COLLIDING REALITIES:

An ethnographic account of the politics of identity and knowledge in intercultural communication in child and family health

Julian Maree Grant

RN (Royal Newcastle Hospital and Tighes Hill Technical College), Certificate in Paediatrics (Adelaide Children's Hospital), Certificate in Child Adolescent and Family Health (Child, Adolescent and Family Health Service and Flinders University), BN Hons (Flinders University).

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ABSTRACT

Cultural beliefs and values implicitly shape every aspect of the way we parent our children and how we communicate about parenting. For parents who are migrants and experiencing parenting in a new country it is essential that child and family health professionals better understand how the cultural self influences practice. Child and family health professionals work with families who come from cultures other than their own on a daily basis. How they communicate with these families is the subject of this ethnographic study into culture and communication in child and family health.

Taking culture as its starting point this study explored the everyday communication experiences of child health professionals including child and family health nurses, social workers and doctors in a statewide child and family health service in South Australia. Data included participant observation, video and in-depth interview data. Drawing on insights from cultural studies including postcolonial and feminist scholarship the analysis showed that child health professionals attempted to use contemporary discourses of service provision such as partnership with enthusiasm and with genuine intent. However their application of partnership was limited by unexamined binary constructs within dominant pedagogic tools of culture and communication. Analysis showed that four key binaries structured the communication practice of participants in this study; public or private knowledge, ideologies of sameness or difference, organisational or professional philosophies of practice and the expert or partner in intercultural communication.

Three body analysis is introduced as a strategy to work with these binary challenges that seem to present when practice attempts to incorporate theory without consideration of the contexts of use. The combination of postcolonial feminist critique and three body analysis stimulates an explicit examination of health care inequalities as they intersect with the ongoing effects of colonisation

Current professional strategies for working with people who are new arrivals or migrants to Australia focus on understanding differences associated with particular ethic and cultural groups. Despite much work being undertaken to understand difference, in practice this culturalist approach underpinned by a belief in the essential nature of human kind, has resulted in people who are migrants or new arrivals continuing to report poor communication by health professionals as a primary barrier to their health care. Theoretical analysis suggests that this approach

ignores differences in power relations among ethnic groups and ultimately manifests in racism.

Further, contemporary communication pedagogies in child and family health reinforce this inattention to relations of power when health professionals are instructed to communicate in ways that are *regardless* of difference. By advocating that people are treated the same, historic and situated issues of gender, race, and socioeconomic inequalities are ignored. In this way binaries of sameness/difference are perpetuated. Those parents located in marginalised positions of difference experience inequities in health care.

In this study, child and family health professionals frequently drew from their own personal experiences of parenting to determine the content of information given to new parents, and to inform their approach to intercultural communication. In doing so they unselfconsciously conflated their personal and professional pedagogies and presented all information as professional. Child and family health practices are deeply cultured. Many practices are not scientifically proven and as such do not fit comfortably with the rational scientific medical paradigm with which they are aligned. Where disciplinary knowledge can be assessed and evaluated, this study found that there was no equivalent place for the evaluation of understanding of cultural knowledge — it was assumed as universal.

Deeply cultured personal information tendered by participants represents a normative world that is white, western, middle class and gendered. Participants did not recognise themselves as cultured, nor did they recognise the potential impact of bringing this unexamined cultural self into the professional encounter. This resulted in seepage of practice that was democratically racist. This is where outward commitments to justice equality and fairness paradoxically exist with conflicting personal ideologies of sameness. Challenged to find a place for these constructs to coexist participants outwardly identify with the organisationally preferred position of social justice or evidence-based practice. However, participant observation and discussion of practice demonstrated that when conflicting personal beliefs and values were left unattended they found ways of surreptitiously creeping into and shaping the consultation. It seems that modernist theories do not provide adequate ontological and epistemological understandings for working with, and valuing pluralism in multiculture. Rather they constrict and limit practice which leads to an unrecognised perpetuation of colonising agendas in child and family health.

Findings from this study contribute to the growing need to find ways to work with and unsettle existing binaries of communication and culture. The methods also suggest ways forward to support change in practice leading to professional development that is *mindful* and *regardful* of plurality in culture and communication. Interweaving three body analyses with postcolonial feminism offers a decolonising strategy for application in the multiculture that is Australia. Due to the spatial and temporal spaces created by using three bodies alongside postcolonial feminism, this combination becomes a tangible approach to deconstruction, for child and family health professionals that is both theoretical and practical.

DECLARATION

I certify that this thesis does not incorporate without acknowledgement any material previously submitted for degree or diploma in any university; and that to the best of my knowledge and belief it does not contain any material previously published or written by another person except where due reference is made in the text.

