University of Southern Queensland

AUSTRALIA

What factors do Aboriginal and Torres Strait Islander students say affect their social and emotional wellbeing while at University?

Dissertation submission my Maree Toombs for the award of Doctor of Philosophy

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Abstract

In essence, the concept of social and emotional wellbeing for Aboriginal and Torres Strait Islander people is very broad. The capacity to achieve good wellbeing rests largely with the individual's relationship with family and community and connection to land, as well as spiritual and physical wellness (Australia. Department of Health and Ageing 2004). This relationship between social and emotional wellbeing for Aboriginal and Torres Strait Islander students at university is an area not previously investigated at length.

One of the most critical factors associated with difference in educational outcomes for Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander students is attendance (Department of Employment Education and Workplace Relations 2008).

In tertiary settings, retention rates for Aboriginal and Torres Strait Islander students have always been low. Historical factors including disconnection from family and kinship structures as well as poor health and low socio-economic status contribute to the complexities accompanying Aboriginal and Torres Strait Islander students into university. These issues all impact on the social and emotional wellbeing of the student.

This research aims to explore what impacts universities have on Aboriginal and Torres Strait Islander students' overall wellbeing. This will be done by examining how Aboriginal and Torres Strait Islander students cope with studying at a university, what variables within the individual's own life affect their ability to cope at university, whether gaps exist for students at university in regards to their social and emotional wellbeing and what strategies could be implemented to improve outcomes for Aboriginal and Torres Strait Islander students?

Certificate of dissertation

I certify that the ideas, experimental works, results, analysis, software and conclusions reported in this dissertation are entirely my own effort, except where otherwise acknowledged. I also certify that the work is original and has not been previously submitted for any other award, except where otherwise acknowledged.

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Signature of Candidate   Date

ENDORSEMENT

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Signature of Supervisor/s   Date

Acknowledgments

I would like to thank my supervisor, Professor Don Gorman for the unlimited support he has provided to me throughout this experience. Don, you showed me that anything is possible if you put your mind to it and for that I will be forever grateful.

I would also like to thank Jennifer Wright Summers Editing Services for proof reading this document.

To my family who have been stoic in their support of me, I could not have done this without your continued belief in me, especially when my head would start to tell me that I could not do this.

Also to Aboriginal and Torres Strait Islander peoples both past and present, this dissertation is for you. It is one more example that we as Aboriginal and Torres Strait Islander people can achieve anything through self determination.

Last but definitely not least, I would like to dedicate this PhD to my beautiful brother Peter Gerhard Bronsch (Peter Boy), who lost his battle with leukaemia as I was in the final stages of finishing this dissertation. You may be gone but you will never be forgotten. I will always love you and keep your memories next to my heart.

Acronyms

AEP – Aboriginal Employment Plan

AIATSIS – Australian Institute of Aboriginal Torres Strait Islander Studies

CAE – College Advanced Education

CAIK – Centre for Australian Aboriginal and Torres Strait Islander Knowledges

CDU – Charles Darwin University

COAG – Council of Australian Governments

CQU – Central Queensland University

DAA – Department Aboriginal Affairs

DEST – Department of Education Science and Training

DEET – Department of Education Employment and Training

DEEWR – Department of Education Employment and Workplace Relations (Formerly DEST)

ISSO – Indigenous Student Support Officer

ITAS – Indigenous Tutorial Assistance Scheme

ITSS – Individual Tailored Student Support

MCEETYA – Ministerial Council on Education Employment Training and Youth Affairs

MST – Motivational Systems Theory

NAEC – National Aboriginal Education Committee

NAHS– National Aboriginal Health Strategy

NAP– National Action Plan

NATSISS – National Aboriginal and Torres Strait Islander Social Survey

NH&MRC – National Health and Medical Research Council

NIRA- National Indigenous Reform Agreement

SES – Socio Economic Status

SEWB – Social and Emotional Wellbeing

TSI – Torres Strait Islander or Torres Strait Islands

UC – University of Canberra

USQ – University of Southern Queensland

WGIR – Working Group on Aboriginal and Torres Strait Islander Reform

WHO – World Health Organisation

Glossary of terms

Aboriginal is a person who is a member of the Aboriginal race of Australia, identifies as an Aboriginal person and is accepted by the Aboriginal community as an Aboriginal person.

Aboriginal Elder is someone who has gained recognition within their community as a custodian of knowledge and law, and who has permission to disclose cultural knowledge and beliefs.

Clan is a local descent group, larger than a family but based on family links through a common ancestry. A 'clan' is a subset of a nation.

Community – a group of people living in a particular local area with a common ownership

Country is a term used to describe a culturally defined area of land associated with a culturally distinct group of people or nation.

Dreaming – The Dreaming has different meanings for different Aboriginal groups. The Dreaming can be seen as an embodiment of Aboriginal creation which gives meaning to everything. It establishes the rules governing relationships between the people, the land and all things for Aboriginal people.

Goori, Koori, Murri are names directly derived from Aboriginal languages and are terms used by Aboriginal people in specific areas when referring to themselves:

> **Goori** is used by some Aboriginal people in northern NSW coastal regions.

> **Koorie** is used by some Aboriginal people in parts of NSW and Victoria.

Murri is used by some Aboriginal people in north-west NSW and Queensland.

Nunga is used by some Aboriginal people in South Australia.

Yolngu is used by some Aboriginal people in Northern Territory (north-east Arnhem Land). **Anangu** is used by some Aboriginal people in Central Australia.

Noongar is used by some Aboriginal people in south-west Western Australia.

Palawa- is used by some Aboriginal people in Tasmania.

Indigenous is defined in the Macquarie Dictionary as 'originating in and characterising a particular region or country'. This will be the definition used in this study. Based on this definition, an Aboriginal and Torres Strait Islander person is a person originating or characterising a particular region or country. When applied to Aboriginal and Torres Strait Islander peoples, the 'I' for Indigenous is capitalised.

Kinship is an important part of Aboriginal and Torres Strait Islander cultures and values. It includes all relationships and being related to and belonging to the land.

Lore is the learning and transmission of cultural heritage.

Missions are areas originally set up and governed by different religious denominations for Aboriginal people to be governed.

