Indigenous researchers for Indigenous health research: the history, nature and achievements of the Indigenous Staff Network

*Amy Creighton, Sonia Champion*, Indigenous Staff Network

**Introduction**

The eleven University Departments of Rural Health (UDRH) are located in regional settings in every Australian State and the Northern Territory. The UDRH provide education and training opportunities in rural and remote areas for medical, nursing and allied health students and professionals. They also conduct research, evaluation and service development work. All UDRH now employ Indigenous staff, in the areas of administration, research and education. As in most university and health service organisations the Indigenous staff are a minority, with the task commonly of providing everything regarding Aboriginal and Torres Strait Islander health issues, to all.

The Indigenous Staff Network (ISN) was initiated by the Indigenous staff with an aim to provide collegial support in a culturally secure environment where staff were not isolated physically, geographically, or culturally.

**The purpose and terms of reference of the ISN**

The ISN acts as an advisory, advocacy and action group, to enhance respect, credibility, transfer of knowledge, resources and support that will raise the profile of the UDRH Aboriginal staff, Aboriginal health research, and community consultation processes with Aboriginal communities by/with UDRHs. This will eventuate by continually developing collaborative pathways, networks and partnerships through education and ongoing consultation with the Aboriginal staff/communities and all staff of UDRHs and the Australian Rural Health Education Network.

The Terms of Reference are to:

- assist and support communities’ self-determination of local health priorities in remote and rural settings
- provide support and encouragement to Indigenous health workforce, researchers and educators and students, working within and for rural and remote communities
- ensure that non-Indigenous health workers, professionals and academics are equipped with cultural safety and protocols when dealing with Indigenous health issues
- develop guidelines and processes to ensure Indigenous communities and UDRHs work together in providing education and research initiatives
- strive to ensure Indigenous issues are acknowledged and acted upon
- provide mechanisms for partnership and alliance with other peak Indigenous health bodies ensuring representation on Indigenous health issues is presented as a collaborative voice.

As Indigenous workers ISN members are governed by local cultural protocols and principles as well as the policies and procedures of the UDRH. While this may at times create conflicting interests overall, the ISN works towards achieving positive outcomes relating to Indigenous health, well-being and education.
Aboriginal and Torres Strait Islanders working in the UDRH—what do we do?

The roles of Aboriginal and Torres Strait Islander people employed in UDRH are as diverse as the different UDRH conditions and localities. Some of us have health backgrounds and others have education backgrounds. We are all involved in education especially in relation to relating to health professionals working in Aboriginal health. We hold different positions that reflect a diversity of backgrounds, examples of these positions include: associate professors; lecturers; educators; researchers; staff support; cultural program design and delivery co-ordinators; advocates; and, resource agents.

The members of the ISN often come from and live in the communities and cultural regions that we serve. We work within the cultural boundaries, following protocols and procedures that are part of that community. In this way ISN promotes the recognition and respect of the cultural diversity of Indigenous communities throughout rural and remote areas.

Our major areas of influence include:

- participating in and brokering training, providing support and contacts for students—generally postgraduate courses
- supporting Aboriginal and Torres Strait Islander staff working in Aboriginal health in areas of education, health and possibly most importantly in the workplace
- working in research teams with non-Indigenous staff
- attempting to ensure that research within our communities is driven by the communities rather than the University faculties
- development of curriculum for medicine, nursing, and other health sciences courses (for example, developing patient-centred learning scenarios with an Indigenous learning perspective)
- development and delivery of research/evaluation courses in Indigenous methodologies and ethics
- Indigenous capacity building (upskilling of workers and career pathways development)
- development of primary health care approaches to community well-being: offering a wide range of community supports, which help develop the health and well-being of a community and development and delivery of responsive community programs
- providing some form of cultural brokerage

Indigenous people need to be driving research that has benefit for Aboriginal people, we need to be researching ourselves back to life! (ISN Member).

Why an Indigenous Staff Network?

