Parents' and carers' views on factors contributing to the health and wellbeing of urban Aboriginal children

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Abstract

Objective: To identify and describe caregiver perspectives on factors important for the health and wellbeing of urban Aboriginal children.

Methods: Caregivers of Aboriginal children participating in the Study of Environment on Aboriginal Resilience and Child Health (SEARCH) were asked to describe the single most important factor that would help their children to be healthy and well. Responses were analysed using thematic and content analysis.

Results: Of the 626 carers in SEARCH, 425 (68%) provided a response. We identified 13 factors related to: loving family relationships, culturally competent healthcare, food security, active living, community services, education, social and emotional connectedness, safety, breaking cycles of disadvantage, housing availability and affordability, positive Aboriginal role models, strong culture, and carer wellbeing.

Conclusions: Aligning with holistic concepts of health, caregivers believe that a broad range of child, family and environmental-level factors are needed to ensure the health and wellbeing of Aboriginal children.

Implications for public health: This study highlights the importance of providing public health initiatives that enable equal access to the social determinants of health for carers of Aboriginal children. Affordable and adequate housing, food security, culturally appropriate healthcare, and family and community connectedness remain critical areas for targeted initiatives.

Key words: Aboriginal, children, wellbeing, qualitative, caregiver

Despite the historical and contemporary impacts of colonisation, intergenerational trauma and racism,[1-3] Aboriginal people have demonstrated resilience. Aboriginal resilience is linked to supportive community and family networks, empowerment and cultural pride, which are in turn predictive of positive health and social outcomes.[4-7] Protective factors, including resilience, can moderate the negative health impacts of stressful events.[8] A key strategy for improving Aboriginal health is therefore to use strengths-based research such that interventions can be designed to identify protective factors for health and wellbeing.

Protective factors for positive wellbeing previously identified for remote Aboriginal populations include social cohesion and connection to culture. Priest et al. also identified strong culture, children and environment as critical to an urban Aboriginal framework for child health and wellbeing.[9] Similarly, a community assets study conducted in urban areas of Queensland found key strengths related to children's extended family, commitment to community, neighbourhood networks, and community organisations and events.[10]

Aboriginal health research has often been framed through a Western biomedical lens rather than engaging with Aboriginal conceptualisations of health, which are holistic in nature and encompass "not just the physical wellbeing of an individual but … the social, emotional and cultural wellbeing of the whole community".[11] Much of the literature on child health is focused on the determinants of negative trajectories and on deficit indicators[12] that can impact on health.[13] Furthermore, the vast majority of research into Aboriginal health has been conducted in remote areas, despite the majority of Aboriginal people residing in urban and large regional areas.[14] The importance of Aboriginal involvement in research and decolonising methodologies is increasingly being recognised,[15] including research that is conducted in partnership with Aboriginal communities, gives voice to Aboriginal perspectives on health and wellbeing, engages in strengths-based approaches and addresses Aboriginal community-identified priorities.[14,16]

Parents and carers (henceforth 'carers') of Aboriginal children are well placed to

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understand their health and wellbeing needs and to contribute to research in this area. Previous studies indicate carers believe connection to culture, education, community cohesion and a supportive family promote health and wellbeing during childhood.[7,9,10] Literature also suggests Aboriginal carers feel resilience and cultural and environmental factors are critical,[7,9] and that Aboriginal notions of child health are in line with a bioecological model of development.[9,17] However, more research is needed to elucidate the factors for health and wellbeing that Aboriginal families deem important for targeted action, particularly in an urban and regional context, where research is limited.

The Study of Environment on Aboriginal Resilience and Child Health (SEARCH) is the largest cohort study of Aboriginal children and their carers living in urban and large regional areas. Using SEARCH data, this sub-study sought to elucidate carer views on factors contributing to the health and wellbeing of their children.

