

Higher Education Review
Issues Paper: Achieving equitable and appropriate outcomes: Indigenous Australians in higher education
Cooperative Research Centre for Aboriginal and Tropical Health

Summary

As the Cooperative Research Centre for Aboriginal and Tropical Health (CRCATH) the points raised in the Issues Paper: Achieving equitable and appropriate outcomes: Indigenous Australians in higher education, concerns us greatly. As an organisation whose core business is to improve health and educational outcomes of Indigenous people, we would like to commend and support the Government's plan to consult widely among universities, the vocational education sector and Indigenous educators (lecturers etc).

The first part of this paper gives background information about the CRCATH and its achievements. It has been a slow but productive process and this year being our fifth year review, gave us an opportunity to reflect on where we had come from and where we are going.

Briefly the success of CRCATH achievements has been due to the Board of Management, the organisational structure and its support for Indigenous leadership across the activities of the Centre.

The second part of the paper comments on issues raised in the Issues Paper.

Background

The Cooperative Research Centre for Aboriginal and Tropical Health (CRCATH) is a 'public good' Centre, funded mainly through the Commonwealth Government's Cooperative Research Centre's program. The CRCATH has brought together organisations engaged in health service delivery and research expertise. Funding and in-kind support is provided through the six core partners: Central Australian Aboriginal Congress, Danila Dilba Health Service Aboriginal Corporation, Flinders University of South Australia, Menzies School of Health Research, Northern Territory University and Department of Health and Community Services (CRCATH, 1998-1999 Annual Report).

The Board of Management is made up of the chairperson and representatives of the six core partners and four ordinary members. It is a requirement of the CRCATH's agreement that a majority of board members be Aboriginal. To view our structure go to CRCATH website <http://www.ath.crc.org.au/crc/> and click on heading Who and What We Are.

The CRCATH Mission Statement is to provide a cross-cultural framework for strategic research, leading to evidence-based improvements in education and health practice, a more highly-skilled health work force, more effective health services, and reconciliation between Aboriginal and Western perspectives on health.

Two of the objectives of the CRCATH that are relevant to this paper are:

- to carry out the promote research, education and training leading to improved and practical means for improving Aboriginal health by means which are both feasible and effective and to increase the skills of Aboriginal people; and
- to encourage training and employment opportunities in the field of Aboriginal and tropical health.

Besides our research activities there are two other main functions within the CRCATH. One is Research Transfer and Communication Function, which goes about strengthening the links between research, policy, practice and behaviour. To view our Functional Leaders/Research Transfer and Communication go to CRCATH website <http://www.ath.crc.org.au/crc/> and click on heading What We Do.

The second function is the Education and Training Function those objectives are:

- to create a knowledge-based and problem-solving environment for two-way cross-cultural Aboriginal learning that will allow Aboriginal participants and researchers to learn new skills from each other whilst working in research programs;
- to increase the skills and opportunities of Aboriginal people to work in the research arena;
- to encourage training and employment opportunities in the field of Aboriginal and Tropical Health;
- to increase the skills of people already working in the field;
- and to train and equip new postgraduate students with skills and attributes to continue being productive in their chosen field.

We place a strong emphasis on our educational objectives because of the almost complete absence of Indigenous people with the usual entry requirements for post-graduate research training, and the very low participation rates of Indigenous people generally within the health industry. The CRCATH's Education and Training Function is there to provide and support career and professional development pathways for Indigenous people with an interest in health or health research industry. A secondary aim is to provide professional development support for non-Indigenous people in the health research sector. The Education and Training Function has a full-time co-ordinator, part-time deputy and a support officer to oversee and manage career and professional development pathways for Indigenous people. This is what differentiates the CRCATH educational and training activities from other CRCs.

