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3<sup>rd</sup> February 2009

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Committee Secretary  
The Senate  
Parliament House  
PO Box 6100  
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By email: [toni.matulick@aph.gov.au](mailto:toni.matulick@aph.gov.au)

Our Ref: DM09/00083

Dear Ms Matulick,

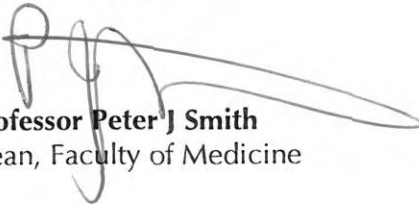
**Inquiry into Regional and Remote Indigenous Communities**

On behalf of the Faculty of Medicine at The University of New South Wales, I enclose a submission into the Inquiry **into Regional and Remote Indigenous Communities**.

We thank you for the opportunity to provide submission into this Inquiry and to have our submission considered by the Select Committee.

Should you wish to discuss the submission, please do not hesitate to contact our Professor of Indigenous Health, Professor Lisa Jackson Pulver by telephone on 9385 1769 or email <[l.pulver@unsw.edu.au](mailto:l.pulver@unsw.edu.au)>.

Yours sincerely,



**Professor Peter J Smith**  
Dean, Faculty of Medicine

Encl.

**Submission to The Senate**

**Senate Select Committee on Regional and  
Remote Indigenous Communities**

**30 January 2009**

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This submission is made to The Senate Select Committee on Regional and Remote Indigenous Communities.

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We wish to acknowledge the co researchers of *Barawul Yana: Better strategies for the recruitment, retention and support of Indigenous medical students in Australia - A NSW Report* (Arkles et al, 2007), and the co-writers of *Submission 57 to the Inquiry into Overcoming Indigenous disadvantage*, Legislative Council Standing Committee on Social Issues, NSW, 2008 (Fitzpatrick et al, 2008).

## **Acknowledgement of Country**

We acknowledge this country as belonging to the Aboriginal and Torres Strait Islander peoples of Australia. Australia is the only place in the world where Indigenous Australians belong. There is no place in Australia where this is not true.

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## **PURPOSE AND SCOPE OF THIS SUBMISSION**

“They had been very scared of the big jump over to ‘university’. It is a bit of a scary issue for a lot of people. They can ‘cut across the paddock’ from their school life to university by understanding that university is just a pathway to get you to see which way you want to go. Give them those little stepping stones and they’ll grow into bigger things.” Aboriginal Elder, describing the impact of the Wagga Wagga Koori Health Careers Residential Workshops, held at Charles Sturt University from 2002-04 (Arkles et al, 2007: 40).

### ***Purpose***

This submission, based on a social determinants and human rights approach, will comment on a number of factors that relate to Regional and Remote Indigenous communities. Concentrating largely on the New South Wales context, and particularly on the University of New South Wales, specific issues relating to the recruitment, retention and eventual graduation of Aboriginal and Torres Strait Islander students entering the tertiary health sector will be highlighted.

### ***Scope***

#### **Terms of Reference**

Terms of Reference taken from the invitation to the Medical Deans Australia and New Zealand (received by UNSW 05.12.08)

Extract from Journals of the Senate 19 March 2008:

That a select committee, to be known as the Select Committee on Regional and Remote Indigenous Communities, be appointed to inquire into and report on:

- (a) the effectiveness of Australian Government policies following the Northern Territory Emergency Response, specifically on the state of health, welfare, education and law and order in regional and remote Indigenous communities;
- (b) the impact of state and territory government policies on the wellbeing of regional and remote Indigenous communities;

- (c) the health, welfare, education and security of children in regional and remote Indigenous communities; and
- (d) the employment and enterprise opportunities in regional and remote Indigenous communities.

That the committee report to the Senate on 30 September 2008, 30 March 2009, 30 September 2009, 30 March 2010 and 30 September 2010.

### **Our submission parameters**

Our submission does not address all of the Terms of Reference. It will discuss, in the context of education, examples from regional NSW and will not be disregarding the urban environment, with respect to the following three Terms of Reference:

- a) the impact of state and territory government policies on the wellbeing of regional and remote Indigenous communities; and
- b) the health, welfare, education and security of children in regional and remote Indigenous communities.