Methods

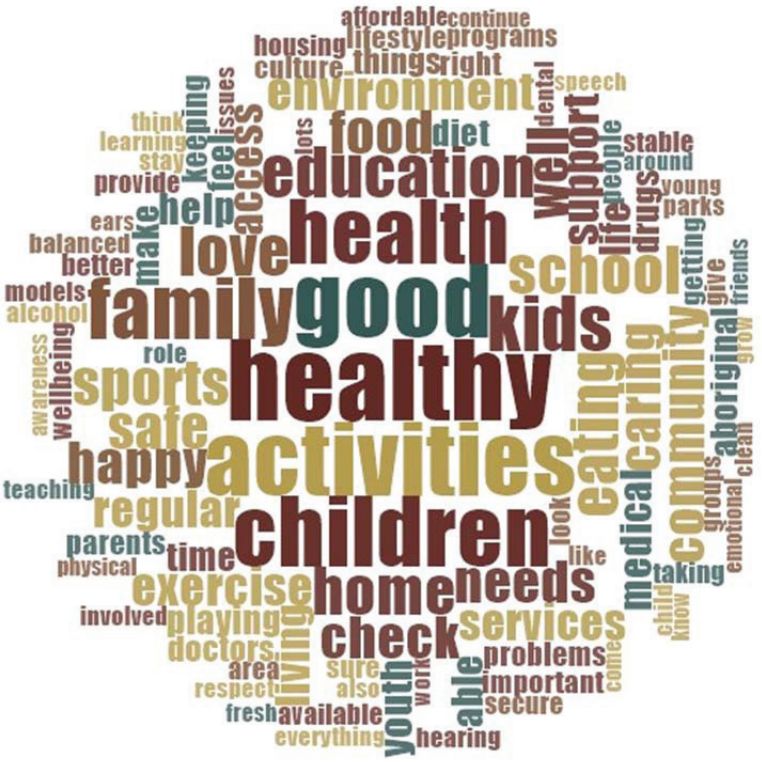
The SEARCH Study

SEARCH is a cohort study conducted in partnership between the Sax Institute, the Aboriginal Health and Medical Research Council of New South Wales (AH&MRC), researchers, and four partner Aboriginal Community Controlled Health Services (ACCHS).[18] SEARCH investigates community-identified health and wellbeing research priorities and ACCHS partners are involved in all stages of the research process. SEARCH is based on the bioecological framework of human development, which emphasises the importance of studying a child in the context of multiple proximal and distal environments.[17] From 2006 to 2012 (Phase I), more than 1,600 Aboriginal children and their carers have provided data relating to physical and mental health, family and community environments, diet, exercise and other socioeconomic variables; which are published elsewhere.[18-23] Through SEARCH, and for the purposes of this study, the term Aboriginal will be used to refer to the traditional owners of lands within NSW, in line with current guidelines.[24]

Participant selection and recruitment

During Phase I, Aboriginal research officers recruited and enrolled children and their carers into SEARCH at four ACCHSs in three urban areas and one regional area of NSW. Carers of Aboriginal children were eligible if they were aged 16 years or over.

Figure 1: The 100 most frequent word/word stems from responses.



Data collection

After providing written consent, carers completed a baseline questionnaire about themselves and each of their children. As part of this questionnaire, research officers asked carers to: "tell us in your own words what you think is the single most important factor that will help your child to be healthy and well?" Other measures captured through SEARCH include comprehensive ear health and speech and language assessments, blood pressure, body weight and waist circumference (full details are published elsewhere[25]). Only data from the open response question of the carer questionnaire are presented here.

Data analysis

A research team consisting of two non-Aboriginal researchers (HM, CY) and three Aboriginal researchers (JN, MM, MC) used thematic analysis to inductively code the data. HM and CY read all responses line by line and identified initial concepts. JN, MM and MC each read at least one-third of responses and developed preliminary concepts. The perspectives of the Aboriginal researchers were prioritised in discussions within the research team wherein similar concepts were grouped together into emerging factors. A final selection of factors was developed through discussion within the research team. Using content analysis, HM and CY independently coded sections of text deductively that supported each factor. Interrater agreement (Cohen's Kappa) was substantial (k=0.80). Therefore, only the coding scheme of HM is presented in the results. Carers typically stated more than one factor so one response could be coded to multiple factors. The frequency with which each factor was reported was calculated based on the number of references. A descriptive synthesis of each factor was produced from the supporting data, which was reviewed regularly by the research team. A query of the 100 most common word/word stems (minimum length four letters) was conducted (visualised in Figure 1).

