

Integrated support for Aboriginal tertiary students in health-related courses: the Pika Wiya Learning Centre

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Abstract

The barriers to Indigenous people entering tertiary education, succeeding, and gaining employment in the health professions are broad and systemic. While efforts have been made to address these barriers, the number of Indigenous health professionals remains extremely low across Australia. The Pika Wiya Learning Centre in South Australia provides a range of practical, social, cultural, and emotional supports for tertiary students to increase the number of Indigenous health professionals, especially registered nurses, in the region. This paper reports on the Centre's strengths that may represent best practice in student support, and the obstacles to further development.

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What is known about the topic?

Indigenous students face barriers to completion of tertiary education that contribute to the lack of Indigenous health professionals.

What does this study add?

This study describes the Pika Wiya Learning Centre's support of Indigenous students. The findings of a 2003 review of the Centre suggested that the staff, supportive environment, practical support, partnerships and community ownership contributed to the success of the program.

What are the implications for practice?

This study suggests the need for ongoing funded programs directed to supporting Aboriginal tertiary students.

Why was it that we only had one Aboriginal registered nurse working at the regional hospital? Why was it that with the Aboriginal population in the region at about 11%, and about 30% of admissions to the hospital of Aboriginal people, that we have so few Aboriginal people working in the health care area? (Key stakeholder)

THE APPALLING STATE OF INDIGENOUS HEALTH suggests that serious attention should be given to increasing the number of Indigenous nurses in the health workforce. Indigenous nurses are particularly important for the significant role they undertake in the provision of primary health care — a major focus of efforts to improve the health of Indigenous Australians; their role in the acute care setting, often the first point of contact for Indigenous people with the health system; and lastly, their role in health care delivery in rural and remote areas, where a larger proportion of the population is Indigenous.¹

Indigenous students face particular barriers in commencing, continuing and completing their

studies.² These barriers are broad-ranging and operate at various levels and points along the pathway to academic success. Many relate to the unique profile of Indigenous tertiary students compared with the general student population. Much of the literature has focused on the core-resource barriers, with strategies to address these core-resource barriers, such as the Abstudy study allowance program, special admission schemes and articulation pathways, Indigenous student-support study centres at university campuses, tuition programs, staff development (including cultural awareness) in some tertiary education institutions, and increased promotion of tertiary education programs to Indigenous high school students.³

Far less is known about the barriers to success that are more complex and deeply rooted in the context of the dispossession and alienation experienced by Aboriginal people. Little is known about the effectiveness of strategies that address these barriers at the individual, community, and institutional level. This paper describes these barriers from a student perspective and provides information about how the Pika Wiya Learning Centre (“the Centre”) addressed these barriers.

The Pika Wiya Learning Centre

You're taking people from our culture, and you put them into this culture and expect them to do it. And it's just not happening. You see the people that are down because they can just not get into your culture. That's a problem and the university needs to look at that and maybe package their courses in a different sort of way, so that maybe these people can get a grip on it . . . And I know that it's a hard thing to do really, you know with government and money and all that sort of stuff, but somebody needs to start looking at it. And somebody needs to start changing things, especially in the schools and the universities. (Student)

The Centre, a purpose built facility managed by the Pika Wiya community-controlled health centre, provides practical, social, cultural, and emotional supports for tertiary Aboriginal health-

related students in a culturally safe environment. Its aim is to increase the number of health professionals, especially registered nurses, employed in the region. The Centre was premised on the assumption that one way to improve Aboriginal health and wellbeing was to increase the number of Aboriginal registered nurses, enrolled nurses, Aboriginal health workers and allied health professionals in the regional nursing and health care workforce. It is widely reported that the poor recruitment and retention of an Indigenous health workforce is central to the continued lack of progress in improving health outcomes and wellbeing for Indigenous communities in Australia.⁴

The Centre commenced in June 2002 with a Coordinator who is a member of the Aboriginal community, and two fractional tutors. Initially the primary funding agency was the Department of Human Services, but there was recognition that partnerships with key organisations would be essential to gain legitimacy. Therefore, a Working Group composed of the Coordinator, the South Australian Department of Human Services, the regional health service, the University of South Australia, TAFE, the Spencer Gulf Rural Health School, and other key stakeholders in the Spencer Gulf region met regularly in the Centre's formative stage. The working group established that the purpose of the Centre was to:

- Provide one-on-one academic tuition;
- Provide group tuition and facilitate Aboriginal Tutorial Assistance Scheme tuition;
- Provide confidential personal counselling;
- Provide administrative and financial support networks for students;
- Promote peer support and role modelling within the Centre and in the Port Augusta community;
- Act as an advocate for students to training providers, community organisations and employment organisations;
- Provide access to information technology resources;
- Provide access to library resources;
- Promote a culturally safe environment; and
- Provide an advocacy avenue for students to express issues regarding pedagogy and curriculum to their respective training providers.