### **General Argument**

In summary the argument in this submission is that governments must:

- acknowledge that ongoing disadvantage in Aboriginal communities, including those in the regional and remote areas, is a direct consequence of past government laws, policies, practices and attitudes
- acknowledge that the interactions of disadvantage, including social factors that are determinants of educational disadvantage, affect health status profoundly
- commit themselves to developing and funding policies, programmes and services to overcome the low retention rates of Aboriginal children going on to the senior levels in high school

- commit themselves to developing and funding policies, sustainable programmes and services to overcome the low recruitment, retention and graduation rates of Aboriginal students in tertiary studies, and
- commit themselves to evaluating all policies, sustainable programmes and services following their implementation.

Before moving to the detailed examination of the issues outlined in our argument, it is worth reflecting on a selection of salient recommendations from the *Bringing them home* (HREOC, 1997) report:

### ***School education***

8a. That State and Territory Governments ensure that primary and secondary school curricula include substantial compulsory modules on the history and continuing effects of forcible removal.

8b. That the Australian Institute of Aboriginal and Torres Strait Islander Studies be funded by the Commonwealth to develop these modules.

### ***Professional training***

9a. That all professionals who work with Indigenous children, families and communities receive in-service training about the history and effects of forcible removal.

9b. That all under-graduates and trainees in relevant professions receive, as part of their core curriculum, education about the history and effects of forcible removal.

### ***Health professional training***

34a. That government health services, in consultation with Indigenous health services and family tracing and reunion services, develop in-

service training for all employees in the history and effects of forcible removal.

34b. That all health and related training institutions, in consultation with Indigenous health services and family tracing and reunion services, develop under-graduate training for all students in the history and effects of forcible removal.

The authors of this submission acknowledge that Australian governments have in part addressed these recommendations. The authors particularly acknowledge the recent commitment made by the Prime Minister on 26 May 2008:

“As a first step, the Department of Health and Ageing, with advice from the Stolen Generations working group, will develop a training program for mainstream health services to improve their ability to care for the Stolen Generations, their families and others who were affected. As part of improving access to services, we will develop information materials to promote options for care available to members of the Stolen Generation.”<sup>1</sup>

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<sup>1</sup> Prime Minister. Transcript of speech at Apology calligraphy unveiling. Parliament House, Canberra. 26 May 2008.



## **Recommendations**

This submission makes recommendations in relation to selected issues only.

We submit that these five recommendations are essential to a framework that ensures that Aboriginal and Torres Strait Islander people are able to access the very best education and have the opportunity, as do other Australians, to extend themselves in academic and professional achievement.

## **SUMMARY OF RECOMMENDATIONS**

### **Recommendation 1**

That policies and long-term funding be established to ensure that Aboriginal children are educated to their full potential at all levels of the education system from infant school to universities so that Aboriginal people can enjoy the opportunities that are available to other Australians.

### **Recommendation 2**

That policies and strategies promoted by the Senate Inquiry be empowering to Aboriginal people and recognise the protective effect of culture in Aboriginal health, well-being and quality of life, taking into account developing literature on the social and cultural determinants of health.

### **Recommendation 3**

That policies and funding for these essential Indigenous education-specific initiatives be provided on a long-term basis, ignoring the usual political cycles, in order to ensure the long-term health and well-being of Aboriginal people.

### **Recommendation 4**

That all teachers, university staff and health professionals be well educated in cultural awareness, and practice their profession in a culturally appropriate way in order to maximise the recruitment, retention and graduation of Aboriginal health professionals, including medical practitioners.

### **Recommendation 5**

That the Inquiry commit to the publication of a two-yearly evaluation report which provides comprehensive, up to date information on the ongoing implementation of the above measures.

## THE SUBMISSION

### ***PART 1: Framing our response***

Making amends requires action,<sup>2</sup> but the action must be informed by acknowledgement of what was done - and how it has affected, and continues to affect, Aboriginal people in Australia.

Part 2 of this submission outlines key historical determinants of present day educational disadvantage.

