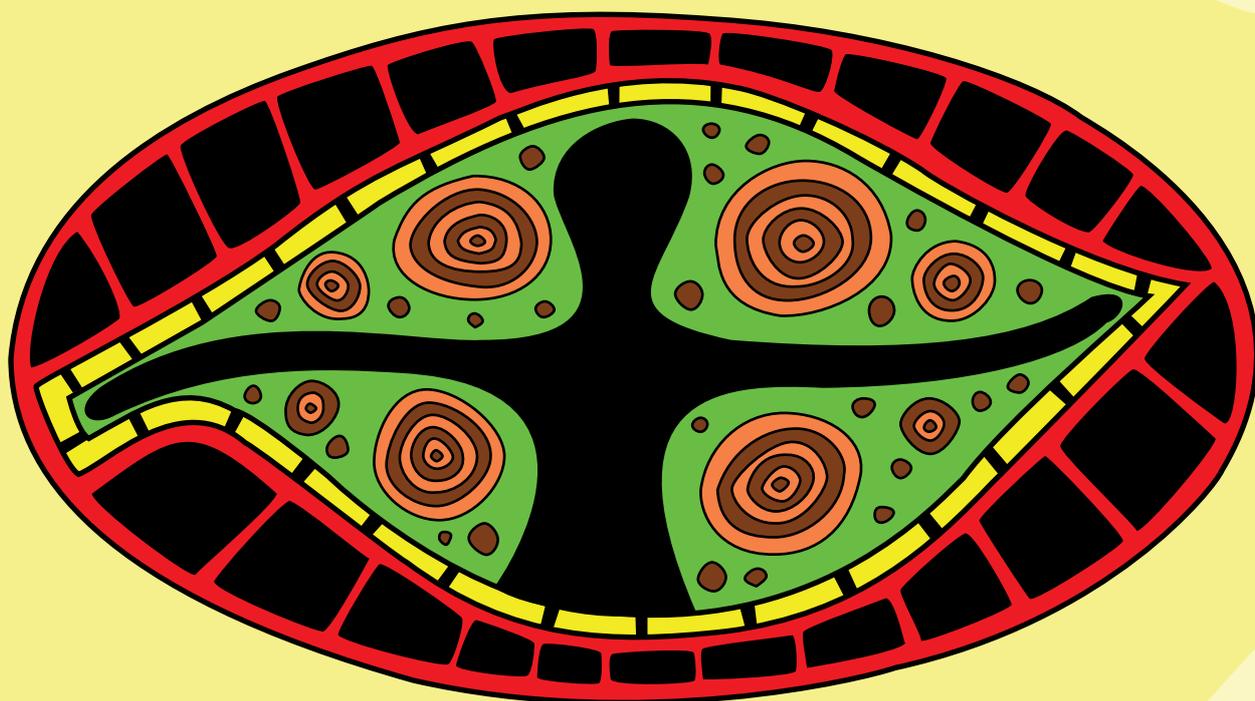


Not Just Scholars but Leaders:
Learning Circles in Indigenous Health Research



**AN INDIGENOUS CAPACITY BUILDING GRANT
COMMUNITY REPORT 2009**

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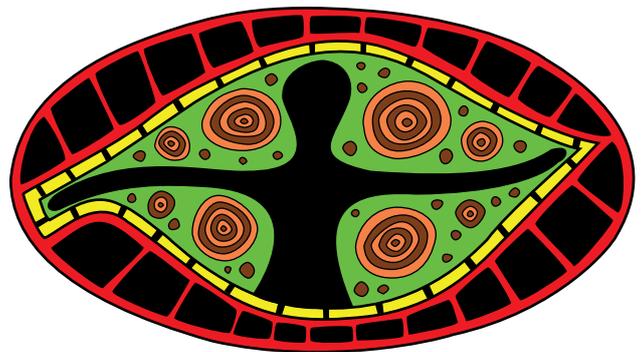
The editor acknowledges that there are several different spellings of the word Nyungar, Noongar, Nyoongar, Nyoongah, that are dependent on where people come from. Two different spellings are used in this report to reflect and respect the dialectical differences of the contributors: Noongar is a version used in the Southern regions while Nyungar is associated with Perth and the northern locations.

Acknowledgements: We would like to acknowledge the following people and groups - Kirsten Alpers, Liz Brain, Heather D'Antoine, Nola D'Antoine, John Finlay-Jones, Friends of the Institute for Child Health Research, Bob Ginbey, Ashley Golightly, Maria Harries, Barbara Horner, Ray James (deceased), Sally Knowles, Kulunga Research Network, Lou Landau, Sucus Leong, David Lindsay, Glenn Pearson, Leanne Scott, Ellen Seymour, Cindy Shannon, Sven Silburn, Judy Straton, Beth Veitch, Shane Venables, those who have allowed us to use their photographs in this report and everyone else who has provided advice and support along the way.

About the Indigenous Capacity Building Grant Logo

Design by Allison Bellottie

Allison, a talented Aboriginal designer/artist with experience in graphic art/design, was approached to design a logo for the Indigenous Capacity Building Grant. Allison kept to the idea of the 'tree of knowledge' as suggested by the Team Investigators. It features an Aboriginal spirit within the shape of a leaf that also holds cross-sections of trees. The trees are various sizes to reflect the various stages of life. The use of the leaf to outline the spirit is to represent what comes from the tree, for example, improvements made by research. The blocks between the leaf and oval are primarily to hold the leaf within the oval shape but can represent stepping stones (steps of research) or the number of issues in Indigenous health which research will benefit. Allison is from Shark Bay – Malgana.



Spirit of the Indigenous Capacity Building Grant (ICBG)

In the beginning...

The National Health and Medical Research Council is a federal government funding body that provides competitive health research grants. In 2005, a team of Indigenous and non-Indigenous researchers and colleagues from across Australia headed to Sydney to vie for their successful application. A grant was awarded to our team at a time which heralded a significant period for Indigenous health research. All of the ten team investigators are Indigenous Australians and who have focussed their research and professional careers in the betterment of health for their people.

And so began our journey...

Over the next five years, this team of dedicated Indigenous researchers, supporters and colleagues formed a bond that shaped and enhanced the hearts, minds and spirit of all involved. The ICBG provided a safe space for each team member to grow toward their aspirations with support and guidance along the way.

Our goal...

Alone we are one, together we are a critical mass, a group to be listened to, acknowledged and respected for our knowledge and skills in promoting and advocating our influence for change. Such a bond is formed for life as are our links back to our family, kin, culture and country. We have all shared this time of collective growth and development and we will make a difference.

Cheryl Kickett-Tucker and Juli Coffin on behalf of the team investigators.

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Foreword

Professor Fiona Stanley AC

Director, Telethon Institute for Child Health Research



I am delighted to write this forward to the Indigenous Capacity Building Grant (ICBG) Community Report 2009. I was reflecting recently about the number of opportunities I have had in recent weeks to meet or be in contact with nearly all of the Team Investigators (TIs). This contact is an indication of their success on the ICBG grant which we applied for and won five years ago.

Let me give you some idea of the activity levels of this impressive group. I had a post-doc supervisor meeting with Dr Michael Wright who was successful in an application to the National Health & Medical Research Council (NHMRC) for a fellowship and I have been in email contact with Dr Jan Hammill to help her fundraising advocacy with a novel employment program for young men with Fetal Alcohol Syndrome in Brisbane.

I read with pleasure a paper, in a highly respected journal, by Dr Cheryl Kickett-Tucker who has also won an NHMRC postdoctoral fellowship and I was impressed by Associate Professor Juli Coffin's presentation at a Racism Roundtable – part of her PhD research on bullying.

I read a newspaper article following Associate Professor Ted Wilkes' launch of a major drug and alcohol report in Canberra, briefly talked with Daniel McAullay as he is writing up his PhD thesis having returned from a major international meeting in Hawaii earlier this year, and spoke with Jocelyn Jones about her PhD and a dietary randomised trial to reduce aggressive behaviour of young Aboriginal men in prison.

I met with Associate Professor Dawn Bessarab who has an academic position at Curtin University, made a note to email Associate Professor Ngiare Brown who is now Director of the Poche Centre for Indigenous Health at The University of Sydney and is part of the Australian delegation to the UN on the rights of Indigenous peoples, and attended meetings of the State Government's Indigenous Implementation Board with Professor Helen Milroy.

To cap it off, I also started discussions with Glenn Pearson about putting in a major Centre of Research Excellence Grant to NHMRC for the next five years of funding for our capacity building of Aboriginal child health and wellbeing research.

We started off with a bang with this grant. The interview panel was bowled over and I can't remember such a good interview for a grant as this one. Everyone performed so very well. And then the hard work started! I have especially enjoyed getting to know the TIs and others who are associated with the activities in which we have been involved.

I have learnt so much about Aboriginal health, culture, ways of thinking and lots about Aboriginal humour and how to have fun! I am indebted to all the TIs and others on the grant for their commitment and passion and hard work. It has been a great experience and I look forward to us all continuing to work together in the next NHMRC Centre of Excellence Grant – if we get it!

Introduction

Associate Professor Deborah Lehmann
Leader of the Capacity Building Grant



In late 2004, researchers at Curtin University, the Telethon Institute for Child Health Research, the University of Western Australia, and the Combined Universities Centre for Rural Health were awarded a National Health & Medical Research Council (NHMRC) Capacity Building Grant (CBG) in Population Health Research. We gathered 10 senior researchers ('lead applicants', including an Aboriginal researcher) committed to supervising, mentoring and collaborating with Indigenous investigators ('team investigators') to develop a critical mass of skilled Indigenous researchers.

Ten Aboriginal team investigators (TIs) from diverse backgrounds (nursing, medicine, psychology, social work and education) participated in the CBG. Although most were living in Perth, one was in Brisbane, another in Darwin and another in Geraldton. A Master's student joined us briefly. This was the first CBG comprising solely of Indigenous team investigators. Two of the TIs were post-doctoral, another was completing her PhD (which she was later awarded with distinction), some were considering a PhD, while others had not contemplated a PhD at all. In the end, five TIs enrolled as PhD candidates during the life of the CBG; one has now been awarded an NHMRC post-doctoral fellowship and two others are near submission. The CBG family expanded further when some team investigators selected people outside the CBG to be their supervisors and mentors.

The complexity of the grant, with its many institutions and investigators across the country, the planning of meetings and workshops, and seeing to the diverse needs of the team investigators required special managerial skills. For this I am deeply grateful to our two coordinators – Jason Barrow and Maude Walsh.

The research undertaken during the CBG covered a broad range of topics – mental health, self-esteem, gender issues, substance abuse, bullying, juvenile justice, primary health care, human rights and transition zones for young Nyungar males. The investigators developed diverse Indigenous methodologies. A recurring theme in almost all the research was racism which led to a National Roundtable on Research on Racism towards Indigenous Australians. This culminated in the 'Boatshed Racism Roundtable Declaration' and a submission to the Human Rights and Equal Opportunity Commission to reinstate the Racial Discrimination Act.

Workshops helped to develop a strong sense of collegiality in the group. These activities which were run twice a year in relaxed and informal settings around Perth provided an opportunity for the researchers to present and discuss their findings in a supportive environment. On one occasion, we hosted all the current Indigenous Capacity Building Grants in Australia! Writing workshops helped people gain the skills and confidence to publish their research and the

flexibility of the CBG enabled people to make the most of available funds. The majority have presented at international conferences where they met experts in their field of interest and were able to establish future collaborations. Some attended courses that gave them specific skills needed for their research.

The CBG has already had many positive outcomes: Three TIs have been appointed to senior academic positions and several have been chief or associate investigators on 24 grants and had 33 peer-reviewed journal articles, six book chapters and four major reports published or in-press. There is now a critical mass of outstanding Aboriginal researchers, who seek to improve the lives of their people and who will be able to train other Aboriginal people in the future.

The CBG has been an extraordinary journey for all of us. We have grown as a group and developed strong relationships. My heartfelt thanks go to all the Aboriginal and non-Aboriginal people who have contributed to the CBG - researchers and administrators alike. On a personal note, my life has been greatly enriched through my involvement in the CBG, in particular through my contact with the Aboriginal researchers who have become colleagues and friends. I thank them for having taught me so much. This CBG has set a talented group of Aboriginal researchers on exciting career paths. I wish them well in the future.

TEAM INVESTIGATORS



Left to right: Michael Wright, Cheryl Kickett-Tucker, Janet Hammill, Daniel McAullay, Jocelyn Jones, Juli Coffin, Ngiare Brown, Ted Wilkes, Helen Milroy, Dawn Bessarab

Associate Professor Dawn Bessarab

BSW (Hons), PhD



Personal Story

I was born in Broome and am of Bardi descent on my father's side and Indjarbandi descent on my mother's side. My mother who grew up in the Pilbara never went to school; she taught herself how to read and write. My father grew up in Bulgin near Cape Leveque on the Dampier peninsula and was taken into town by my grandparents to get an education. Growing up in my family, my mother taught me the importance of education and made sure I went to school; her dream for me was to become a teacher.

My father taught me about my Bardi heritage and what it meant to be Bardi; he often used bush medicines to treat specific health problems in our family. Both my mother and father instilled in me a love of the bush and how to find bush tucker and my father who was a saltwater man taught me to love the sea.

I attended Broome Primary and High School and passed my Junior with 8 subjects; my parents then sent me down to Perth to do my leaving, which I passed. Moving to Perth was a culture shock as I had not lived in the city before but I enjoyed being in Perth and doing lots of different things; it was very different to Broome. I travelled for a while and then decided to go to university to do social work. I graduated in social work with first class honours in 1996 and four years later decided to do a higher degree. I am the first person in my family to go to University and get a PhD; my mother, if she was still alive, would have been very proud to see that all her efforts were not wasted and that who I am today is because of her. In an indirect way, although I am not a teacher, I am now working in the education sector.

In my professional work I have worked in many different areas; child protection, family and domestic violence, drug and alcohol, community development, family support, justice, training and now research. My areas of interest in research are all the above as well as identity, resilience, family functioning and gender.

In my thesis journey, I am extremely grateful to my children for their support and patience in sharing me with my demanding studies and later work commitments. I also am grateful to my supervisor, Associate Professor Frances Crawford, who was an inspiration and incredibly knowledgeable in the area of qualitative research. She encouraged me to use my Indigenous knowledge in my thesis and was always supportive when I faltered in the face of western academic theories and process. Without her unerring support I would not have had the confidence to trust my Indigenous process and incorporate it into my thesis.