Our analysis approach is in line with other studies that have used content, thematic and/or lexical analysis for open response data relating to Aboriginal carer perspectives on child health.[26-28]

Ethics approval was obtained by the University of Sydney (8506) and the Aboriginal Health and Medical Research Council (568/06).

Results

Of the 626 carers who completed the baseline survey, 425 (68%) responded to the open response question. There were fewer Aboriginal carers in the responding group than non-responding carers and significant differences were observed in the distribution of qualifications by response group (Table 1). A higher proportion of carers in the non-responding group reported having no qualifications, while a higher proportion of the responding carers reported having a diploma, a bachelor's degree or a postgraduate degree. The mean age of responding carers was 35 years (range 18 to 66), most were parents and most were Aboriginal (76%). As many carers had more than one carer type (e.g. were both a parent and other relative) results were not stratified by relationship type.

We identified 13 factors perceived to promote the health and wellbeing of Aboriginal children. These factors are outlined below and in Table 2 (with the frequency of each being raised spontaneously presented within brackets).

Secure and loving family relationships (112)

Carers felt that a stable and structured home environment including children having a "roof over their heads", and that having a regular routine, getting sufficient sleep and maintaining good hygiene was important for children's health and wellbeing. Carers reported that children needed to feel "well supported in all areas of their lives"; this included support of their emotional and cultural development. Providing guidance, nurturing children and providing "a loving stable home that teaches about love, respect and culture" were seen as especially important in the context of child removal policies. Spending quality time together and simply "being with family" was seen to provide the support children needed. As one carer reported, "as long as they have food in their bellies and a roof over their head and that we stay close as a family, life is great".

Access and availability of culturally competent healthcare (112)

Carers spoke about the need for accessible, affordable, holistic and culturally appropriate healthcare including care provided through Aboriginal health services. For example, one carer reported on the importance of "having the AMS [Aboriginal Medical Service], which provides all health care and support". Early detection and screening for common health problems in Aboriginal children including immunisations, having "regular check-ups", tending to infections, identifying developmental delays, and services for hearing, speech, and dental health were highlighted. For example, one carer stressed the need to "provide services for medical and doing development checks earlier to find if there are problems". Carers felt access to "more early intervention services" and specialist services were needed. Carers desired increased accessibility of healthcare, including shorter waiting times at medical centres, access to specialists, and more transport options including mobile doctors. Carers wanted more disability services and social and emotional support for children with trauma.

Adequate nutrition and food security (95)

Carers indicated the need for children to eat a nutritious diet and emphasised their role in modelling healthy eating habits ensuring their children eat the "right foods". However, they wanted more health education on nutrition and cooking to do this better. The impacts of nutrition on development were recognised – "healthy balanced meal[s] to thrive and grow". Carers reported barriers to "being able to feed them well with fresh healthy food" including limited transport, affordability of healthy food, low nutritional awareness and the acceptability of healthy meals to children.

Table 1: Characteristics of SEARCH carers, stratified by respondent status.

	Responding carers (n=425) n (%)	Non-responding carers (n=201) n (%)	*p* value[a]
Gender			0.23
Male	42 (10)	14 (7)	
Female	383 (90)	187 (93)	
Age (years)			0.14
18–29	152 (36)	86 (43)	
30–39	157 (37)	76 (38)	
40–49	75 (18)	25 (12)	
50+	40 (9)	13 (7)	
Aboriginal			0.028
Yes	321 (76)	167 (83)	
No	103 (24)	33 (16)	
Qualifications			< 0.001
None	206 (48)	132 (66)	
Trade/apprenticeship	15 (4)	6 (3)	
College certificate	133 (31)	53 (26)	
Diploma/Bachelor/Postgraduate degree	70 (17)	9 (5)	

Note:
a: p values for differences in characteristics (chi-square distribution), percentages are based on available (non-missing) data

Table 2: Frequency of factors raised by carers (n=425).

