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Sharing and valuing older Aboriginal people's voices about social and emotional wellbeing services: a strength-based approach for service providers

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ABSTRACT

Objective: Over the last decade, the literature relating to older Aboriginal and Torres Strait Islander people's preferences for social and emotional wellbeing services has grown. However, little evidence exists in relation to older Aboriginal and Torres Strait Islander people's experiences of services relating to social and emotional wellbeing. This paper highlights older Aboriginal and Torres Strait Islander people's experiences of social and emotional wellbeing services in Australia and then uses these key findings of the research, along with the literature, to develop a strength-based approach for service providers.

Methods: Yarning was the preferred research method for the older Aboriginal community. In total, 16 older Aboriginal people, including eight women and eight men participated in the research yarning sessions. A modified version of an existing thematic analysis process supported yarning members to participate in each stage of the research, including data analysis.

Results: The themes emerging from the voices of the yarning members are *they couldn't give a damn about them*, *You've got to get the right one* and *ticking the box*. The themes focus on negative, positive and preferred experiences of social and emotional wellbeing service provision.

Conclusion: The key findings and related literature contribute to the development of a strength-based approach, which supports the implementation of responsive and effective services that address Elders, older peoples and their communities' social and emotional wellbeing issues and aspirations.

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Indigenous; ageing; strength-based approaches and health services

Introduction

In Australia, Aboriginal and Torres Strait Islander people are the traditional owners of over 260 nations. Aboriginal and Torres Strait Islander people hold connections with many cultures, languages, histories and countries (Moreton-Robinson, 2013). All these connections influence how an individual or community may identify. While similarities may exist between connections, each individual and community will have a unique way of explaining, describing and making sense of connections (Gee, Dudgeon, Schultz, Hart, & Kelly, 2014). It is therefore not surprising that Aboriginal and Torres Strait Islander peoples' culture reflects the diversity of these connections, as well as some shared values, principles, practices, customs and traditions (Gee et al., 2014, p. 61). Understanding diversity in Aboriginal and Torres Strait Islander communities is important, noting that this research occurred on Wiradjuri country, which is bounded by three rivers: Calare (or Lachlan), Murrumbidgee and Wambool (or the Macquarie).

NSW Department of Health (2010) highlighted multiple factors that influence how and/or when an Aboriginal person may identify as being an older person. *Chronological* age may be an important factor, where old age may commence any time from the fourth decade onwards (NSW Department of Health, 2010). *Physical factors* like having grey hair, not being able to walk and needing a nap in the middle of the day may influence whether someone

identifies as being older (NSW Department of Health, 2010). Social contexts, like being the oldest person in the family may influence if someone sees themselves as being an older person (NSW Department of Health, 2010). *Psychological* and *emotional contexts*, like feeling old may determine if someone identifies as being old (NSW Department of Health, 2010). And finally, *cultural contexts* such as the roles and responsibilities one undertakes in family and community may determine if someone identifies as being an older person (NSW Department of Health, 2010). Given the multiple factors that influence whether an Aboriginal person identifies as being an older person, any community member who identified as being older could participate in this research project.

Although used interchangeably, distinct difference exists between the two concepts of an Elder and an older person. Elder's cultural connections, including roles and responsibilities - particularly around cultural knowledge transmission, along with the community's unique respect for Elders, can sometimes determine whether a person holds an Eldership title (NSW Department of Health, 2010). Regardless, both Elders and older people are respected and seen as integral within culture and cultural connections (NSW Department of Health, 2010). Many Elders and older people are responsible for sharing culture, participating in cultural activities, caring for kin and caring for country (Warburton & McLaughlin, 2007; Waugh & Mackenzie, 2011;

Burgess, Johnston, Berry, McDonnell, Yibarbuk, & Gunabarra, 2009). These roles and responsibilities support the social and emotional wellbeing of Elders and older people, along with their families and communities (NSW Department of Health, 2010; Culture is Life Campaign, 2014).

Aboriginal and Torres Strait Islander social and emotional wellbeing is embedded in the holistic definition of health (Garvey, 2008). Aboriginal and Torres Strait Islander social and emotional wellbeing captures the holistic and complex life experiences, including cultural connections (Gee et al., 2014). Given this definition, it is not surprising that Elders and older people advocate for social and emotional wellbeing services. Social and emotional wellbeing services includes a coordination between primary health care, mental health care services and human services across the life span (Social Health Reference Group, 2004). The integration of aged care services may assist in supporting the social and emotional wellbeing of older people.

