



# ***Culture and Connection as Keys to Indigenous Children's Wellbeing***

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# *What was the project?*

AIATSIS funded research project

Consortium of three organisations – La Trobe University, VACCA, and Berry Street Victoria

Aim: To develop culturally-specific holistic and effective assessment approaches to accurately and sensitively describe the emotional well being of Indigenous children and young people who have experienced trauma via significant abuse and /or neglect



# *What was the project?*

Search for culturally appropriate outcome measures

Literature review

Semi structured oral interviews

Utilising Aboriginal ways of research

Development of recommendations



## Findings - *Literature review*

Growing focus on Aboriginal wellbeing

Dearth of research into Aboriginal children, including their wellbeing

Dearth of wellbeing into children in out-of-home-care

Dearth of research into assessment tools or outcome measures

Dearth of research into the Aboriginal child's perspective



## Findings - *Literature review*

Misdiagnosis is an issue

Deficit approach - resilience or social capital missing

Culture is overlooked

Spirituality is overlooked

Successful engagement vital – trust, setting, flexibility and background of the worker, are all important



## *Oral interviews*

24 individuals interviewed, 15 Aboriginal

Extensive direct client experience

Interviews were recorded and transcribed and record of interview validated

No young people were interviewed – next stage of the project



# *Participants were asked:*

NACCHO definition of social & emotional wellbeing

How they assessed wellbeing

What assess. tools/outcome measures did they use?

What were the limitations of the measures?

How did they measure changes in wellbeing?

What do they want in a measure? For which ages group/s?

What cultural work do workers do? Does the cultural work have a therapeutic outcome?



# **NACCHO definition**

*‘Health does not simply mean the physical wellbeing of an individual but refers to the social, emotional and cultural wellbeing of the whole community. For Aboriginal people this is seen in terms of the whole of life view incorporating the overall concept of life-death and the relationship to the land. Health care services should strive to achieve the state where an individual is able to achieve their full potential as a human being of their community.’ (National Aboriginal Health Strategy, 1996)*





## Findings – **NACCHO** definition

*‘Can’t add or delete to the NACCHO definition of wellbeing. Endorsed by community and has a holistic approach’ Aboriginal clinician*

*‘Needs to include a statement demonstrating a commitment to children, to enhance their development’*

*‘Western definitions think of the child in terms of physical and emotional wellness and forget the importance of cultural and social connectedness.’ Non Aboriginal clinician*

*‘Spirituality for any child is important.’  
Aboriginal worker*



## Findings – *Measuring wellbeing*

*‘The Clinician is the tool, or the holder of a toolbox. There are intuitive ways of dealing with clients. The role of the Clinician is so important. It is based on the relationship formed.’ Non Aboriginal clinician*

*‘They don’t have the words to talk about feelings.’ Aboriginal worker*

*‘They need to see country, meet family, build or maintain connections to keep them strong.’  
Aboriginal worker*



## Findings – *Engagement*

*‘The relationship you form with them is the first thing, and without that you won’t get anything from them. You need to establish their safety and think about the settings and situations in which you engage.’*

*Aboriginal worker*

*‘As part of the engagement process I will give information about myself, if they ask, which is usually taboo.’ Non Aboriginal clinician*



## Findings – *Engagement*

*‘The individual is referred but there are family members who also need to be involved. The family need to be able to ‘check you out’, to vouch for you, before they will work with you.’*

*Non Aboriginal clinician*

*‘Basketball was to be the method of engagement – not talked based as he had spent his whole life being talked at. Words meant nothing to him.’*

*Non Aboriginal clinician*



## Findings – *Aboriginal workers*

*‘One 8 y o wouldn’t talk to a non-Indigenous worker – said she didn’t know how.’*

*Aboriginal worker*

*‘Sometimes we are the only Aboriginal person they know.’ Aboriginal clinician*



## Findings – *Aboriginal workers*

*‘The Aboriginal team are a source of knowledge/ analysis that we don’t have.’ Non Aboriginal clinician*

*‘Some non-Aboriginal workers think they need to know everything ... They need to know why Aboriginal people are in this position – the intergenerational trauma ... but they need a mindshift away from needing to have all the answers.’ Aboriginal worker*

*‘Non-Aboriginal workers can also do great work and contribute.’ Aboriginal worker*



## Findings – *Measuring changes*

*‘Changes are picked up in your interaction,  
how they are functioning.*

*How organised they are*

*How they express themselves in their play*

*Their mood*

*Reports from parents/school*

*Behavioural problems are diminished*

*Can they now focus at school?*

*They’ll tell you how they are doing.’*

*Non Aboriginal clinician*



## Findings – *Measuring changes*

*‘The child themselves gives the best indication of where they are at. It is in their attitudes to things, what they reflect upon and express.’ Aboriginal worker*