Factor	Frequency n (%)
Secure and loving family relationships	112 (26)
Access and availability of culturally competent healthcare	112 (26)
Adequate nutrition and food security	95 (22)
Engagement with community and community services	69 (16)
Active living	74 (17)
Education for children and families	62 (15)
Social and emotional connectedness	62 (15)
Physical, emotional and cultural safety	43 (10)
Breaking the cycle of disadvantage	33 (8)
Availability and affordability of quality housing	25 (6)
Strong culture	17 (4)
Positive Aboriginal role models	14 (3)
Carer health and wellbeing	11 (3)

Active living (74)

Carers wanted their children to have an active lifestyle and engage in less sedentary behaviours, which included factors such as limiting their screen time. Maintaining regular exercise, playing sport and being outdoors were thought to be key elements in supporting good health and wellbeing. For example, one carer reported, "I think keeping children actively involved in sports is a major part in their health and wellbeing". The long-term benefits of an active lifestyle so that children "can achieve their dreams and [be] healthy, fitter adults" was recognised.

Engagement with community and community services (69)

Carers felt community services including parks and green space, sporting facilities, childcare and youth services were needed for children "to occupy their time and their creative minds". Carers wanted more affordable childcare services for young children and also suggested more after-school activities, playgrounds and sporting facilities were needed. Services for both children and adults of all ages were recommended: "so that the community comes together and enjoys an active life experience leading to everyone getting on, and gives role models to the kids in the community". Many carers spoke of the need for more services to provide adolescents with guidance and support, including youth activities, groups and drop-in centres. They also wanted Aboriginal-specific services to provide cultural education and engagement. Carers expected that these services would provide stimulation, socialisation and positive role models for children, and also felt this would reduce family stress, especially for single parents.

Education for children and families (62)

Carers saw education as a source of empowerment for children; as one carer reported, "education allows and empowers people to better health, life experiences and reaching personal goals". They felt early education offered opportunities for positive development and wanted their children to get a good school education, have regular attendance and to stay in school "all the way". Carers wanted schools to be more aware of Aboriginal children's health and thought they could be used to identify health problems early through regular screening "[for example] hearing and eye tests through the school". Carers also wanted children to receive strategies to improve social and emotional wellbeing and combat bullying at school.

Carers felt that the transfer of knowledge across generations was essential to educate children. They wanted more Aboriginal health education for families, particularly around common health problems, nutrition and preparing healthy meals, and environmental risk factors for disease, to break the cycle of disadvantage. As one carer reported "community are actively involved/aware of the cause of issues that underpin many of the problems in our community, which impacts our children's development. When issues get addressed, we will make a significant improvement to our children's lives and futures".

Social and emotional connectedness (62)

Carers felt a positive sense of identity and wellbeing, including having "self-awareness", confidence and self-esteem, and "being happy" was important for their children. Carers also wanted children to have a strong "sense of belonging", to have resilience and to practise self-care to buffer against stressors like racism. Carers wanted their children to build their emotional intelligence "to be able to express how they are feeling; to understand that they have boundaries" and to learn how to cope with negative emotions.

Carers wanted children to have a wide positive support network including friends, family and the community to give children "physical, emotional and spiritual support" and to ensure "that children have people to talk to, and are aware that there are people in the community that can help". Carers wanted their children to be socialised with other children, to "respect elders [and] respect themselves". Overall, carers wanted children and families to be integrated within the community so they could support each other. As one carer reported, "our community must work together and support each other, especially the parents of our Koori children. Keep them strong and guide our children but most of all support each other".