During the 1990s it became apparent in policy discourse and reviews, that social and emotional wellbeing services were unable to deliver culturally responsive services with Aboriginal and Torres Strait Islander people. Many key reviews and reports, like *The Burdekin Report* (Human Rights and Equal Opportunity Commission, 1993) and *The Ways Forward Report* (Swan & Raphael, 1995) remain current. More recently, the *NSW Health Older Aboriginal Peoples' Mental Health Report* (NSW Department of Health, 2010) revealed that older Aboriginal people living in NSW do not always receive culturally appropriate services. Key issues included service providers' poor communication skills, such as not listening to stories and experiences, being judgemental and being inflexible (NSW Department of Health, 2010). The NSW Department of Health (2010) developed principles of care and to some extent, they echoed Swan and Raphael's (1995) nine guiding principles for social and emotional wellbeing.

The implementation of the nine guiding principles for social and emotional wellbeing remain current in policy, like the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing* (2017–2023) (Department of the Prime Minister and Cabinet, 2017). These nine guiding principles centre on understanding the holistic definition of Aboriginal health, which incorporates social and emotional wellbeing; human rights, including self-determination; accessible and responsive service delivery; understandings of exclusion and discrimination of people; understanding the widespread and extensive loss, grief and trauma in communities, and finally, the strength and diversity in communities (Swan and Raphael, 1995). Current policies, like the one mentioned above, emphasise the importance of engaging Aboriginal and Torres Strait Islander people in service planning, delivery and evaluation.

Literature relating to service provision for Elders and older Aboriginal and Torres Strait Islander people are starting to surface. For example, Davy et al. (2016) highlighted three key strategies for primary health care and aged care services to support the wellbeing of older Indigenous¹ peoples across the world, including Australia. These strategies included i) supporting cultural identities and connections, ii) promoting independence and self-determination and iii) providing

culturally competent services (Davy et al., 2016). Holland, Dudgeon and Milroy (2013) believed that listening to the life story of a person, including their aspirations and needs, is important for healing and service provision. Aboriginal and Torres Strait Islander people are likely to share their stories, after the service providers develop trust and rapport. The use of yarning, or at least the principles of yarning, to develop rapport with Aboriginal and Torres Strait Islander people is a relatively new suggestion in the literature (Lin, Green, & Bessarab, 2016).

Along with yarning, other approaches, like decolonisation support services' understandings of social and emotional wellbeing service delivery. A decolonising approach encourages health professionals to reflect on the Australian historical, political and social contexts and then understand how one's own values and beliefs are enacted through interventions (Dudgeon & Walker, 2015; Gibson, Butler, Henaway, Dudgeon, & Curtin, 2015). A decolonising approach provides an opportunity to explore power relations between the professional and service user, including the professional's role in implementing oppressive policies and practices (Dudgeon & Walker, 2015). It also provides a context for the lived experiences of Elders and older Aboriginal and Torres Strait Islander people, who have endured the impacts of oppressive policies. And now, Elders and older people are central in providing community with support, to minimise the ongoing and intergenerational impacts of these policies.

To date, little literature focusses on older Aboriginal and Torres Strait Islander peoples' experiences of social and emotional wellbeing, including services. The overall aim of the research study presented in this paper was to explore Elders and older Aboriginal people's experiences of social and emotional wellbeing. The focus of this paper is to identify Elders and older Aboriginal people's experiences of services relating to social and emotional wellbeing. These experiences included social and emotional wellbeing services for family and community.

Method

The first author worked with older Aboriginal people to develop the research design, which was reflective of an Indigenous Research Paradigm. Community members helped design the yarning topics, decided if they participated in individual or group yarning sessions and/or facilitated the data analysis process. There were 16 yarning members who participated in this research: eight women and eight men, ranging in age from being in their 40's and 80's, noting specific ages were not requested and some individual's shared this information voluntarily. Yarning members were mostly long-time residents of a town and its surrounding area, on Wiradjuri country. This town is a 'resettlement town,' where previous government policy enforced or encouraged relocation of Aboriginal people from other areas. Local community members and members of the yarning group still have connections, responsibilities and obligations with family and community living on other nations. This town is one of the larger towns on Wiradjuri country in rural NSW and has multiple organisational types providing services to Elders and older Aboriginal people, including: government and non-government services and

community controlled services. Furthermore, a significant proportion of these organisations provide hub and spoke service model types to smaller towns on Wiradjuri country and beyond.