In the latter half of my PhD studies, I was encouraged and approached by my mentor, Professor Sandra Thompson, to be involved in the CBG. At the time, I was very busy and kept resisting the invitation but then I finally agreed to being involved so that I could get on with finishing my studies. At the time I did not realise how important a decision agreeing to be involved was and what my membership on the CBG would really mean.

Being a member of the CBG enabled me to finish my PhD, something that I would not have been able to do without financial support. The CBG not only gave me the extra funds that I needed to complete my thesis and attend conferences but also provided collegial support, expertise and mentoring in building my capacity and confidence as an Indigenous researcher.

Through the CBG I developed the skills and confidence to present my work at conferences, improve my writing skills and develop more of an understanding on what is needed to do research. Having access to a team of Aboriginal colleagues all doing different work and non-Aboriginal mentors, lead applicants and supervisors to guide me has been a valuable learning experience.

Experience of ICBG

Although the CBG enabled me to complete my thesis by providing the financial support necessary to take time out to finish writing, it has also done many other things. Through the CBG I developed many friendships and professional networks that will support me in my future research career. I have also developed a confidence in my work that has come from being involved.

For Aboriginal people in the community, I think the CBG has developed a team of Indigenous researchers that will be a resource for the community. It has also provided the opportunity for Aboriginal people to show what they can do and the skills and talents that are in the community.

The challenges for the CBG is what happens after the project is completed and if the networks and supports are sustainable. Fortunately for me, I was at the end of my PhD journey and moving into the next stage of my research career. However, for team investigators who are in the middle, where they go to get the support needed when the project ends is a challenge.

Things that really worked in the CBG are the workshops which provided the opportunity for TIs to present their work and discuss issues in a safe and supportive environment. These workshops also provided people with the opportunity to get to know each other and find out what each of us do. The workshops encouraged the development of friendships and trust between the team investigators, some of whom I had not met before. These friendships are sustainable and relationships that I consider very important.

The writing retreats were valuable in teaching different elements of writing, showcasing and critiquing work being done and creating space to write. Not having to worry about finding the funds, cooking meals or booking accommodation was a relief and was one of the strengths of the CBG in that it had a funding allocation for professional development. Learning how to write, and that I can write, is a skill that is essential as a researcher and one tool that is fundamental to developing a profile as a researcher. I learnt in the CBG that if you don't publish, you perish.

The other valuable contribution of the CBG was the exposure to the work of the Telethon Institute for Child Health Research. Through that exposure, the development of professional relationships and the opportunity to be involved in research carried out by the Institute that can contribute to improving Aboriginal health is another relationship that will be ongoing in my career.

I think the CBG was a valuable experience and one that I am grateful for. I am indebted to all the members of the CBG who contributed to my development and journey. I am particularly appreciative of Sandra Thompson, my mentor, for persisting with my resistance and encouraging my involvement. Without her persistence I would have missed out on an excellent opportunity.

Although like any process there were ups and downs and tensions between the TIs and Chief Investigators, I think the CBG overall provided an excellent opportunity for the Indigenous team investigators and non-Indigenous chief investigators to work together. The CBG created a collegial environment that supported further learning and development of my knowledge, skills and research capacity.

Research Project

'A Study into the Meaning of Gender by Aboriginal people living in both Urban (Perth) and Regional (Broome) Settings'

As an Aboriginal woman working in the child protection system for 12 years, I found that non-Aboriginal workers were often unsure and unclear about the women's and men's roles in today's urban and regional Aboriginal society in regard to parenting and raising a family. A literature search revealed that there was not very much written about women's and men's roles in contemporary urban and regional context and what was written was heavily dominated by Anthropology. This gap in the literature was the impetus for my research into the meanings of gender for Aboriginal women and men living in contemporary urban (Perth) and regional (Broome) settings. Through the research question I was interested in hearing from the lived experience of Aboriginal women and men participants, their stories of growing up in their

families, the different influences that shaped their identity as female and male and their perceptions on the role of women and men today in looking after children and raising a family.

The study interviewed 38 people of which 17 were women and 21 were men. In Perth only Nyungar women and men were interviewed and in Broome a diverse group of Aboriginal people participated. A yarning approach was used to engage people for the study and later to collect the data. Women and men were asked to yarn about their experiences of growing up in their families and during the course of their interview the emerging conversation was explored further on topics that connected to concepts of being female and male. A group of Aboriginal critical readers comprising both women and men from Broome and Perth was established to comment on the interpretation and sense-making of the data and to ensure that the representation of women and men was respectful and culturally accurate.

Findings

My research confirmed that Aboriginal women and men living in Perth and Broome have similar beliefs and expectations of female and male roles in western society. Women from both Perth and Broome talked about being there for their children by providing a clean, nurturing environment that was physically and emotionally safe for their children. They talked about the importance of supporting children in getting a good education and taking responsibility for their health. Mothers taught their female children lessons that reflected patriarchal notions of women's role in the family such as preparations for marriage, the responsibilities of being a mother and a wife in looking after children and a husband.

The men also had similar beliefs and expectations to western society of their male roles. They talked about the responsibility of men to provide shelter, food and financial support for their family; men both young and old said that it was important to work so that they could financially provide for their family. Several men talked about the importance of teaching their sons alternative ways of being male by challenging behaviours that associated violence towards women, fighting and drinking with masculinity. Young men raised the issue of stereotypes and how these impacted on their male identity; they said they had to prove themselves and show non-Aboriginal society that not all Aboriginal men were 'bad' and got into trouble.

One of the differences for both women and men was the emphasis and importance placed on extended family in teaching younger members about cultural identity and their gender roles. For example, older and younger female participants discussed how their mothers, grandmothers, aunts and even male relatives such as fathers, grandfathers and uncles shaped their identity by teaching them what it meant to be female. The male participants described how their fathers, uncles, mothers and grandmothers taught them different aspects of what it meant to be male.

The research also revealed differences in Aboriginal notions of femininity and masculinity. When women and men talked about their experiences of being female and male their experiences were entwined with experiences of being Aboriginal. To talk about being female or male in the Aboriginal community is to also talk about being Aboriginal. The women and men in this study saw it as their responsibility, and a very important one, to teach their children about their Aboriginal identity; they challenged views that associated Aboriginality with criminality, lawlessness, welfarism and unemployment. The women and men asserted that being Aboriginal was about respect, responsibility, obligations and knowing about cultural identity.

For the women in this study, being female or feminine interrupted dominant western ideas that associate femininity with passivity and dependence. Women and older men in the research associated Aboriginal femininity with strength, independence and assertiveness; the ability to stand up, defend and challenge. Aboriginal femininity was not associated with passivity and submissiveness; women were admired when they demonstrated attributes of strength and their ability to fight for their family. Their courage in challenging the western system when something was not right, was not seen as being aggressive but was identified as assertive and something to be admired.

The major finding in this study was the connection between knowing about Aboriginal culture and gender identity; strong cultural identity builds strong gendered identity. The women and men participants were positive, functioning people whose stories revealed what works in families that are functioning such as; sending their children to school, working, engaging in both Aboriginal and mainstream society, not getting into trouble with the criminal justice system and knowing about culture.

Many of the participants in this study also experienced racism and although the experience was hurtful and insulting, both women and men were able to manage the racist attack positively because they had strong cultural identity and were very positive about being Aboriginal. Their families and parents had taught them well in how to manage racist taunts and this highlighted to me that if parents are not able to manage racism in their lives then they are not going to be able to teach their children how to manage it. We learn how to problem solve through our families and if the solving is not handled in a good way then how we approach problems will be how our family handles the problem and this may not always be in our best interest if how we manage it gets us into trouble.

Other Research Projects

The Too Solid Project (TSP) which is part of a 'Healthy Start to Life' grant funded by the National Health and Medical Research Council (NHMRC) grant is another research project that I am involved with. I was very privileged in 2007 to be invited to join the team of Aboriginal and non-Aboriginal researchers developing this project. The TSP is an Aboriginal parenting program being trialled and delivered to Aboriginal families in Perth. This project is exciting because the intervention that is being trialled in practice as an outcome of a previous research project confirmed for me findings from my doctoral research. This project was an opportunity for me to be involved in a project that was attempting to translate research findings into practice. The experience so far has been a fantastic learning experience.

Closing the Gap

With the over-representation of Aboriginal children in the child protection system and young people in the criminal justice system, knowing what works in healthy functional Aboriginal families is extremely important and can help to inform community and family interventions.

While we know what doesn't and isn't working in families who are not functioning very well, little has been written about what is working in families who are functioning. My study revealed what is working to produce strong Aboriginal and gendered identities. The importance of knowing who you are and about Aboriginal culture cannot be underestimated. Knowing about culture and being strong in cultural identity underpinned the mental, social and emotional wellbeing of the Aboriginal people from Broome and Perth who participated in my study.

This study can help to inform policy makers and service providers about what is needed in the development of interventions with communities and families. Focusing on programs that are developed by and for Aboriginal people that include Aboriginal beliefs, knowledges and value systems are integral if we are to capacity build communities and families.

Interrupting the dominant stereotypes around Aboriginal people is extremely important if we are to make changes in our communities and build the confidence and capacity of families and communities to go forward. We have a lot of skills and knowledge in the Aboriginal community which are not valued or taken up. I believe and hope that all of the research projects emerging from the CBG can and will go a long way in shifting attitudes and perceptions of policy makers and service delivery towards Aboriginal society in closing the gap in Aboriginal health outcomes.

Associate Professor Juli Coffin

DipEd, MPH&TM



with youngest daughter Halle

Personal story

My Nanna told me from early on that I would have a special job, and I think it is more than special. It is critical. Teaching and researching are both rewarding and can have a huge impact on someone, something or perhaps groups of individual's lives. My Nanna also said I was going to do something with my hands, not sure what, play sport, ride a horse? I have enjoyed many years of competitive sport, representing my country on five international trips and travelled all over Australia, all the while supported by family and generous funding for Elite Indigenous Sportspeople's programs, originally through the Aboriginal and Torres Strait Islander Commission (ATSIC). During the last fifteen years I have been privileged to have three beautiful children and family often gets put second when you have a large sporting commitment and you are trying to develop a career path. It was the same man who first introduced me to water polo who would also start me on this academic career path, Sandy Kerr, who I first met in my younger years in the Pilbara. Sandy moved to Yamaji country (Midwest Murchison) a few years before I did and when I was at a crossroads he provided me with an awesome opportunity to work with him at Kurongkurl Katitjin, the School for Indigenous Australian Studies at Edith Cowan University in Geraldton. Sandy deserves much thanks and I know he has given a hand up to many Aboriginal people both in the Pilbara and the Midwest and Murchison regions. We need more people like him around, very humble and extremely effective.

Well I talk with my hands so I guess that counts as well. Nanna was right. I am a very visual, oral and practical person; and I struggle with memory issues on written words. Guess I am one of many who feel the same, but research or academia was not really where I had thought I would end up.

Right from small, I was an animal lover and my family thought this was because they didn't talk back or try to boss me. I think it's because I love the way that an animal can be happy with you no matter what kind of trouble or grief you have encountered! In our lives I think we are given many opportunities to grow and evolve but what is important is to remember who and where you learnt your gifts. For me, that was the Pilbara. Your country is a great teacher, but your family are the very best. I am always grateful for my Aboriginal teachers and guides who helped me and continue to help me to be strong and feel supported in my life. Like my Nanna Janet who taught me so much about language and who shared the Nyangumarta language with me; and my family of sisters and extended family of nannas, mums, aunties, cousins, friends, colleagues and supporters. I learnt what pain is, what racism really looks like, who to talk with and who to walk with. You have taught me so much more than books ever could but especially the importance of family and nurturing. Without the support of family, a place from which to start, or country in our hearts and the Aboriginal colleagues we surround ourselves with, we cannot measure our successes or failures. Our forebears suffered so much that we shouldn't. We must make sure we do the right thing for the next generation of Aboriginal Australia by taking the opportunities we are given; I believe it is given for a reason. How lucky for me to have been entrusted by Yamaji people and supported through my whole work time in the community and with such generous assistance and guidance, always willing and supportive.

Although at times I feel like the mother dingo, doing my best for my little family but most times relying on siblings and extended family to take on the parenting and discipline roles in the shared upbringing of our children. I am lucky. I was born into a story as we all are - some of us get better stories than others. My story is still unfolding. This is the next chapter and all the words before this chapter are important, good and bad, it's what makes us who and how we are.

Experience of the ICBG

My first memory of the ICBG is going to Sydney with Cheryl Kickett-Tucker on a Qantas flight, six months pregnant and being slightly uncomfortable in my seat. I think the table wouldn't go right down on account of the baggage I was carrying with my baby gut! The interview was an experience. Having to think on the spot was probably not one of my biggest strengths. I thought it was a bit stressful and didn't feel really positive about our chances, but must have been okay because we got the grant! So for me, the story of my experience of the ICBG is really the first five years of my youngest child's life. A pretty important time for both of us, big changes every day. Having the grant has enabled me to be released from my everyday position at Combined Universities Centre for Rural Health (CUCRH); at first on a part time basis but then after two years it was increased to full time. Through the life of the grant I have met many wonderful Aboriginal and non-Aboriginal colleagues, people very well versed in the world I was about to enter and try to survive in.

What has struck me the most is the power in unity, in sharing, collaborating and celebrating achievements together. What a formidable group we are collectively; what a critical mass that was never previously there; what a great learning curve to show others there is a pathway. Learning skills as you go, with support - perfect for someone like me who never really has had such opportunities. The career pathway had been changed moving from the place always in my heart, the Pilbara, to a new home and community in Geraldton. And now another door had opened. That of frontier and community requested research and giving back a voice to those who had not been asked or heard.

My youngest child is five at the end of this year and our ICBG will be finished. For many people involved in grants and similar processes it is about the outcome, the end point, the things we can measure. For me it has been like the first five years of a child's life. Different, confronting, challenging and even enlightening with a bit of sadness and joy and growth chucked in. All the while I have been - just like that small child - held, supported, encouraged, allowed to make mistakes and have success. Helped and fed so that I can grow in the direction of my passion. But most importantly, grounded and loved by my family and community. For me, like many others, the life of the grant will end but other roads will appear, choices will be made, and things will change. The journey is far greater than the destination.