Below is a brief overview of the main education and training activities:

- Indigenous traineeship program
- Cadetship pilot program
- Post-graduate scholars
- Professional development activities
- Targeting of key Indigenous individuals for development
- Course construction and delivery
- Graduate coursework programs

Indigenous traineeship program

The vocational level trainee program was established early in the life of the CRCATH, as a means of addressing the critical shortage of Indigenous people with sufficient western education to commence undergraduate training, let along post-

graduate health research training. The program has proven highly successful, with Indigenous trainees attaining higher completion rates of vocational level qualifications than the national average, and continuing employment within the health sector.

The first intake of eight trainees was recruited to one-year positions, mainly within MSHR. The trainees undertook vocational level certificates in administration and Aboriginal health work. Eight trainees completed their initial vocational level qualification, and subsequently gained full time employment in the health or research industry. Three of the initial trainees have gone on to undergraduate studies. A review of the first intake found that the traineeship program provided a supportive environment in which students could gain confidence, and consider career options, which may not have been self-evident when they commenced the program.

On the basis of the second year review of the CRCATH, a decision was made to extend the program into other core partners with the second intake commencing in 2000. The second intake of four trainees was undertaken in the areas of administration, information technology or laboratory science.

In addition to this change the training program was extended over a two-year period, with greater emphasis on articulation into full-time permanent employment with the placement core partner. The third intake of eight trainees was again undertaken in the areas of administration, information technology or laboratory science, and each core partner had the option of placing two trainees within their organisation. An evaluation of the Indigenous Traineeship Program will be undertaken after the completion of the third intake.

Cadetship pilot program

There has been one Indigenous person connected with the CRCATH to successfully complete the Cadetship program. During 2002 efforts were made to re-establish this program and preliminary discussions have been held with core partners to take on four cadets. The CRCATH feels this program is a positive means of addressing the critical shortage gap of Indigenous people with undergraduate training.

Post-graduate scholars

The CRCATH supports post-graduate health and research training either within CRCATH research projects, or by supporting individual students to undertake research training in areas not directly arising within Centre research projects. To date, sixteen Doctor of Philosophy degrees have been awarded and currently, the Centre has fourteen post-graduate research scholars, three of whom are Indigenous.

At the Masters level (full research or part research), ten scholars have graduated with Masters of Science, Master of Education or Master of Public Health degrees. Twelve Masters level research scholars are currently undertaking research training and four of these are Indigenous.

Five students have graduated with Bachelor of Science Degrees with Honours after completing one-year research study programs.

The CRCATH also supports a number of other Indigenous post-graduate students with scholarship funding, including two students undertaking Graduate Entry Bachelor of Medicine/Bachelor of Surgery Degrees at Flinders University.

Professional development activities

Professional development activity such as short courses, study tours, conferences is especially relevant in the NT, where access to conferences is expensive and specialist researchers or service providers frequently feel isolated from recent developments in their field. Professional development activities must contribute to the achievement of CRCATH or project objectives. For Indigenous people the professional development activities are linked to career and professional development pathways as well as achievement of CRCATH or project objectives. Indigenous applicants are given high priority for relevant support.

The CRCATH has also actively encouraged core partner staff to gain experience of each other's working and organisational environment through short and long term secondments. This has resulted in important cross-fertilisation of ideas, enhanced understanding of research and service delivery perspectives, and enhanced collaborative processes. Attendance of core partner staff at other partner organisations' seminars or informal learning activities has enabled core partners to visualise the bigger picture of the CRCATH and what it sets out to achieve.

Targeted development of key Indigenous individuals

With the extreme shortage of Indigenous people at all levels of the health and research sector, the CRCATH set out to identify and 'specifically target' Indigenous individuals for development. This is achieved by carefully planning professional and career development activities. Six talented individuals have been supported into appropriate postgraduate studies through careful consideration of work or research interests and activities. The chosen individuals have also been carefully introduced to a variety of policy, decision-making and advocacy forums. Over time, work roles or research activities have been progressively redesigned to further extend and challenge each person as they have gained experience, capacity, confidence and recognition.

The success of this approach has been demonstrated by:

- the strong academic achievements of each person
- promotion into more senior positions
- increasing recognition of each individual as leaders within their field
- increasing numbers of Indigenous people seeking employment or study opportunities within the CRCATH.