Yarning members endorsed yarning as a research method. Yarning is an Aboriginal communication tool which is flexible, adaptable and responsive to cultural, spiritual and communication preferences within and across communities (Bessarab & Ng'andu, 2010; Dean, 2010; Walker, Fredericks, Mills, & Anderson, 2014). In this research, it allowed members to discuss and connect with their own life experiences, the life experiences of their families and ancestors, as well as with other members of the research yarn. This research used Bessarab and Ng'andu's (2010) four types of research yarning: social, research, therapeutic and collaborative, as well as Walker et al. (2014) two types: familial yarning and cross-cultural yarning.

Two Human Research Ethics Committees (HREC) approved the research project. One of which specialises in Aboriginal health research. The Aboriginal ethics review was an important aspect of this research, as it ensured that community was involved in both the development and implementation of this project, the project was a priority for community and finally, the key outcomes would be important for this community and others.

The data was analysed thematically, using a modified version of Braun and Clarke's (2006) thematic analysis. The modifications included two extra steps, whereby the first author captured the key priorities for data analysis with community and the first author shared initial interpretations of the yarning sessions back to participants. The modified process involved checking with members about stories, knowledge and experiences, including the first author's interpretation. A proportion of members chose only to be involved in some aspects of the process. In these instances, when appropriate, members checked for the sensitive nature of stories. Sometimes other members in a group yarning session and/or the first author made decisions based on their cultural knowledge about what to share in a public space.

To ensure rigour in this research, it was paramount to maintain and grow the first author's connections with both the community and yarning members. The first author maintained relationships through regular meetings and research up dates, and honoured the relationship by ensuring that family and community priorities remained the priority. The relationships also supported the first author to develop this research project, which reflected the needs and aspirations of the community. The first author achieved method rigour and trustworthiness through member checking, peer debriefing, code-recoding, keeping an audit trail and by being reflexive. Even now when the research project is deemed completed by university standards, the first author remains in contact with yarning members and community to develop this paper and any others resulting from this research.

Results

Yarning members identified a number of services that impacted on their social and emotional wellbeing. Services included medical services, mental health, primary health

care, aged care, palliative care and rehabilitation. Yarning members also identified services that impacted on the social determinants of social and emotional wellbeing, such as education, housing, welfare and employment. What is particularly noteworthy, is that yarning members explored how services for family and community influenced individual and collective experiences of social and emotional wellbeing.

The following three themes emerged from the yarning sessions: *They couldn't give a damn about them*, *You've got to get the right one*, and *Ticking the box*.

They couldn't give a damn about them

Yarning members identified experiences where service providers did not provide services that were respectful or inclusive. These experiences are best illustrated in the following sub-themes.

Service providers showed a lack of regard

Service providers showed a lack of regard for community members. One yarning member explained in relation to her previous employment, *I used to see some of the teachers; the rich ones would come in and they would be all over them. The little street kids, they couldn't give a damn about them. It was just sad to see it go on like that. And it's still going on!* This lack of regard may also help to explain why Elders and older people feel obligated to care for younger generations. Yarning members reported experiencing a lack of regard during consultation sessions with service providers. One yarning member explained service provision should be about *what we want*. Reciprocity is an important value in Aboriginal culture. Yarning members articulated that although they support the needs of service providers, service providers do not always support Elders and older people.

Service providers can be discriminative

Service providers judged people based on old age, with one member stating service providers think *you are stupid or something*. Yarning members reported that the more isolated an older person, then the more vulnerable they were of mistreatment by service providers. Another yarning member identified that there are no expectations of non-Indigenous service providers to provide a culturally competent service and subsequently, Aboriginal people are not deserving of competent services:

If there is a non-Indigenous health professional who cannot work with an Aboriginal person, their services will deem the person as culturally incompetent and not expect this professional to be overly concerned with their lack of ability to meet the needs of an Aboriginal person. However, an Aboriginal health professional is not afforded this same 'privilege' if they were unable to provide a service to a non-Indigenous person, instead they would be deemed professionally incompetent.

With this context in mind, it is not surprising to see the following two sub-themes.

