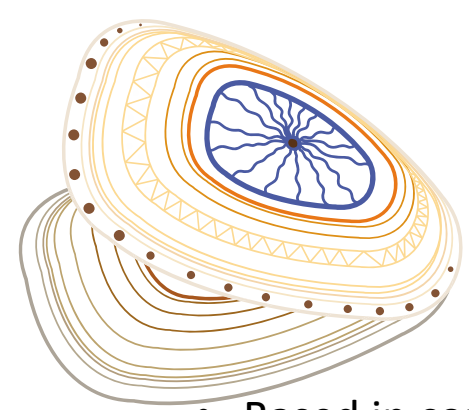




Emerging Indigenous research paradigm

- **Indigenous scholars** - Wilson (1998), Bessarab and Ng'andu (2010), Martin (2003), Smith (2012) Kovach (2016), Walter and Moreton-Robinson (2010) demonstrate the efficacy of such methodologies when conducting research into Indigenous issues and where the findings of the research underpin decision-making impacting Aboriginal futures.
- Karen Martin (2003) identifies four principles that underlie the practice of research using Indigenous methodologies:
 1. **Recognising Aboriginal worldviews, knowledge and realities as distinctive and vital** to Aboriginal existence and survival, and serves as a research framework;
 2. **Honouring Aboriginal social mores as essential processes** through which Aboriginal people live, learn and situate themselves in their own lands and in the lands of other Aboriginal peoples;
 3. **Emphasising the social, linguistic, cultural, historical and political contexts** which shape Aboriginal experience, lives, positions and futures;
 4. **Privileging the voices, experiences and lives of Aboriginal people and Aboriginal lands.**

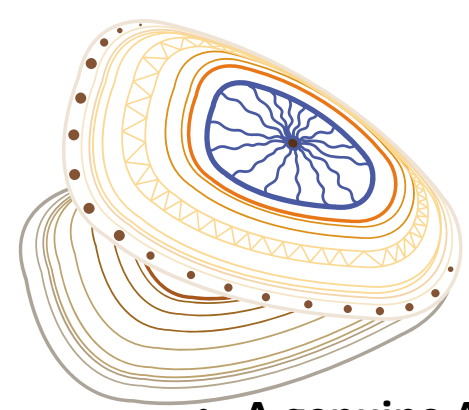




What is a strengths based approach?

- Based in community development, draws on the concept of **social capital** (this idea has a long history but was popularised in the 1990s e.g. studies by Putnam)
- This is based on the idea that individuals and groups derive benefits from both tangible and **‘intangible’ resources** such as interpersonal relationships, social networks, shared information and understanding.
- **Social inequality** can also be reproduced through differing access to social capital (Bourdieu (1972) saw power as culturally and symbolically created, and constantly re-legitimised through an interplay of agency and structure. The main way this happens is through what he calls ‘habitus’ or socialised norms or tendencies that guide behaviour and thinking.

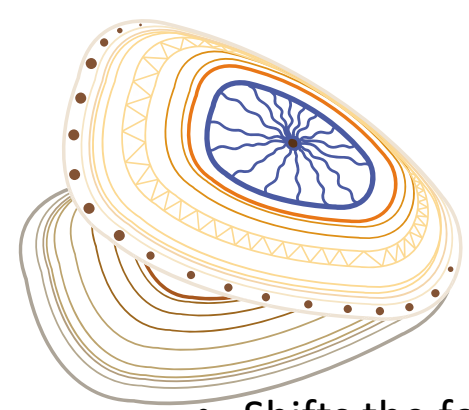




What can an Indigenous strengths based research approach be?

- **A genuine Aboriginal led research agenda** that challenges negative stereotypes and supports the broader appreciation of the richness and cultural diversity of Aboriginal culture and knowledge
- ‘Harnesses the energy and ingenuity’ of Indigenous community (Foley and Schubert 2013).
- **Privileges Aboriginal ways of knowing, being and doing** (Martin 2003)
- Adheres to **Aboriginal and TSI ethical principles**: accountability to the community, reciprocity, cultural safety
- **Shifts the focus from problems to inherent strengths** of families and communities (Geia et al 2011)
- Strives for **equal partnerships**
- Addresses inequities through **empowerment**
- **Aboriginal community members provided with the resources** to collect and document their own stories.
- **Uses language** that is inclusive, not-judgemental.

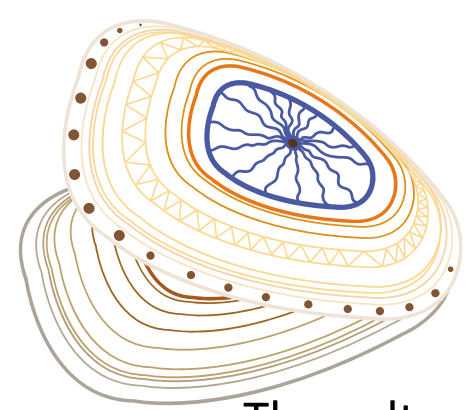




What does it involve for researchers?