Course construction and delivery

Not only does the CRCATH rely on professional development activities such as short courses, study tours, conferences but it also prepares and delivers short courses to meet identified skills and knowledge needs. Three examples of short courses, which have been offered to date, include:

- Research methodologies, including quantitative and qualitative analytical techniques
- Evidence-based care (Cochrane Collaboration)
- Cross-cultural awareness (Aboriginal Cultural Awareness Program of the NT Department of Health and Community Services).

Core partners of the CRCATH also deliver graduate coursework programs to meet identified skills and knowledge needs such as: post graduate studies in public health; in research across diverse cultural and disciplinary contexts and in remote health.

Achievements of staff and students in core partner organisations

There have been many CRCATH students and trainees (both funded and in kind) that have been successful in gaining prizes and recognition for their achievements such as: Trainee of the Year, NTETA Trainee of the Year, 2002 Science and Technology - Young Person of the Year, Young Australian of the Year: Finalist, Rio Tinto Aboriginal Foundation/CRCATH Research Fellowship, Inaugural Val Asche Coursework Prize, Queens Trust for Young Australians Award, Best Young Investigator Award, Robert Street Prize and Eric Susman Prize.

Issues Paper and Recommendations

The CRCATH emerged from a cross section of industry, research and Indigenous stakeholders' desire to realize an improvement in Indigenous peoples health and wellbeing. Strong commitment to this cause is expressed in the Centre Contract and, less clearly, articulated in the original research agenda.

Although it is well documented that Indigenous Australians experience profound disadvantage in many elements of their lives, Indigenous people do not want to constantly be reminded of how worse off they are compared to other Australians.

At the inaugural launch of the Centre (1998), the Chairperson, Professor Lowitja O'Donoghue informed that it was time for Indigenous people to make their own mistakes. Indigenous people want to know how non-Indigenous and Indigenous people can work together to improve Indigenous health, education, identity, and self-esteem. Indigenous peoples' worldview differs greatly from non-Indigenous peoples' worldview, and non-Indigenous people need to recognise and accept this difference.

The CRCATH through its core partners is achieving "real and sustainable health outcomes for Aboriginal people" while also considering the socio-cultural contexts, which shape Indigenous health (Chairperson's Report, in 2000-2001 Annual Report, p.2). Real and sustainable health outcomes may only come about by taking a joint approach to education, health and research. Critical to this process is Indigenous control.

The CRCATH has put a number of key strategies in place, firstly the Board of Management, that comprises a majority of Indigenous stakeholders from industry, academia and research. Being Indigenous these members have experienced some of the barriers faced by other Indigenous people when accessing health and educational institutions. The CRCATH's Indigenous organisational framework ensures that there is two-way communication of health information and setting of health research priorities that are more in line with the National Indigenous Health Research Reform Agenda.

Secondly, specially funded "support " systems have been put in place to support Indigenous people wanting to work or study within the CRCATH. There is a critical shortage of Indigenous people with vocational and undergraduate qualifications that are equipped to go on to post-graduate research and studies. Entry into undergraduate studies high levels of literacy and numeracy (Collins, 1999), as well as an understanding of institutional and academic processes. This is due to a number of reasons, some of which have been identified within the Executive summary. One of the important issues is "to acknowledge that mainstream educational provision in Australia does not naturally support traditional Indigenous approaches to learning" (Higher Education Review). Bi-cultural education is generally not valued and what Western education teaches is conducive to learning about cultural identity and pride. In addition "progression through primary, secondary and tertiary schooling is not the norm for Indigenous students" (Higher Education Review). In most cases Indigenous people are not comfortable with the individualism required to achieve within Western education and the high demand placed on regular attendance. Indigenous people value being part of a family and community rather than valuing the concept of being

an autonomous "self sufficient" individual. Finally, the issue of institutional racism creates other barriers that at times are not readily observable and therefore hard to express and have addressed by the institution and by the individual.