Services are not appropriate or responsive

Yarning members reported service providers did not understand how to meet the social and emotional wellbeing

aspirations and needs. One yarning member believed the way in which services measure social and emotional well-being was ostracising for Aboriginal people, as they do not collect the story, probe for a greater understanding of the person or use models and frameworks that are culturally appropriate. One research yarning member said in relation to social and emotional wellbeing services,

You can't measure that, because it doesn't fit into this format, because the format's already there. But is there another page to this, what about their story? No, no, just this one front page. That's one of the problems, one of the problems because we just don't fit.

Service providers lack responsibility

One yarning member spoke specifically about the service provider's lack of responsibility. They reported service providers always want to learn more about Aboriginal people; however, the learning does not result in culturally competent services. This member believed there should be a higher expectation that organisations employ competent staff. This member described how they explain to health professionals about the notion of competency and cultural competency,

They (service providers) need to learn about themselves in the first instance... I started to unpack a little bit of what professions say, what services say, what professional associations say, what universities say, what courses say... Each and every one of them talk about this notion of inclusiveness and understanding and being able to deal with people with difference and diversity... Yet we are still having the same argument and the same conversation in a separate space, around, this is what is said in services and this is what professions... Yet in the same token, they (service providers) say 'We need more of this to do our job. We can't do our job with Aboriginal people because we need to understand them more.' So there is a disconnection between the two.

This research yarn and subsequent collaborative yarns about service provision is a powerful narrative. The narrative highlights multiple systems that contribute to the failure of providers to implement responsive and accessible services. Importantly, this member expressed their frustration on the multiple opportunities where health professionals should or do receive training, but keep requesting more training, rather than delivering responsive services.

You've got to get the right one

Receiving an accessible and responsive service was not necessarily an expectation held by many older Aboriginal people and as explained by one yarning member, *you've got to get the right one*. To address this issue, yarning members illustrated the characteristics of accessible and responsive service delivery, which centred on effective communication skills, person-centred care and access to Aboriginal service providers.

Health communication skills

Basic health communication skills is a key principle for delivering accessible and responsive services. In one yarning session, yarning members responded to the following question with a brainstorm: "What should universities teach health professional students, so they can deliver a

respectful health service?" Health professionals should learn manners, introduce themselves, connect with the person, get to know the person, not discriminate or make judgements, promote self-determination, be genuine and letting the person know the processes for making a complaint within the service. Another yarning member explained, service providers need to *be friendly, do their best* and be themselves. Basic health communication underpins a person-centred approach.

Person-centred care

Person-centred care is a key principle for delivering accessible and responsive services. One yarning member, who is also a health professional, reiterated the importance of getting to know the person, so the person can have the best opportunity for being in control and self-determining.

For me it is about how I find out about this person in a way I can talk to them and get the information that helps me make the decisions that you know best supports them. And to me that gives them, I guess some control and ownership around what is going on.

This yarning member also explained how they feel obligated to both the person and her workplace. This yarning member reflected how they connect with the person, stating, *to me it is like a relationship, regardless of the fact that I am in this professional role... I know I have a responsibility to the service but also to the person.*

Yarning members reported key attributes of service providers who connected with them and listened. These key attributes included service providers acknowledging competing priorities, respecting lived experiences and taking the time to explore and make sense of any information provided. Yarning members from one Elders group agreed by saying, *you need to sit, listen and be quiet, so you can hear what the Elders and older people have to say*. Listening to hear and listening to understand are two Aboriginal protocols for communication, both require time. One member reiterated the importance of time, stating *we have to consult, advise other people and then get back... It's a very slow process for anything. But when you are dealing with something like this, it's personal, it's slightly different*. This explanation illustrates that for some social and emotional wellbeing issues, a community process is required and for others, a personal process is required.

One yarning member explained the importance of using a strength-based approach, noting how health professionals *tend to get lost in the deficit processes*. Another yarning member explained that a person-centred care approach was about receiving a timely palliative care service for their sister. This yarning member said the hospital service was *wonderful... As Jessica got worse I could ring the hospital and say to the matron, could you come over... and she would come.*

Access to Aboriginal service providers

Access to Aboriginal service providers is a key principle for delivering accessible and responsive services. Yarning members highlight how Aboriginal service providers often help community members navigate and get access to the right service. One member explained explained in relation to aged care,

Knowing the physically health side of things and when people get older they often get a whole lot of physical illness. I guess they need to navigate the health system, in terms of the right care... And again, having a link to services... In some communities that might be the AMS, who are the ones who support people and navigates that process...