Bullying research and its relevance to closing the gap for Aboriginal health

The aim of the research was set as contextualising and documenting "What does bullying look like and feel like in an Aboriginal context?" Much evidence has been collected from mainstream groups around Australia and the rest of the world, yet little work has been done with any Indigenous or Aboriginal group. The saddest thing is in all statistics related to mental health, educational completion, achievement and sickness, Aboriginal people (the minority) are over-represented. The issues affecting Aboriginal children as highlighted by the Western Australian Aboriginal Child Health Survey (WAACHS) report are stifling our children in achieving and reaching their aspirations no matter how we try to support them. It appears there is so much of a load for Aboriginal children to carry and mental, social, emotional issues, relationships are just the tip of the iceberg. With the high rates of suicides and huge social issues facing our communities it is extremely hard to break the cycle. From this project we have gained hope as we have given the voice back to the Yamaji people who are living the experiences every day. These are over 200 Aboriginal children, carers, parents, families, Aboriginal teachers and Aboriginal Education Workers. The community expressed a need to do something, and the project was born. The project used community generated terminology and from our steering group the title 'Solid Kids Solid Schools' became the name of this piece of research. The steering group felt that the kids are already solid, what we need to do is to make schools a solid place for all kids to stay that way.

How can this research close the gap?

With understanding and knowledge we can move forward. We can provide the policy makers with a concrete evidence base and practical trialled direction. If such recommendations and practical approaches were ignored, it would be at the expense, yet again, of a system that is largely failing Aboriginal children (that has already failed many of their parents/caregivers).

This research has implications of community mobilisation to say 'enough is enough'. The biggest finding was around the prevalence of intra-racial bullying in our schools and communities. With relationship and bullying type work, there are ever-changing and evolving ways in which all children and youth bully and normalise such behaviour. For

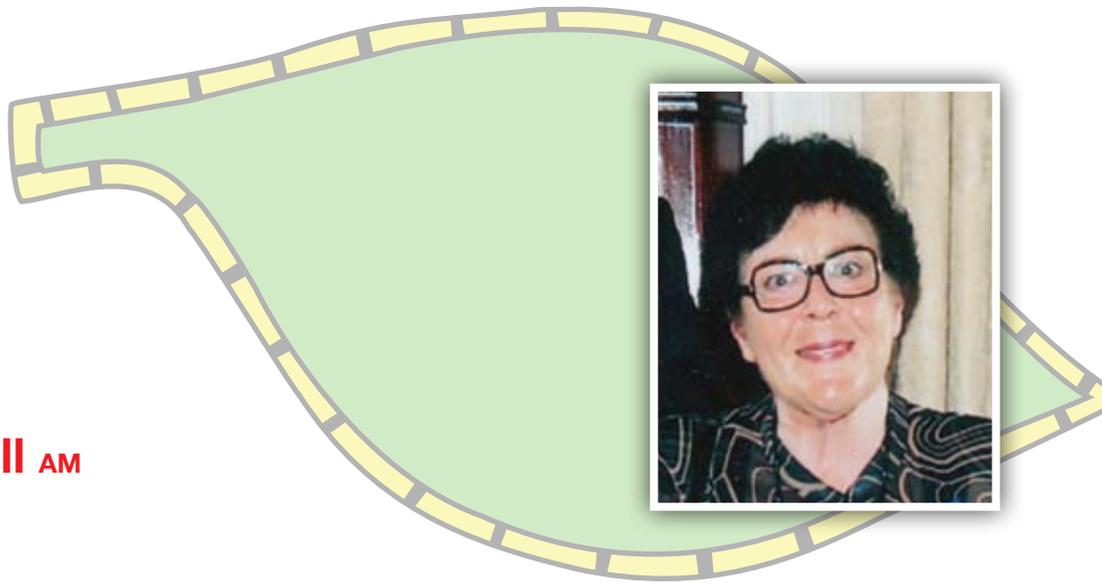
Aboriginal children there are indeed some pockets of our communities where bullying is normalised and children are acting out what they have seen and experienced. Sadly, for many Aboriginal children, there is a mentality of fight or be fought. How do we recreate a strong culture, positive identity, no jealousy, not always wanting to bring down the tall poppies and equity? This is what communities are trying to do every day. How do such divides occur when we are all Aboriginal? Society and power has created subcultures and divisions. Simply by asking Aboriginal children to achieve in a non-Aboriginal context has also done that. We must all pull together and support one another so that nepotism and lack of trust can be broken; our children are living this every minute of every day. This research demonstrates how as parents/caregivers we engage with our children and families around social and emotional issues; it is very hard not to be emotive when your child is suffering. What we are trying to demonstrate is how do we prevent the situation arising in the first place? What skills or tools do parents/caregivers, schools and wider community people need to support and carry these types of highly sensitive issues that arise? These are the questions we have answered with the Yamaji community. We can now show a better way to engage with young people and to help develop and build that trust in the school system and home environment. The future may be brighter for our children than it was for some of us.

Tobacco research

The Pilbara Tobacco research project is a five-year program to aid families to achieve a smoke-free environment for their children. Working intensely with families, the program supports families to have a smoke-free home, smoke-free car and provide education and support for setting up smokers' areas away from the home. This research has measured the amounts of passive smoke in homes from several different positions. To date, findings indicate that smoking outside in close proximity to the house like the veranda, is the same as smoking inside the home. Smoking has traditionally been associated with many Aboriginal communities, especially up north, where workers were paid in tobacco, flour and sugar for many years and it was considered a luxury and as valuable as money. Before the health effects were known, smoking was socially acceptable and often encouraged as a way to relax and unwind. For many Aboriginal people, the smoking habit has developed throughout their lives and has unfortunately been passed onto their children either inadvertently or directly. Smoking rates for Aboriginal people living the Pilbara are around 50%. This is extremely high for a child who may pass through several homes, cars and environments in one day, given the extended family and care system. The children are the focus but it is hoped that larger family gatherings can become smoke-free events for everyone involved.

Closing the Gap

Tobacco-related deaths and illness are over-represented in the Aboriginal community. Smoking and its related effects are preventable. Our children have extreme rates of otitis media and asthma that are directly related to passive smoking. We have to make some extreme changes and provide people with support and encouragement to maintain children's health for the future. Governments pay people to immunise their children. The Government pays us a bonus when we have a child so why not offer incentives and rewards for those of us that keep our children smoke free? If we could diminish the sale and use of tobacco in the Aboriginal community the associated financial and health benefits would be massive. This is a starting point, a family-based intervention. It does not blame or victimise the smoker; it rewards the homes and cars where children (and all of us) can breathe clearly. This program is proving what families are capable of when they are offered the right support.



Dr Janet Hammill AM
RN, MTH, PhD

Personal story

I grew up in western NSW as the third of four daughters to a young working class couple. My mother typified the tag as “home duties” and Dad capably cared for his small brood by shearing, droving and then working for a pastoral company until they helped him draw a “block”, a Western Lands Lease further out. Neither my parent’s true ages, nor my father’s race, was known to us and we presumed we were non-Indigenous as many men like our father in rural work were burnt dark by the sun. Our early years boarding at minimal cost at the CWA Girls’ Hostel and attending the local public school in a northwestern NSW town introduced us to other students who carried our name but were distinctly Indigenous. It was decades later that we were able to validate our connectedness through our Aboriginal grandmother who died when our father was only small. He and his siblings were then reared by their non-Indigenous father.

My sisters and I thought our father had died without having his birth registered and he always believed he was born on 12th May 1911. However in recent years, we found Dad and his siblings, all seven children, were registered away from their birth place in the Pilliga at the Parramatta Registry Office under their Aboriginal mother’s name of Nellie Reid. They were registered all on the one day six months after she died in 1913. This information contradicted that on her death certificate which states she was a single woman engaged in domestic duties with no children and the information was supplied by my grandfather, Robert Trindall. We now know that our father was registered at Parramatta as “William Alec Reid” and his birth is given as 12th May 1909, two years earlier than he thought.

Piecing together further family history and after her death, acquiring my mother’s birth certificate, we know our mother became pregnant to our father when she was fourteen and he was twenty seven years of age. In the political climate of the time, had his Aboriginality been known, he would almost certainly have been jailed for carnal knowledge and received a lengthier sentence because of his race. By the time my mother reached eighteen years of age she had given birth to three children and was being exceptionally well cared for by her husband albeit in somewhat rural poverty of the time. Looking back, my sisters and I think she won first prize in the husband stakes. Two sisters and I have since returned to my grandmother’s country and met up with family members denied to us in our growing up years. While many still live in poverty and few have claim to property, we have been enthusiastically welcomed into the family fold and there are some remarkable achievements to be shared between us all. Most importantly through missing links, with lucid and sometimes hazy recollections, we have been able to assemble a family tree that locates relatives scattered from La Perouse, Bourke, Mount Isa, Camooweal, Darwin, Alice Springs and back to the Pilliga precinct where inevitably many return.

Experience of the ICBG

Entering the final year of a five-year grant is both a time for reflection and a time for urgency. It demands an interval to reflect on one’s contribution to self and community: the latter comprising the community collaborators being researched, those interested in your findings and of course the organisation who generously funded your venture.

My contribution to the ICBG Program, Not Just Scholars but Leaders, has been a patchwork of ideas, of two-way learning systems, sharing my acquired knowledge and taking my mob with me. Most of my initiatives have been a continuum of the NHMRC-funded doctoral research I did with women and their families at Cherbourg Aboriginal Community. The thesis emerged steeped in a participatory action mindset.

Having the good fortune to be situated with like-minded people at the Telethon Institute for Child Health Research, and funded again under an NHMRC grant, has been a critical and essential component for my progression as an ethnographer. This was validated at the community level in 2008 when I was bestowed with the Order of Australia medal (AM) in the General Division. The bestowal was for services to Indigenous women's health and research into fetal alcohol spectrum disorders (FASD).

Throughout the past four years I have wavered between praxis and the urgent demands for action as an advocate and problem solver: praxis being the planning of strategies to achieve an output for my evidence and how it could be applied in a purposeful way by others.

In seeking the ongoing expansion of the mind via the ICBG, I was fortunate to secure a position at the Australian Centre for International and Tropical Health and Nutrition (ACITHN) where I began my postgraduate studies. I found myself a satisfying role as guest lecturer and mentor to students undertaking the Bachelor of Applied Sciences in Primary Health Care as well as teaching and mentoring. In the intervening four years I have been engaged in the following activities: observations and supportive efforts in communities, courts, detention centres, adult prisons, cultural gatherings and attending relevant seminars and conferences. In late 2008 I moved across to the University of Queensland's Centre for Clinical Research (UQCCR). 2009 finds me happily ensconced under the umbrella of neonatologist, Professor Paul Colditz, and his group of researchers at the UQCCR where I share interests with staff from varying scientific backgrounds many of whom are researching critical areas of fetal development.

This placement links my ethnographic data with cutting-edge biomedical research which assists in identifying the impacts of colonisation trauma, transgenerational transfer of stress and abuse, unfavourable environmental disturbances, addiction to common teratogenic agents on maternal health and consequences for further epigenetic programming.

The Personal Journey

Ethical predicaments

Undertaking the ICBG program did not require arduous ethical clearances in continuing my previous work which was a community-driven effort. However, there are ongoing issues that necessitate contemplation for me, such as when does reciprocity become the cost of entry to strip life bare for those being studied? When does ethnography become medical anthropology or is it the same discipline? My search for answers became enmeshed in the work of others. In particular I was mesmerised with the dilemmas posed in Warwick Anderson's *The Collectors of Lost Souls: Turning Kuru Scientists into Whitemen* (2008. Baltimore: John Hopkins University Press).

Throughout the first decade of research into kuru, medical investigators desperately sought to acquire Fore blood and body parts for study in laboratories in the United States and Australia. They exchanged valuables with the Fore people, pleading with them, threatening them, cajoling them into transacting brains for blankets, urine for knives, blood for tinned fish..... When exchange went awry, some scientists thought wistfully of easy appropriation of Fore goods or even "medical cannibalism": that is they dreamed of consumption without reserve. But relations in the field could never be so simple. Fore people kept making claims on the investigators as persons, entangling them in local communities and sometimes managing to transform the white men in the process (Anderson, 2008).

Kuru research delineated a time and an era and demonstrated that participants can also be demanding. Could my ethnographic work represent a similar era decades down the track? While not transacting the same material goods, for the past 14 years I have been helping with letter writing about numerous subjects and complaints for many community members, advocating on their behalf from day to day problems through to the courts' systems, lobbying politicians on various matters of their concern, giving financial help on a too regular basis. Was I not "buying" participation? How do you build capacity without becoming entangled in the expected reciprocity? These are the questions I need to address in greater depth before the culmination of our ICBG.

Closing the Gap

While the application of scientific data is sometimes met with mixed reactions from within concerned community groups, there is an increasing wave of acknowledgement, especially by female elders, in relation to the presence of Fetal Alcohol Spectrum Disorders (FASD) and the combined damage related to unresolved grief, as well as parental alcohol, tobacco and cannabis use. In many instances, it has been Indigenous women who first expressed their observations that children's behaviour in contemporary society had negatively changed. We now need to work together in teasing out the health impact of those combined exposures to find the best way forward.

Weaving narratives of Indigenous family history that tell of unresolved grief and loss, domestic violence, removal of children, incarceration, cultural dislocation, racism and discrimination into a biological framework allows a graphic illustration of not just health and wellbeing but a window into the epigenetic and developmental burden that underpins and assists the continuation of vulnerability. Family historical trauma over generations has detrimentally influenced the neurobiology of stress, increased teratogenic exposures as parents self-medicate their grief which in turn affects the relationships between psychobiological reactivity and the changing environment of communities. This directs negative trajectories for the children and ensures the continuation of deprivation as revealed in Indigenous statistics. That is, higher rates than mainstream of maternal substance use, compromised perinatal outcomes, early learning disadvantage, poor school achievement, behavioural problems, younger sole parenting, juvenile offending, criminality, recidivism and incidence of chronic diseases which manifest prematurely.

However, solving the breach in abysmal health statistics is not just about clean water, sanitation, good housing and provision of schools and other facilities. How can we close the gap when too little is understood about the epigenetic and developmental factors that now define and complicate Indigenous health? Without this understanding the barriers to remediation will continue to grow and block overall access to equal life chances. Closing the gap is a more serious issue about how racism and loss of identity are the engines that drive and sustain deprivation, bringing Indigenous people to the brink of biological and cultural genocide.