Physically, emotional and cultural safety (43)

Carers wanted their children to "feel safe, protected" – physically, emotionally, and culturally. However, family conflict and secure housing were noted as barriers to safety. Carers wanted safer neighbourhoods including protection from crime, violence and exposure to drug use, to ensure children could enjoy safety in their neighbourhoods and carers could "let the children outside [to] play". Cultural safety was important in terms of having access to culturally appropriate services and freedom from racism.

Breaking the cycle of disadvantage (33)

Many of the barriers to health and wellbeing raised by carers were noted to be underpinned by socioeconomic disadvantage and marginalisation. For some carers, the most important factor for child health was to have basic material needs met including "shelter, safety, [and] food". The impact of chronic health conditions and disadvantage in Aboriginal communities was noted, for example, one carer reported the most important factor for their child's health and wellbeing was for them to "stay alive in full-time employment". Carers were constrained by financial limitations, which impacted on children and their development. Many carers felt there needed to be more financial support, especially for single parents to provide "money for shoes, medicine, nappies, food, etc". One carer felt the positive financial position of their family equipped them "to cope well with the fundamentals of life". Carers wanted their children to keep away from alcohol and drugs, stay in school and not have children too early. They wanted a better life for their children and felt this could be achieved through education and the provision of more services. For example, as one carer reported, "I believe that if our kids are shown the right way they will go the right way. But some families just don't know where to start".

Availability and affordability of quality housing (25)

Carers noted the low quality of Aboriginal housing, outlining the need for clean and secure houses. For example, one carer reported, "I believe that the single most important factor is the standards of Aboriginal housing and how the low standards in my circumstances are affecting our health and wellbeing". Carers spoke of housing stability issues and overcrowding impacting on children's health and development, especially for respiratory

conditions and ear infections. For example, one carer noted the importance of "a healthy, clean, safe environment to live in. I think my youngest sons are getting ear problems possibly because of the mould problems we are having". Energy insecurity and the presence of mould, mildew and vermin were described by some as barriers to health and wellbeing. Some carers spoke about the need for children to have "room to grow", rather than living in a refuge or with overburdened family. Security and affordability of housing were also key to emotional safety and wellbeing. For example, one carer reported, "my son does not feel safe here and is constantly on the lookout for signs of trouble – I feel it's unfair that he is so on edge because of where we live".

Positive Aboriginal role models (14)

Carers wanted their children to have positive Aboriginal role models in the immediate community, schools and broader society to provide guidance, support and mentoring for young people to help them make good decisions. For example, one carer reported, "I think all children need a role model, someone to push them in the right direction, making sure they get the help they need". Carers wanted role models to demonstrate the need for respect for elders and to help children to build on their strengths. Carers felt this would "encourage our kids to have a go at different things, to enhance their natural skills and ability and to shine through their own personal self-esteem, self-concept and self-worth". Carers also felt they needed to be good role models for their children by eating healthy food, exercising and not engaging in unhealthy habits to ensure "they will not do it themselves". Carers felt this would help keep children "to stay on the right path".

Strong culture (17)

Carers felt culture was a foundation for health and wellbeing. As one carer reported, "access to culture and cultural activities – it all grows from there – family, health, confidence, to be part of a bigger picture". Attending cultural events, having a strong connection to land and family and showing respect to elders were seen as key to health and wellbeing. Cultural education was seen to provide an emotional and spiritual support-base and a sense of belonging and identity, as "it gives children an insight on how special they are, and the answers to origins … the balance they need to grow in this life". Belonging to a wider family and culture was thought to promote wellness; as one carer reported, "knowing your people and never forget who you are or where you're from". Carers wanted "more cultural awareness within the community" including "more visual activities for the children to help them understand".