This yarning member further explained that service providers should link in with Aboriginal service providers, stating, *if they already go to the AMS, you know well have somebody over there, half a day a week or fortnight*. She suggested service providers should visit the Elders groups in town to explain their scope of service. This yarning member said service providers should *come down and do a bit of an information session on what we actually do*. This is *how simple connecting services to community could be*.

Ticking the box

Service provider's processes were an issue for accessing appropriate social and emotional wellbeing services. The key issues related to unknown complaint processes and meeting the needs of the service provider and not service user.

Hidden complaint processes

Yarning members reported that when they wanted to make a complaint, they were unable to do so because they did not have access to the complaint process. To resolve this issue, yarning members suggested that they have direct contact with service managers, so they could make a complaint and follow-up complaint processes.

Meeting the needs of the service provider and not the service user

Organisations are more interested in meeting their own demands and not that of the community. One member reported *they do not give a rat's arse about who you are talking to. You just basically got stats you need, you got boxes you need to fill in or tick whatever*. Another yarning member stated *we feel that they only want us when they want to come up higher*, meaning that services used Elders for their own personal benefits and not of the benefits of Elders, older people or communities. One yarning member explained that sometimes, service providers seek *the selected ones*, who represent the needs of the organisations and not the community. This is problematic because this consultation process appeases the organisation's goals rather than addressing community aspirations and needs.

Discussion

This research reiterates that many services are still unable to deliver culturally responsive services. Rather than focusing on the negative experiences of service provision, a strength-based approach was developed. A recent literature review of strength-based approaches, by Fogarty, Lovell, Langenberg, and Heron (2018), illustrated 11 types of strength-based approaches. In many ways, the strength-based approach developed from this research are similar to those of Fogarty et al. (2018). **Figure 1:** A strength-based approach for Aboriginal and Torres Strait Islander social

and emotional wellbeing (see below) illustrates key dimensions that promote responsive and accessible social and emotional wellbeing services. This strength-based approach in social and emotional wellbeing includes the following key dimensions: Listen respectfully to the person; Build genuine relationships; Use appropriate communication skills; Critically reflect on Australia's political, historical and social context; Apply a human-rights based approach and finally evaluation the processes and outcomes. Social and emotional wellbeing services, including their education providers and policy makers can use this strength-based approach. The key dimensions represent a new way of considering a strength-based approach, reflecting the voices in this research and the literature.

Further exploration of each key dimension of this strength-based approach follows.

Listen respectfully to the person

Listen respectfully to a person and their story, including social and emotional wellbeing experiences. This research confirmed that listening and not just hearing the person, is a sign of respect. Listening involves understanding how the person conceptualises social and emotional wellbeing, experiences life, including their hopes and dreams for living a fulfilling life (Holland et al., 2013). Swan and Raphael's (1995) nine guiding principles for social and emotional wellbeing may assist service providers to contextualise the person's lived experience. Finally, establishing and maintaining respect with the person is a complex, yet pertinent aspect of care (Ramsden, 2003) and it can be achieved by developing relationships and effective communication. Both of these dimensions are now discussed.

Build genuine relationships

Rapport between the person and health professional usually commences at the start of contact. At that point, trust and respect is established and forms the basis of the relationship. A good relationship facilitates the likelihood of ongoing collaboration between the person, kin and service providers (Taylor & Thompson, 2011). Collaboration means that the person feels connected to service providers and this connection provides opportunities for the person share their stories. Aboriginal health professionals and support workers are integral to older Aboriginal people's health and wellbeing. Therefore, referrals to Aboriginal service providers should be offered and/or built into every day service processes. In a strength-based approach, the relationship between the person and the professional is paramount in developing the professional's understanding of the person and their values, beliefs and culture, including how the person wants to live a fulfilling life (Francis, 2014; Gottlieb, 2012). These genuine relationships rely on respectful and appropriate communication.

