

the
Lowitja
Institute

Australia's National Institute for Aboriginal and
Torres Strait Islander Health Research

SUMMARY REPORT: OCTOBER 2018

Further strengthening research capabilities: A review and analysis of the Aboriginal and Torres Strait Islander Health Researcher Workforce

Shaun Ewen, Tess Ryan & Chris Platania-Phung

This research project charts the successes and expansion of Aboriginal and Torres Strait Islander Researchers in Health, from 2000 to 2018. It is led by Aboriginal academics and funded by the Lowitja Institute.

Background

The continued success and increased prominence of Aboriginal and Torres Strait Islander health researchers is critical to shaping health research agendas, and in turn, the wellbeing of Aboriginal and Torres Strait Islander peoples.

The Lowitja Institute identified the need to identify features of research capability building associated with success in expansion and strengthening of the workforce (e.g. research training models, pathways, mentoring, funding mechanisms, policy).

Aims

- Consolidate the base of knowledge on research capability building in Australia and globally, to be better positioned for strategic planning.
- Learn from current and future Aboriginal and Torres Strait Islander health researchers via interview and survey research.



Australia's National Institute for Aboriginal and
Torres Strait Islander Health Research



Approach

Social justice and equity are core tenets of this research. The project involved:

- Aboriginal and Torres Strait Islander leadership in the research design, implementation, interpretation and application
- literature review on research capability building and higher education, focusing on Aboriginal and Torres Strait Islander experiences of health research training programs,
- chart policy frameworks and data (e.g. workforce, education)
- qualitative interviews (n=14) and survey (n=35) of Aboriginal and Torres Strait Islander health researchers. This included Professorial level researchers, current graduate research students, early and mid-career academics and researchers in the community sector.

A new framework was developed to synthesize and further interpret findings. The framework represents an integration of: (1) systems perspectives¹, (2) social research on power relations, structure and agency^{2,3}, and (3) the Capabilities Approach^{4,5}.

Findings

STRONG RESEARCH CAPABILITIES

Aboriginal and Torres Strait Islander health researchers include global leaders in advancing knowledge, large-scale research programs and enduring partnerships between Aboriginal and Torres Strait Islander communities and research institutions.

Aboriginal and Torres Strait Islander people enter research with substantial knowledge through work in the community and in industry. They bring with them extensive expertise and experience. However, their skills and contributions are often unrecognised, undervalued, non-renumerated, or marginalized in other ways.

INCREASED SCALE AND DIVERSITY OF THE RESEARCHER WORKFORCE

A key site of the researcher workforce is the higher education sector. The number of Aboriginal and Torres Strait Islander Researchers has grown markedly from 2001 to 2017.⁶ This includes:

- a five-fold increase in Masters by Research and Doctorate by Research enrolments in health
- 619 completions of Masters by Research (207 completions) and Doctorate by Research (412 completions), over 16% of these in health fields.
- as of 2017, there were 387 staff employed at universities in research functions (22% in health research positions).

Wide-ranging agendas for change have driven this growth and success, for instance: cross-sector research projects, national Aboriginal and Torres Strait Islander led research organisations, discrete research capacity building programs (e.g. Elston et al.⁷), and health research organisations and solitary academics establishing peer structures.

SENSE OF CHANGE AND MOMENTUM

Significant changes include:

- more Aboriginal and Torres Strait Islander control of research processes, with commitment to research excellence, inclusion and mutuality
- shifts from 'us and them' to collaborative engagement between Indigenous and non-Indigenous researchers/organisations
- from a deficit paradigm to strengths-based focus of education and research
- overturning educational inequities, such as in quality of training and participation
- increased prominence of Aboriginal and Torres Strait Islander academics at university executive level
- Aboriginal and Torres Strait Islander communities as key stakeholders in health research
- more frequent meetings concentrated on research programs, research ethics, research translation and data sovereignty that is prioritised by Aboriginal and Torres Strait Islander peoples and other First Nations peoples.

KEY FINDINGS FROM INTERVIEWS AND SURVEY

Interviewees described an expanding of recognition, valuing and understanding of Aboriginal and Torres Strait Islander knowledges and values, and enactment of support structures for Higher Degree by Research students. Interviewees did express, however, that there is still a long way to go in realising environments where Aboriginal and Torres Strait Islander researchers are free to thrive.