The Indigenous Staff Network (ISN) provides a basis for culturally relevant ways of working—in groups, respecting community views, and acknowledging diversity. As a group we are able to represent a wide range of different Aboriginal and Torres Strait Islander cultures, languages and communities. Each member understands their particular home country communities, respects different communities and understands boundaries within the community.

The ISN and its’ members can have much more than a research brokerage role—we work with Indigenous communities, challenging the way UDRHs work to make a difference to Indigenous health and well-being. A service for getting a transference of knowledge between western and Indigenous communities and bridge cultural divide. By providing a mechanism for partnerships and alliances the ISN can ensure that representation on Indigenous health issues is presented as a collaborative voice.
The ISN is an opportunity for me to participate in a network that has the potential to influence the way tertiary institutions do business, both in general and with Aboriginal communities (ISN Member).

Although the ISN meets formally at least twice a year, the network meets regularly (by email) to share information, develop papers, submissions and articles, discuss collaborative projects and programs, and encourage participation. Many members having met through the network provide mentoring and support to each other as individuals.

Learning — when we sit down in our meetings there is a lot of knowledge around the table. Other Aboriginal academics and educators have been through those challenges of being a conduit between community and academia before. They have a lot of strength and wisdom to offer ways to solve problems because they’ve been there before. The other major significance it has for me is that if something is happening that doesn’t feel culturally right in my workplace I can bring it up with my colleagues. They can help reaffirm if it’s not right and ways I can address and handle it. (ISN Member)

**What the ISN has achieved**

From a membership of two at initiation in 2000, the ISN membership has grown to over twenty-six — an achievement in itself! — and has members in all the UDRH. We have found our network makes a significant difference to the engagement and retention of staff who would otherwise work in physical and cultural isolation, become disillusioned, and/or leave. The ISN has become the backbone of these staff helping them work within a team that shares Indigenous expertise, common goals and information.

The importance of the ISN to me is the support from within the network that we have. Without it I probably wouldn’t have lasted in my position. I am now working on research projects and have great support within my own UDRH. (ISN Member)

Having had no prior knowledge of the ISN I was very happy to know that there are people out there that have done what I’m doing (research) and knowing that they are willing to provide support and knowledge has allowed me to feel that I am not alone and also to feel secure in the work that I am undertaking. (ISN Member)

A key achievement of ISN has been to develop protocols and guidelines that are endorsed by Australian Rural Health Education Network (ARHEN) and the UDRHs across Australia. The ISN has developed guiding principles for Indigenous health research; and, student placements within Indigenous communities — this ensures that student placements within Indigenous organisations are identified as a privilege, not a right.

The ISN provides a consultative process for papers and submissions across a broad range of areas relevant to Indigenous health and well-being. Our network has developed and delivered a broad range of collaborative programs, projects and services through sharing of our Indigenous views.

The ISN has developed a profile which means that diverse individuals, groups and organisations — not just researchers, but policy decision makers and educators and others beyond universities — approach us for advice, expertise, direction and endorsement. For example, ISN members have participated in the Indigenous Health Curriculum Development Project being undertaken by the Committee of Deans of Australian Medical Schools (CDAMS).

The ISN has facilitated opportunities for different groups to form partnerships with Indigenous communities in a context where there is a need to give voice and ownership to Aboriginal communities in research. This means that Aboriginal communities shape and control the type and nature of research that will happen in their community — who will do the research and what research will take place.
The ISN tries to challenge the academic world view, and its entrenched stereotypes, and make Indigenous culture visible. This involves an acknowledging and a rethinking of the Indigenous presence.