Mob is a term identifying a group of Aboriginal people associated with a particular place or country. The term Mob can also be used in a broader sense to refer to all Aboriginal and Torres Strait Islander peoples.

Nation refers to a culturally distinct group of people associated with a particular, culturally defined area of land or country. Each nation has boundaries that cannot be changed, and language is tied to that nation and its country.

Native title is a form of land title which recognises Aboriginal people as rightful owners of that land.

Reconciliation is a Commonwealth Government initiative to promote reconciliation between Aboriginal and Torres Strait Islander people and the wider community and to redress Aboriginal and Torres Strait Islander disadvantage, with a target date of 2001.

Reserves are areas of land reserved by the Crown for Aboriginal people in the 19th century. Much of this land was later taken from Aboriginal people again. Until the 1970s the remaining reserves were administered and controlled by Government.

Sorry Business is a funeral and wake.

Stolen Generations – is a term used to describe the group of children affected by the Government's protection and assimilation policies, throughout Australia that oversaw the forced removal of thousands of Aboriginal and Torres Strait Islander children, from their families and country.

Terra nullius is a concept in international law meaning 'a territory belonging to no-one' or 'over which no-one claims ownership'.

Torres Strait Islander is a person/descendant from people from the Torres Strait which are located to the north of mainland Australia.

Traditional owner(s) is an Aboriginal or Torres Strait Islander person or group of Aboriginal Torres Strait Islander people directly descended from the original inhabitants of a culturally defined area of land or country.

Tribe refers to a culturally distinct group of people associated with a particular, culturally defined area of land or country. Note: Although not a term formally used in Australia, Tribe and Nation are used interchangeably and mean the same thing.

Yarn is a conversation.

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Chapter 1 Introduction to study

1.1 Origins of this study

In 1994 the staff at the Aboriginal and Torres Strait Islander support centre at the University of Southern Queensland (USQ) conducted a research project focused on the early encounters Aboriginal and Torres Strait Islander peoples had with higher education. The aim of the project was to ask Aboriginal and Torres Strait Islander students their perspectives about the curriculum and the Alternative Pathways program. The project also focused on drawing together the views of Aboriginal and Torres Strait Islander educators about the educational strategies required to support Aboriginal and Torres Strait Islander students (The National Aboriginal Health Strategy as cited in White White & Brown 1994, p. 172).

A survey was developed and conducted with participating and non-participating students to gain insight into their perspectives on the Aboriginal and Torres Strait Islander 'Alternative Pathway' program that existed at USQ. Sixty-six participants were involved in the study and questions were asked about age, gender, study mode and attitudes to study. Most of the students surveyed were over the age of twenty-one and identified barriers such as family and relationship problems, lack of Aboriginal and Torres Strait Islander content within curricula and dissatisfaction with particular courses as their main areas of concern. Other issues such as homesickness and self-esteem issues were also identified. The summative evaluation of the project was presented in the form of a seminar that took place at USQ.

There were a number of presenters at the project seminar including Martin Nakata, a Torres Strait Islander PhD candidate. Nakata concluded that there were major concerns for Aboriginal and Torres Strait Islander people as they pursued education. He noted that for

Aboriginal and Torres Strait Islander students, the pursuit of mainstream education was problematic as it also meant a compromise for the individual. That is, that the individual could run the risk of 'losing out culturally' (Nakata 1994,p 13). By this Nakata was suggesting that for Aboriginal and Torres Strait Islander students, surviving in a western institution may come at a cost. 'We risk losing our own knowledge and ways of seeing the world. We risk becoming assimilated into traditions that are not our own, becoming white thinkers in black skin' (Nakata 1994, p. 13). Nakata (1994) also noted that, to not pursue a westernised educational pathway would surely mean the disadvantage that plagues Aboriginal and Torres Strait Islander communities would continue.

There lies the irony. If Nakata's assumptions were correct, in particular that the self-determination of Aboriginal and Torres Strait Islander people derives from education, then how do Aboriginal and Torres Strait Islander people sustain their own identity and wellbeing without incurring a cost that is too great to bear?

Paradoxically, despite the potency of Nakata's assumptions, there is a dearth of research in this particular area. This scarcity of research highlighted the need for further work. In order to pursue this research, there was a fundamental question, 'What impact does university life have on the social and emotional wellbeing of Aboriginal and Torres Strait Islander university students?'

This research, at the outset, acknowledged the well-researched premise that colonisation in Australia and its aftermath have generated a legacy of historical impacts that continue to impose on the health and wellbeing of Aboriginal and Torres Strait Islander Australians. The 2007 Northern Territory Intervention is one example of the continual impacts that

government policies have on Aboriginal and Torres Strait Islander people. This policy targets all residents of proscribed Aboriginal communities and is in breach of the 'Racial Discrimination Act' which had to be suspended to allow the intervention to proceed. Further, the disruption of family networks by Australian Government policies has led to the removal of Aboriginal and Torres Strait Islander children.

> 'Dispossession from lands and the fragmentation of Aboriginal and Torres Strait Islander family networks, combined with racism and a lack of cultural sensitivity in policy and service delivery also contribute to high levels of socio-economic disadvantage experienced by Aboriginal and Torres Strait Islander people' (Dodson 2006, p. 2).