Part 3 of this submission illustrates best practice in the recruitment and retaining of Indigenous medical students at The University of New South Wales; and

Part 4 of this submission discusses the importance of relevant and reliable data, with reference to regular monitoring and evaluation.

### **Acknowledgement of Indigenous rights**

Acknowledgement of Indigenous rights is central to any attempt to overcome Indigenous disadvantage, in real terms, especially around health and education.

This document highlights some rights issues as they relate to the matters discussed.

### **Definition of health**

Aboriginal people subscribe to a holistic view where health encompasses,

“not just the physical well-being of an individual but refers to the social emotional and cultural well-being of the whole community in which each individual is able to achieve their full potential as a human being thereby bringing about the total well being of their Community. It is a whole of life view and includes the cyclical concept of life – death – life” (NATSIHWP, 1989).

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<sup>2</sup> Rudd K (2008). Apology to Australia's Indigenous peoples. Australia, House of Representatives, *Debates*, No. 1, 13 Feb 2008: 167–173. Available at <http://www.aph.gov.au/Hansard/reps/dailys/dr130208.pdf> (accessed Jan 2009).

## ***PART 2: History***

The historical mistreatment of Aboriginal children with respect to their education is well documented elsewhere. It is only in recent decades that secondary and tertiary education opportunities have been made widely available to Aboriginal and Torres Strait Islander people (Fletcher, 1989 p 192; Parbury and NSW Ministry of Aboriginal Affairs, 1986 p 138; Miller, 1985: p 179, 200).

Historical factors including dispossession, as well as social and economic factors such as lack of access to education, presence of diseases stemming from poverty and lack of access to both preventive, diagnostic and treatment health services contribute to the poor health outcomes for Aboriginal people (Mitchell, 2007; Phillips, 2004; Atkinson, 2002).

In 2002, rates of Indigenous people reporting a non-school qualification of Bachelor degree or above was small (3%), although twice what it was in 1994 (just over 1%). For remote dwelling Indigenous people the overall rate for completing a non-school qualification (17%) was far less than for those living in non-remote areas (29%) (ABS, 2004).

Education research in New South Wales shows that completing two of the last three high school years (year 10 and 11) will increase an Aboriginal person's chances of employment by 40% (Harris Cheng, 2007). Increasing the number of Aboriginal and Torres Strait Islander people trained in medicine and other health sciences will not only increase their employment opportunities, but will have numerous positive effects for their peoples' physical, emotional and cultural well-being (AIDA, 2008), particularly through 'more indigenous (sic) people inside the system able to make it respond more effectively to their needs' (Harris Cheng, 2007).

For this to occur – and to achieve the goal of equality in health status for all Australians – it is essential that policies be developed that will enable Aboriginal and Torres Strait Islander people to achieve their full educational potential.

## **Recommendation 1**

That policies and long-term funding be established to ensure that Aboriginal children are educated to their full potential at all levels of the education system from infant school to universities so that Aboriginal people can enjoy the opportunities that are available to other Australians.

## **Recommendation 2**

That policies and strategies promoted by the Senate Inquiry be empowering to Aboriginal people and recognise the protective effect of culture in Aboriginal health, well-being and quality of life, taking into account developing literature on the social and cultural determinants of health.

### ***PART 3: An example of best practice***

- Indigenous Pre Medicine Program, University of NSW

Each year, the University of New South Wales conducts an annual recruitment campaign to find suitable applicants for its Special Indigenous Entry to Medicine Programme. Recruitment occurs firstly through a short, one week residential “university experience” for senior high school students at an annual Winter School, and secondly, the one month, residential Pre Medicine Programme (PMP).

The Faculty of Medicine has no quota on the number of Indigenous students that can gain entry to Medicine through this programme, and actively encourages and supports students who gain entry by this route. In 2008, there were 19 Indigenous students enrolled in the UNSW Faculty of Medicine how had graduated from the Pre-Medicine Programme.

Currently there are around 129 Aboriginal and Torres Strait Islander medical practitioners, or 0.18% of the total number of doctors nationally, yet Indigenous people make up approximately 2.56% of Australia’s total population (AIDA, 2008), There is a similarly small number of Indigenous Medical Students (1.1%) (Minniecon & Kong, 2005 p 17).