PEER GENERATIVE POWER

The power generated by cohorts of Aboriginal and Torres Strait Islander researchers greatly assists in strengthening research capabilities. These cohorts go largely unrecognised, and grow from both informal networks, group facilitated research environments and university departments led and driven by Aboriginal and Torres Strait Islander researchers. Peer generative power enables the researcher opportunity to combine shared experiences and identities, grow understandings of research, build efforts in driving for change and empowers a collective push to impact on Aboriginal and Torres Strait Islander health outcomes.

NAVIGATING TENSIONS

Aboriginal and Torres Strait Islander health researchers often distinguished between the academy, community and family. Great lengths are taken to navigate 'push and pull' of these three domains (e.g. commitments, expectations and priorities). Whether these domains converged, and the manner in which they did so, had wide-ranging effects on the progress of research, capabilities and retention of Aboriginal and Torres Strait Islanders in research. Institutions vary considerably in their commitment to converging these three areas.

Key recommendations:

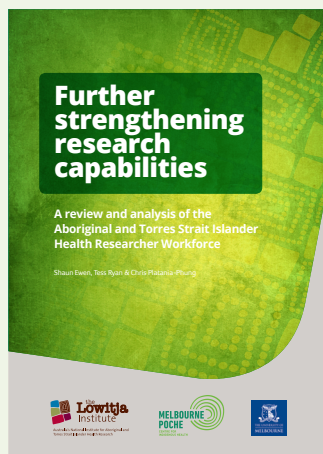
- Further develop a national-level agenda that centres Aboriginal and Torres Strait Islander leadership in changing health research and higher education institutions utilising the complexity and diversity of approaches to nurturing research excellence. A list of principles for research capability strengthening, detailed in the full report, should be used to guide policy and implementation.
- Recognise and more explicitly value and build on peer cohort strengths. This should include renewed commitment to cohort-driven research capability strengthening by research funding bodies.
- Re-orientate policy to intersecting global movements in social justice and equity, First Nations self-determination and re-visioning of the role of health research and universities in social change.
- Research employment geared to sharp increases in long-term and permanent positions.
- Policy-based commitment to research that informs and evaluates the next generation of research capability strengthening programs and provides a fuller picture of transitions and pathways across sectors (Community Health Services, Vocational Education and Training, University).

STRATEGIC DIRECTION

Strategic planning at a national level should invest in Aboriginal and Torres Strait Islanders working to change institutional structures. Collective agency is integral to research workforce extension and improving the quality and health efficacy of research.

References

1. Duckett, S. & Willcox, S. 2015, *The Australian health care system*, 5th edn. Oxford University Press, South Melbourne.
2. Giddens, A. 1993, *New Rules of Sociological Method*, Policy Press, Cambridge.
3. Smith, L. T. 2012, *Decolonizing Methodologies*, 2nd edn, Zed Books, London.
4. Nussbaum, M. 2011, *Women and Human Development*, Cambridge University Press, Cambridge.
5. Sen, A. 1999, *Development as Freedom*. Oxford University Press, Oxford.
6. Department of Education and Training (DET) 2017, Higher education student and staff collection [unpublished data], DET, Canberra.
7. Elston, J. K., Saunders, V., Hayes, B., Bainbridge, R. & McCoy, B. 2013, 'Building Indigenous Australian research capacity', *Contemporary Nurse*, vol. 46, no. 1, pp. 6–12.



Further strengthening research capabilities: A review and analysis of the Aboriginal and Torres Strait Islander Health Researcher Workforce

Shaun Ewen, Tess Ryan & Chris Platania-Phung

This report provides an integrated base of knowledge to inform decision-making in further strengthening the research capabilities of the Aboriginal and Torres Strait Islander workforce.

The full report will be available on the Lowitja Institute website.

The Lowitja Institute

PO Box 650, Carlton South

Victoria 3053 Australia

t +61 3 8341 5555

e admin@lowitja.org.au

w www.lowitja.org.au

The Melbourne Poche Centre for Indigenous Health

141 Barry Street Carlton

Victoria 3053 Australia

t +61 3 8344 3389

e poche-centre@unimelb.edu.au

w poche.mdhs.unimelb.edu.au/#projects