Carer health and wellbeing (11)

Carers saw their own health and wellbeing as inextricable to the health and wellbeing of their children. As one carer said, "the most important thing in life is to look after yourself so you can take care of your kids." Carers felt they needed to be "physically and emotionally" healthy to care for their children and to provide for them. For some, their own health was important to support in order to live to see their children grow. For example, as one carer noted, "to be able to improve my health to see my son grow up". The emotional and mental health of carers was seen as key to providing a stable environment for children, including dealing with addiction. For example, one carer reported, "if my husband and I are emotionally and mentally happy and healthy then my children will be happy and healthy, so it is our job to make sure we take care of ourselves so that we can take care of our children properly".

Discussion

The factors most commonly reported by carers as being necessary for their Aboriginal children to be healthy and well were related to family relationships, culturally competent healthcare, nutrition and food security, community services and an active lifestyle. Education, social and emotional connectedness, safety, disadvantage, housing, role models, cultural connectedness and carer health were also commonly reported.

These findings represent a complex interplay between biological, psychosocial and environmental influences that impact on the health of children, consistent with a bioecological framework of development.[17] Similarities were clear between Bronfenbrenner's bioecological model including the critical factors of nutrition, income, carer health, healthcare and education. However, several unique factors were apparent, including Aboriginal identity, aspects of cultural safety, continuity, culturally appropriate services and positive Aboriginal role models. Aboriginal people also face unique historical, cultural and political factors including intergenerational trauma, child removal and racism,[1-3] which are either absent from this model or are represented as distal influences.

Our findings are consistent with an Aboriginal conceptualisation of health[11,29] and existing literature on Aboriginal perspectives on child health, wellbeing and resilience.[7] For example, the Longitudinal Study of Indigenous Children (LSIC) used an open response question to explore what carers wanted for their children, apart from health and happiness.[26,28] The 17 factors identified correspond to many of our findings, including the importance of education, employment, sport, peer networks, confidence and respect. Our findings closely align with those of Priest and colleagues,[9] who found that strong culture, children and environment underpinned health and wellbeing, as well as Brough and colleagues, who found that extended family, community and neighbourhood factors were critical to community strengths.[10]

Although our findings share similarities with previous research, the importance of active living, housing, nutrition, food security and carer health appear unique to our findings. There is a clear need to address the poor standard of housing and food insecurity experienced by Aboriginal families. Recent evidence from SEARCH found that community members perceived the quality of housing as a "pivotal determinant of health and wellbeing",[30] and quantitative evidence demonstrated the association between housing and gastrointestinal health in children from SEARCH communities.[31] Our findings illustrate the importance of investment in health policy and health promotion that enhances equitable access to culturally appropriate healthcare and community services. Services that support family health, provide health education, enhance access to early childhood and youth services, improve food security and support emerging role models in communities are sorely needed. For example, community-led health and mentoring programs such as "Clean Slate without Prejudice" and "Deadly Choices" have been shown to enhance health and social outcomes, including the promotion of awareness and access to health services.[32,33] Scaling up such initiatives is likely to constitute an effective strategy to improve and maintain the physical health social and emotional wellbeing of urban Aboriginal

children. However, unless systems change is enacted, structural determinants including racism and socioeconomic disadvantage will continue to contribute to food insecurity, child removals, limited access to culturally appropriate and affordable healthcare, and inadequate housing.

The involvement in data collection, analysis and interpretation of Aboriginal researchers, who were also members of the participating communities, helped to ensure the perspectives of carers were accurately represented in the findings. Furthermore, the large number of responses garnered is a strength of this study. We acknowledge respondents may have been influenced by previously encountered topics in the SEARCH survey (including carer health, housing, neighbourhood factors). However, the questionnaire was designed in response to community priorities and therefore similarities are to be expected. The relative frequency with which factors occurred should be interpreted with caution given the open-ended nature of the responses. There are significant differences between responding and non-responding carers with respect to Aboriginality and education. Further, the SEARCH cohort is not representative of Aboriginal people nationally. However, our findings share similarities with previous research on Aboriginal perspectives on child health and wellbeing, lending support to their generalisability.

Non-Aboriginal models of child developmental and health do not address the social and emotional needs of Aboriginal children, nor do they sufficiently address the unique structural influences on health including intergenerational trauma, socioeconomic disadvantage and racism. In addition, research that encompasses Aboriginal notions of health and wellbeing and addresses Aboriginal community-identified priorities is sorely lacking.