The impacts of white colonisation on Aboriginal [and Torres Strait Islander] health today, are illustrated by Mathews (1997) in Figure 1.
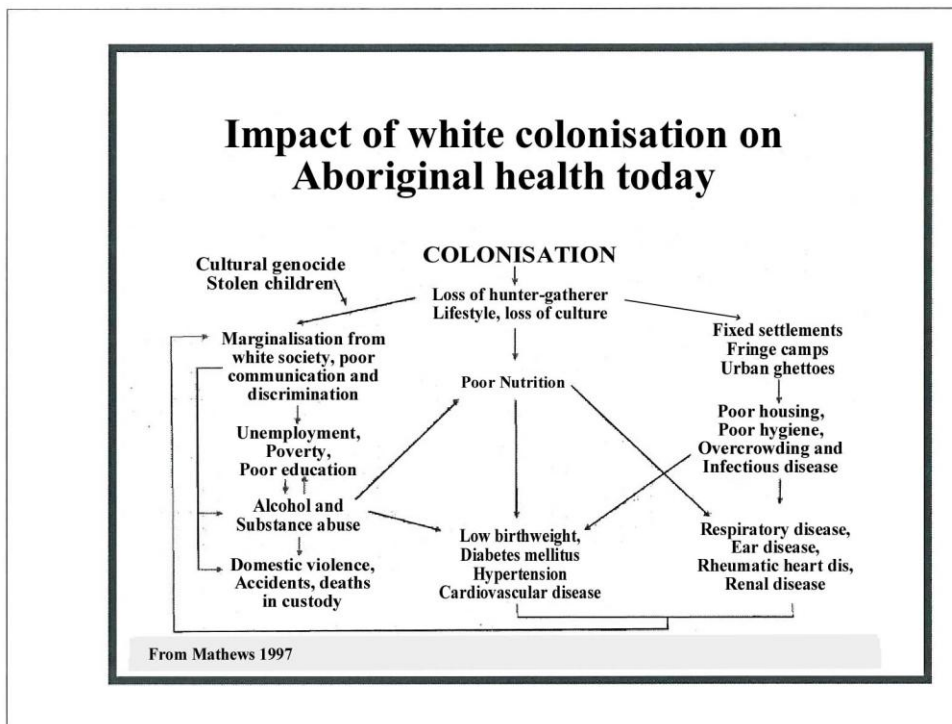
Figure 1 Impact of colonisation on Aboriginal health today

The history of Aboriginal and Torres Strait Islander Australians since invasion and colonisation has been one of disempowerment and marginalisation. This has resulted in significant multi-layered disadvantage across all measures of wellbeing. Social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples has been considerably influenced by numerous complex factors such as alarming health problems, racism and the impacts of government policies. These impacts have led to the disintegration of culture and gaps in almost every aspect of Aboriginal and Torres Strait Islanders people's lives.

'Social and emotional wellbeing problems can result from grief; loss; trauma substance misuse; physical health problems; child development problems; gender identity issues; child removals; incarceration; family breakdown; cultural dislocation; racism; and social disadvantage. Care is effective when multi dimensional solutions are provided' (Australia. Department of Health and Ageing 2004, p. 3).

These factors can weigh accumulatively upon each Aboriginal and Torres Strait Islander person before they engage with a western educational system or framework.

The most effective way to determine the impact of a system of education, specifically a tertiary institution, upon the social and emotional wellbeing of Aboriginal and Torres Strait Islander people is to apply a qualitative methodology (Catherine Cassell et al. 2005). In this way Aboriginal and Torres Strait Islander students have a voice and can articulate what has affected their social and emotional wellbeing at university.

The use of a qualitative methodology can expand the understanding of factors contributing to the health and wellbeing of Aboriginal and Torres Strait Islander students. This can be achieved by providing the participant with an opportunity to discuss experiences. These experiences can be shared through their conversations in the interview process.

1.2 Background to study

A thorough analysis of the literature found little evidence that the social and emotional wellbeing of Aboriginal and Torres Strait Islander students at university had been investigated as a standalone issue. Research about the social and emotional wellbeing of Aboriginal and Torres Strait Islander people attending university was relatively limited. Therefore, such questions as, 'What are the barriers and enablers for Aboriginal and Torres

Strait Islander students and how do students view their current situation at university? Where are the gaps and how can universities fill these gaps?' were asked as a starting point to try and better understand the experiences of participants.

The social context for anyone is informed by their experiences (Bamblett & Lewis 2006). For many Aboriginal and Torres Strait Islander students how and where they live is very different from life at a university and going to university may therefore impact on the wellbeing of that person. Challenges such as racism, family pressures and responsibilities, health issues, discrimination from peers, language barriers, low self-esteem, homesickness and low income, accompany many Aboriginal and Torres Strait Islander students to university and are risk factors to continued study (Carson 2007).

Although universities recognise that Aboriginal and Torres Strait Islander students are a disadvantaged group, more needs to be done to recognise their distinct needs and address those issues that may be a barrier to success (Carson 2007). It seems logical that if a student is happy in their surroundings they are more likely to succeed.

At present, support for Aboriginal and Torres Strait Islander students largely rests with the Aboriginal and Torres Strait Islander support centres that have been established to provide services to support their students. These support centres try to accommodate students' needs, enable, and support them.

As an Aboriginal woman experienced in the university process, facing racism, family obligations and other barriers along the way, this researcher felt it was of utmost importance to explore the notion of wellbeing for Aboriginal and Torres Strait Islander students, to gauge how students are coping within the paradigm of a westernised institution such as a university

and the experiences of navigating through mainstream texts and knowledges. The outcome of this research is to recommend the development of better frameworks to assist Aboriginal and Torres Strait Islander students enrolling and actively engaged in their studies but, more importantly to ensure that students feel safe in their learning environment.

1.3 Research question

The research question, which developed as a result of conversations with colleagues and reviewing the literature, is 'What factors do Aboriginal and Torres Strait Islander students say affect their social and emotional wellbeing while at University?'

1.4 Aims

This research aims to identify if there was a gap in the learning support model for Aboriginal and Torres Strait Islander students and to develop better practices in student support and curriculum delivery for Aboriginal and Torres Strait Islander people at university.

The potential social benefits of this research was; if Aboriginal and Torres Strait Islander students complete higher degrees, they could be adding a valuable contribution to the economic growth of this country and particularly to individual Aboriginal and Torres Strait Islander communities (Catholic Education Commission 2008). In addition, environmental factors could improve for the individual and healthy lifestyle as a result of better incomes. This may assist in closing the gap in disparities in health between Aboriginal and Torres Strait Islander peoples and non- Aboriginal and Torres Strait Islander peoples.

1.5 Objectives of this research

The Indigenous population is young: forty percent of Aboriginal and Torres Strait Islander people are under fifteen years-of-age compared with twenty percent of the non-Indigenous

population (Department of Education Science and Training 2002). The Aboriginal and Torres Strait Islander population is also growing at twice the annual rate projected for the rest of the population. Demographic forces, coupled with raising the school leaving age in some jurisdictions, mean that Aboriginal and Torres Strait Islander students represent an increasing proportion of all students. Nationally, there is an urgency to address low retention rates and improve educational outcomes for Aboriginal and Torres Strait Islander students. With the correct steps, improved outcomes for Aboriginal and Torres Strait Islander people may be achieved. Failure to accommodate these issues could result in continued intergenerational cycles of social and economic disadvantage (Carson 2007).