The Future

My plate is full for 2009 but still I load myself with more tasks and wider searches for appropriate biomedical research to enlighten and expand my own findings. I feel I cannot disregard the calls being made to me as many of these are increasingly from other research colleagues who view the benefits of collaboration as better supporting their future plans also. Most of their intentions are based in "closing the gap" as I mentioned previously. Such opportunities inspire and capture me as a willing partner who sees the greatest potential for improvement is through identifying and setting a baseline for Indigenous health which then has to be translated into a best practice capacity-building model for communities, individuals and organisations. I feel ready for the challenge and have plotted a pathway accordingly.

*Maude Walsh, Janet Hammill and
Fiona Stanley*



Jocelyn Jones

BA, MAE



Personal story

I am a descendant (mother's side) of the Whadjuk (Derbarl Yerrigan) group and the Palyku from the Pilbara (Marble Bar area). We have not been able to trace my ancestry on my fathers' side.

I come from a nursing background with a Masters in Epidemiology awarded from the Australian National University. I originally commenced with the ICBG as a team investigator part-time then progressing to full-time and enrolling in a PhD.

I have worked for over twenty years in the fields of Aboriginal and Torres Strait Islander health and justice services within government and Aboriginal community-controlled service. I worked in an urban Aboriginal community-controlled health care service as a manager for health promotion and later as an area manager. I have also held a senior management position within the Office of Aboriginal Health at the Western Australian Department of Health where I was responsible for policy development and implementation at a state and national level. I am passionate about improving the services and incarceration of Aboriginal and Torres Strait Islander people. I was employed with the Office of the Inspector of Custodial Services with a key responsibility to review the health services of all adult and juvenile custodial health services throughout the State. I was instrumental in the development of policies, which directed the purpose and expectations of the Office when conducting inspections of prison health services. This included a key role in assessing the cultural safety of prisons and treatment of its Aboriginal and Torres Strait Islander prisoners. These policies covered issues such as the Inspection methodology, collection and use of data and prisoner confidentiality.

Experience of the ICBG

I commenced part time on the ICBG and then applied for a scholarship through the Department of Corrective Services to undertake a PhD on the *Developmental Pathways Project: Developmental pathways to health, education, and delinquency outcomes in Western Australian Children*. Currently I am half way through my study.

Being on the ICBG has provided the necessary resources to be able to undertake numerous courses, attend conferences and address training needs. I co-presented with an Indigenous international collaborator at the 12th World Congress on Public Health in Istanbul, an experience that not all PhD students have.

The biannual ICBG workshops were invaluable in the development of ideas for my PhD. These workshops were attended by the investigators, supervisors and team investigators. They provided a forum for TIs to present their research and gain expert input and advice. My journey on the ICBG has been positive. I have developed collaborations and networked with a range of organisations and individuals and these will follow through to the future and assist me to establish myself in my area of expertise, juvenile justice.

Research Project

The aim of my PhD is to develop a profile of the developmental, health, socio-economic, racial and demographic factors associated with risk, protective and resilience factors that contribute to juvenile delinquency. This project uses qualitative and quantitative research methods both to consider life experiences of Aboriginal youth pertinent to contact with the juvenile justice system. The results from this research will inform policy-makers across a range of government departments.

Associate Professor Cheryl Kickett-Tucker

AssDipAppSc, BAppSc, MS, PhD



Personal story

A legacy is unfolding...

My children are my inspiration.

My mum is my strength.

My dad is my determination.

My husband is my safe place.

My family keep me humble.

My spirit is my own.

I am a Noongar woman with Wadjuk, Ballardong and Yued traditional connections to land. I was born in Wadjuk Boodja and have lived in my country with my family for my entire life. My parents, Alan Kickett and Shirley Harris, had a family of eight children and I am the middle child. I am happily married to a Wongi man from the Goldfields of WA and we have been blessed with two beautiful children.

I am on a journey to help my people become educated, healthier and happier and I do this in my roles as an Aboriginal researcher, educator, daughter, niece, wife, aunt and friend.

My journey as an educator began long ago when my great grandfathers, Edward Harris (mother's side) and John Kickett (father's side) and a group of Aboriginal men made a deputation to the Premier in 1915 to insist that Aboriginal children be allowed to go to school. This important historical event had a profound impact on the following generations of Noongar people because our great grandparents forged a legacy and fought for equal rights for Aboriginal children who as a consequence were allowed to go to school.

I know my family history and I am grateful that because of this important event in Noongar history, I have been allowed to go to school. Fortunately for me, I loved going to school to learn. My experiences were positive partly because of the legacy forged by my great grandfathers and partly because I had teachers who were good to me. Under the guidance of my teachers and the steadfast support of my Mother, I excelled at academia. School life suited me and I always worked hard to achieve high grades. Socially, I was part of a group of close girlfriends at primary school that have become sisters to me and even today some 28 years later, we are still mates and socialise regularly. This is something that I cherish very much. But life is not all about school and mates.

When I was 10 years of age, I was introduced to basketball by a step sister. Four years later, I began my basketball career representing WA in state and national basketball competitions. My life was also now about basketball and as a consequence I played, coached and umpired almost every day of the week. A few years later, basketball had become the blood that pumped through my body and Mum noticed a distinct change in me. I wasn't spending much time home, so one day, Mum pulled me aside to chat. She knew that I loved basketball because I spent every waking moment at the courts, except for when I went to school. Anyway, in year 12, she said to me, "Cheryl, you know you can't eat a basketball!" This one little statement had a profound effect on me because what Mum was saying in her way, was that I needed to do something else in my life that would support me. Mum knew I loved sport more than anything else and after my year 12 graduation she spotted an advertisement for a new degree at the local University

in Sport Science. I enrolled immediately and completed my degree. The pathway was now set and it was my dear Mother who put me on that path. I went onto gaining an academic scholarship at the University of Oregon in the USA. Here, I continued studying sport sciences and completed a Master of Science. It was here that my focus upon the social psychology of Aboriginal children emerged in academia and upon my return to Perth, I enrolled to do my PhD in education and examined the identity and self-esteem of urban Aboriginal children participating in school sport.

Reflecting back on my life and examining the elements and people who had a huge impact on the trajectory of my life, I know that my mother had the most positive influence and that basketball kept me focussed, goal-oriented, healthy and happy. However, the legacy left by my great grandfathers echoes still in my head and my heart and now it is my turn to uphold the legacy for not only my children and family but also for all young Aboriginal people.

Experience of the ICBG

I first learned about the NHMRC Capacity Building Grant application from a colleague, Ellen Seymour. She was very persistent and called me weekly for a couple of months to join the innovative project and exciting team. During this period, I was a second time mother of a young daughter. After her birth in 2000 until 2004, I was a stay-at-home Mum. My daughter started four-year-old kindergarten in 2004 and I felt ready to engage in paid work on a part-time basis...so I said "yes" to Ellen.

Participation on the Indigenous Capacity Building Grant (ICBG) has been a positively challenging experience for me for a number of reasons. Firstly, and importantly, opportunities have been afforded to advocate an Aboriginal research agenda and to promote research conducted by Aboriginal people for Aboriginal people! In this regard, I have had the opportunity to develop, advocate and apply an Aboriginal "grass roots" grounded approach to research with my own people.

The ICBG has brought together a team of Aboriginal investigators in a shared space which has allowed me to work and share with like-minded Aboriginal researchers. Consistent collegial support and regular open discussion with like-minded Aboriginal team investigators have assisted in maintaining a robust Indigenous research methodology. More specifically, I have developed a very grounded and sound set of values and ethics when conducting research with my own people, such that the heart of the research and the benefits are the priority for Aboriginal people. Procedures for Aboriginal community engagement, participation, respect, ethics, analysis and feedback are maintained throughout the entirety of the research process.

In terms of my own capacity and skill development, the ICBG experience has been rewarding because I have had the opportunity to work alongside experienced, expert, multidisciplinary researchers that have challenged my existing research skills. For instance, prior to joining the ICBG team, I had skill and experience as a qualitative researcher who mostly utilised ethnographic methodologies, but now I am also trained in quantitative skills where I have developed survey instrumentation and analysed data using statistical methods.

My participation on the ICBG has ensured that I have access to researchers such as Professor Sven Silburn and Professor David Lawrence. Professor Silburn initially trained me on setting up a SPSS database and Professor Lawrence has continually supported my research development by providing ongoing training and advice on SPSS. Professor Lawrence has also assisted me to develop my writing skills and confidence in preparing scientific articles for quantitative journals.

I have had access to writing workshops and have attended three during the course of the ICBG. I have had the pleasure to learn from Professor David Lindsay who has also provided ongoing support and assistance beyond the workshop that I attended. Participation in these writing workshops has also produced another group of colleagues that have continually supported me in my writing efforts, confidence and consistent collegial support.

Finally, the ICBG has provided opportunities to build new friendships and collaborations that might never have occurred otherwise. The ICBG experience has been a personal one that has allowed me to share and learn from a unique group of people. I have to acknowledge those individuals who have shared in my journey as an Aboriginal researcher and author and who have provided much friendship and support along the way. My sincerest thanks to Professor Fiona Stanley (TICHR), Mr Bob Ginbey (TICHR), Professor Deborah Lehmann (TICHR), Juli Coffin (ICBG team

investigator), Rani Param (Murdoch University), Professor Deborah Johnson (Michigan State University), Glenys Dixon (TICHR), Professor Helen Milroy (University of WA) and the many individual TICHR personnel from Academic Services, Information Technology, Accounts, and Public Relations who have supported me whilst at TICHR.

Research Outcomes

“Racial identity is one of many components that comprise a sense of self”
(Umaña-Taylor et al 2002; Umaña-Taylor and Fine 2004)

and it is “...this single component [that] is consistently positively related to individual's self-esteem”
(Umaña-Taylor and Fine 2004: 139)

My research agenda is concerned with Indigenous Australian racial identity and the effect it has upon the self-esteem of an individual and how this relationship may then impact mental health and wellbeing. Racial discrimination, for example, has been described as a social ill that is widespread throughout the Indigenous Australian community and which has a direct impact on racial identity and consequent self-esteem. In fact, racism affects mental health because it generates stresses for the individual which then influences their mental wellbeing, often leading to “full blown personal self-hatred.” The consequences are the debilitating attitudes to one’s self which then motivates a self fulfilling prophecy which in turn drives particular ideas and behaviours. An example of this chain of events is the extremely high levels of youth self-harm and suicide as well as incarceration and teenage pregnancies of Australia’s Indigenous young people.

However, Australian studies have only recently connected racism with health and have consequently highlighted it as a major contributor to the ill-health of Indigenous Australians. More specifically, studies have shown that Indigenous people who have experienced racism have had high self-reported stress levels, depression and poor mental health. In other Australian studies, the relationships between academia, self-concept, self-esteem and identity have been found such that a high or positive racial identity can positively influence the academic achievement and motivation of Australian Indigenous youth and children attending formal schooling. However, in sum, there are limited studies showing the impact of racial identity and related self-esteem upon individual’s health, particularly for Indigenous Australians children and youth. Furthermore, a life-span approach to understanding the development of Indigenous Australian racial identity and self-esteem, including protective and destructive factors have not been researched in regards to the impact upon mental health and wellbeing. Despite the emerging literature, we know little about how racism affects the health of Indigenous Australian children and youths, particularly the impact on their racial identity and how this manifests their wellbeing. My research fills this void.

I have developed a research plan for the next five or more years that will examine how racial identity develops over time, what comprises racial identity, how it influences self-esteem and then how this interaction affects the mental health outcomes in Indigenous Australian children aged four, right through to youth and adults.

It is important to examine racial identity of children and youth because it is early in adolescent life that adult identities are beginning to develop. It is often said that a healthy start to life is a determinant of adult wellbeing. Importantly, it is at a critical time in development that children and particularly youth begin to interpret their social worlds in order to bring meaning to their sense of belonging and to maintain their wellbeing.

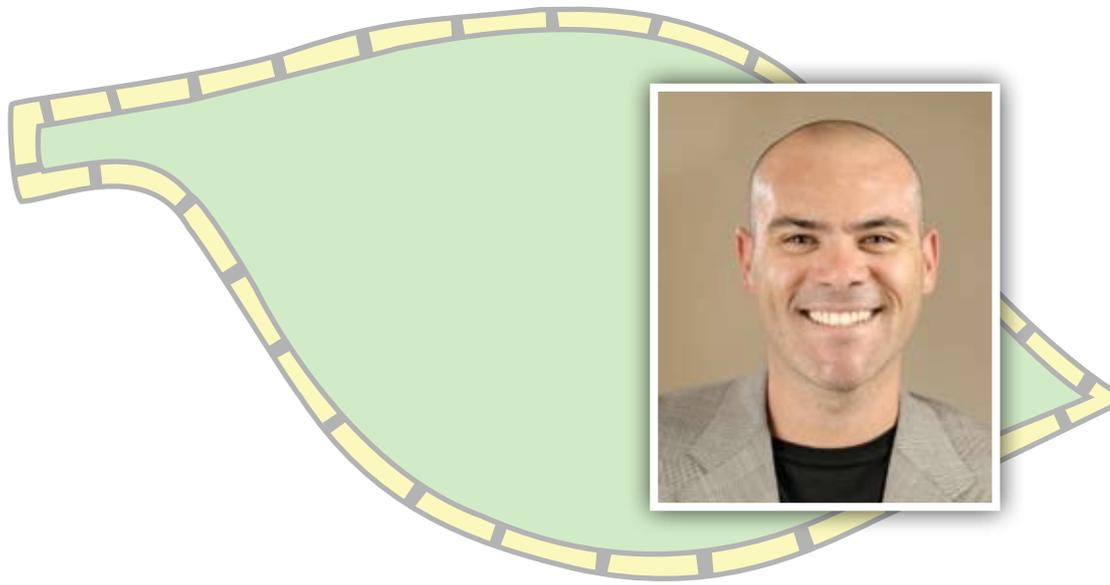
If a child or youth’s racial identity is not strong and the majority of the wider community do not value the minority’s group, then their Indigenous Australian racial identity may be threatened. It has been shown by overseas research, that it is at this critical phase in youth development that young people are more vulnerable to discrimination and suicide, particularly more so for Indigenous populations.