It is of considerable concern that, despite their disproportionately small number, there is a very small pool of applicants for UNSW's Pre Medicine Programme. Of further concern is the fact that of those who do undertake the programme, many have never undertaken any study of a science-based course at high school, which adds huge additional obstacles to their future successful study of Medicine.

While UNSW has introduced a new science-based first year study articulation programme for students to undertake prior commencement of their medical studies, it is essential that not only our applicants, but all Aboriginal students have the opportunity of a sound science-based education in their high school career, and that they receive the support, encouragement and advice they need very early in their high school careers in order to develop the skills that will fit them for such courses of study.

The experience at UNSW has shown that Aboriginal students perform better academically in the later years of the course, when they have had the time and assistance to overcome the disadvantage of their early education and develop the study skills and approach necessary for success.

We submit that substantial ongoing funding is required for the early identification and 'growing' of science and numerical literacy in Aboriginal students, in their early years of high school. Our research also shows that teachers, careers advisors and other school staff need to work to raise the expectations of their students and to involve students early in their high school careers in making decisions for the future (Arkles et al, 2009). Exposing younger students, such as those in Years 7 – 9 to science-based career information, gives them the time to think about their future plans and options (MMIHU, 2007).

The research report *Barawul Yana* strongly recommends the residential health careers workshop/programmes model as a highly successful strategy of engaging and capturing the imaginations of high school students. We therefore recommend the university sector nation-wide endorse, develop, and where necessary, adapt this model of Indigenous student recruitment and support for promoting careers in medicine and other health professions. This needs to occur



across states and territories and at both metropolitan and regional universities.

This is so for a number of reasons:

- The resultant 'demystifying' of University life
- The creation of a sense of focus
- The chance to see substantial numbers of other Indigenous students interested in higher education and
- The power of exposure to both 'positive peer pressure' and compelling narratives of success in the face of difficulty and struggle (Arkles et al, 2007).

**For more detail on the results of this research see Appendix 1 or go to <http://www.sphcm.med.unsw.edu.au/sphcmweb.nsf/page/MMIHUResearch>**

### **Increasing participation rates**

There is a need for sustainably-funded policies, programmes and services that will increase the numbers of Aboriginal children going on to senior levels in high schools. These students also need encouragement and assistance to study subjects that will fit them for tertiary studies at university level, particularly in relevant areas such as the sciences.

From primary school onwards, Aboriginal children need to be encouraged to continue in their education, and be assisted to develop their potential. With increasing numbers of Aboriginal children at higher levels of education, social and cultural factors that affect health status will be broken down.

Equally essential is the funding and development of policies and sustainable programmes and services that will overcome the low recruitment, retention and graduation rates of Aboriginal students in tertiary studies, particularly medicine and other health professions.

The importance of Indigenous cultural and health education as an integral part of student curriculum for both medical practitioner and teacher education cannot be overemphasised (Arkles et al, 2007, Phillips, 2004).

### **Recommendation 3**

That policies and funding for these essential Indigenous education-specific initiatives, be provided on a long-term basis, ignoring the usual political cycles, in order to ensure the long-term health and well-being of Aboriginal people.

#### **Appropriate training**

It is also important to note that because of the shortage of Aboriginal health professionals and of Aboriginal educators, presently much of the work of education of future Aboriginal doctors is undertaken by non-Indigenous people. It is absolutely essential that all of those who are involved in this education should be themselves trained in cultural awareness so that they are able to adapt their behaviour and thinking in order to encourage the Aboriginal students.

Also imperative is the capacity of teachers and careers advisors in dealing with Indigenous students and their life contexts, including 'the provision of timely and adequate career education, subject choice and appropriate classroom reinforcement, [which] is at present haphazard' (Arkles et al, 2007). We submit that there should be career advisor and teacher training – within an Indigenous health-status frame.