The ISN has

- assisted and supported Indigenous communities toward self-determination of local health priorities in remote and rural settings
- provided support and encouragement to Indigenous health workforce, researchers, educators and students, working within and for rural and remote communities
- endeavoured to ensure that non-Indigenous health workers, professionals and academics are equipped with cultural security and protocols when dealing with Indigenous health issues
- developed guidelines and processes to ensure Indigenous communities and UDRHs work together in providing education and research initiatives
- strived to ensure Indigenous issues are acknowledged and acted upon in the forefront of the national and state health agendas
- provided mechanisms for partnership and alliance with peak Indigenous health bodies ensuring representation on Indigenous health issues is presented as a collaborative voice

Without the ISN I would have been working in an environment that was isolated and non-inclusive. I would of not had support and understanding with how I contribute to the university and Aboriginal Community. I would not of known what the national aims and priorities were with Indigenous health and education. I would have been overwhelmed with differing opinions and work loads. ISN has made me confident in my voice and direction. (ISN Member)

The ISN has been successful in achieving positive outcomes for its’ members and their communities. It is a network model that can be developed in other academic infrastructures and research arenas.

The way forward

As a network and as individuals, we have many issues to overcome and challenges to face. Our learning is an ongoing process that evolves by our engagement with Indigenous communities. That learning is also about how to change entrenched world views. We work within a system to understand how it works and to change it.

We are concerned about a number of issues that continue to plague key improvements in relation to Aboriginal health research. These include the:

- assumption that the employment of an Indigenous person on a research project will make that project secure for community people
- research agenda and National funding for research continues to promote that research can only be undertaken by those who hold good research track records in relation to the number of projects they have undertaken versus the positive outcomes of the research for Aboriginal communities that the researchers targeted
- lack of uptake of the NHMRC guidelines for Aboriginal and Torres Strait Islander people by researchers
- lack of support in hands on terms for the development of Indigenous researchers, there is a great deal of rhetoric around, and scholarships to be handed out, if you undertake the research agenda that the key organisations have targeted rather than establishing the research wants and needs of communities
Indigenous researchers and staff within Indigenous health, require support in an emotional and financial manner to allow them to develop and work with communities to target the issues communities want to undertake. This requires a lot of backbone as the experts in research are non-Indigenous and regularly dispute and discourage Aboriginal people speaking for and with their communities. If this support is not provided then there is no way that we will be able to challenge the continuation of a non-Indigenous solution to an Indigenous problem.

ethics committees reviewing potential research to be undertaken involving Indigenous communities should have at least one Aboriginal/Torres Strait Islander member—these members should be listened to and should not be there for tokenism.

Amongst other things, UDRHs need to be aware of and recognise:

- the individual role of UDRH Indigenous staff in their community (including their involvement with other organisations and other responsibilities such as cultural)
- the rights of a community to transparent consultation and feedback
- the need to support a community to identify their needs in the health area and to facilitate capacity building
- the stress on community elders—UDRHs should ensure sensitivity in accessing elders for their knowledge, and remunerate them appropriately
- the need to empower communities to address health issues, and to help facilitate the process to achieve positive outcomes
- the obligation on UDRHs to respond to community requests for assistance in overcoming identified health matters.

We seek for our Indigenous communities a strong leadership role in shaping and directing our health and well-being. The initiative of the ISN came from Indigenous people and has added value to the work of UDRHs across Australia. The capacity of ISN has grown and developed. In the future, we seek a strong presence that goes beyond tokenism to give us a voice in rural health. To ensure the continuation of our vital work we propose the following:

- continued funding for UDRHs, with funding to support roles for Indigenous staff
- fully funded, full-time Indigenous positions—to continue their work and attach value to the work
- endorsement of the ISN by the UDRHs
- continued support and resources for ISN
- continued co-ordination and support from ARHEN.

**Presenter**

Amy Creighton is a Murri woman of the Gomeroi (Kamilaroi) nation who has lived and worked in her traditional area all her life. She is the Indigenous Health Project Co-ordinator at the University Department of Rural Health. Amy is on secondment from the Hunter New England Health Service where she held the position of Aboriginal Liaison Officer for eight years. Amy’s career spans 30 years working in various positions both designated and mainstream within education, housing, employment and welfare. She has worked in both the public and the private sector. Amy has a Bachelor of Health Science (Community and Public Health).