There were five main objectives for this research:

1. To determine what impacts universities have on Aboriginal and Torres Strait Islander students' overall wellbeing.

2. To examine how Aboriginal and Torres Strait Islander students coped with studying at a university.

3. To determine what variables within the individual's own life affect their ability to cope at university.

4. To examine whether gaps exist and what the gaps are that may lead to poor social and emotional wellbeing at university

5. If gaps exist, what strategies could be implemented to improve outcomes for Aboriginal and Torres Strait Islander students?

The benefits of addressing the objectives of this research are that it could lead to improved and more equitable outcomes for Aboriginal and Torres Strait Islander students at university, and improve student support models to accommodate students in a more holistic way. This in turn could produce more graduates thus improving the social and economic capital of Aboriginal and Torres Strait Islander students and their communities.

1.6 Overview of this dissertation

This research was an in-depth study into those factors Aboriginal and Torres Strait Islander students said affect their social and emotional wellbeing while at university. Chapter one has provided an overview of the dissertation. Chapter two, the literature review, highlights and analyses current research relating to social and emotional wellbeing and what that means to Aboriginal and Torres Strait Islander people. Moreover, the literature highlights the gaps relating to educational outcomes for Aboriginal and Torres Strait Islander Australians. The literature review also investigates the underlying historical implications impacting upon Aboriginal and Torres Strait Islander Australians and how this has led to poor health and disparities between Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander Australians. As information about the social and emotional wellbeing of Aboriginal and Torres Strait Islander students at university is limited, this literature review focuses on commentary surrounding poor social and emotional wellbeing in more general terms.

The methodology described in chapter three, outlines the process undertaken to recruit students and undertake data collection. Chapter three also includes an in-depth look at the chosen qualitative methodology and ethical guidelines which must be followed when collecting data from Aboriginal and Torres Strait Islander peoples. Chapter four presents the

findings from the data, while chapter five discusses the findings and recommendations. Finally, summations and conclusions resulting from the research will be discussed in chapter six along with the strengths and limitations of the study.

The data collected is rich in content and participants contributed much of their own knowledge to empower this research. The stories and conversations shared were deconstructed through a thematic analysis and common themes where identified. Findings from the data were used to develop recommendations to advocate and call to action formal policy and guidelines that may assist Aboriginal and Torres Strait Islander students at universities in the future.

Chapter 2 Literature review

This chapter investigates and analyses research and literature available about the concepts of social and emotional wellbeing, including the many dimensions of the concept as it pertains to Aboriginal and Torres Strait Islander Australians. These dimensions include mental health and physical health, as well as spiritual guidelines, and information about measuring social and emotional wellbeing and resilience.

The second part of this literature review includes an overview of gaps that exist between Aboriginal and Torres Strait Islander people, and non-Aboriginal and Torres Strait Islander Australians, and how these gaps contribute to poor educational outcomes for Aboriginal and Torres Strait Islander people. The intergenerational harm of government policies, including poor health and low socioeconomic status of Aboriginal and Torres Strait Islander Australians, features in this chapter. Finally, the support universities currently offer to Aboriginal and Torres Strait Islander students is presented.

The literature review often refers to wellbeing, social wellbeing and emotional wellbeing interchangeably. This is necessary as different researchers have commented in these ways. In saying this, all these terms are referring to the same broad concept. According to Garvey (2008), Aboriginal and Torres Strait Islander researchers prefer the term social and emotional wellbeing. This term is applied to keep an Aboriginal and Torres Strait Islander perspective.

2.0 Health and wellbeing

The concept of wellbeing has a long history and is well documented. Campion and Nurse referred to this, stating that more than 300 years BCE, 'Aristotle for example insisted that a morally good life opposed to hedonistic pursuits was essential for wellbeing' (Campion & Nurse 2007, p. 1).

In more recent times the concept of wellbeing has taken on the characteristic of happiness/contentment rather than that of moral standing. The World Health Organisation (WHO) notes that for Indigenous people of the world to have a secure foundation of wellbeing, certain elements must be achieved. These include peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice and equity (World Health Organisation 2006). Although these aspects of wellbeing specified by WHO are probably essential to any group of people, for Aboriginal and Torres Strait Islander people, the idea of wellbeing forms the foundation of the very existence of not only the individual, but also that of the community to which the individual belongs.

The broader understanding of wellbeing, or social and emotional wellbeing, as referred to by Aboriginal and Torres Strait Islander people, draws on the concept as either a positive or negative influence and 'includes political, economic, environmental, social, spiritual, cultural, psychological and physical conditions' (Australia. Department of Health and Ageing 2004, p. 7). All these factors contribute to a holistic view of good social and emotional wellbeing for the individual as well as their community. If any component of social and emotional wellbeing is missing, then the individual is at risk of having poor wellbeing (Garvey 2008).

The concept of social and emotional wellbeing from an Aboriginal and Torres Strait Islander perspective will be extended to draw on literature that explains wellbeing in a more clinical way. It is important to draw on all forms of literature at this point to develop an understanding of the complexities of social and emotional wellbeing and how it is interpreted.

Researchers Campion and Nurse (2007) have identified three main influences on the state of wellbeing. The first influence is genetic factors, that is the predisposition of a person to being happy or not. The second is life circumstances and the impacts that life has had on the individual. The third is the ability for an individual to have hopes and dreams that can be set into attainable goals. Burack, Blidner, Flores and Fitch (2007, p. 3) state that 'Fifty percent of an individual's predisposition to happiness comes from genetic makeup and upbringing'. Diener (1996) agrees with the notion that genetic makeup acts as a precursor to good wellbeing. He refers to the temperament of the person as an antecedent to good or bad wellbeing.

Life circumstances such as financial position, health status, living conditions, marital status and even material possessions all help in establishing good wellbeing. However, according to Burack et al (2007) life circumstances only contribute to '10% of personal happiness, as external influences, such as material possessions do not maintain personal happiness for long. Goal setting can account for 40% of variation of happiness' (Burack et al. 2007, p. 3). If the individual is actively engaged in life, they have a greater chance of maintaining good wellbeing. Campion and Nurse (2007) refer to protective factors as indicators to good wellbeing. These antecedents mirror the above-mentioned risk factors as they are really the opposite of a poor outlook on life. A healthy community environment, adequate housing, good physical health and a good upbringing all contribute to a healthier outlook on life.