Use appropriate communication skills

Yarning members reported basic health communication skills, like the health professional introducing themselves and discussing the purpose of the interview are essential. It is important for service providers to learn, understand and

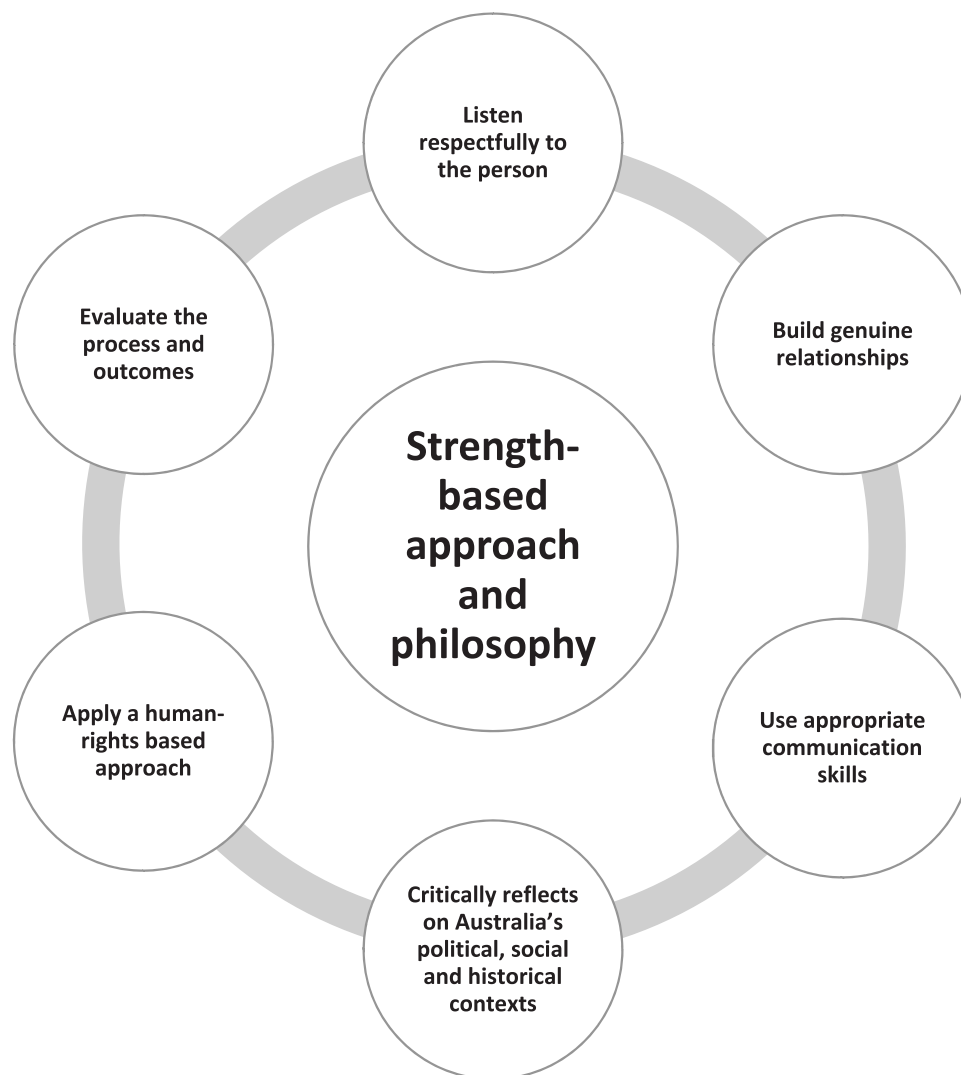


Figure 1. A strength-based approach for social and emotional wellbeing services for Aboriginal and Torres Strait Islander people.

apply communication processes and protocols relevant to the local community. Service providers need to understand how their tone, professional theories, service frameworks and/or their own attitudes influence communication skills. Asking questions or supporting conversations that assist the person to explore social and emotional wellbeing are helpful. Culturally responsive questions are likely to extend and/or contradict current assessment forms. Culturally responsive communications skills are supported by service providers' ability to critically reflect on Australia's political, historical and social contexts.

Critically reflect on Australia's political, social and historical contexts

Australia's political, social and historical contexts arise as a result of the colonisation process and ongoing oppressive policies. These contexts play out in service provision. For example, service providers are not always required to deliver a responsive service to Aboriginal people and service providers do not understand or work towards breaking down power imbalances that exist between service providers and service users. Elders, older Aboriginal people and their communities have developed skills in responding to and/or counteracting the ongoing legacy of colonisation. Decolonisation is a tool that service providers can use to

critically reflect and then take affirmative actions. Affirmative actions should include privileging the voices of community and dismantling invisible structures of 'whiteness' and 'Western' structures that dominate service provision (Gilroy, Uttjek, Gibson, & Smiler, 2018). Critical reflections and any resulting process should not burden Aboriginal and Torres Strait Islander people but instead work towards a fairer and just service and/or society.