Closing the gap

My research agenda has, and will, attempt to continue to close the health inequities of Indigenous Australians because this agenda aims to develop the knowledge about racial identity and related self-esteem and how these constructs manifest changes in mental health and wellbeing. My research is vitally important because it champions the idea that a strong racial identity and related self-esteem is like a hub of a wheel. More specifically, without a hub, a wheel can go nowhere. Racial identity is like the hub of a wheel because it is the centre of Indigenous wellbeing...it is a spirit and driving force that provides appropriate values, behaviours, morals and attitudes that promotes, maintains and stabilises one's self. Continual negative forces such as racism have the opportunity to systematically undermine Indigenous racial identity. Therefore, the hub may be weakened by experiences such as racism and which sets up an individual to be steered by further outside forces. If negative external forces such as racism go unchecked in the community, then it has the potential to have a long lasting impact upon our Indigenous population's mental health and wellbeing which then starts a harmful pattern toward oneself.



Deborah Lehmann, Cheryl Kickett-Tucker and daughter Sarah.



Daniel McAullay
BSc, MAE

Personal Journey

My involvement on the CBG has meant that I have had the opportunity to focus solely on my PhD study. Participation in the grant provided me with a full salary and a small yearly budget for study support and professional development, which has allowed me to travel to Canada and Hawaii to participate in two important forums. The trip to Canada was to attend and participate as an author in a stakeholder meeting about the Indigenous Children's Health Report: Health Assessment in Action report. The trip to Hawaii was to participate in the International Group for Indigenous Health Measurement; the International Meeting was to present on this report.

Research Project

Investigating the contribution of primary health care to the maternal, infant and child health of selected communities in Western Australia.

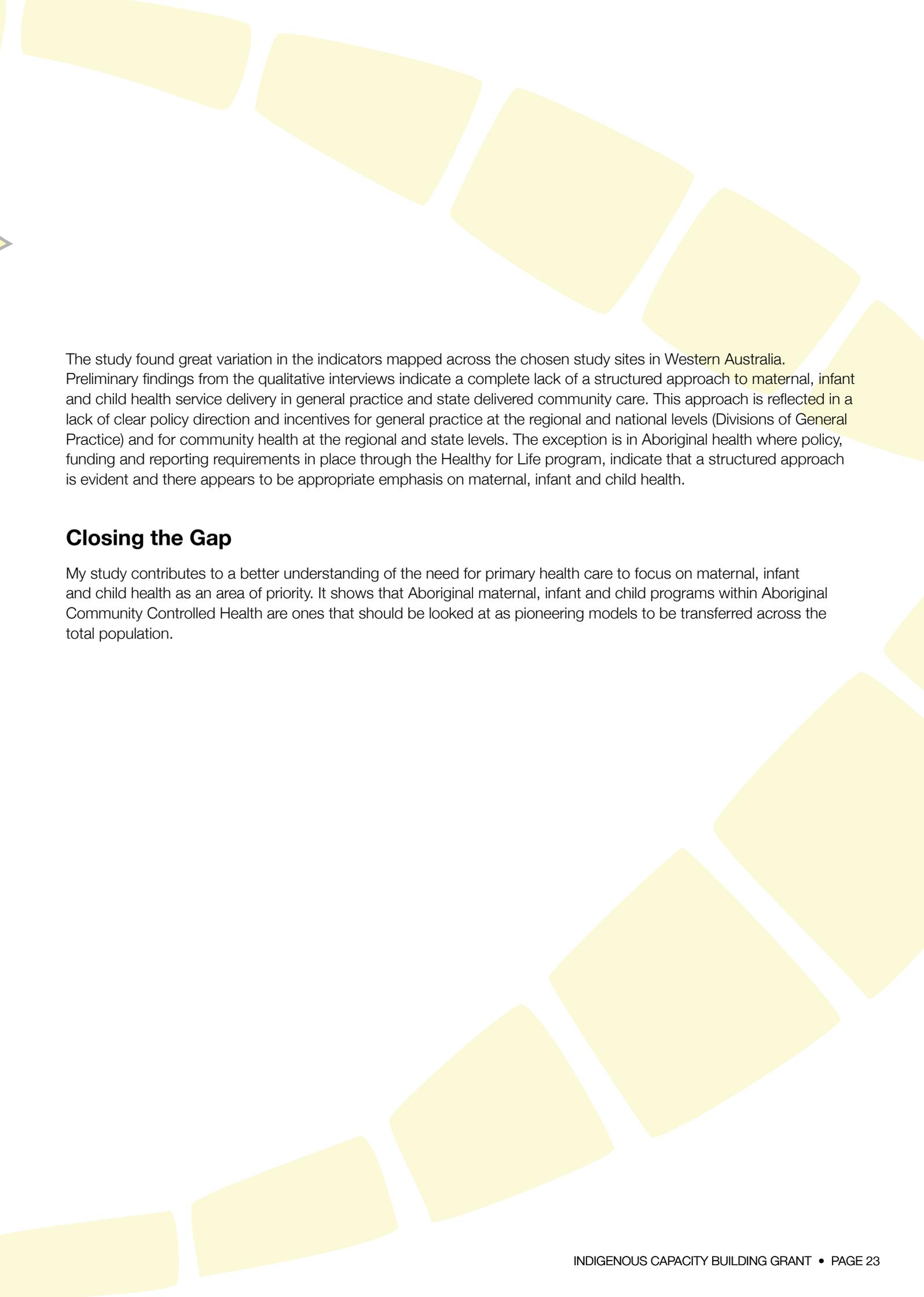
My PhD study is called 'The Contribution of Primary Health Care to the Communities of Western Australia' and aims to investigate what contribution primary health care has made to the maternal, infant and child health of selected communities in Western Australia.

This study has examined what is the distribution of selected primary health care related maternal, infant and child health indicators in Western Australian geographical areas (defined by Statistical Local Areas), what are the characteristics of maternal, infant and child primary health care services in these areas and what is the relationship between the two?

The study was designed around three distinct but related phases of work. Phase one of the study involved the mapping of selected maternal, infant and child health outcomes to geographical areas. Phase two involved the ranking of these areas and the choosing of a subset of these to be involved in the phase three of the study. Phase three of the study involved the collection of qualitative information regarding service provision related to maternal, infant and child primary health care.

Indicators mapped included:

- Asthma related hospital admission rates (Children aged 0 -14 years for the years 1999 – 2003)
- Proportion of low birth weight (<2500grams) (all live singleton births between 1999 – 2003)
- Proportion of births below optimal birthweight (<85%) (all live singleton births between 1999 – 2003)
- Proportion of premature births (<37weeks gestation) (all live singleton births between 1999 – 2003)
- Proportion of reported maternal smoking (all live singleton births between 1999 – 2003)



The study found great variation in the indicators mapped across the chosen study sites in Western Australia. Preliminary findings from the qualitative interviews indicate a complete lack of a structured approach to maternal, infant and child health service delivery in general practice and state delivered community care. This approach is reflected in a lack of clear policy direction and incentives for general practice at the regional and national levels (Divisions of General Practice) and for community health at the regional and state levels. The exception is in Aboriginal health where policy, funding and reporting requirements in place through the Healthy for Life program, indicate that a structured approach is evident and there appears to be appropriate emphasis on maternal, infant and child health.

Closing the Gap

My study contributes to a better understanding of the need for primary health care to focus on maternal, infant and child health as an area of priority. It shows that Aboriginal maternal, infant and child programs within Aboriginal Community Controlled Health are ones that should be looked at as pioneering models to be transferred across the total population.

Associate Professor Ted Wilkes BA(Hons)



Personal Journey

The ICBG, as it has come to be known, has been a most enjoyable and fulfilling experience. I do not mean to make myself different, as I believe we all are different, and colleagues who were and are associated with this ICBG have impressed and inspired me in many different ways. Nevertheless this is about me.

A colleague said to me early in my endeavour to study towards a Higher Degree PhD, “you need to be selfish”. I understood this to mean shutting myself away from my contemporary realities and family. After much consideration and discussion with my elders and peers I decided that I should complete a PhD by supplication. This would allow me continue to work and study at the same time. Juggling work and study has been difficult and I only have myself to blame for allowing myself to be pulled in numerous directions, sometimes at the same time!

Experience of the ICBG

A colleague on this ICBG has been a very supportive and special advisor for me and I thank him for that. I still have a way to go. However, the ICBG and my employer, the National Drug Research Institute (NDRI), have provided me with the necessary support to ultimately achieve a desired outcome. My first impression of a flexible but solid foundation for a partnership between academics and potential academics has not been altered.

The fact that a group of Aboriginal Australians have been engaged and determined to achieve an educational and intellectual experience that has been denied their fathers and mothers surely speaks of a resilience that has always been within and is now free. I am proud to say that I am one of the older (more mature!) participants on the ICBG. Time becomes more precious as you age, but the knowledge that there are young Aboriginal people coming through is important for the soul and the spirits that make you Aboriginal.

My association with this ICBG has allowed me to ponder the future in a much more positive light. Academia is a powerful institution. Knowledge is power and in the right hands is a powerful tool for change. Non-Aboriginal academic colleagues involved in this ICBG are breaking ground that must be continually toiled. I can now say with confidence that I am optimistic about our future as Aboriginal people. This should not belie the fact that there is a long way to go. I have read papers on racism and been a part of a team that has critiqued the Northern Territory Emergency Intervention.

Through the ICBG I have experienced the tranquil environment of the Mirrn Moarra (the Darling Ranges) forest where we conducted an academic writing retreat. I have presented to colleagues on the ICBG, and at national and international conferences and seminars; my skills and knowledge have been finetuned with my involvement in this ICBG. I have had discussions with people who share similar values and outlooks.

At times the procedure to keep the collective together was strained. Not for want of trying, there were times when I also questioned my own commitment. Nevertheless, I have become more than aware of the power that can be brought to bear by a group of leaders with a similar cause and objectives. This has been an invaluable experience.

Research Projects

Stepping down from some committee work has freed up time for me to continue my work as a researcher. Presentations, including papers that I have presented at conferences, will form a significant context for my work dealing with transition zones for Nyungar male youth. I am planning to complete my PhD by supplication. Through funding from the ICBG, I was able to employ a Research Fellow part-time to assist and provide me with support to bring this about.

Working and Building Capacity in Research

Thanks to the spirits of the Nyungar people for looking after me for I am enjoying my work as a researcher at the National Drug Research Institute (NDRI), Curtin University.

Closing the Gap

I have sat on many state and national committees. At a national level I sit on the Australian National Council on Drugs (ANCD) and chair the National Indigenous Drug and Alcohol Committee (NIDAC), a sub committee of the ANCD. I am also a member of the National Advisory Group for Aboriginal and Torres Strait Islander Health Information and Data (NAGATSIHID). As a member of NAGATSIHID I am invited to National and International meetings to discuss Indigenous data issues.

At the State level I Chair the Aboriginal Reference Group for the Department of Child Protection.

At a local level I am the president of the Derbarl Yerrigan Health Service (DYHS) and as such I am the delegate on the board of the Aboriginal Community Controlled Health Organisation of Western Australia (ACCHWA). I am an active member of the movement to reconstruct the Nyungar Nation and act as interim Chairperson of the Swan Indigenous Reference Group to the City of Swan in Western Australia.

Presentations

I have presented at many conferences and done many media presentations dealing with public health issues, predominantly with regards to alcohol and other drugs. I was particularly pleased to be invited with colleagues from NDRI to present at a conference in Brazil in October 2007. Professor Dennis Gray and I presented an overview on Indigenous Australian substance misuse. This conference was the 1st International Conference focusing on Indigenous Mental Health.

In an Australian context, I was particularly pleased to present at the West Australian Aboriginal Alcohol and other Drugs Forum (October 2008), *Innovative Ways to Improve Outcomes for Aboriginal People in particular Young Aboriginal People – the Future Generation*, held in Perth.

I have become particularly concerned for Aboriginal prisoners and incarceration rates of young Aboriginal men. If you are an Aboriginal male, you are 13 times more likely to be imprisoned than a non-Aboriginal Australian; this is despite the fact that Aboriginal people only make up just over 2% of the total Australian population. In such an affluent country this should be of concern to us all. I am therefore thrilled to be involved with the Broome to Berrimah Prison Health NHMRC Capacity Building Grant: *From Broome to Berrima – Improving Aboriginal offenders' health and health service delivery in custodial settings through the development of a vibrant, Australia-wide offender health research community*, coordinated by my colleague, Associate Professor Tony Butler.

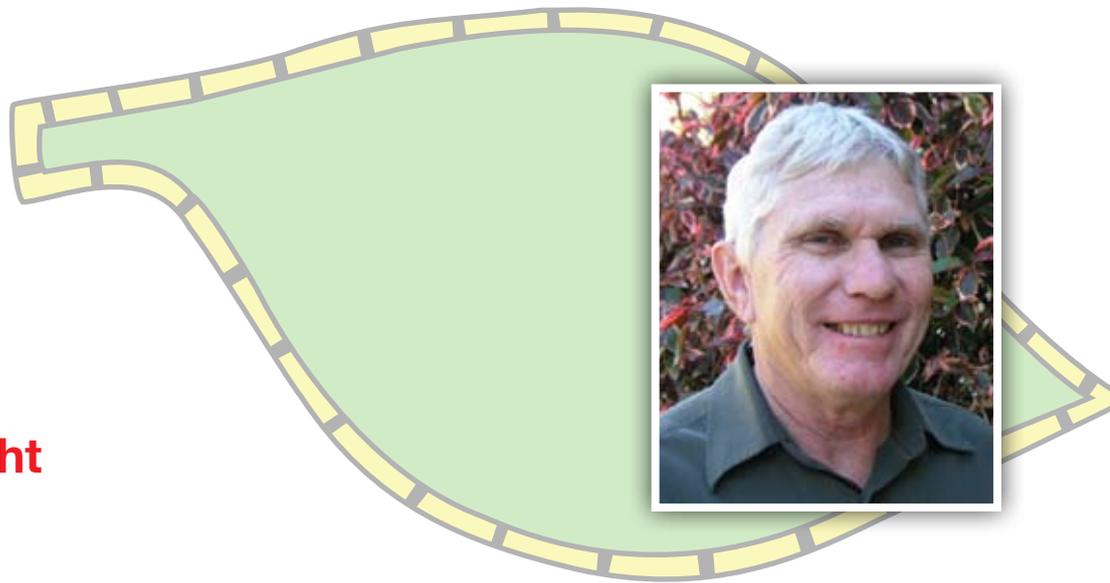
As the chairperson of NIDAC, I recently assisted in the launch of the paper, *Bridges and Barriers*, developed by the ANCD and NIDAC to inform the governments of Australia of the totally unacceptable incarceration rates of Aboriginal Australians. I was a significant respondent to the resulting media enquiries which also drew media attention from overseas.