As part of a strategy to overcome the desperately small numbers of Indigenous people "qualified" to commence postgraduate study, the CRCATH created another entry point at the vocational education traineeship level. This training program is part of an integrated career pathway which has been developed to provide opportunities for Indigenous people who generally did not have positive experiences from the secondary schooling system. At the CRCATH second and fifth year reviews the traineeship program was reported by the review panels as one of the most effective strategies in retaining Indigenous people within the health sector. Not only did the trainees attain higher completion rates of vocational level qualifications than the national average, but some have also continued on to undergraduate degrees. The success of this program has meant the CRCATH is forced to use the traineeship approach to access Indigenous people and although this program is unusual, in the long term this approach has been the most cost effective.

The Centre actively identifies Indigenous individuals within its six core partners that are willing to strategically develop career pathways to attain higher education qualifications, and experiences. Other forms of professional development within the organisation may occur through funded workplace exchange, in the areas of research and education.

The Centre endeavours to continue with its articulation and further development of, what is being termed, the *Indigenous Research Reform Agenda* (IRRA). A CRCATH publication has been prepared with this title and which deals with this reform agenda. This document will be forwarded upon request (as this stage this document is in press).

Recommendation

- There should be a majority of Indigenous people on the proposed Reference Group;
- That this Group should have representation from across different sectors and levels of academic institutions;
- Recognition and support for multi-level entry points for those wanting to attain/aspire to higher education and academic careers (refer to next dot point);
- DEST to acknowledge the existence of innovative training and education (professional development/career pathways) programs that are effectively attaining Indigenous participation by DEST provide support and funds to further expand these programs and to promote to other similar institutions;
- Support for national and international workplace exchange programs for Indigenous people taking higher education.

Attachment – Examples of relevant successful CRCATH projects.

Several completed CRCATH projects provide important information highlighting a need to consciously establish a multi-level entry point and innovative opportunities for Indigenous people to successfully access higher education and research experience. These comments also refer to the need for a reform in the way Indigenous health research is designed, conducted and disseminated.

Name and number of project	Major findings and conclusions
IE0004 Health and Education: Exploring the Connections and IE0080 (IV) Yalu Pilot Transfer Exercise	<p>Project status: completed.</p> <p>The Yalu pilot study was the direct outcome of a previous CRCATH-funded project: “Indigenous Health and Education: Exploring the Connections.” The original Participatory Research project, which gained strong involvement within the Galiwinku community, explored Indigenous understandings of the connection between health and education and found that Yolngu people believe that many current health and education problems can be attributed to the breakdown of traditional health-related knowledge, beliefs and practices. The Galiwinku community decided that it needed to (a) strengthen traditional cultural knowledge and practices around current education and health problems; and (b) incorporate Western knowledge and practices within Yolngu frameworks. The resulting pilot Yalu project, or Mar/githinyaraw Yalu, was developed in response to the community desire to pursue research, which was designed and managed by local Yolngu researchers working alongside Balanda researchers, and incorporating Yolngu systems of management and knowledge with the aim of providing a strong and powerful foundation for improved health outcomes. The Yalu is represented by clan members from each of the ringit support groups and collaborates with existing programs within the community, such as the school, health centre and child care centre. It develops, trials & evaluates health education projects & collaborates with outside agencies on research to be conducted in the community. It revitalises ceremony around traditional medicinal and nutritious plants and produces multi-media educational products for teaching within the Galiwinku and other Arnhem Land communities. It also has organised community-wide activities, which reinforce the local cultural identity and sense of community. The group has presented at a number of conferences and has conducted workshops for outside agencies and communities. They continue as researchers with other MSHR health projects and train outside researchers about local cultural knowledge.</p> <p>2002 Nominated for the national ‘Social Entrepreneurs Award’</p>