- Shifts the focus away from deficit towards community strengths, capabilities, resourcefulness, potential
- Community culture and the profound knowledge embedded within communities.
- Indigenous stories, oral history
- Indigenous ingenuity and energy
- Active involvement of end users in all stages of the research process including research focus, questions and methods
- Skills transfer for community capacity building
- Aligns with
 - Indigenous Research Methodologies
 - Social justice approach
 - Empowerment approaches
 - Community based Participatory Research
 - Qualitative or quantitative methods
- Genuine partnerships
- Recent research work by Aboriginal researchers demonstrates that **cultural determinants**: cultural connections; identity, self-esteem and resilience (Brown 2014, The Lowitja Institute 2014).

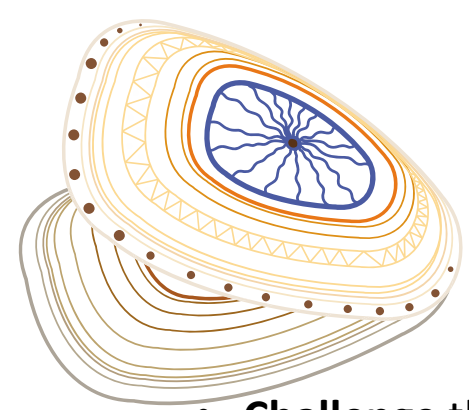




Challenges for Indigenous strength based research

- The culture of 'entitlement' within universities and research institutes
- Lack of institutional support for multi-disciplinary community based research
- Deficit perspectives dominate the peer reviewed literature
- Difficulties in publishing small community led initiatives
- Aboriginal research capacity - workforce, networks, leadership
- Being truthful about equality in partnerships
- Practical challenges – time in building and maintaining relationships
- Long term investment in a researcher-community collaboration
- Community capacity to engage in research
- Working effectively within the expectations of researcher-community-policy makers





Moving towards a strengths based approach

- **Challenge** the dominant deficit discourse when it appears
- Acknowledge where **research benefit** lies
- **Strengthen community connections**, by bringing Aboriginal community stakeholders into the research process (explore planning, implementation, data collection, analysis, writing, dissemination) where it works for them
- **Build community research capacity**— eg through training to expand the understanding and practice of indigenous research methodologies (NHMRC Keeping Research on Track)
- Build an **Aboriginal-led research agenda** collaboratively (Global Challenge) by understanding community strengths, resources and priorities.
- **The importance of knowledge translation:** To ensure research effects change plan dissemination to facilitate research into policy and practice
- Use **creative strengths-based approaches** to knowledge transfer (Cooper and Dreidger 2018 notes scant literature on this topic)
- *We developed a series of seven key considerations that we applied to the creation of dissemination products from qualitative interviews and focus group discussions from two Manitoba, Canada-specific public health research projects with indigenous communities. Results: Products created (activity sheets, board game, and non-fiction storybooks) considered principles of timeliness, literacy level, feasibility of reproduction, and meeting the stated needs of study participants. (Cooper and Dreidger 2019)*



Strength based approaches and strategies

- Yarning/community audit can focus on the individual and group capacities, resources, networks
- Arts based and creative methods
- Recognizing, articulating and celebrating Aboriginal knowledge
- Acknowledging role of elders, leaders, young people
- Implementing data sovereignty - Indigenous oversight into data governance at the highest level/ Provide data that is needed – local level
Contextualise the negative statistics
- Participation events and initiatives that are significant to the local community (NAIDOC, Cultural Days etc)
- Community Based Participatory Research agendas in emerging priority areas :
 - Incarceration, juvenile justice, child protection, environmental justice
 - Driver licensing Intervention (Driving Change)
 - Positive focused research with children and youth (SEARCH; Safe Koori Kids)
- Reciprocity and financial support:
 - research and evaluation projects
 - Professional, IT and strategic support
 - Access to online publications and resources;
 - Assistance with grant and submission writing
- Co-publication with community partners
- Participate in community management and boards.

Reframing the public narrative from a deficit to a strengths based discourse

Some social determinants among Aboriginal and Torres Strait Islander people

Education in 2016 [6]



47%
of 20-24 year-olds
had completed
year 12



37%
of adults had
completed
vocational or
tertiary studies



15,395
were attending
university

Employment in 2016 [6]



47%
of 15-64 year-olds were employed



70%
of 15-24 year-olds were in full or
part-time employment, education or
training

Income in 2016 [6]



20%
of people had a household weekly
income of \$1,000 or more

- More than four in 10 (45%) people aged 15 years and over **rated their own health** as excellent or very good in 2018–19, up from 39% in 2012–13. (NATSHIS 2018-19)



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Research

BMJ Open What are the factors associated with good mental health among Aboriginal children in urban New South Wales, Australia? Phase I findings from the Study of Environment on Aboriginal Resilience and Child Health (SEARCH)

Anna Williamson,^{1,2} Catherine D'Este,³ Kathleen Clapham,⁴ Sally Redman,⁵ Toni Manton,⁶ Sandra Eades,⁷ Leanne Schuster,⁸ Beverley Raphael^{9,10}

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ABSTRACT

Objective: To identify the factors associated with 'good' mental health among Aboriginal children living in urban communities in New South Wales, Australia.