As mentioned, wellbeing for Aboriginal and Torres Strait Islanders is seen from a holistic viewpoint and is an indicator of good health. Moreover, good health for Aboriginal and Torres Strait Islander people is viewed through this holistic framework and this is the foundation through which an understanding of good physical and mental health is formed (Australia. Department of Health and Ageing 2004). Physical and mental health are defined by the WHO as a 'State of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity' (World Health Organisation 2006, p. 10).

This definition extends beyond the western biomedical paradigm that considers body, mind and society as separate entities. When referring to Aboriginal and Torres Strait Islander people health must be considered in light of a more holistic approach (Carson et al. 2007). Booth and Carroll (2005) agree that Aboriginal and Torres Strait Islander peoples' belief of good health is holistic and defined by the harmony that exists between individuals, communities and the universe.

In many regions of the world, traditional healing systems and western biomedical care coexist. However as noted by Carson et al (2007), for Aboriginal and Torres Strait Islander Australians, their traditional healing systems play a particularly vital role in maintenance of culture and good wellbeing. Getting a balance between traditional healing practices and good western health care is essential to the physical and mental wellbeing of Aboriginal and Torres Strait Islander Australians. However, it would appear that getting the balance right is problematic.

Firstly, in Australian society access to health services is limited for many Aboriginal and Torres Strait Islanders due to geographical location. Moreover, mistrust of western health

systems can also cause problems as some Aboriginal and Torres Strait Islander people simply do not want to access health services. Feeney (2008) highlights the difficulties many Aboriginal and Torres Strait Islander people experience due to the social and emotional upheaval of colonisation. To gain some appreciation of these difficulties, particular attention must be paid to how individuals, families and communities continue to be affected by European colonisation in terms of loss of traditional lands, forced separation of families and loss of cultural identity. Any consideration of the social and emotional wellbeing of Aboriginal and Torres Strait Islander Australians must be set within this context of Australian history and social change. Social change is a major contributor to poor physical health and many individuals' social and emotional problems. Moreover, whole communities have been directly impacted on by Government policies. These impositions, particularly the forced removal of Aboriginal and Torres Strait Islander people from their family and land have caused catastrophic damage. It is important to note that most Aboriginal and Torres Strait Islander people have been impacted upon directly through these Government policies and therefore are at high risk of poor social and emotional wellbeing (Social Health Reference Group 2004).

Campion and Nurse (2007) highlight poor societal risk factors as the main contributor of poor wellbeing. When these societal risk factors, which include 'poor housing, unemployment, poor education, community violence, stigma and discrimination exist within the community, the chances of good wellbeing existing is low' (Campion & Nurse 2007, p. 2). Aboriginal and Torres Strait Islander people are identified with many of these risk factors. Champion and Nurse also claim that, 'Individual risk factors including poor parenting, abuse,

substance misuse, traumatic life events and time in prison also contribute greatly to the overall wellbeing of the individual' (2007, p. 3).

The former Prime Minister, the Honourable Kevin Rudd, referred to the poor health problems of Aboriginal and Torres Strait Islander people in his national apology to the Stolen Generations in February 2008 (Garvey 2008). Rudd identified Aboriginal and Torres Strait Islander people as the least healthy people in Australia. Kanowski, Kitchener and Jorm (2008) agree with Prime Minster Rudd, that Aboriginal and Torres Strait Islander people are the least healthy people in Australia. They attribute this to the 'Loss, grief and trauma that are commonplace in Aboriginal communities' (2008 p,11). Hunter (1997) notes that 'This is not to suggest that those enduring such conditions are either unaware or resigned to it; they are certainly aware and increasingly, are not resigned' (Hunter 1997, p. 825). Slowly the shift has been from merely observation to a deeper interest during the 1980's to the urgency now of identifying the causal effects of poor health within Aboriginal and Torres Strait Islander communities (Hunter 1997). The social determinants of good health, as identified by the WHO, were instrumental in highlighting indicators of good social and emotional wellbeing for Aboriginal and Torres Strait Islander Australians.

Government reports like the Bringing them Home Report (Human Rights and Equal Opportunities Commission 1997) and the Aboriginal and Torres Strait Islander Deaths in Custody report (Aboriginal and Torres Strait Islander Social Justice Commissioner 1996), have been instrumental in developing recommendations to improve Aboriginal and Torres Strait Islander health. Unfortunately these recommendations lay dormant for twelve years, with recommendations essentially ignored; although under the Rudd Government it seemed there was agreement that changes needed to be made. It would appear that Rudd's

national apology fits well with Feeney's model of sustainable social and emotional wellbeing. In this model she identifies 'healing to transformation, where a significant change in consciousness emerges' (Dr Melisah Feeney 2008, p. 13). According to Larkin (2008) the national apology has made a significant contribution to healing the scars of those who were affected by forced removal and has helped put healing at the forefront of the national conversation for Aboriginal and Torres Strait Islander people, and for the federal government. Both have agreed to work with each other to improve the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples.

2.1 Closing the Gap in health for Aboriginal and Torres Strait Islander people

According to Pholi, Black and Richards (2009, p. 1),

> 'There is wide spread enthusiasm for the Australian Government's commitment to "Close the Gap" in Aboriginal and Torres Strait Islander disadvantage, health status and life expectancy. Yet despite the rhetoric, the pursuit of statistical equality for Aboriginal and Torres Strait Islander Australians is not a novel or particularly promising approach'.

Pholi et al note that for the gap in disadvantage to be reduced, the health and wellbeing of Aboriginal and Torres Strait Islander people must improve. Unfortunately disparities between the reported life expectancy of Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander people, and the adult mortality rate have not improved significantly over the past decades. The adult mortality rate is now six to eight times that of the total population. Moreover, the life expectancy of Aboriginal and Torres Strait Islanders is

approximately 20 years less than non-Aboriginal and Torres Strait Islander Australians (Calma 2008).