At UNSW, all staff of the Rural Clinical School's Sydney Campus, which conducts both the Winter School for Indigenous high school students and the Pre Medicine Program, the Faculty of Medicine's entry program for Indigenous students, undertake intensive cultural-awareness training thus assisting them to interact appropriately with students throughout their courses. School staff in rural areas, and all students also undertake cultural awareness training.

UNSW has also developed links with practising Aboriginal doctors who visit six times a year to provide cultural awareness training for all students in the Faculty, and to provide mentorship and support for our growing number of Aboriginal medical students.



Through these measures the University is developing a practice-based evidence approach already showing signs of having a positive impact (Arkles et al, 2007), suggesting these strategies could be further implemented and monitored in other primary, secondary and tertiary education settings where Aboriginal students may be involved.

#### **Recommendation 4**

That all teachers, university staff and health professionals be well educated in cultural awareness, and practice their profession in a culturally appropriate way in order to maximise the recruitment, retention and graduation of Aboriginal health professionals, including medical practitioners.

#### **Part 4: Additional considerations: Measuring the 'gap'**

Culturally-specific indicators of health and health care that emphasise the inherent values and traditions of Aboriginal people need to be developed in order to address the social determinants of Aboriginal disadvantage. Indigenous peoples' perceptions and understanding of health need to be integral to any data collection and indicators that are developed (HREOC, 2007).

Indicators should be able to assess and compare well-being among Aboriginal and non-Aboriginal peoples and also encompass the broader vision of health and well-being ascribed to by Aboriginal people (see Part 1 above).

We note that the *National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data* continues to work on the development of culturally specific indicators for social determinants of Aboriginal health and commend their insights into appropriate indicators for social determinants of Aboriginal Health.

#### **Monitoring and evaluation of the implementation of these recommendations**

The problems outlined in this submission have developed over many years and it will require a long-term commitment of both funding and policy to make a difference. We therefore recommend that a forward plan of say 10 – 20 years be developed in relation to Indigenous educational attainment and health workforce development, with a long-term commitment of resources. This will be essential to achieving health status and care commensurate with other Australians, particularly through Aboriginal health professionals including doctors in adequate numbers and a system that conforms to Aboriginal needs.

For this to take place, it will be necessary for all jurisdictions to think and plan beyond the usual political cycles and provide long-term resources.

In order to ensure that policies and activities that result from this enquiry are implemented successfully, we recommend that a system for evaluation be established with the publication of a report every two years to permit reassessment of progress and further need.

## **Recommendation 5**

That the Inquiry commit to the publication of a two-yearly evaluation report which provides comprehensive, up to date information on the ongoing implementation of the above measures.