(See <http://www.pikawiya.com.au/unique-centre-of-learning.asp>)

By December 2003, 6 months after opening, the Centre had provided support to 50 health professional students in a group setting specifically for Aboriginal students. The students were primarily attending nursing, Aboriginal health worker, and aged care courses, with eleven students graduating from an Aged Care Certificate course.

At the Centre, Aboriginal staff and students' understandings of health, ill-health, and socio-emotional wellbeing are discussed and valued in addition to the "white, western" way. Approaches are taken to incorporate Indigenous understandings into the curriculums of the institutions at which the students study. Without increased participation by Aboriginal people, white knowledge of Aboriginal health will prevail:

In the context of settler colonial states, such as Australia, colonial structures have never been dismantled. Colonial ways of knowing are not historical artifacts that simply linger. They are actively reproduced within contemporary dynamics of colonial power.⁵

Methods

A review of the Centre was conducted in late 2003 by the Spencer Gulf Rural Health School in collaboration with the Centre and the funding body. Ethics approval was obtained from the Human Research Ethics Committee of the University of South Australia and the South Australian Aboriginal Health Council.* The evaluation questions were:

- How is the Centre progressing towards its objectives to increase the Aboriginal health workforce in the region?
- To what extent does the approach represent best practice in the recruitment, education, support and retention of Indigenous students in health careers?

* A copy of the evaluation report may be obtained from Nicholas Heyne, Department of Health, SA. Nicholas.Heyne@health.sa.gov.au

- Would the approach be useful in other locations in South Australia? and,
- Is the approach sustainable?

The evaluation framework included four data sets:

- A document review examining written information about the Centre's history and aims and objectives.
- An email questionnaire to the Working Group members, completed by 10 respondents.
- Five in-depth, unstructured interviews with key stakeholders.
- Focus group discussions with 15 of the Centre's students.

Focus groups

All students who had been at the Centre since its establishment ($n = 50$) were invited to participate in one of three student focus groups. The focus groups were conducted for each of the most common courses studied by students at the Centre, and 15 students attended the focus groups.

Data analysis

Each data set was analysed separately. The transcripts of the interviews with key stakeholders were entered into QSR N6 (text data analysis software, QSR International Pty Ltd, Melbourne, Australia) and themes developed. Data from the email questionnaire were presented as descriptive statistics, and themes were developed from the focus group transcripts. Themes from each data set were then analysed as a whole, and concepts were developed using the literature about Aboriginal and Torres Strait Islander health workforce initiatives and selected literature about Aboriginal and Torres Strait Islander health.

The findings are presented in this paper in relation to:

- Student perspectives of motivations and barriers to study;
- How the Centre overcomes the barriers to Aboriginal participation in health-related courses;
- Strengths of the Centre;
- Areas which can be developed; and
- The challenges the Centre faces into the future.

Student perspectives: motivations and barriers to tertiary study

The barriers and issues identified in the review are consistent with those mentioned in the literature about Indigenous student access to tertiary education.^{1,2} The majority of students at the Centre agreed that their primary motivation to study was their desire to further their career and employment opportunities. There was a strong awareness among the students that formal education leads directly to improved employment prospects. Nursing in particular was seen as a profession in which there were employment opportunities. Additionally, some students referred to a desire for higher status and authority in their current workplace, with reference to the lower status and career pathways of Aboriginal health workers compared with nurses:

'cos I've been a health worker . . . forever . . . I felt like, that I wanted to have some . . . you know instead of taking it . . . I've been in that position as being a health worker, I've listened to nurses tell me what to do every day at work. I feel like I wanted to do my enrolled nursing and have a bit of authority there in that clinic. (Student)

There was also acknowledgement among the students of the poor state of Aboriginal health and the ways in which the students could, if they were part of the health care system, improve accessibility and acceptance of mainstream health services to the Aboriginal community, and therefore, help their community.