Chronic conditions including heart disease, stroke, diabetes and renal failure represent a serious and escalating health burden for Aboriginal and Torres Strait Islander populations in Australia (Eckermann et al. 2006). The incidence of chronic diseases is much higher in Aboriginal and Torres Strait Islander people non-Aboriginal and Torres Strait Islander Australians and disease occurs at a much younger age. Major contributing factors are persistent social and economic disadvantage coupled with poor access to health care and poor nutrition (Carson et al. 2007).

Social Commentator Mick Dodson (2005) suggested that Australia-wide health interventions in Aboriginal and Torres Strait Islander communities prove there is reason to be optimistic about the prospect of improving the social and emotional wellbeing and health of these communities. Dodson (2005, p. 2) says that if 'Well resourced community controlled, culturally appropriate and accessible programs can be implemented into communities, positive impacts can be achieved'. Dodson's optimism, although warranted, is a long term view to establishing good health and good social and emotional wellbeing. The gap between Aboriginal and Torres Strait Islander Australians and non-Aboriginal and Torres Strait Islander Australians remains high. Chair of the Close the Gap steering committee and retired Aboriginal and Torres Strait Islander Social Justice Commissioner Tom Calma, outlined the disadvantage and disparities between Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander health in his 2005 report. Calma (2005) noted that the federal government had made some significant initial commitments over the previous twelve months to close the twenty year gap in life expectancy between Aboriginal and Torres Strait

Islander and non-Aboriginal and Torres Strait Islander Australians. The views of Omara (2009) suggest that there was a need to consolidate these efforts by building collaborative partnerships with Aboriginal and Torres Strait Islander people, the health sector and state governments to develop and implement a comprehensive call for action.

 Omara (2009) also called for a National Action Plan to ensure equality in health and life expectancy between Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander people. It is impossible to expect Aboriginal and Torres Strait Islander Australians to have good social and emotional wellbeing when their health outcomes are so poor. Omara's suggestion for a national health plan was not a new idea. The first National Aboriginal Health Strategy (NAHS) was released in 1989. This strategy was developed through extensive community consultation to produce a landmark document that set the agenda for Aboriginal and Torres Strait Islander health. The National Aboriginal Health Strategy outlined the following strategies:

'Health services which are culturally appropriate and accessible to Aboriginal people are required. Ways of making this possible include:

- employment of Aboriginal liaison officers whose role is communication between psychiatric ward and units, and Aboriginal Health Service staff and community
- employment of specialist psychiatric Aboriginal Health Workers working in the area of mental health in their communities and who also can provide domiciliary care
- adolescent services must be specifically designed to address the needs of this "at risk" group

- establish specific Aboriginal community controlled psychiatric services

- that traditional healers be recognised and employed in Aboriginal health programs

- resocialisation and enculturation services along the lines of the Aboriginal organisation "Link-up" an organisation established by Aboriginal people to trace and reunite the Stolen Generations' (The National Aboriginal Health Strategy 1989, p. 172).

According to the 1994 evaluation of the NAHS, 'There had been no advancements in improving the inequities in the appalling state of Aboriginal health and minimal gains' (The National Aboriginal Health Strategy as cited in Department of health and Ageing 2010, p. 2). Zubrick, Kelly and Walker (2010, p. 58) assert that, 'The National Aboriginal health Strategy remains the key document in Aboriginal and Torres Strait Islander health. It is extensively used by health service providers and continues to guide policy-makers and planners'.

Since 1994 and up to 2001 governments have grossly under-funded the NAHS action plan (Australia. Department of Health and Ageing 2004). Until a concerted effort is made to apply accountability and measurement tools within the health sector and state governments, outcomes are likely to remain the same.

2.2 *Measuring social and emotional wellbeing*

The Australian Institute of Health and Welfare (2009) completed an in-depth study into the concept of social and emotional wellbeing. The report stated that there needed to be attempts to capture an Aboriginal and Torres Strait Islander holistic and whole-of-life view of health. This of course includes closing the gap in Aboriginal and Torres Strait Islanders' health status. To do this a multifaceted approach to health should be considered (Duke & Ewen

2009). An important component that has largely been neglected within Aboriginal and Torres Strait Islander health includes mental health, but also considers the impact of other factors that relate to the social and emotional wellbeing of Aboriginal and Torres Strait Islander people. In their 2009 report, 'Measuring the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples', the Australian Institute of Health and Welfare highlighted that, 'Life stressors, removal from family, discrimination and cultural identification' are key indicators to poor health and therefore poor social and emotional wellbeing' (Australian Institute of Health and Welfare 2009, p. 1). The Australian Institute of Health and Welfare has developed eight domains for assessing social and emotional wellbeing. These domains are an attempt to highlight the importance of life stressors on Aboriginal and Torres Strait Islander Australians and the impacts on health since first contact. These include; psychological distress, impact of psychological distress, positive wellbeing, anger, life stressors, discrimination, cultural identification and removal from natural family. A national data system will store information for this new improved analysis. Until recently, data collected on social and emotional wellbeing has come from health services where individuals have accessed a mental health service.

Key findings of the Australian Institute of Health and Welfare report are as follow:

- 'Over one-quarter (27%) of Aboriginal and Torres Strait Islander adults reported high or very high levels of psychological distress.

- Aboriginal and Torres Strait Islander Australians were twice as likely to report high or very high levels of psychological distress.

- Almost one in 10 Aboriginal and Torres Strait Islander Australians had visited a doctor or health professional in the four weeks prior to this interview due to feelings of psychological distress.

- In relation to life stressors, four in 10 Aboriginal and Torres Strait Islander adults indicated that they or their family or friends had experienced the death of a family member or close friend in the previous year, 28% reported serious illness or disability and 20% reported alcohol related problems' (Australian Institute of Health and Welfare 2009, p. 1).

2.3 *The relationship between resilience and social and emotional wellbeing*

The notion of resilience has appeared continually in the literature as a determinant of good social and emotional wellbeing. The literature suggests that to have good wellbeing, resilience must be present. Hope, happiness, faith and a get-up-and-go attitude all lend themselves to a positive outlook on life (Edward, Welch & Chater 2008). It would seem that to have a healthy social and emotional concept, resilience needs to be high in the individual's psyche and also within the community in which they live. Although there must be a relationship between resilience and wellbeing, Burack et al (2007) say that this does not mean that the individual must display both of these competencies at once.