Signed:

Julian Grant

ACKNOWLEDGEMENTS

While I recognise that a PhD is presented as independent academic work, I also recognise that many people have supported, nudged and challenged me so that this work was made possible. I would like to thank them, with all that it is possible to thank them with.

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regularly asked where I was up to and encouraged me to carry the mantle of nursing inquiry in child and family health.

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Moving into the academic arena my extreme thanks go to my two wonderful supervisors Professor Philip Darbyshire and Dr Yoni Luxford. As theoretically different as it is possible to be, yet sharing a birthday, they supported me to find my own theoretical pathways without trying to persuade me toward their particular ontological leanings. Philip and Yoni always managed to critique my work in ways that posed eternal opportunities for thinking rather than closing doors. Yoni stretched my mind to theoretical nether regions that I thought were beyond my reach. Having reached the dizzying heights of profound theory, Philip tempered the fire by constantly challenging me get rid of the jargon and use theory in ways that might be useful in the everyday work of child health professionals. I'm not sure if I have found this place yet!

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PREPARATORY NOTATION

The following notations are used throughout this thesis

italics	All data text is written in italics to differentiate it from thesis text.
'italics'	All data text less than 30 words cited within the thesis text is italicised with quotation marks.
italics	All data text greater than 30 words cited in text is italicised and reduced to 10 font. The passage is indented and set apart from the body of the text.
<u>*italics*</u>	Where participants were recorded emphasising a word or phrase, that section is underlined.
[ ]	Brackets are added to data text to denote where I added words to clarify meanings. For example *'her [breastfeeding] supply'.*
	Brackets are added to data text where I substituted text to de-identify a participant.
P3	The first 21 participants are represented by the order in which they were interviewed. P3 for example was the third participant interviewed. Participants who were not interviewed were randomly allocated sequential numbers. Numbers were used to de-identify participants.
(Interview 3 050620)	Where data text comes from a section of an interview this interview is given the same number as the participant. The following group of numbers uses the American date system to record the date of the interview. This system was used as it maintained chronological order in the Microsoft windows file folder. This information is placed in brackets following the data reference.
(field note 050715)	Where data text comes from a section of a field note it is

	recorded as a field note using the date as above. This information is also placed in brackets following the data reference.
…	Ellipsis points are used to indicate removal of text to increase readability. The type of text removed includes for example, *'umm'* or interviewer confirmations such as *'yeah OK'*
DVD 4	Where visual recordings are directly referred to, this is represented by the initials DVD with the number representing the order of recording.

ACRONYMS AND ABBREVIATIONS

The following acronyms and abbreviations are used throughout this thesis

AAMCFHN	*Australian Association of Maternal, Child and Family Health Nurses*
ABS	*Australian Bureau of Statistics*
ACC	*Aboriginal Cultural Consultant*
Access HV	*Access Home Visits* These are offered when a parent has no transport and is unable to attend a CHC or when a health professional has clinical concerns about the mother or infant requiring a home visit. This service is generally undertaken by an RN L2.
ACPCHN	*Australian Confederation of paediatric and Child Health Nurses*
AHV	*Aboriginal Home Visiting* This role is allocated to one or two L2 child health nurses from each CSS to work alongside the Aboriginal Cultural Consultant to provide services to families of Aboriginal and Torres Strait Island descent. This service also includes FHV.
ANF	*Australian Nurses Federation*
ANMC	*Australian Nursing and Midwifery Council*
CALD	*Culturally And Linguistically Diverse*
CC	*Case Conference* Following UCV any parent and infant dyad identified as being at risk through nurse concern or the P to P is brought to a CC for discussion regarding options for care. At the CC the family's needs and resources are discussed by attending UHV child health nurses and other health professionals present. Other health professionals include a social worker who chairs the meeting and may also include ICCs and ACCs. The group reaches a joint decision about the referral of clients into FHV if this service is available in the area or other alternative options.
CaFHNA	*Child and Family Health Nurses Association*
CFHS	*Child and Family Health Services* A division of the Children, Youth and Women's Health Service, formerly Child and Youth Health
CHCC	*Child Health Centre Consultation* A consultation that occurs when a parent makes an appointment discuss