I have had many discussions with significant Australian leaders including senior bureaucrats and politicians regarding the plight of Aboriginal Australians. As the Chairperson of NIDAC, I also met with leaders of the major petroleum companies in Australia to request their agreement to roll-out Opal fuel non-sniffable petrol in Central Australia. There have been some positive outcomes. However, it is clear that petrol sniffing and the misuse of other drugs, including alcohol and tobacco, is an effect and response to atrocious social and environmental living conditions.

My capacity has been built and is right. I thank colleagues involved in the ICBG for this.



Sunset at a workshop retreat in Armadale.



Dr Michael Wright

BSW, MAE, PhD

Personal Story

Journey of Transformation Through Learning

I am a Yuat Nyungar man from Western Australia. My mother and grandmother's boodja (country) is located less than 100 kilometres north of Perth, in the area known as the Victoria Plains, which includes the townships of Mogumber and New Norcia. I am a husband, father of three, grandfather of ten and an uncle of many. Both my parents were barely literate, my mother who is Aboriginal, had little formal education, and with her sisters and brother spent a short period in New Norcia, a Catholic Mission where the focus was on teaching her domestic skills. Like most mothers, she had aspirations for her children, her dreams were for her children to have the education denied to her, and she made sure that I and my brothers went to school. I managed, although with some difficulty, to complete three years of high school.

After leaving school my working career began in stages. From age 18 until my early 30s I worked in the construction industry as a rigger-scaffolder. In 1986, I returned to study as a mature aged student enrolling in the Aboriginal Bridging Course at Curtin University. I was initially sceptical of my abilities for like most Aboriginal people of my generation I believed that I was incapable or even deserving of 'going to university'. I believed that I was not clever enough! I surprised myself, for not only did I enjoy the opportunity of learning, but found that I excelled. I graduated from the Aboriginal Bridging Course, and shared the Dux award for the course. After two years studying for an Arts degree I took time out, due to personal reasons. After a break I returned to study in 1992 and completed a Bachelor of Social Work (BSW) degree at the University of Western Australia (UWA) in 1994.

From 1995, after graduating, I worked in various Aboriginal sectors including education, health and welfare. In 2002 I returned to study and commenced the Masters of Applied Epidemiology (MAE) at the Australian National University, National Centre for Epidemiology and Public Health (NCEPH). I completed the MAE in 2004. In December 2005 I enrolled in a PhD; the study involved exploring the topic of care-giving as experienced by Aboriginal families living with a serious mental illness.

In 2008 I applied for and was successful in getting a National Health and Medical Research Training Fellowship, due to commence in late 2009. The Training Fellowship will fund a project to examine ways to change the mental health system so that it is more effective in responding to Aboriginal families whose lives are affected by serious mental illness. The project will be in Perth and will be in partnership with Aboriginal families, mental health service providers, Derbarl Yerrigan Health Service, primary health care providers (GPs), community groups, and the Telethon Institute for Child Health Research. The opportunity provided through the training fellowship is fortunate as it will allow me to expand on the work of my PhD for another four years.

Experience of the ICBG

As one of ten Indigenous Australians recruited in 2005 as a team investigator on the ICBG, the experience has been both challenging and exciting. The ICBG has ably equipped me with the skills to work more effectively as a researcher in my community. My competency as a researcher has been underpinned by the values of trust and respect that have been fostered between team investigators and lead applicants. Of all the skills learned in the past five years, it has been the values of trust and respect that have been most critical in shaping my development as a researcher.

As a community of researchers with differing views there have been occasions where there has been tension. The lessons learned through these experiences have at times been painful but on reflection necessary for my development as a researcher. Tensions around research and between researchers are inevitable and a fact of life. Research is a complex activity, and to be an effective researcher requires diverse skills and abilities, and importantly never to compromise honesty, integrity and compassion. These moments of tension have reminded me of the importance to be mindful of the discord that exists between the values of Western and Indigenous world views around research. I believe that as Indigenous and non-Indigenous researchers we are constantly being shaped through these shared learning experiences.

Being a member of the ICBG has transformed my life which has changed dramatically for someone who left school at 15. I could never have imagined a career as either an academic or as a researcher. The friendships, the support, and encouragement I experienced being a part of the ICBG have nurtured and sustained me in my development as a researcher. I am and will be eternally grateful.

The collective and individual efforts of those involved in the ICBG will have broader implications to the wider Aboriginal community. My experience of the ICBG has been life changing - the generosity and the support provided to me by so many people has been overwhelming. As an experience, the ICBG has provided me with so much more than I could have imagined. This experience has profoundly influenced how I see myself in relation to others. Being a part of the ICBG has been an amazing experience; to have had the unique opportunity of sharing research experiences with colleagues of the ICBG has been a privilege.

The legacy of the ICBG will live on and its impact will be felt by future generations of Aboriginal researchers. As a group, I believe, we can be immensely satisfied and pleased with our efforts.

Research Project

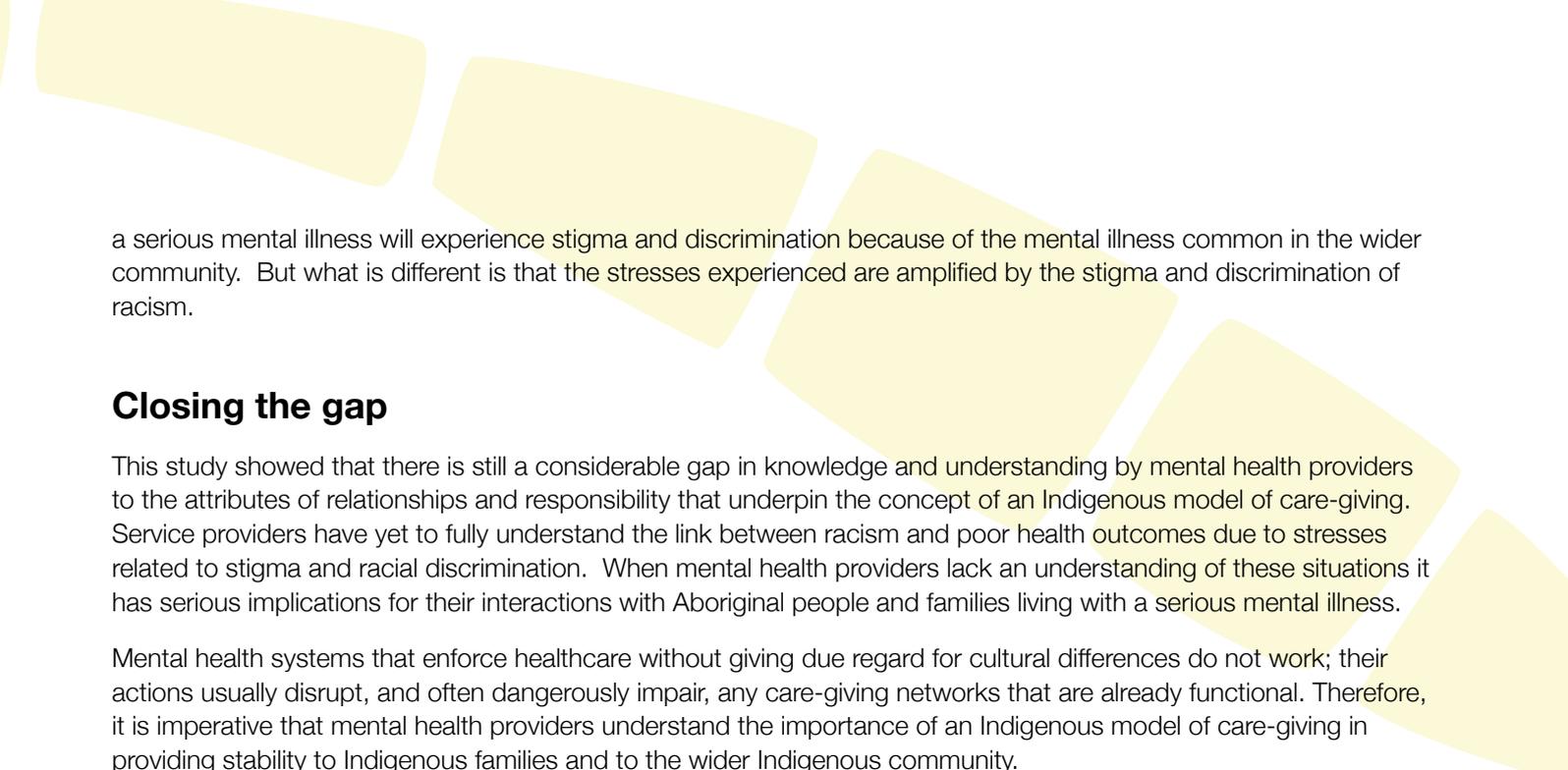
'Out of the Blue' -Giving and receiving care: Experiences of care-giving for Aboriginal people living with a serious mental illness

My PhD project explored the experiences of care-giving for Aboriginal people living with a serious mental illness in the Perth metropolitan area. The study highlighted the disconnection between the mental health system and Aboriginal families living with serious mental health issues. Indigenous Australians have shown remarkable resilience in facing the incredible challenges caused by the effects of colonisation. The continuing impact of colonisation cannot be understated as it still influences the health and wellbeing of Indigenous Australians.

A major concern identified in the thesis was the extent of the lack of knowledge by mental health providers of an Indigenous concept for the activity of care-giving. The limited knowledge of the complexity of care-giving across the mental health sector was a concern. A significant outcome from this study was the recognition of an Indigenous model of care-giving. The findings from the study showed that the experience of care-giving in an Indigenous context is intricately connected to family and community and is a less individually-focused concept than reported in mainstream literature. Aboriginal families involved in this study reported that care-giving was not an individual experience, but rather an activity involving families and community. The concept of reciprocity also emerged as a constant theme and this reflected a different concept of care and care-giving.

The core attributes of the Indigenous model of care-giving was its relational component. When care-giving occurred, it was an activity that extended beyond the individual to the family, and into the community. The study revealed that there is a considerable lack of knowledge and understanding by mental health providers to the attributes of relationships and responsibility that underpin the concept of an Indigenous model of care-giving. This lack of understanding can have serious implications for mental health providers in their interactions with Indigenous people living with a serious mental illness

In my thesis I also highlighted racism as a major obstacle to care-giving for Indigenous people living with a serious mental illness, because it emerged as a major issue for the participants. The stigma and discrimination of being Indigenous and living with a serious mental illness is stressful and can be a precursor to other serious health problems. The experiences of care-giving, when viewed through the lens of race, are different. An Aboriginal family living with



a serious mental illness will experience stigma and discrimination because of the mental illness common in the wider community. But what is different is that the stresses experienced are amplified by the stigma and discrimination of racism.

Closing the gap

This study showed that there is still a considerable gap in knowledge and understanding by mental health providers to the attributes of relationships and responsibility that underpin the concept of an Indigenous model of care-giving. Service providers have yet to fully understand the link between racism and poor health outcomes due to stresses related to stigma and racial discrimination. When mental health providers lack an understanding of these situations it has serious implications for their interactions with Aboriginal people and families living with a serious mental illness.

Mental health systems that enforce healthcare without giving due regard for cultural differences do not work; their actions usually disrupt, and often dangerously impair, any care-giving networks that are already functional. Therefore, it is imperative that mental health providers understand the importance of an Indigenous model of care-giving in providing stability to Indigenous families and to the wider Indigenous community.

SUPERVISORS, MENTORS AND LEAD APPLICANTS

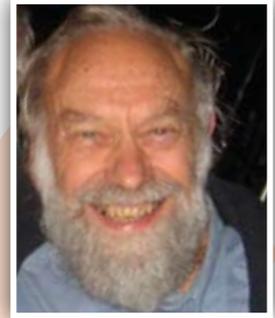


Front row from L to R: Maile Taulii (Native Hawaiian Epidemiology Centre), Sue Crengle (University of Auckland), Jocelyn Jones. Back row L to R: Daniel McAullay, Jane Freemantle and Earl Nowgesic (National Aboriginal Health Organisation, Canada)

Taken at the Istanbul World Congress of Public Health, 2009 where Daniel and Jocelyn both gave keynote presentations.

Michael Alpers AO

I am at Curtin University and have played a small role in the Indigenous Capacity Building Grant as a mentor and regular participant in the ICBG workshops. Most of my working life has been spent in Papua New Guinea studying tropical diseases at the community level. This experience has taught me to be a good listener. It has been a privilege to engage with the remarkable group of researchers in the ICBG, both individually and collectively. Their personal stories, and the stories of their research paths, have given me a deeper understanding of the complexities of Indigenous culture in Australia. Their resilience in the face of past and ever-present racism has been inspirational. I cherish their friendship and wish them well in their future careers. They have given me renewed hope that their shared aspirations for the rightful place of the first Australians in Australian society will ultimately be fulfilled.



Lesley Barclay AO

I have recently taken up the role of Professor and Director of the Northern Rivers University Department of Rural Health for Sydney University. Prior to this I was the foundation Professor of Health Services Development at Charles Darwin University. I am a maternal child health researcher and health system reformer with many of my NHMRC, ARC and other projects improving maternity services in remote and urban Australia and internationally. Most of my recent research has been rural, remote or Indigenous focused.



I have trained over 40 researchers through their research degrees and have published over 70 refereed journal articles and an international prize-winning book on traditional and professional maternity care in Samoa. I have edited another book, published this year in the United States, on birth models that work around the world. I work closely with governments, local communities and area health services to assist in health system improvement. I have worked in international development for nearly 20 years providing advice in primary health care, maternal infant/child health and capacity building in health worker education systems in Asia, Melanesia and the Pacific Islands. I was awarded an AO in 2004 in recognition of my contribution to professional and international development and child health.

While committed to the goal of this program while on location in Darwin and now in Lismore, it sometimes made participation in some of the activities of the team problematic. Nevertheless, I was able to support my student, Dr Ngjare Brown, as one of her academic supervisors and mentor in undertaking her PhD through the grant. I enjoyed this thoroughly as we both shared interests and passions for the student's topic and were able to combine in a range of other roles as well. Despite the tyranny of distance from any program of activities available in Western Australia, and the fact that Ngjare was enrolled through another university, this relationship became mutually beneficial.