The notion of resilience is based in psychological and human development theory and has been researched for about twenty-five years. Garmezy is generally accredited as the founder of resilience research and his work was inspired by observations of people with schizophrenia (Hegney et al. 2008). According to Hegney et al (2008, p. 20) 'Many theorists agree that resilience is a highly complex phenomenon composed of multi interrelated dimensions'. Lam

and Grossman (1997, p. 43) suggested that 'The over abundance of research examining resilience has been a consequence of the richness of the construct'. Hegney et al (2008, p. 20) asserted, 'There is no universally accepted definition of resilience, nor any consensus as to how it ought to be measured'. However, there are accepted definitions of what it may be. Dell (2005, p. 4) defined resilience as 'The extent to which someone can recover from adversity'. A resilient person is often compared to a rubber band. They have the ability to bounce back in spite of significant stresses. 'The term resilience has been used to describe an individual's ability to manage or cope with significant adversity or stress in effective ways' (Dell 2005, p. 5). Investigation into literature on the relationship between resilience and wellbeing has identified that resilience research has been conducted on people who have suffered from adversities and trauma, because of this, resilience has been able to be observed and recorded.

Aboriginal and Torres Strait Islander people are very familiar with the notion of suffering and fit into the category of resilience and wellbeing research well. What the research has found is that resilience in Aboriginal and Torres Strait Islander communities is viewed by many as having a holistic context in the same way that wellbeing does. Campion and Nurse (2007) noted that this should not be surprising given that the same themes as mentioned in the social and emotional indicators to good health (Australian Institute of Health and Welfare 2009) appear to also contribute to resilience.

From a more clinical perspective, researchers like Garmezy (1993), Block (1993) and Kumper (1999) highlight that the environmental context in which the individual lives is important and call this factor extrinsic motivators. In addition to extrinsic motivation, internal (motivation) resiliency factors should also be present. According to Block (1993) internal resiliency factors are more effective in retaining resilience and wellbeing. Internal resiliency

factors highlight spirituality, behaviour, physical, cognitive and emotional constructs as indicators within the theoretical domain of resilience. Block (1993) describes a process within the individual called 'ego control' as paramount to a person's level of resiliency. 'Ego control is defined as the kind of control an individual has over their own impulses' (Block 1993, p. 14). A person with good ego control is resourceful and adaptive.

If an individual has poor ego control, they are deemed to have poor ego resiliency. This can mean the person is slow to recover after stress. The literature suggests that it is possible to develop resiliency over time if acceptance of the situation can be achieved. The focus of most research on resiliency pointed towards oppressed groups and not so surprisingly, Aboriginal and Torres Strait Islander peoples.

2.3.1 Developing resilience in the face of adversity

The experience of colonisation for Aboriginal and Torres Strait Islander people has been catastrophic. Clarke et al. (1999) and Zubrick et al (2010), suggest the individual, family and community are all affected and this in turn has caused intergenerational pain. Napolean (1991) argued that when trauma is suppressed, denied or ignored it is driven 'further into our souls and it colours all aspects of our life. Without healing, it will destroy the human soul as any illness will in time cripple and kill the body' (Napolean 1991, p. 14).

The literature asserts that developing resilience appears to manifest from an individual's responses to their own adversities and how they respond to that of the community in which they live (Ungar 2006). While alienation can have adverse effects on the individual, a strong identity and self concept can have a positive impact (Sonn & Fisher 1998). Sonn asserted that community resilience is stronger in the face of adversity and highlights examples of oppressed groups which have risen above that adversity through song, dance, humour and

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solidarity. Building on resilience requires a collaborative approach that involves all types of services such as social work, housing, education, crime prevention and justice (Australian Institute of Health and Welfare 2009).

The Australian Institute of Health and Welfare (2009) have developed a framework for Aboriginal and Torres Strait Islander social and emotional wellbeing. This framework is designed to highlight the special factors that constitute wellbeing in Aboriginal and Torres Strait Islander Australians. A key directive of the Social and Emotional Wellbeing Framework (2009) is 'to ensure action across all sectors to recognise and to build on existing resilience and strength to enhance social and emotional wellbeing, to promote health, and to reduce risk' (Australian Institute of Health and Welfare 2009, p. 4).

In addition to recommendations in the Social and Emotional Wellbeing Framework, identification and strategies to develop an individual's level of ego control, can also enhance resilience. Sonn and Fisher (1998) suggested that there is a part of the brain that reacts to reality that appears to be a factor that should be explored. The literature indicates that an individual who can control their impulses and develop resourcefulness is far more likely to be resilient and therefore have good wellbeing. These skills can be taught and the literature suggests you can be trained to develop new behaviours.

Indigenous Academics such as Grossman, Anderson, Langton, Moreton-Robinson (Grossman et al. 2003) and Frederick's (2009) argue that it is the very notion of control and restraint that non-Aboriginal institutions like universities expect and demand that actually marginalises Aboriginal and Torres Strait Islander people in the first place. Federicks (2009, p. 10) states 'Some Australian universities continue the marginalisation, denigration and exploitation of

Indigenous peoples, by providing the non-Indigenous people with the positions as the knowers positioning them as having the domination and control'.