This study identified key factors that carers believe are important for Aboriginal child health and wellbeing. The social determinants mentioned by carers are often underfunded and lack Aboriginal community involvement in their design. Future research programs and policies should determine health priorities based on community needs and preferences; research and policy action that addresses these priorities in partnership with Aboriginal communities is needed to achieve significant improvements in health.

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References

1. Larson A, Gillies M, Howard PJ, Coffin J. It's enough to make you sick: The impact of racism on the health of Aboriginal Australians. *Aust N Z J Public Health*. 2007;31(4):322-9.
2. Paradies Y. Colonisation, racism and indigenous health. *J Popul Res*. 2016;33(1):83-96.
3. Sherwood J. Colonisation – It's bad for your health: The context of Aboriginal health. *Contemp Nurse*. 2013;46(1):28-40.
4. Gale F, Bolzan N. Social resilience: Challenging neo-colonial thinking and practices around 'risk'. *J Youth Stud*. 2013;16:257-71.
5. Hopkins KD, Zubrick SR, Taylor CL. Resilience amongst Australian aboriginal youth: An ecological analysis of factors associated with psychosocial functioning in high and low family risk contexts. *PloS One*. 2014;9:e102820.
6. Lohoar S, Butera N, Kennedy E. *Strengths of Australian Aboriginal Cultural Practices in Family Life and Child Rearing*. CFCA Paper No.: 25. Canberra (AUST): Australian Institute of Family Studies; 2014.
7. Young C, Tong A, Nixon J, Fernando P, Kalucy D, Sherriff S, et al. Perspectives on childhood resilience among the Aboriginal community: An interview study. *Aust N Z J Public Health*. 2017;41(4):405-10.
8. Zubrick SR, Dudgeon P, Gee G, Glaskin B, Kelly K, Paradies Y, et al. Social determinants of Aboriginal and Torres Strait Islander social and emotional wellbeing. In: *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*. 1st ed. Ch 6. Canberra (AUST): Australian Department of Health and Ageing. 2010. p. 75-90.
9. Priest N, Mackean T, Davis E, Briggs L, Waters E. Aboriginal perspectives of child health and wellbeing in an urban setting: Developing a conceptual framework. *Health Sociol Rev*. 2012;21(2):180-95.
10. Brough M, Bond C, Hunt J. Strong in the City: Towards a strength-based approach in Indigenous health promotion. *Health Promot J Austr*. 2004;15(3):215-20.
11. National Aboriginal Health Strategy Working Party. *National Aboriginal Health Strategy*. Melbourne (AUST): The University of Melbourne Indigenous Studies Program; 1989.
12. Pollard EL, Lee PD. Child well-being: A systematic review of the literature. *Soc Indic Res*. 2003;61(1):59-78.
13. Nicholson RA, Kreuter MW, Lapka C, Wellborn R, Clark EM, Sanders-Thompson V, et al. Unintended effects of emphasizing disparities in cancer communication to African-Americans. *Cancer Epidemiol Biomarkers Prev*. 2008;17(11):2946-53.
14. Eades SJ, Taylor B, Bailey S, Williamson AB, Craig JC, Redman S, et al. The health of urban Aboriginal people: Insufficient data to close the gap. *Med J Aust*. 2010;193(9):521.
15. Prior D. Decolonising research: A shift toward reconciliation. *Nurs Inq*. 2007;14(2):162-8.
16. Paul CL, Sanson-Fisher R, Stewart J, Anderson AE. Being sorry is not enough: The sorry state of the evidence base for improving the health of Indigenous populations. *Am J Prev Med*. 2010;38(5):566-8.
17. Bronfenbrenner U, Morris PA. The bioecological model of human development. In: Lerner RM, Damon W, Editors. *Handbook of Child Psychology: Theoretical Models of Human Development*. 6th ed. Vol 1. Hoboken (NJ): John Wiley & Sons; 2006. p. 793–828.