Will Christensen

I am Head of the School of Social Sciences and Asian Languages at Curtin University, the School from which Associate Professor Ted Wilkes graduated some twenty years ago with a double major in Anthropology and Geography. I am an anthropologist, who has worked in the Goldfields, South-West and Kimberley regions of Western Australia since the early 1970s. I am a long-serving member of the Aboriginal Advisory Committee of the Centre for Aboriginal Studies at Curtin, and in other ways have provided support for the development of Indigenous research capacity and access.



My role in the ICBG has been small, though very satisfying. I have worked as an informal mentor for Ted, and will serve in a more formal way as his supervisor as he works toward his PhD by supplication. He is already very well-advanced along this path, having presented papers at various conferences, out of which published articles have resulted, with others on the way. Ted's work with the ICBG has reflected his special talents and his prior experience as CEO of the Aboriginal Medical Service of Western Australia. Advocacy and representation have been important elements of his

role within the ICBG. I have provided a little assistance to him in these efforts, but in general have simply watched and admired the quality and range of his contributions to government and public appreciation of Indigenous health issues.

Fran Crawford

In my current teaching, research and scholarship I draw on 35 years experience in the field of social work, particularly in working with Aboriginal and rural people in Western Australia. The focus of my practice was broad-based and concerned developmental child protection and community welfare, much of which was achieved through a framing that emphasised context, community and culture. I now have an established publishing record in this area, including the classic and still widely used *Jalinardi Ways: Whitefellas working in Aboriginal Communities*. Recent publications include research on interacting and dialoguing cross-culturally and connecting Aboriginal community participation with social capital building and entrepreneurial thinking and narrative as a form of evidence-based practice. Current research projects are a history of social work practice in WA, an action research project on preparing Aboriginal Health Workers to be part of effectively addressing the mistreatment of older Aboriginal people and evidence-based practice in hospital social work.



I have an honours degree in anthropology in addition to a MSW, and have extensive knowledge in conducting and teaching qualitative and interpretive research. My publications use narrative research in a variety of ways including a set of videos on *The Art of Researching with People* (1998). One of these depicts the Jalmadangah Community of the West Kimberley and members' participatory action research in setting up their community to be inclusive of members' support needs from birth to death. This drew on and deepened aspects of relationships involved in my Master's research done twenty years previously in a nearby Community.

I started as a part-time tutor at Curtin University in 1984 charged with teaching social work students on working cross-culturally and with Aboriginal people. In 1994, I gained a PhD from the University of Illinois in Champaign-Urbana. My thesis *Emic Social Work: A story of practice* was an autoethnography of my Kimberley practitioner experiences, drawing on the disciplines of both social work and anthropology. This study focused on the problematics of designing and implementing social policy aimed at improving the wellbeing of Aboriginal people.

In recent years I have been privileged to share some of the knowledge gained through working in Illinois with my supervisor Norm Denzin with a number of West Australian-based social workers. It was particularly rewarding to work alongside Dawn Bessarab in her doctoral journey as she explored how a lack of understanding of the gender dynamics between Aboriginal people could lead non-Aboriginal practitioners to intervene in cases of child protection and family abuse in counter-productive ways. Throughout her progress in this study, Dawn continued to support Curtin students develop an understanding of Indigenous issues through lecturing, tutoring and mentoring; provided research, training and leadership to a wide variety of government and non-government agencies; and supported and provided a role model to a widespread network of family, colleagues and friends throughout Australia and increasingly internationally. Our participation in the Indigenous Capacity Building Grant as supervisor and student was greatly enhancing of such activity.

Pat Dudgeon

I am from the Bardi people of the Kimberley. I am a psychologist and am well known for my role in Indigenous higher education and as Head of the Centre for Aboriginal Studies at Curtin University where I worked from 1990 to 2007 leading the organisation through significant growth and change. Amongst many projects, grants and awards achieved during my time as Head, of significance was the Curtin Indigenous Research Centre (CIRC) established in 1997. In 2007 I completed my doctorate titled *Mothers of Sin: Indigenous Women's Perceptions of their Identity and Sexuality*.



As well as leadership in Indigenous higher education, I have also had significant involvement in psychology and Indigenous issues for many years. I was the first convener of the Australian Psychological Society Interest Group: Aboriginal Issues, Aboriginal People and Psychology and have been instrumental in convening many

conferences and discussion groups at national levels to ensure that Indigenous issues are part of the agenda in the discipline. I have had numerous publications in this area and am considered to be one of the 'founding' people in Indigenous people and psychology. Currently I am the Chair of the Indigenous Australian Psychologists Association and in 2008, was the first Aboriginal psychologist to be awarded the grade of Fellow in the Australian Psychological Society.

I have been involved in Indigenous mental health for some time and was a suitable associate supervisor to Indigenous Capacity Building Grant (ICBG) Team Investigator (TI), Michael Wright's PhD. In this capacity, I was invited to many functions and activities that I found very worthwhile. The retreats that I was able to attend proved to be informative, and most importantly, supportive towards the TIs.

For me, this has been the most important aspect of the ICBG. That it is totally focused on capacity building the researchers. During the retreat, the TIs were expected to present to a sizable audience and they received fairly detailed but constructive critique. Having such attention on your work is extremely empowering. It shows that each researcher and their research is important and what they are doing is of great value. Often the doctorate student's journey is a very lonely process therefore having to present your research at intervals makes for a much stronger research project. The networking amongst students and amongst supervisors was another important characteristic of the experience. I acknowledge that without this intense support the journey would have been much more difficult for the researchers and maybe some may not have completed it. An important aspect or highlight of the ICBG is that all the researchers were Indigenous people. This is much needed in the academy, as Indigenous people are still grossly under represented in participating in research. The ICBG has been very successful in addressing this and, in my view, it has significantly capacity-built Indigenous research(ers). I too, feel that I have gained much through my involvement with the ICBG. It increased and broadened my knowledge and, as part of the group, I have met many new researchers, scholars and leaders, both Indigenous and non-Indigenous in a challenging range of research areas.

Jane Freemantle

I am a supervisor and mentor for Jocelyn Jones, Daniel McAullay and Glenn Pearson. I have thoroughly enjoyed working with the Team Investigators (TIs) on the ICBG and in particular, would like to congratulate those who I have directly worked with: Daniel and Jocelyn.

Both TIs' PhDs are well underway and in Daniel's case well advanced! Their completed research will be of immense benefit in the areas of the delivery of primary health care, and offers a better understanding of the antecedents and risk factors associated with early contact with juvenile justice for Aboriginal youth.

Glenn Pearson has also been involved peripherally with the ICBG. Glenn's research, which will explore the differing perceptions over time of Aboriginal and non-Aboriginal health service providers, is exciting and will provide a valuable contribution to the delivery of effective and appropriate health care.

We have all shared some great experiences in WA, Melbourne, Toronto, Istanbul and Hawaii. However, I would like to note that it is my capacity that has been built and I am most grateful to Jocelyn, Daniel and indeed Glenn Pearson for their generosity in sharing their knowledge and their journeys with me!

The ICBG has enabled the development of not only local networks and experiences in their areas of interest and expertise, but also has provided the opportunities to explore and develop international networks and to be involved with some exciting collaborations. These have been made possible through the funding capabilities of the ICBG, but also through the energy and enthusiasm of the TIs to take their knowledge to wider audiences and to explore the academic opportunities that these experiences have provided.



Marisa Gilles

I found the ICBG a very challenging experience as a junior researcher interacting with motivated and senior Indigenous leaders. Because I did not have a supervisor's role, I did not always know how to provide any meaningful input. For me, this grant was always about two-way learning and recognising the TIs' ability to contribute to Indigenous health research.

I am acutely aware of what I gained in my research practice. From the first workshop in 2005 when Ted entertained us with his didgeridoo, until my last exposure at Yanchep in 2008, I was struck with the richness of the interaction. This experience has not always been comfortable, but I have appreciated the honest feedback of the TIs on my sometimes clumsy feedback.

In a climate of despair regarding the gap in health for Indigenous Australians witnessing the growing success of these Indigenous leaders has filled me with pride and hope for the future. Indigenous research is in good hands.



Wayne Hall

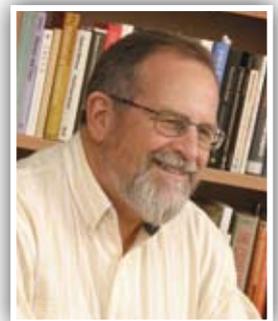
For the past four years I have had the pleasure and privilege of serving as a mentor and advisor to Janet Hammill. When Fiona Stanley first suggested the idea to me in 2004, I wondered what I would have to offer. Like many mainstream public health researchers, my involvement in Indigenous health had been limited although I did play a minor role in assisting Ernest Hunter to analyse and write up his research on alcohol use in the Kimberley in the early 1990s. I also worked with Ernest and Maggie Brady on how to better address alcohol issues in primary care in the Aboriginal Medical Service (AMS) in North Queensland in the late 1990s.

Janet, by contrast, had a depth and wealth of experience working as a health worker in remote Aboriginal communities and dealing in a very direct way with the health and social consequences of alcohol and other drug abuse.

My role has been to provide a sounding board to help make sense of Janet's experiences as an advocate for the issues of fetal alcohol spectrum disorder (FASD) and the intergenerational transmission of disadvantage and poor health. The impact of FASD was graphically illustrated by Janet's role as Brisbane Granny for the young men and women from remote communities in North Queensland and elsewhere in Australia, who found themselves in Brisbane in need of specialist hospital treatment or help in dealing with an uncomprehending criminal justice system.

I marveled at where Janet has found the time and energy to do all that she does. I often felt exhausted after hearing her describing her long list of recent activities. These would invariably include: housing and supporting Aboriginal people in Brisbane for medical treatment of family members; providing advice and encouragement to visiting Aboriginal health workers from remote communities; lobbying the state government to advocate for better services for young Aboriginal men in the Queensland criminal justice system; assisting the families of young men to prepare for court cases; writing letters and reports for magistrates; giving invited talks at medical conferences; visiting Cherbourg, Mt Isa and other communities where she has extensive ties to lobby for greater attention to FASD; liaising with Canadian and US researchers and Indigenous people in Canada and the USA about their experiences with FASD; travelling in Australia and overseas to hear about the latest research and intervention programs in Indigenous communities; and keeping up with recent reports by international groups on alcohol issues and FASD (and emailing the more interesting of these to her extensive social network).

I found myself wondering who was supposed to be mentoring whom. And wondering too whether this had not been Fiona's plan all along: to have her fellows educate mainstream public health and other health researchers about the formidable challenges that face the most energetic and articulate advocates in having their voices heard in health and social policies affecting Indigenous people. That has been the clearest lesson for me. I hope that in exchange, I have been able to give some useful tips on public health advocacy that have helped Janet to engage with the health care system in ways that may improve the health and wellbeing of Aboriginal and Torres Strait Islander people.



Deborah Lehmann

I trained as a doctor but for the past 30 years I have been doing research to find ways of reducing the enormous burden of disease and the many deaths in underprivileged populations. I have a particular interest in infectious diseases, specifically ear infections and pneumonia.

Before moving to Australia 11 years ago, I worked in Nepal and Papua New Guinea, where people suffer disproportionately high rates of infections. Because Aboriginal people also suffer very high rates of infections, I became interested in Aboriginal health and the broader complex issues that need to be addressed if we are to reduce high rates of disease. Although I had established a group at the Telethon Institute for Child Health Research which aims to find out why people get infections and ways of preventing infections, it soon became clear to me that we need Aboriginal people doing the research if we were to improve Aboriginal health.

It has been an honour to lead this Indigenous Capacity Building Grant in Population Health for the past five years which we specifically chose to devote entirely to the training of Aboriginal researchers. I sought to mentor Aboriginal researchers so they can achieve their goals and become independent researchers and in doing so they have become friends and colleagues from whom I have learnt so much. It has been a journey for all of us, and I have learnt to listen. They have taught me much about the underlying factors leading to their people's poor health.

This grant has provided a team of outstanding Aboriginal researchers the opportunity to conduct important research needed to improve the lives of their people and to inform policy. I wish them well on the exciting career paths they are set to follow.



Ann Larson

I am a public health academic who has had unique opportunities to work with Indigenous colleagues and students for the last fifteen years. The Indigenous Capacity Building Grant has been particularly rewarding for me. My formal duties have been relatively minor. I was not a supervisor or even a mentor of any of the Team Investigators, but I did sit on the ICBG Board. This limited involvement has enabled me to view with objective pleasure the many paths that TIs have taken to develop their identities as researchers which complement and enhance their cultural, social and political roles as Aboriginal leaders in their families and communities.



David Lawrence

I am a senior statistician in the Centre for Developmental Health, Curtin University of Technology. My role includes providing survey and statistical support, as well as undertaking data analysis, interpretation and presentation of data. I have been involved in several major population-based survey and record linkage projects, including the 1993 WA Child Health Survey (WACHS), Duty to Care (a record linkage study of the physical health of people with mental illness), and the Western Australian Aboriginal Child Health Survey (WAACHS).

The WAACHS is the largest survey of Aboriginal children and families ever conducted which sought to examine the development and wellbeing of Aboriginal children and families in several domains including physical health, social and emotional wellbeing and schooling. The WAACHS survey identified factors associated with high rates of emotional and behavioural difficulties, poor levels of academic performance and poor attendance at school in Aboriginal children. It has also provided clear evidence of the intergenerational effects of past policies of forced separation of Aboriginal children from their natural families. I was a co-author on the first three volumes of results produced from the survey.

I was very pleased to have the opportunity to work with Cheryl Kickett-Tucker during the Indigenous Capacity Building



Grant. Cheryl has developed, tested, and analysed the I-RISE instrument examining racial identity and self-esteem in Aboriginal children aged eight to 12 years. It is a testament to Cheryl's great work on this project that the I-RISE has been in high demand since its inception and Cheryl has been asked to develop other age-appropriate forms of the questionnaire for younger and older age groups. Cheryl's instrument has been designed to be a culturally-appropriate measure for urban Aboriginal children. Her strong standing in the community has been evidenced by the strong positive reaction of parents and schools to the I-RISE project and its results.