## References

- Arkles, R., Guthrie, J., Sutherland, S., Dance, P., Dejanovic, A., McDermott, D., Jackson Pulver, L. (2007). Barawul Yana: Better strategies for the recruitment, retention and support of Indigenous medical students in Australia. Chief Investigators: Dr David Sutherland, Dr Lisa Jackson Pulver, A/Prof. Sue Green. September. Available at <http://www.sphcm.med.unsw.edu.au/sphcmweb.nsf/page/MMIHUResearch> (viewed Jan 2009).
- Atkinson, J. (2002). Trauma Trails, Recreating Song Lines: the transgenerational effects of trauma in indigenous Australia. North Melbourne: Spinifex Press.
- Australian Indigenous Doctors' Association (AIDA) (2008). 'Indigenous doctors' webpage October. Available at <http://www.aida.org.au/indigenous.asp> (viewed Jan 2009).
- Australian Bureau of Statistics (ABS) (2004). National Aboriginal and Torres Strait Islander Social Survey, 2002, Cat. No. 47140. Canberra: ABS.
- Carson, B., Dunbar, T., Chenhall, R. D. & Bailie R. (2007). Introduction. IN: B. Carson, T. Dunbar, R. D. Chenhall & R. Bailie (eds.), Social Determinants of Indigenous Health. Crows Nest: Allen & Unwin: xix-xxix.
- Fitzpatrick, S., Greer, S., Jackson Pulver, L. (2008). Submission 57 to the Inquiry into Overcoming Indigenous disadvantage, Legislative Council Standing Committee on Social Issues, NSW, 2008.
- Fletcher, J. (1989). Clean, Clad and Courteous: A History of Aboriginal Education in New South Wales. Carlton: J. Fletcher.
- Harris Cheng, M. (2007). "Aboriginal workers key to indigenous health in Australia." The Lancet. Vol 370. November 3.
- Human Rights and Equal Opportunity Commission (1997). Bringing them home: Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families. Canberra, Sterling Press.
- Human Rights and Equal Opportunity Commission (2007). Social determinants and the health of Indigenous people in Australia – a human rights based approach. Case study presented at the Commission on Social Determinants of Health - International Symposium on Indigenous Health - Australia 2007, April. URL: <http://som.flinders.edu.au/FUSA/SACHRU/Symposium>
- Jackson Pulver L. R. (2003). An argument on culture safety in health service delivery: Towards better health outcomes for Aboriginal peoples, PhD Thesis, School of Public Health and Community Medicine, Faculty of Medicine, University of Sydney. URL: <http://ses.library.usyd.edu.au/handle/2123/609>.
- Miller, J. (1985). Koorie: A will to win: The heroic resistance, survival and triumph of black Australia. Sydney: Angus and Robertson.
- Minniecon, D., Kong K. (2005). Healthy futures: Defining best practice in the recruitment and retention of Indigenous medical students. Australian Indigenous Doctor's Association (AIDA), 2005. Available at <http://www.aida.org.au/healthyfutures.asp> (viewed Jan 2009).
- Mitchell, J. (2007). History. In B. Carson, T. Dunbar, R. D. Chenhall & R. Bailie (eds.), Social Determinants of Indigenous Health. Crows Nest: Allen & Unwin: 41-64.
- Muru Marri Indigenous Health Unit (MMIHU) (2007). Barawul Yana: Better strategies for the recruitment, retention and support of Indigenous medical students in Australia. Community Report. September. Available at <http://www.sphcm.med.unsw.edu.au/sphcmweb.nsf/page/MMIHUResearch> (viewed Jan 2009).
- National Aboriginal and Torres Strait Islander Health Working Party (NATSIHWP) (1989). National Aboriginal Health Strategy. Australian Government Printing Service, Canberra.

Parbury, N. & New South Wales Ministry of Aboriginal Affairs (1986). *Survival, a history of Aboriginal life in New South Wales*. Sydney, Ministry of Aboriginal Affairs.

Phillips, G. on behalf of The Project Steering Committee, Committee of Deans of Australian Medical Schools (2004). *CDAMS Indigenous Health Curriculum Framework*. VicHealth Koori Health research and Community Development Unit on behalf of the Committee of Deans of Australian Medical Schools.

Rudd K (2008). Apology to Australia's Indigenous peoples. Australia, House of Representatives, *Debates*, No. 1, 13 Feb 2008: 167–173. Available at <http://www.aph.gov.au/Hansard/reps/dailys/dr130208.pdf> (accessed Jan 2009).

## Appendix 1: Barawal Yana Executive Summary and Recommendations

### Executive Summary

*“Barawal Yana: better strategies for the recruitment, retention and support of Indigenous medical students”* (*Barawal Yana*) was undertaken by a consortium from Monash (Monash) University, James Cook (JCU) and the University of New South Wales (UNSW). The UNSW component identified the high school years as an important window of opportunity for encouraging and supporting the retention of Indigenous students through to tertiary education. The Rural Clinical School, Muru Marri Indigenous Health Unit and Nura Gili Indigenous Program at UNSW investigated the opportunities for, and barriers to, Indigenous student entry into medical and other health higher education. A core component of this research was to examine the

role of university-based health career residential programs in facilitating the entry of students into higher degrees in medicine and other health professions. *Barawal Yana* is primarily a qualitative research project drawing on the use of in-depth interviews, both face-to-face and telephone, and narratives as its principle methods of data collection. Demographic and selected quantitative data were also collected. Data were collected from a number of primary sources, namely,

I. Careers advisors, Aboriginal Education Assistants and teachers from schools that sent students to the Koori Health Careers Residential Workshops in Wagga Wagga during 2002 - 2004;

II. Indigenous health professionals, Indigenous academics and Elders who participated in the Wagga Wagga Workshops between 2002 and 2004;

III. Graduates of the UNSW Winter School and graduates of, and applicants to, the UNSW Pre-Medicine Program (PMP) and,

IV. Medical students at UNSW and other health professional postgraduates.

These data, as well as the project's literature review, map the terrain between high school and university and elucidate the processes lying behind the historical impacts and current

dilemmas Indigenous students face in

common.