However, students identified a range of barriers that they thought limited Aboriginal students' success in tertiary study. Concern was expressed about students' unfamiliarity with university structures, their doubt about their own capabilities, inappropriate delivery of course content and teaching approaches for students' learning styles, and racism and other negative experiences with educational institutions. Students also mentioned the lack of cultural relevance of some course content.

At a more personal level, some students lacked information about study options, had difficulty

balancing employment, study, and family commitments and, because of a lack of family and friends who had been to university, felt isolated, lacked encouragement, and were unsure as to whether they would be able to complete the course. Additionally, the majority of students had limited finances, practical support, and access to information technology (IT).

Perceptions of the impact and strengths of the Centre

Overall, Centre students and stakeholders from the Centre's Working Group felt the Centre had a significant impact in providing support to students who were studying health-related courses.

Providing a supportive environment

Bringing Aboriginal students together in a secure environment provides peer support, one-on-one learning through mentoring, group learning processes, and cultural knowledge about Aboriginal health to be shared and built upon.

And there's no shame job about it. If we don't understand a particular topic and if we were in mainstream and another lecturer was there, I would be too shamed to go and ask her "What did you say about that lymphatic system? I didn't understand". (Student)

According to both stakeholders and students, the Centre provides an important and much needed opportunity to increase students' knowledge about Aboriginal health through cultural sharing.

The right staff — approachable, knowledgeable, supportive and available

Students stressed the importance of having staff at the Centre who were culturally aware and who had community knowledge. The support and encouragement provided by staff at the Centre was seen to be critical to the students' continued motivation for study and successful completion of their course.

We really need an Indigenous leader here. The Coordinator provides counselling and care, she takes on the challenges. With her leadership there is identification with her among the community that it can be their leadership later. It just means that it remains culturally safe and appropriate because she is leading the team. It is not only her cultural knowledge but her skills and wisdom. (Key stakeholder)

The Coordinator provides a conduit between the Aboriginal communities, the support functions provided by the Centre, and the tertiary institutions. The Coordinator has the respect of stakeholders and students for student support advocacy and providing advice on Indigenous health and student education at a state and national level.

One of the most significant aspects of the Centre is the impact of powerful role models. The importance of role models and mentoring for students in health service management has been well documented.⁶ At the Centre, the Coordinator plays a pivotal role as a role model and mentor, having experienced tertiary study. Additionally, students are role models for their families and the community more broadly.

They are role models within their communities and their presence will encourage others to take the same journey. There are many positive personal journeys that these students are travelling. (Working Group member)

The right balance of structure and flexibility

Students talked about the Centre's ability to provide students with a balance. This included enough structure to their studies to keep them on track and have designated study time, with a degree of flexibility necessary for mature-age students who have family and work commitments in addition to their studies.

Practical support

Stakeholders generally mentioned the practical support functions of the Centre as working well.

Students were aware of the importance of the financial assistance, transport, IT, help with uniforms, study space, and assistance with acquiring text books and videos. There were suggestions for additional types of support such as child care assistance or arrangements, more study space, and access to more up-to-date resources and texts.

Community control and ownership

The perception that the Centre is owned by and accessible to the Aboriginal community has contributed to its success. Its location alongside the Pika Wiya Health Centre and its management through Pika Wiya enables community control, being able to directing the way the Centre develops.

The Centre is viewed by the Aboriginal students as their Centre and they feel comfortable in utilising it. (Working Group member)

Maintaining partnerships with the health industry and academic institutions

The Centre has been able to develop and maintain workable partnerships with the health industry and academic institutions while remaining embedded in the Aboriginal communities. All key stakeholders spoke positively of the Centre's capacity to engage, and the University regarded the partnership with the Centre as crucial in establishing better relationships with their Indigenous students.

Perceptions of the challenges for the Centre and areas for further development

There are issues surrounding the Centre's ability to sustain and build on current successes, and to overcome the persistent barriers to providing support. The challenges related to student support are presented here.

Financial insecurity

While there is broad support for the Centre and an acknowledgement of the importance of it,

without a firm commitment of funding, people feel a real sense of vulnerability and disempowerment. The lack of financial control and security leads to questions of, Why should we bother? — and this, according to one key stakeholder, has a huge impact on the Centre's potential for success.