18. Wright D, Gordon R, Carr D, Craig JC, Banks E, Muthayya S, et al. The Study of Environment on Aboriginal Resilience and Child Health (SEARCH): A long-term platform for closing the gap. *Public Health Res Pract*. 2016;26(3). pii: 263163.
19. Andersen MJ, Williamson AB, Fernando P, Wright D, Redman S. Housing conditions of urban households with Aboriginal children in NSW Australia: Tenure type matters. *BMC Public Health*. 2018;18(1):70.
20. Larkins N, Teixeira-Pinto A, Banks E, Gunasekera H, Cass A, Kearnes J, et al. Blood pressure among Australian Aboriginal children. *J Hypertens*. 2017;35(9):1801-7.
21. Thurber K, Burgess L, Falster K, Banks E, Möller H, Ivers R, et al. Relation of child, caregiver, and environmental characteristics to childhood injury in an urban Aboriginal cohort in New South Wales, Australia. *Aust N Z J Public Health*. 2018;42(2):157-65.
22. Williamson A, D'Este C, Clapham K, Redman S, Manton T, Eades S, et al. 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). *BMJ Open*. 2016;6(7):e011182.
23. Young C, Craig JC, Clapham K, Banks S, Williamson A. The prevalence and protective factors for resilience in adolescent Aboriginal Australians living in urban areas: A cross-sectional study. *Aust N Z J Public Health*. 2019;43(1):8-14.
24. National Aboriginal Community Controlled Health Organisation. *Definitions*. Canberra (AUST): NACCHO; 2019.
25. The SEARCH Investigators. The Study of Environment on Aboriginal Resilience and Child Health (SEARCH): Study protocol. *BMC Public Health*. 2010;10:287.
26. Colquhoun S, Dockery AM. *The Link Between Indigenous Culture and Wellbeing: Qualitative Evidence for Australian Aboriginal Peoples*. CLMR Discussion Paper Series No.: 2012/1. Canberra (AUST): Curtin Business School Centre for Labour Market Research; 2012.
27. Davis E, Priest N, Davies B, Smyth L, Waters E, Herrman H, et al. Family day care educators: An exploration of their understanding and experiences promoting children's social and emotional wellbeing. *Early Child Dev Care*. 2012;182(9):1193-208.
28. Martin KL. Culture and identity: LSIC parents' beliefs and values and raising young indigenous children in the twenty-first century. In: Walter M, Martin K, Bodkin-Andrews G, eds. *Indigenous Children Growing Up Strong*. London (UK): Palgrave Macmillan; 2017. p. 79-99.
29. Tsey K, Whiteside M, Haswell-Elkins M, Bainbridge R, Cadet-James Y, Wilson A. Empowerment and Indigenous Australian health: A synthesis of findings from Family Wellbeing formative research. *Health Soc Care Community*. 2010;18(2):169-79.
30. Andersen MJ, Williamson AB, Fernando P, Redman S, Vincent F. "There's a housing crisis going on in Sydney for Aboriginal people": Focus group accounts of housing and perceived associations with health. *BMC Public Health*. 2016;16(1):429.
31. Andersen MJ, Skinner A, Williamson AB, Fernando P, Wright D. Housing conditions associated with recurrent gastrointestinal infection in urban Aboriginal children in NSW, Australia: Findings from SEARCH. *Aust N Z J Public Health*. 2018;42(3):247-53.
32. Malseed C. *Deadly Choices Health Promotion Initiative Evaluation Report: January 1 - December 31, 2013*. Melbourne (AUST): The Lowitja Institute; 2013.
33. Judicial Officers Bulletin (2011). Mentoring Indigenous Young People: The Tribal Warrior Program. *Judicial Officers Bull* [Internet]. 2011 [cited 2020 Feb 1];23(1):5-6. Available from: https://search.informit.com.au/documentSummary;dn=750667494227462;res=IELHSS