The findings of this research illuminate a number of broad thematic areas, including,

#### 1. Footprints and 'Pebble Stones'

This study confirms the multiple pathways Indigenous high school students utilise in the transition from school to University. There is a need to keep multiple pathways open as well as to enhance the effectiveness of existing programs that harness student aspirations for tertiary study to actual tertiary enrolment.

Recognition of the diversity in Indigenous experience, family support, location and resource availability points also to a potential boost to desired outcomes from provision of a range of differential programs, structures and locally tailored support.

#### 2. Success breeds Success

The presence of positive role models and the emergence of academic and professional 'heroes' in shaping students' perceptions of their own capabilities has been a common theme in this study. Successes, even if small, may not only lead to further success but engender a ripple or multiplier effect on other Indigenous students as well as a flow-on effect within families that has both sibling and multigenerational aspects. The significance of this finding is in its potential to turn peer pressure on its head, that is, from a negative influence to a positive influence. Indigenous specific career programs provide an enabling social and academic context in which potent connections within a wider body of Indigenous high school students, and between students and Indigenous health practitioners, can be made.

#### 3. Identity negotiation

This research, consistent with other studies, confirms an existing tension for Indigenous students between being academic and being Indigenous. Related issues revolve around students' need to walk in two worlds. However, this study suggests the emergence of a generation of Indigenous



students for whom scholastic success does not necessarily endanger their cultural and community commitments. The experiences of other students however, illustrate that this tension may be difficult to resolve.

#### **4. Academic self-concept**

The findings of this research support the notion of a widespread, negative self-perception of academic ability. Further, this study shows evidence of a real student concern with perceptions of a stigma attaching to Indigenous entry status. Proactive programs, supportive environments and the harnessing of latent individual and cultural resilience may ameliorate, or even turn around, the operation of this factor in relation to Indigenous educational achievement. Strategies that simultaneously address stigma and support the construction of positive, Indigenous student identities may most effectively address this potentially significant barrier. Further, the expanded repertoire of Indigenous students' life experiences mean that these students possess attributes, characteristics and values whose contribution to the study and practice of medicine needs to be more explicitly recognised by mainstream medical programs.

#### **5. Culturally-critical ingredients**

This study supports the findings of earlier investigations noting the central importance to student educational and career progression of, both, a supportive family situation and 'culturally safe' encounters with educational environments, content and processes. The University sector should therefore support all measures, in partnership with other relevant stakeholders, to assist in capacity building initiatives supportive of families' and communities' engagement with educational activities.

#### **6. Structurally-critical Ingredients**

Career advisor and teacher expertise in dealing with Indigenous students and their life contexts, including the provision of timely and adequate career education, subject choice and appropriate classroom reinforcement, is at present haphazard. Development and strengthening of appropriate partnerships within which

school and university stakeholders can cooperate may be a central part of facilitating the difficult traverse from secondary school to university in the following areas: Piloting of career advisor and teacher training

- within an Indigenous health-status frame;
- Development of models of career-relevant educational trajectories to 'capture' a broader range of Indigenous students than those who show obvious promise or who demonstrate early career focus; and,
- Cooperation around student attainment of the core skills needed to develop an appropriate academic/science language base for degrees in higher education, in particular, the health sciences.

#### **7. The 'Visibility' of Indigenous students**

The 'Invisibility' of Indigenous students can be particularly damaging with regard to educational development and career preparation. 'Visibility' needs to support the encouragement of students to identify both with their Indigenous heritage

- at a level with which they are comfortable
- and allow for expression of this identity within a culture of success and achievement.

