



Australian indigenous children with low cognitive ability: Family and cultural participation



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ABSTRACT

Family and cultural inclusion are essential for the healthy development of young Australian Indigenous peoples with low cognitive ability. To date, this issue has received limited research attention. A secondary analysis of data collected in Wave 4 of *Footprints in Time*, Australia's Longitudinal Study of Indigenous Children, was conducted to help address this research gap. The study results indicated that in some areas, Indigenous children with low cognitive ability are at a higher risk of social exclusion than their peers. We discuss the policy implications of these findings with regards to addressing Indigenous disadvantage. © 2016 Elsevier Ltd. All rights reserved.

1. Introduction

There is considerable evidence to suggest that children with low cognitive ability, along with children with a disability in general, are at increased risk of exclusion from participating in family events, significant cultural practices, education and community-based activities (UNICEF, 2007; World Health Organization and UNICEF, 2012; World Health Organization and World Bank, 2011). This is potentially a major concern for Indigenous children, as research shows that engagement and participation in Indigenous culture and kinship systems play an integral role to the healthy development of children (Kelly, Dudgeon, Gee, & Glaskin, 2009; Lohoar, Butera, & Kennedy, 2014; Maher, 1999; Wise, 2013).

The World Health Organization (WHO) (Alderete, 1999) has identified how European colonisation and colonialism have had a drastic effect on the health and welfare of millions of Indigenous peoples around the world. European colonisation attempted to destroy Indigenous cultural identity through Euro-centric assimilationist policies and practices (Hollinsworth, 2013). These assaults on Indigenous cultural heritage and family/community solidarity are considered root causes of Indigenous communities around the world reporting higher rates of ill-health, disease and disability than their non-Indigenous counterparts (Alderete, 1999; Australian Institute of Health and Welfare, 2011b; Biddle, Yap, & Gray, 2013a; Cohen et al., 2012; Durst, South, & Bluechardt, 2006; National Council on Disability, 2003; Schofield & Gilroy, 2015; Statistics New Zealand, 2014).

The concepts “disability” and “delay” are used to understand the development of children and young people. The World Health Organisation's International Classification of Functioning and Health is a framework to classify and measure health and functioning. Disability is used as a collective noun for the interplay of biological and environmental factors that influences

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an individual's ability to engage in activities of daily living. The Australian Bureau of Statistics (ABS) has adopted the ICF model for collecting data on disability, health and functioning. The concept 'delay' is understood as a measure of a person's, or cohort of persons', "domains of development" that are linked to predictors of adult health, education and social/intellectual development. Recording and monitoring a child's development helps understand if a child or young person is vulnerable to delays in their development. Measuring similar factors used in the ICF, the AEDI data helps plan for services and supports for children at risk of disability later in life. These data can help plan for individual or community interventions, such as additional education support in school.

The interruption to Indigenous cultures and family connections has had a significant impact on Indigenous children's social and emotional wellbeing in Australia. The prevalence of Indigenous children at risk of delay is significantly higher than their non-Indigenous counterparts. The Australian Early Development Index¹ (AEDI) 2012 study concluded that "Indigenous children are more than twice as likely to be developmentally vulnerable than non-indigenous children" (Australian Government, 2013, p. 5). The high prevalence of substance misuse (such as petrol sniffing and alcohol), malnutrition and poverty has contributed to the rates of cognitive disability and delay in the Indigenous population (Australian Institute of Health and Welfare, 2011a; Biddle, Yap, & Gray, 2013b). Research found that the prevalence of alcohol misuse during pregnancy is significantly higher than the non-Indigenous population, impacting on foetal (such as Foetal Alcohol Spectrum Disorder) and childhood cognitive development (such as acquired brain injury) (Elliott, Latimer, Fitzpatrick, Oscar, & Carter, 2012; Fitzpatrick et al., 2012; Fitzpatrick et al., 2015).

1.1. Early childhood development linked to family and cultural participation

Indigenous peoples conceptualise family and childhood development differently to Western cultures. Contrary to Western cultures where the caregiver role involves the nuclear family, this role is shared amongst the immediate and extended members of the family. Interestingly, research has shown that many Indigenous families relate and conceptualise child-rearing and development to a range of skill attainment rather than to the child's age (Byers, Kulitja, Lowell, & Kruske, 2012).

Australian Indigenous children's participation in family and culture is integral to their individual wellbeing and development. Culture is not a static entity; rather it is constantly adaptive and evolutionary. Activities often reported by Indigenous peoples relating to family and cultural participation include a mix of traditional (funeral business, family lore/law, care for Land, and passing of oral histories) and non-traditional practices (connecting on the internet, contemporary sports participation, family outings) (Burgess & Morrison, 2007; Dalton, Wilson, Evans, & Cochrane, 2015; Daly, 2005; Rennie, Crouch, Wright, & Thomas, 2011). Such practices foster the children's acculturation, which enables them to develop into healthy adults.

Recent studies (Lohar et al., 2014; McDonald, Webster, Knight, & Comino, 2014) have identified linkages between specific risk-factors, such as family engagement or teenage pregnancy, and the development and health outcomes of Indigenous children. Recent analysis of the National Aboriginal and Torres Strait Islander Social Survey (NATSISS) identified a strong statistical association between Indigenous cultural and social participation and positive individual health and wellbeing outcomes: self-assessed health, education attainment, employment and probabilities of criminal activities and substance misuse (Dockery, 2010, 2011). Research with other Indigenous peoples in Canada, USA, Australia and New Zealand also found that cultural and family participation has a positive effect on children and young peoples' health and wellbeing (Dockery, 2010, 2011; Fleming & Ledogar, 2008; Lavalle & Poole, 2009; Panelli & Tipa, 2007; Reading & Wien, 2009; Stevenson, 2001).

1.2. Disability policy and community inclusion

There is no word equivalent to 'disability' or 'delay' in any traditional Indigenous communities' language. Gilroy and others (Gilroy, 2009, 2010; Gilroy, Colmar, Donnelly, & Parmenter, 2013; Meekosha, 2011) have argued that these Western concepts are imposed on Indigenous peoples in Australia. Indigenous disability rights advocates (e.g., Aboriginal Disability Network, 2012; Bostock, 2004; Gilroy, 2012) state that every Indigenous community has their own understanding and interpretation for handicaps, delay and disabilities. The Aboriginal Disability Network (2012) and Gilroy (2010) stated that such concepts are often at odds with traditional community practices and beliefs.

In some cases, disability rights advocates claim that the belief that all people with a disability experience social exclusion is often unfounded in some Indigenous communities (Oliver, 1996; Shakespeare, 2006, 2013). Indigenous communities are reported to be inclusive of people of all abilities in community and social life. Gething (1994), Gilroy (2012) and the NPYWC (2014) found that many Indigenous communities supported people with a disability to participate in family and cultural activities, as such Indigenous peoples did not identify as a person with a disability. In many Indigenous communities, there exists cultural expectation for the 'caring role' of people with profound functional and activity limitations to be shared amongst members of the community. For example, disability is new discussion topic amongst the traditional peoples of the Anangu Pitjantjatjara Yankunytjatjara lands. People with impairments or handicaps are recognised as 'normal'. Indigenous

¹ "The AEDI is a population measure of children's development as they enter school. It is an adapted version of the Canadian Early Development Instrument (EDI) developed in response to communities increasing interest in knowing how their children were developing" (Australian Government, 2013).

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