Brian McCoy

In 2004, I completed my PhD at The University of Melbourne. It focussed on the health of Aboriginal men in the south-east Kimberley region of WA. It was a great pleasure, and also a wonderful learning opportunity, to then be invited to join the ICBG in 2006.

To accompany Michael Wright and other members of the ICBG has been a wonderful privilege. I have learned much from their different journeys and also from their passion to improve the health of their communities. Above all, I have learned to appreciate more deeply the importance of collaborative work, where partnerships become places of mutual learning and discovery.



Linda Slack-Smith

I am a teaching and research academic in the School of Dentistry at the University of Western Australia. My research interests include dental needs for disadvantaged groups, child health and Indigenous health with an emphasis in all of these areas on capacity building and reflecting on positive change.

The Indigenous Capacity Building Grant has been an experience and a journey for all of those closely involved. Such a large and rich project has many outcomes - many of which are difficult to measure but are of immense value. Everyone has learnt from each other - the combining of Indigenous and non-Indigenous researchers has been of value to both and to the research outcomes [the strength of combining the "emic" (view of person in the cultural group) and "etic" (view of person outside the cultural group)].



Fiona Stanley ac

I am the Founding Director of the Telethon Institute for Child Health Research; Chair of the Australian Research Alliance for Children and Youth; and Professor, School of Pediatrics and Child Health at the University of Western Australia.

I trained in maternal and child health epidemiology and public health and have spent my career researching the causes of major childhood illnesses such as birth defects. My research includes the gathering and analysis of population data for epidemiological and public health research; the causes and prevention of birth defects and major neurological disorders, particularly the cerebral palsies. I am interested in patterns of maternal and child health in Aboriginal and Caucasian populations; various ways of determining the developmental origins of health and disease; collaborations to link research, policy and practice; and strategies to enhance health and well-being in populations.

My major contribution has been to establish the Telethon Institute for Child Health Research, a unique multidisciplinary independent research institute focusing on the causes and prevention of major problems affecting children and youth. I sit on the Prime Minister's Science, Engineering and Innovation Council as well as the Australian Statistics Advisory Council. For my research and on behalf of Australia's children, I was named Australian of the Year in 2003 and in 2006 I was made a UNICEF Australia Ambassador for Early Childhood Development.



Katie Thomas

I am a psychologist and researcher who specialises in trauma recovery. I have conducted considerable work documenting the impact of childhood trauma in western contexts and examining the links between women's rights and the protection of children.

I have also conducted industry and social profiling for government and NGOs at national, state and local levels. My clinical experience includes the range of presenting issues, with particular research interest in Postnatal Depression. I am currently involved in or supporting research documenting the leadership and resilience of migrant and refugee women; the health status of women in Papua New Guinea and Australian Indigenous leadership in trauma recovery.



Sandra Thompson

As a public health physician, I believe that reforming our ways of relationship with Aboriginal people and working together is in the best interests of all Australians. This requires us all to acknowledge wrongs, past and present, commit to partnership and work together. I believe it, and I try to live it. It is personal, emotional and difficult at times. It is not driven by religious belief.

For me, there has been both pain and pleasure associated with the ICBG. The five years of development, maturation and understanding of Aboriginal health research within, and concurrent with, the ICBG has been immense. I saw the initial ambivalence for many TIs about being a part of the ICBG application, and that the space and opportunity provided within it were embraced. Opportunities have been progressively realised as time progressed. The TIs' shared knowledge and support to each other has been particularly important.

Like other CIs, I have appreciated the learning we've had from our association with this group of Aboriginal leaders. I feel particularly privileged by the opportunity of working more closely with Dawn Bessarab, a wonderful person, practitioner, teacher, intellectual and researcher. I continue to learn.



Kathryn Trees

I teach in the School of Media Communication Culture at Murdoch University and my role is supervising Honors and postgraduate students. Prior to this, I have taught across the School of Law and the Australian Indigenous Studies Program at Murdoch University. In 2006, I worked on the Western Australian Law Reform Commission's Customary Law Report. In 1994, I worked for the Australian Institute Judicial Association organising the first cultural awareness workshops for magistrates and judges, in response to the Royal Commission into Aboriginal Deaths in Custody report. Much of my work focuses on building positive working relationships between Indigenous and non-Indigenous people and linking theoretical and practical work.

I have supervised 39 researchers, including Indigenous researchers, and am particularly concerned with issues that impact negatively on researchers and make their academic journey difficult. I have received the Murdoch University Vice Chancellor's Award for supervision. I have also received several research grants including ARC, Healthway and Murdoch University, which have focused on issues relevant to Indigenous people and have involved collaborations. I have published over 40 refereed journal articles, book chapters and reports and have worked with Indigenous students in Roebourne and Carnarvon to produce their own books.

I appreciate the need to increase Indigenous people's involvement in research and the development of appropriate skills. Currently, I am co-supervising and mentoring Jocelyn Jones, one of the PhD candidates involved in the ICBG grant. I meet with Jocelyn regularly and at other times, as required. I assist her with conference papers and journal

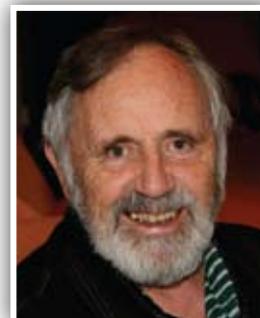


writing so that she can embed herself in the broader academic community.

I am personally involved in the community in which Jocelyn is working and know and meet with the youth involved; this helps to facilitate communication between people and the academic process.

Charles Watson AM

I joined the team which put together the original application and have been involved ever since. My first strong recollection is the crucial NHMRC interview in Sydney which nearly came unstuck. The first hurdle was their criticism that much of the researcher development could proceed without this grant. This was firmly silenced by a brilliant response from Sandra Eades, who made it clear that without support of this kind, Indigenous health researchers would find it difficult to make progress. Her short speech was followed by dumbstruck silence, because there was no answer to her assertion. The second hurdle was based on our misjudgement in applying for \$3.5m for a multi-institutional proposal when the grant guidelines had a limit of \$2.5m. When the NHMRC panel made it clear that there was no chance of extra money, they questioned whether it could in fact go ahead, and I was asked if Curtin could cover the shortfall. With some trepidation I said we could (hoping at the same time we would never have to!). In the end we got the grant and Curtin contributed an additional \$470,000 beyond the funding received from the NHMRC grant.



Looking back, I am delighted with the success of the grant. Almost all of the researchers have made extraordinary advances in their careers. I always bring up an account of the achievements of Juli and Michael when I am asked where Indigenous health research is going. I congratulate all the researchers on their achievements, and I honour all the mentors and supervisors whose commitment made these outcomes possible. I particularly thank Deborah Lehmann whose patience and tenacity has held the project together when challenging issues arose.



Dennis Gray, Ted Wilkes and Will Christensen.

Maude Walsh

During my short time with the Indigenous Capacity Building Grant (ICBG) I have been made aware of the different areas of health that each Team Investigator (TI) is involved in. For me it has been a different experience as it is my first time working in this area. As Coordinator, my role is to take care of office administration and assist TIs with travel and accommodation bookings as needed. I organise the ICBG workshops and teleconferences as well as other matters they may need assistance with. Seeing the work the TIs are involved in makes me proud to know that Aboriginal people are finally contributing in a positive way to help highlight important areas of health that government policy makers need to be aware of when dealing with Aboriginal health issues.



Fiona Stanley and Sandra Eades

Summary of people involved

Name & Title(s)	ICBG Role
Associate Professor Dawn Bessarab	Team Investigator
Associate Professor Ngiare Brown	Team Investigator
Associate Professor Juli Coffin	Team Investigator
Dr Janet Hammill	Team Investigator
Jocelyn Jones	Team Investigator
Associate Professor Cheryl Kickett-Tucker	Team Investigator / Supervisor
Daniel McAullay	Team Investigator
Professor Helen Milroy	Team Investigator
Associate Professor Ted Wilkes	Team Investigator
Dr Michael Wright	Team Investigator
Professor Michael Alpers	Mentor
Jason Barrow	ICBG Coordinator
Professor Lesley Barclay	Mentor
Professor Will Christensen	Supervisor
Associate Professor Fran Crawford	Supervisor
Professor Donna Cross	Supervisor
Professor Nick de Klerk	Lead Applicant
Dr Pat Dudgeon	Supervisor
Dr Sandra Eades	Lead Applicant / Mentor
Associate Professor Jane Freemantle	Supervisor
Associate Professor Marisa Gilles	Lead Applicant
Associate Professor Dennis Gray	Lead Applicant
Professor Wayne Hall	Supervisor
Associate Professor Deborah Lehmann	Lead Applicant / Mentor
Associate Professor Ann Larson	Lead Applicant
Associate Professor David Lawrence	Supervisor
Dr Brian McCoy	Mentor
Associate Professor Linda Slack-Smith	Lead Applicant / Supervisor
Professor Fiona Stanley	Lead Applicant / Mentor
Professor Daniel Tarantola	Supervisor
Dr Katie Thomas	Supervisor
Professor Sandra Thompson	Lead Applicant / Mentor
Dr Kathryn Trees	Supervisor
Mrs Maude Walsh	ICBG Coordinator
Professor Charles Watson	Lead Applicant / Mentor

Organisation

Centre for International Health, Curtin University, Bentley WA

Poche Centre for Indigenous Health, Faculty of Medicine, The University of Sydney, Sydney NSW

Combined Universities Centre for Rural Health, Geraldton WA

University of Queensland Centre for Clinical Research, Royal Brisbane & Women's Hospital Campus, Herston QLD

Telethon Institute for Child Health Research, Subiaco WA

Murdoch University, Murdoch WA

Telethon Institute for Child Health Research, Subiaco WA

Centre for Aboriginal Medical and Dental Health, The University of Western Australia, Crawley WA

Aboriginal Research Programs, National Drug Research Institute, Curtin University, Shenton Park Campus WA

Curtin University, Bentley WA

Health Sciences, Curtin University, Shenton Park Campus WA

Telethon Institute for Child Health Research, Subiaco WA

Northern Rivers University Department of Rural Health, The University of Sydney, Sydney NSW

School of Social Sciences and Asian Languages, Faculty of Humanities, Curtin University, Bentley WA

School of Occupational Therapy and Social Work in Health Sciences, Curtin University, Bentley WA

Child Health Promotion Research Centre, Edith Cowan University, Mount Lawley WA

Telethon Institute for Child Health Research, Subiaco WA

Postdoctoral Research Fellow, School of Indigenous Studies, The University of Western Australia, Crawley WA

The Baker Heart Research Institute, Melbourne VIC

Principal Research Fellow, Centre for Health and Society, The University of Melbourne, Melbourne VIC

Rural Health, Combined Universities Centre for Rural Health, Geraldton WA

National Drug Research Institute, Curtin University, Shenton Park Campus WA

NHMRC Australia Fellow, School of Population Health, The University of Queensland, Herston QLD

Principal Research Fellow, Telethon Institute for Child Health Research, Subiaco WA and Curtin University, Bentley WA

Combined Universities Centre for Rural Health, Geraldton WA

Health Sciences, Curtin University, Bentley WA

NHMRC Postdoctoral Fellow, Aboriginal and Torres Strait Islander Health ARCSHS, La Trobe University, Melbourne VIC

Dentistry, School of Oral Health Centre of Western Australia, The University of Western Australia, Crawley WA

Telethon Institute for Child Health Research, Subiaco WA

School of Public Health & Community Medicine, The University of New South Wales, Sydney NSW

Senior Research Fellow, Centre for Developmental Health - a partnership between the Telethon Institute for Child Health Research, Subiaco WA, and the Curtin Health Innovation Research Institute, Curtin University, Bentley WA

Centre for International Health, Curtin University, Bentley WA

Creative Technologies and Media, Media Communication and Culture, Murdoch University, Murdoch WA

Telethon Institute for Child Health Research, Subiaco WA

Health Sciences, Curtin University, Shenton Park Campus WA

The journey in review



"For Aboriginal people in the community, I think the ICBG has developed a team of Indigenous researchers that will be a resource for the community."

Dawn Bessarab



"Knowledge is power and in the right hands is a powerful tool for change."

Ted Wilkes

"The ICBG has been an extraordinary journey for all of us. We have grown as a group and developed strong relationships."

Deborah Lehmann



"Of all the skills learned in the past five years, it has been the values of trust and respect that have been most critical in shaping my development as a researcher."

Michael Wright



"I have learnt so much about Aboriginal health, culture, ways of thinking and lots about Aboriginal humour and how to have fun!"

Fiona Stanley



"What has struck me is the power in unity, in sharing, collaborating and celebrating achievements together. What a formidable group we are collectively; what a critical mass that was never previously there; what a great learning curve to show others there is a pathway."

Juli Coffin

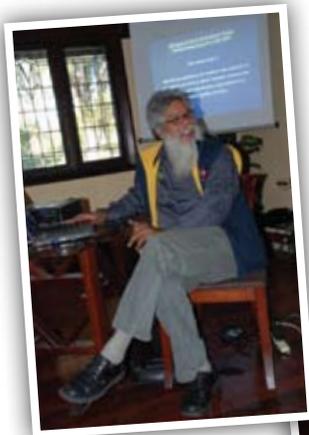
"My contribution to the ICBG has been a patchwork of ideas, of two-way learning systems, sharing my acquired knowledge and taking my mob with me."

Janet Hammill



"In a climate of despair regarding the gap in health for Indigenous Australians, witnessing the growing success of these Indigenous leaders has filled me with pride and hope for the future. Indigenous research is in good hands."

Marisa Gilles



"My research is vitally important because it champions the idea that a strong racial identity and related self-esteem is like a hub of a wheel. Without a hub, a wheel can go nowhere. Racial identity is like the hub of a wheel because it is the centre of Indigenous wellbeing...it is a spirit and driving force that provides appropriate values, behaviours, morals and attitudes and promotes, maintains and stabilises oneself."

Cheryl Kickett-Tucker

"My journey on the ICBG has been positive. I have developed collaborations and networked with a range of organisations and individuals and these will follow through to the future and assist me to establish myself in my area of expertise, juvenile justice."

Jocelyn Jones



"Above all, I have learned to appreciate more deeply the importance of collaborative work, where partnerships become places of mutual learning and discovery."

Brian McCoy



Not just Scholars but Leaders:
Learning Circles in Indigenous Health Research



Combined Universities Centre for Rural Health