#### **8. Identification with Indigenous students and other Indigenous role models**

This study strongly replicates earlier findings on the power of the personal narrative - the power of ordinary people, such as family members, peers, and significant others - to reach students and transform their notions of what they are capable of. These findings reinforce the impact for Indigenous students of potent Indigenous narratives, and accessibility to a diversity of 'heroes', in effective career information provision.

Overall, the findings of this study reinforce earlier, anecdotal evidence of the health careers residential program model offering a highly successful strategy for addressing the recruitment, retention and support of Indigenous high school students into higher education.

Indigenous specific health career residential programs constitute best practice in Indigenous student recruitment and support, and provide a concrete means by

which the University sector can engage purposively with Indigenous students in the secondary schooling sector.

The specific recommendations that flow from this study arise from its particular investigation of the impact of such residential health career workshops and programs on choice of a medical or health career and subsequent successful transition into University study.

This report strongly recommends the residential health careers workshop/programs model as a highly successful strategy of engaging and capturing the imaginations of high school students. Such recommendation arises for the range of reasons reflected in the findings of this study, but particularly with respect to the resultant 'demystifying' of University life, the creation of a sense of focus, the chance to see substantial numbers of other Indigenous students interested in higher education and the power of exposure to both 'positive peer pressure' and compelling narratives of success in the face of difficulty and struggle.

## Recommendations

1. UNSW recognises and support Indigenous specific health career residential programs as best practice in Indigenous student recruitment and support for careers in medicine and health. Funding for the Winter School needs to be secured in order to ensure sustainability and enhancement of the program.

2. The university sector nation-wide endorses, develops, and where necessary, adapts this model of Indigenous student recruitment and support for promoting careers in medicine and other health professions. This needs to occur across States and Territories and at both metropolitan and regional Universities.

3. A partnership be established between Indigenous, educational- and university-sector stakeholders to address barriers to the successful promotion of health careers to Indigenous students. These include:

(i) Provision of well-supported, multiple pathways to relevant tertiary study;

(ii) Culturally-informed initiatives to maximize student motivation, critical skill acquisition, retention to matriculation and successful engagement with tertiary study;

(iii) Piloting of career advisor and teacher training - within an Indigenous health-status frame;

With the aid of Aboriginal education specialists and Indigenous health academics a program of workshop training for relevant school staff that, not only, addresses cultural awareness (through specific local community input), but also foregrounds cultural safety in all staff/student and staff/parent interactions as well as the wider school environment.

(iv) Development of models of career-relevant educational trajectories to 'capture' a broader range of Indigenous students than those who show obvious promise or who demonstrate early career focus; and,

(v) Cooperation around student attainment of the core skills needed to develop an appropriate academic/science language base for degrees in higher education, in particular, the health sciences.

4. A partnership, formed from NSW stakeholders, prepare and distribute a booklet to assist teachers and career advisers. The booklet should stress the criticality of providing information in a timely fashion. In particular, stress should be placed on assisting students to choose the right school subjects at the right time, especially science subjects, to lay the foundation for careers in health.

5. This partnership ensure all Indigenous students have knowledge of available financial supports and endeavour to attract additional sources of funding (both government and private endowments or scholarships) to overcome widespread financial insecurity.

6. All Indigenous student residential programs include well-structured, safe, sessions designed to overcome



demonstrated barriers to student consideration of, or successful engagement with, university study. Through utilisation of appropriate peer and Indigenous health professional input, students be encouraged to critique, and challenge, the contesting notions of academic, or clever and Indigenous. Through similar exploration, challenge and re-framing, such sessions could assist students with other dilemmas, particularly the sense of shame often expressed around special entry into university status.

7. The NSW stake-holder partnership investigate fresh sources of funding to maintain, and extend, existing residential programs and workshops, as a significant

measure to address critical Indigenous health workforce shortfalls. This report strongly recommends the residential health careers workshop/programs model as a highly successful strategy to engage high school students and capture their imagination. Such recommendation arises for the range of reasons reflected in the findings of this study, but particularly with respect to the resultant demystifying of university life, the creation of a sense of focus, the chance to see substantial numbers of other Indigenous students interested in higher education and the power of exposure to both positive peer pressure and compelling narratives of success in the face of difficulty and struggle (Arkles et al, 2007).