	parenting issues such as sleep, feeding, behaviour or development or to have a recommended child health check[1] This service is generally undertaken by an RN L1 and at times RNL2
CSS	*Consolidated Service Site* This is a centralised service location for parents and families, drawing from many suburban areas. A range of Child Health Services are offered in each site. This approach was implemented around 1998 as an alternative to having small Child Health Clinics in many suburbs.
CYH	*Child and Youth Health* A State wide service of the Government of South Australian that amalgamated with the Women's and Children's Hospital to become the Children Youth and Women's Health Service CYWHS in 2004.
CYWHS	*Children Youth and Women's Health Service* A state wide health service for children, young people and women in South Australia.
DHS	*Department of Human Services, Government of South Australia*
DS	*Day Service* As part of the FAB program this service is offered at CSSs and provides an extended period of in-depth support for parents and their infants over the course of a working day. Most often two parent/baby dyads are cared for by one nurse in the CSS from approximately 9.30 until 3.30pm. Parents identify goals around sleeping or feeding for example, and work with the nurse to achieve these goals. This service is generally undertaken by an RN L2.
DIMIA	*Department of Immigration and Multicultural and Indigenous Affairs* Changed to DIMA in January 2006. DIMA became the Department of Immigration and Citizenship (DIAC) in January 2007.
EBP	*Evidence Based Practice*
ECEC	*Every Chance for Every Child (Department of Human Services 2003a)*
ECSF	*Early Childhood Services Framework* Alternate title for 'Every Chance for Every Child-Making the Early Years Count. A Framework for Early Childhood Services in South Australia' (Department of Human Services 2003a)
FAB	*Family and Baby Program* This is a tiered program through which parents and babies are assessed by Child Health Nurses and offered extended support ranging from Day Service to the 'Torrens House' residential service.
FGM	*Female Genital Mutilation*
FHV	*Family Home Visiting alternately referred to as Sustained Home Visiting* This program is offered to parents of babies identified following a UCV and

[1] In South Australia Health checks are recommended to be carried out by a doctor or child health nurse at; birth, 1 to 4 weeks, 6-8 weeks, 6-8 months, 18mths, 21/2-31/3 years, 4-5 years (Child and Youth Health 2007)

	CC as being at risk. FHV is a two year program where a community child health nurse work with the parents and baby over the two year period offering intensive support and education. Risk is assessed primarily through the P2P questionnaire. This service is generally undertaken by an RN L2.
FPHVS	*First Parent Health Visitor Scheme (Barker 1984)*
Families SA	*Families South Australia* The agency of Department for Families and Communities with responsibilities for the care and protection of children
GTKYBG	*Getting to Know Your Baby Groups* Commonly referred to in the field as 'New Parent Groups' this service is offered mostly by UCV nurses. All first time parents are invited to attend a GTKYBG which they attend with their baby once per week for six weeks. The child health nurse follows a pre-designed format to support predominately mothers in their attachment to their babies, their knowledge of child health and parenting and to network with other mothers.
ICC	*Inter Cultural Consultant* Health workers from a range of backgrounds employed to work with particular ethnic or racial groups of parents to support their child health and parenting. They mostly work alongside child health professionals such as child health nurses and social workers and sometimes incorporate an interpreting role.
MHV	*Migrant Home Visiting* This service differed in each area and prioritised support to parents who are migrants and their children. During the data collection period this service was undertaken by RN L2s. Since the end of data collection this service no longer exists.
MHS	*Migrant Health Service* 'This is a multilingual access centre which provides health care and referral services for people with limited English. The service offers health assessment and screening, counselling, health education and language services' (Government of South Australia 2006).
MINC	*Mothers in a New Country Study (Victoria Australia) (Yelland et al. 1998)*
MRCSA	*The Migrant Resource Centre of South Australia* 'is the principal community settlement services agency for migrants and refugees in South Australia'(Migrant Resource Centre of South Australia 2004).
NHMRC	*National Health and Medical Research Council*
NSW	*New South Wales, Australia*
OS	*Open Session or Open Time* The title differs between venues. It is when a parent attends during an open period of time, for example, 9am until 12 midday, without an appointment to speak with a child health nurse. This consultation may occur in the public space of a waiting area or in a consulting room.

PAM	*Parent Advisor Model* A psychosocial approach to communicating with families, alternately referred to by participants as the 'Partnership Approach' or the 'Family Partnerships Approach'
P2P	*Pathways to Parenting* A 25 question tool used to assess the psychosocial and economic status of the primary care giver of all newborn babies in South Australia. It is used as a tool to help determine service pathways for families. (see appendix 12)
RN L1	*Registered Nurse Level 1*
RN L2	*Registered Nurse Level 2*
SHNAT	*Structured Health Needs Assessment Tool*
STTARS	*Survivors of Torture and Trauma Assistance and Rehabilitation Service* 'assists people from a refugee and migrant background who have experienced torture or been traumatised as a result of persecution, violence, war or unlawful imprisonment prior to arrival in Australia' (STTARS 2005).
UCV	*Universal Contact Visit* All parents in SA with a new born are offered a UCV to support the mother with any early parenting issues, offer an initial health check and enroll the mother and baby to the service. This service is undertaken by an RN L2.