Achieving a balance in providing specific support to Aboriginal students compared with integration into the broader system

There was some concern raised in the evaluation over balancing of the benefits of providing specific support and learning for Aboriginal students through the Centre with the benefits of greater interaction with the broader student community. There is a natural tendency for students to request increasing university input to occur at the Centre, in the environment where they feel comfortable and confident in their learning. This is an issue that needs ongoing monitoring to maintain the optimum mix of support for students at the Centre and at the University. At the same time, efforts are needed by institutions to achieve a more culturally appropriate learning environment for Aboriginal students.

Meeting student support needs

It is likely that, because of its success, the demand and range of support required by increasing numbers of students may outstrip the current capacity of the Centre. This has consequences for staff who may feel a responsibility to ensure a student's success. The risk of "burn-out" among staff at the Centre, similar to the risk documented among Aboriginal Health Workers and Aboriginal health service managers,⁶ should receive attention to ensure sustainability of support systems at the Centre.

Establishing pathways into employment

There is a risk that the courses students enrol in and graduate from may not align with the greatest workforce needs of the Regional Health Services, resulting in a lack of employment pathways available upon graduation. This is currently not a problem. All graduates so far have employment in either hospital or aged care settings. A regional Indige-

nous Employment Action Plan was developed in early 2004 to ensure all health/human service agencies in the region could plan and implement their own Aboriginal employment strategy.

Increasing the number of Aboriginal lecturers at the Centre

Students and Centre staff identified a need to increase the number of Aboriginal Lecturers at the Centre. The NSW example of a study centre using community expertise in teaching² is an important model for increasing Indigenous involvement in curriculum development and delivery.

An approach to providing Aboriginal tertiary student support

... the fact that if Aboriginal people do not get up and start getting an education, start getting the jobs where you know, no offence, where the white people are now, nothing is going to ... they're not going to get the help and the changes that they need to bring the health and stuff ... So that's one of the things that is really like popped out to me, that we need the Aboriginal people up there, sitting in the high places. (Student)

The review suggests the Centre is a workable approach to supporting Indigenous health students in tertiary education and into employment. The approach used by the Centre addresses the individual, family, institutional, and systemic issues simultaneously.

Developing Aboriginal students' aspirations

Student support in this context is fundamentally about increasing Aboriginal students' aspirations and their confidence to undertake study and gain employment.⁷ Understanding and helping to develop student aspirations is the connection between achievement in health-related courses and entry into the workforce. The Centre's strengths lie in mechanisms for building students' aspirations and confidence, such as strong role models, career counselling, constant encouragement by Centre staff, and creating and promoting opportunities.

Community ownership and control

In developing human, health or educational services with Aboriginal people a degree of community ownership is necessary for the service to be accessible, relevant, and consistently used. One of the ways to achieve this is through community control.⁸ Pragmatically, this is the power to organise the service in the way that the community considers appropriate. One of the effects of community control in this case is that the Centre can incorporate and value Indigenous understandings of health and ill-health. Additionally, the Centre, through its management by the Pika Wiya Health Service, is perceived to be owned by the Aboriginal community and an accessible and culturally safe environment.

Integrating personal and practical support specifically for Aboriginal students

Much of the Centre's success is related to the provision of integrated peer, professional and practical support provided specifically for Aboriginal students in a group context, and in a culturally safe environment. The benefits of this integration are:

- Opportunities for group support through the development of relationships, and peer education;
- Availability of personal role models and one-on-one support when needed;
- Development of cultural knowledge about Aboriginal health which can be shared among students who may have different perspectives;
- Opportunities to provide advice about cultural knowledge and issues to course coordinators of mainstream courses to overcome some of the barriers; and
- Advocacy for changes in curriculum with regard to Aboriginal health.

Summary

This paper gives information about the support given by the Pika Wiya Learning Centre to Aboriginal students of health-related courses. Although it is at an early stage, the Centre's progress is promising. The number of students receiving

support is increasing and is greater than was expected during the planning stages. There are sound working relationships with the tertiary institutions and regional health services. Considered in the context of what is known about Aboriginal student support, these developments may constitute best practice. There are few examples in the literature of such an initiative. Therefore, it is important to acknowledge the work of the Centre, disseminate this knowledge, and promote it as a possible approach to support.

References

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