<p>IE0020 An Aboriginal Framework for Practice</p>	<p>Project status: completed.</p> <p>This research found that the Aboriginal people concerned were educated but not with an empowering education and that would equip them to secure much needed resources such as power, water, access to health services, and education. This in turn affected their quality of life and their health. Using participatory research, this project investigated, developed, implemented and evaluated:</p> <ul style="list-style-type: none"> • A process of consultation which allowed Aboriginal people, with low levels of formal education and histories of unemployment and poverty, to collaborate in the development, evaluation and implementation of a VET curriculum which focussed on addressing their self-identified needs for learning, for social and emotional well-being cultural identity, employment and economic independence. • A process of curriculum development which included the training and employment of community-based facilitators of the curriculum; established and used a protocol for utilising local people's (including elders') knowledge and skills within the curriculum • A unique process consistent with long standing government policy and rhetoric on Aboriginalisation of education programs • A tool for developing the capacity for Aboriginal people to take control over their own education, and in so doing foster the conditions which, in the longer term, should lead to improved health outcomes • A process that built individual and community level awareness of Aboriginal peoples' rights for self-determination and assisted people to perform strategic actions that would serve to the betterment of their quality of life <p>Outputs included</p> <ul style="list-style-type: none"> • A trained research assistant • A completed 'Masters in Education Administration' for an Aboriginal post graduate student • Research report, <i>Mending the Broken Spirit</i>, by Debra Anne Maidment • The IAD Management Report • Two nationally accredited VET curriculum documents – Certificate Level 3 in 'Community Development Facilitation' – Certificate level 4 in 'Aboriginal Land and Leadership' – including units of competency in Aboriginal language and culture\ • Four trained teacher/facilitators in the homelands to run the courses
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	<ul style="list-style-type: none"> • 60 students who have completed the courses • Trailing of the curriculum in three outstations on the outskirts of Alice Springs in addition to Amoonguna and Tennant Creek Aboriginal communities • 2001 Nominated for the CRC – Australia student research award • An application to ATSIC by Ingkerrerke community council for a needs analysis into the education, health and housing needs of several related homelands
IE0082 Sharing the True Stories – Stage 1	<p>Project status: completed.</p> <p>This project aimed to develop a more informed understanding of intercultural communication in Aboriginal health care and to identify strategies to improve communications. It found that a shared understanding between renal staff and their Yolngu patients is rarely achieved in relation to any of the key concepts in renal care. It found an overestimation of the effectiveness of communication by all participants and a lack of recognition of the frequency and extent of miscommunication. There were different understandings between staff and patients about communication processes – such as how different cultural and professional conventions influence what is said and what is withheld, as well as roles and responsibilities in decision-making and care. Further more, there were few attempts being made to prevent communications difficulties or monitor effectiveness or to repair miscommunication. As a consequence the effectiveness of communication is seriously inadequate, thus limiting the opportunity for patients to make genuinely informed choices in managing their renal disease, and compromising the quality of care. Overall, Western biomedical discourse systems dominated interactions and Yolngu discourse systems were marginalised or excluded. The findings suggest that any substantial improvement in communication, and consequently health outcomes, requires action in three interdependent areas: shifting control, increasing shared understanding, and improving communication practices. These strategies are to be implemented by health professionals and evaluated by subsequent CRC research.</p> <p>Outputs: An Interim report <i>Sharing the true stories: improving communication between health staff and their Aboriginal patients</i> by Anne Lowell, Isaac Brown, Betty Marranyin; Melinda Flack; Michael Christie; Paul Snelling & Alan Cass. Numerous presentations to various health and education bodies. A proposal to follow through with the recommendations in the same and other Indigenous health contexts.</p>

References

Collins, B. (1999) *Learning Lessons: an independent review of Indigenous education in the Northern Territory*. Darwin: NT Department of Education.

Kral, I. (2001) *Language, Literacy and Numeracy Guide for the Certificate III in Aboriginal Health Work (Clinical)*. Darwin: Human Services Training Advisory Council.

Boughton, B (2000) *What is the connection between Aboriginal education and Aboriginal health. CRCATH Occasional paper series*. Darwin: CRCATH

Website:

www.ath.crc.org.au - Inaugural Speech by Lowitja O'Donoghue.