Design: Cross-sectional survey (phase I of a longitudinal study).

Setting: 4 Aboriginal Community Controlled Health Services that deliver primary care. All services were located in urban communities in New South Wales, Australia.

Participants: 1005 Aboriginal children aged 4–17 years who participated in phase I of the Study of Environment on Aboriginal Resilience and Child Health (SEARCH).

Primary outcome measure: Carer report version of the Strengths and Difficulties Questionnaire. Scores <17 were considered to indicate 'good' mental health for the purposes of this article. **Results:** The majority (72%) of SEARCH participants were not at high risk for emotional or behavioural problems. After adjusting for the relative contributions of significant demographic, child and carer health factors, the factors associated with good mental health among SEARCH children were having a carer who was not highly psychologically distressed (OR=2.8, 95% CI 1.6 to 5.1); not suffering from frequent chest, gastrointestinal or skin infections (OR=2.8, 95% CI 1.8 to 4.3); and eating two or more servings of vegetables per day (OR=2.1, 95% CI 1.2 to 3.8). Being raised by a foster carer (OR=0.2, 95% CI 0.01 to 0.71) and having lived in 4 or more homes since birth (OR=0.62, 95% CI 0.39 to 1.0) were associated with significantly lower odds of good mental health. Slightly different patterns of results were noted for adolescents than younger children.

Conclusions: Most children who participated in SEARCH were not at high risk for emotional or behavioural problems. Promising targets for efforts to promote mental health among urban Aboriginal children may include the timely provision of medical care for

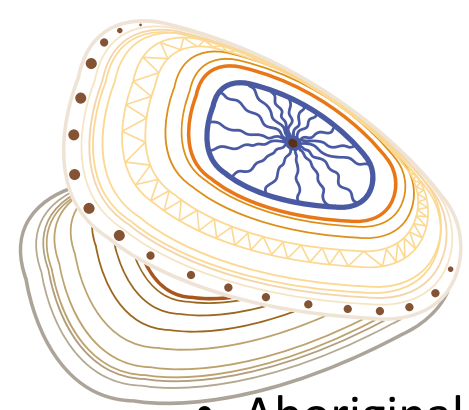
Strengths and limitations of this study

- The current study makes an important contribution to the small body of research exploring the mental health of Aboriginal children. We have taken a strengths-based approach and, to the best of our knowledge, are the first to consider the impact of carer psychological distress.
- The impacts of individual, family and community factors on mental health are explored. The measure of mental health used (the Strengths and Difficulties Questionnaire) has been previously validated for use among urban Aboriginal children in New South Wales.
- The current study uses carer report data that may be less accurate than physical examination for some variables (eg, oral health).
- The results reported here are cross-sectional; thus, we are unable to infer causation in the relationships noted.
- All data presented pertain to Aboriginal children and families recruited through four Aboriginal Community Controlled Health Services in urban areas of New South Wales; it is unclear how generalisable these results are to Aboriginal children living in other parts of Australia.

children and provision of additional support for parents and carers experiencing mental or physical health problems, for adolescent boys and for young people in the foster care system.

BACKGROUND

Good mental health during childhood and adolescence allows young people to lay the foundations for a successful adulthood.



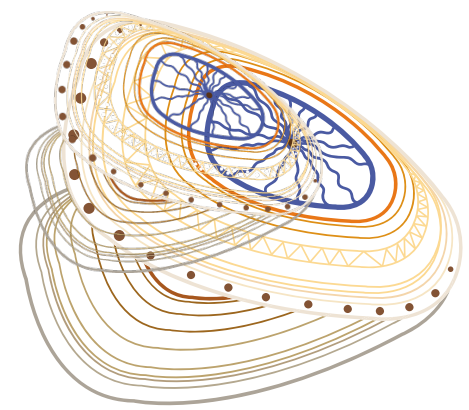
Summing up

- Aboriginal people are not a problem to be solved
- Deficit discourse has surrounded Aboriginal populations with detrimental effects on Aboriginal men, women and children has real life consequences
- Denies Aboriginal agency, reinforces negative stereotypes and masks their strengths, capabilities and values
- The SDH approach to addressing the 'health gap' became **overly technocratic** – and deterministic – it lacks a nuanced approach to explain the multi-layered complexities of peoples' lives.
- The key relevant concepts related to health and culture from an **Aboriginal and Torres Strait Islander worldview** need to be understood.
- **Cultural determinants of health** such as stronger connections to culture and strong identity, self-esteem and resilience, play an important part in good health
- A more than a decade long policy of **CTG has recently been refreshed** but will require genuine engagement and respect for Indigenous leadership to succeed.
- Indigenous communities have many **strengths and leadership** and **ways of knowing, being and doing** that need to be and respected



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Thank you for listening

<https://www.uow.edu.au/science-medicine-health/research/ngarruwan-ngadju/>