*‘They’re telling you how they feel and you can reflect back to them.’ Non Aboriginal clinician*

*‘They might say they are ‘fine’ but the people in their world may report otherwise. You can’t discount their account of their life, but you need to check in with other services and other parts of their world that it is accurate. You need to know who in their world is important, and not just ask other services.’ Non Aboriginal clinician*





## Findings – *Measuring changes*

*‘Improving their wellbeing is a process of facilitating attachment to extended family and community.’ Aboriginal clinician*

*‘You might not achieve wellbeing but are able to work towards it.’ Aboriginal worker*



## Findings – *Want in a measure*

- Ambiguity from interviewees, as many of the workers felt *they* did not need a measure, but thought it might be useful for others.
- Sensitivity towards concept of measurement.

However ...

*‘[The worker] would appreciate having more understanding on how to best measure and document a child’s social and emotional wellbeing.’ Non Aboriginal worker*

*‘Firstly, we need to measure the capacity of the Clinician to meet the needs of the client – culturally.’ Aboriginal clinician*



## Findings – *Want in a measure*

*‘[Some measures] have too many questions. Clients get bored. Clinicians get bored.’  
Aboriginal clinician*

*‘You don’t invade their privacy.’  
Aboriginal worker*

*‘What we don’t want is psychobabble. It should use good, common language. Also better if they’re not text based.’ Non  
Aboriginal clinician*



## Findings – *Want in a measure*

*‘Many of the current psychological measures are western based and don’t tap into an Aboriginal cultural value system - things like identity, relationships within family and community, sharing, obligations to others, taking responsibility, etc - the things that are important to us as Aboriginal people.’*  
*Aboriginal clinician*



## Findings – *Want in a measure*

*‘They are being scored - there are issues if a child is not emotionally healthy enough to do it. They can feel judged.’ Non Aboriginal clinician*

*‘It is preferable that a tool is utilised through Aboriginal services, because it is there that Aboriginal people are more likely to engage or participate ... it is important who collects that information.’ Non Aboriginal worker*



## Findings – *Want in a measure*

*‘You need to assess them, their family, their siblings, both together and on their own.’*  
*Aboriginal worker*

*‘Connectedness to country or whether they have been displaced from their home country is important too.’* *Non Aboriginal worker*

*‘[The client] was very interested in the idea of ‘change’ and that I thought he could change. It was about ‘hope.’* *Non Aboriginal clinician*



## Findings – *Gap in assess. tools*

*‘It would be most useful for the 11 or 12 – 16 year olds. It is a threshold stage in their developmental growth, a milestone.’*

*Aboriginal worker*

*‘The kids that are falling through the cracks are the 11 – 15 year olds ... We hear their wants, wishes and desires They tell us what they need but we don’t do anything and they become despondent.’*

*Aboriginal worker*



## Findings – *Gap in assess. tools*

*‘Babies don’t ‘present’ with trauma and therefore can be overlooked.’ Aboriginal clinician*

*‘Why aren’t babies/infants being referred to the service? Why aren’t those children a concern, especially if their older siblings have been referred?’ Aboriginal clinician*





## Findings – *Cultural work*

*‘Resilience equals culture. Non Indigenous organizations don’t seem to realize its importance. Or they see ‘culture’ as something dead, up in the Territory, but not here in an urban setting.’*

*Aboriginal worker*

*‘It is a key change when they are strong in culture.’* Aboriginal worker

*‘Short term their might be some negatives in enhancing their connection to culture. It may be traumatic in itself. But over time they can feel differently, they can ‘open up’ and therefore feel different.’* Non Aboriginal worker



## Findings – *Therapeutic approaches*

*‘Any measures/assessment tools need to have a narrative feel.’ Aboriginal clinician*

*‘Often families don’t talk about the hurtful stuff, we carry it in silence’. Aboriginal worker*



# Summary

*‘[There are] no assessment tools for helping me to measure the efficacy of my intervention.’ Non Aboriginal worker*

*‘Measures are a way of the ‘System’ to mainstream us.’ Aboriginal clinician*

*‘A process that measures and monitors change and outcomes is great - however outcomes for children can be in many forms and may not be what is expected.’ Aboriginal clinician*



# Summary

*‘Some child protection workers say ‘we’re culturally aware’ but they have no real understanding of the need for connection ... the child’s Aboriginality is seen as peripheral rather than core.’ Non Aboriginal clinician*

*‘Or they might excuse it by saying ‘the child doesn’t identify’ without understanding why that might be so. Culture is viewed as a ‘tack on’. It is not seen as central for the child.’ Non Aboriginal clinician*

*‘They need to see country, meet family, build or maintain connections to keep them strong.’*

*Aboriginal worker*