Apply a human-rights based approach

A human-rights based approach is a multi-pronged approach that works towards a just and equitable society. A human-rights based approach facilitates meaningful participation of Aboriginal and Torres Strait Islander people in service delivery and delivers accountable and transparent services (Australian Council for International Development, 2010). The United Nations *Declaration on the Rights of Indigenous People* provides social and emotional wellbeing services with useful principles of practice. For example, i) viewing communities' rights as being both collective and individual, ii) promoting and working with diversity that exists in communities, iii) acknowledging that colonisation and other oppressive policies have resulted in the denial of Aboriginal and Torres Strait Islander people to live a cultural life and iv), pursuing partnerships through mutual and

collegial respect (United Nations, 2007). Furthermore, self-determination, is a human right that is best achieved by Aboriginal and Torres Strait Islander people having the opportunity, responsibility and governance to make decisions about their own lives (Australian Human Rights Commission, 2010), including social and emotional wellbeing services.

Evaluate the process and outcomes

The main aim of including evaluation as a key dimension is to provide opportunities for service providers to foster Aboriginal governance and control, as well as deal with any service issues. Service evaluations should include assessing whether or not the service promoted and/or maintained older people's ability to maintain cultural connections, including identity and supporting the community (Davy et al., 2016; Lindeman, Smith, LoGiudice, & Elliott, 2016). Services should be evaluated on their ability to support independence and autonomy, including self-determining processes like being involved in the design, delivery and evaluations (Davy et al., 2016; Gibson et al., 2015). Services should be evaluated in terms of their culturally competency, such as being inclusive of Aboriginal staff, being overt in relation to incorporating local knowledge/culture into services (Davy et al., 2016; Day & Francisco, 2013; Day, Nakata, & Miller, 2015). Finally, all service evaluation should encompass the nine guiding principles for social and emotional wellbeing (Dudgeon, Walker, Scrine, Shepherd, Calma, & Ring, 2014).

Limitations

There are some limitations to this research. Although the first author took care to include a member from every family, as expected with competing priorities and preferences for participating in research, this research did not represent every family. However, participants identified as being a Wiradjuri person and/or being from other nations, like Kamilaroi and Ngembe. Although the key findings predominantly reflect one geographical area, given the similarity of the results with other literature, like Davy et al. (2016) and Fogarty et al. (2018) it is likely that this research will have applicability to other geographical areas. During the research process, older Aboriginal people identified a sense of fear in revealing their service experiences, including the consequences that this may have on themselves and their communities. This fear influenced what yarning members shared in the research yarning sessions, as well as how members wanted their information shared with others. However, as time passed, this fear reduced and the governance and control of the Elders and older people in community kept growing.

Conclusion

Elders and older Aboriginal people are strong advocates for themselves and their communities. This includes advocating for responsive and accessible services that support social and emotional wellbeing services. Elders and older Aboriginal people will compensate for a lack of service provision, by either supporting the person or supporting the

service. While Elders, older Aboriginal people and their communities sometimes received culturally responsive and accessible services, this was not always the case. A strength-based approach for service providers working with social and emotional wellbeing in Aboriginal communities was developed. This approach highlights the key dimensions of a responsive, respectful and accessible service that positively influences social and emotional wellbeing. In essence, this strength-based approach supports the advocacy work undertaken by Elders and older people, as well as provides a possible philosophical and practical approach for social and emotional wellbeing services to consider. Finally, Elders and older people's voices, along with this strength-based approach could be used as an avenue to encourage culturally responsive service delivery in training, such as health degrees, professional development and workforce training resources.

Note

1. 'Indigenous people' is not the preferred terminology in Australia and it is used in this paper to reflect the terminology used in the original paper, which reflected the international context.

Acknowledgement

We pay our respect and acknowledge the traditional and rightful owners of the country on which this research was conducted, Wiradjuri. We pay our respects to Elders, past, present and future. We acknowledge that, although Aboriginal people shared their voices in this research, they still belong to the individuals and/or the communities in which they came from.

Disclosure statement

No potential conflict of interest was reported by the authors.

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