2.4 Maslow's hierarchy of needs as an identifier for resilience

It is useful to draw on other literature at this point that also looks at factors indicating good wellbeing. Maslow, an American physiologist, developed an indicator of individual needs in the 1940's and called it the 'Hierarchy of needs'. Maslow's work identified specific features that a person must have to be classified as a 'Fully functional human being' (Simons, Irwin & Drinnien 1987, p. 12). The following figure (Allen 2009, p. 1) outlines the levels of needs required to gain optimum health and wellbeing.
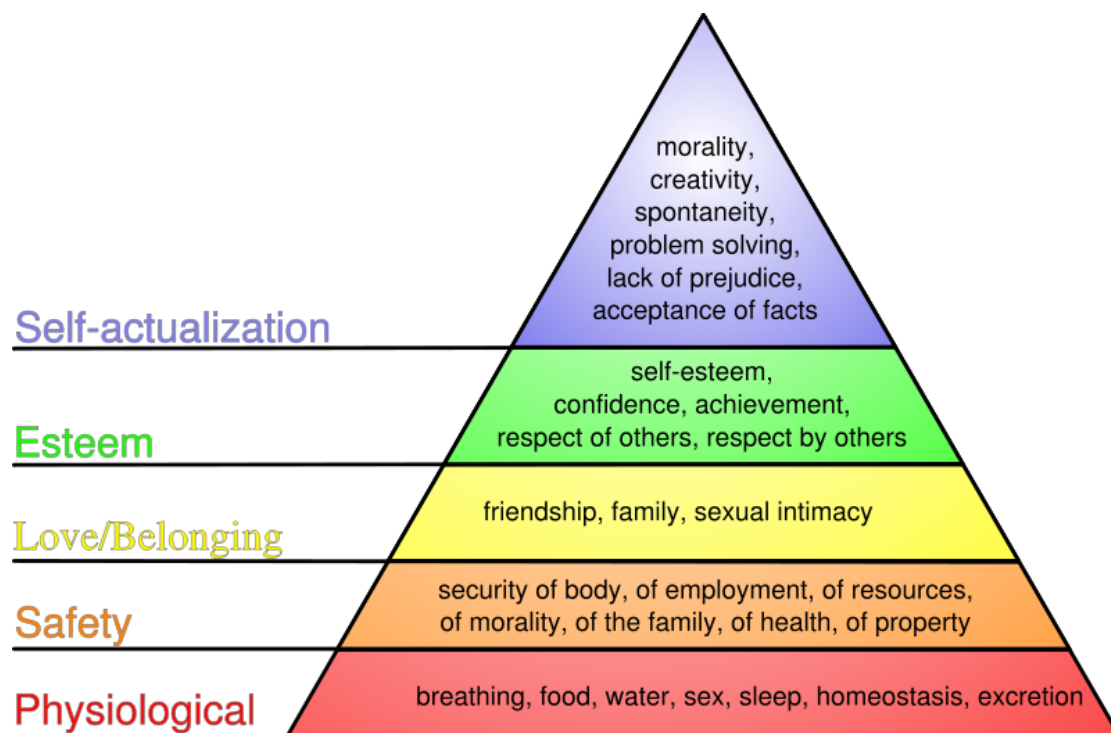
Figure 2 Maslow's hierarchy of needs

Maslow argued that if these needs were not met, then the individual was not complete. Maslow saw the needs as essential to a person's personal motivation and like Block (1993)

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Gamezy (1993) and Kumper (1999) noted that features of good wellbeing are based in the individual's intrinsic or internal being. Interestingly, and in more recent times, there have been arguments with regards to the levels in which these needs have been placed. Maslow's framework has identified biological needs as the most important and includes basic fundamental requirements such as food, water and body temperature as the primary needs. Although biological needs are very important physiologically, psychologically, to be a fully functioning human being, all needs within Maslows 'Hierarchy of Needs' must be met (Kimberly & Rouse 2007). Maslow says the appearance of one need usually rests on the prior satisfaction of another.

This may be problematic for Aboriginal and Torres Strait Islander peoples as research highlights poor health and social and emotional wellbeing as dominant features in individuals and communities (Carson et al. 2007). Gorman (2010) suggests that Maslow's hierarchy of needs may help to explain the poor social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples by showing how cultural dislocation has impaired the ability to attain the higher levels of Maslow's framework.

Because university students who are leaving communities are expected to be self-actualising and self-directed, this would be a challenge, because as Kimberly and Rouse (2007) point out, these expectations would not necessarily be realistic for those students. Maslow (as cited in Boffa 1993) admitted that only a few people actually reach self-actualisation and the majority of people fall somewhere in between the other levels.

Sacket (1998) says that some people can be motivated without actually attaining all levels of Maslow's hierarchy. However, according to Kimberly and Rouse (2007), Maslow's theory

has stood the test of time and in the case of disadvantaged groups like Aboriginal and Torres Strait Islander people, it would be reasonable to assume that not all their needs would be met according to Maslow's hierarchy.

2.5 Does the socioeconomic position of Aboriginal and Torres Strait Islander people affect their chances of an education and good health?

'The relationship between socio-economic status and health is well established with the lowest socio-economic groups experiencing the highest rates of illnesses and death' (Wilkinson & Marmot 2003, p. 50). In Australia, Aboriginal and Torres Strait Islander people continually fall into this category. Commentators point to another link between education and health. For example, Garvey (2008) says that poor educational results and poor health go hand in hand. Carson et al (2007) agree stating that, 'In broad terms, there is considerable evidence to indicate the poor health of Indigenous students impacts negatively on educational attainment levels'. In addition, Boughton (2000), the Australian Bureau of Statistics and the Australian Institute of Health and Welfare (2005) assert that strong correlations have been made between higher educational attainment and better health outcomes.

Results from the 2002 National Aboriginal and Torres Strait Islander Social Survey (NATSISS) found that behavioural and environmental risk factors were reported in higher levels among those Aboriginal and Torres Strait Islander people who reported lower socio-economic status, including low levels of educational attainment, unemployment and below-average income (Australian Institute of Health and Welfare 2006). Aboriginal and Torres Strait Islander Australians were also found to be twice as likely to rate their 'self-assessed

health status' as being fair or poor compared with non-Aboriginal and Torres Strait Islander Australians (Australian Institute of Health and Welfare 2006).

Researchers, including Booth and Carroll (2005) have investigated the disparities between Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander Australians. In a similar way to the NATSISS results they highlight health and socio-economic status as reasons for the gaps between Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander Australians. Booth and Carroll (2005 p.g 1) also suggest that,

> 'Socio-economic status (SES) can affect health and prosperity through a variety of transmission mechanisms. Overall, it might affect health through relative ranking in society, access to resources and social inclusion. Specific factors might also be important. Health could be affected by absolute income (through nutrition and working and living conditions) or by relative income'.

Many studies have shown an association between income and health. For instance, the overview of results in Viscusi's (1994) report on health and economic appraisal and Lutter, Randall and Morrall's (1994) report on ways to evaluate health and health analysis noted that a low relative income was a determinant of poor health. In addition, Cohen, Line, Manuck, Rabin, Heise, and Kaplan (1997) suggest that a low relative income could be associated with increased psychosocial stress leading to disease. Alternatively, health might be related to non-income related factors such as employment status (through stress and social exclusion) and education (through information about health). Data investigating mortality and morbidity rates suggest that 'Aboriginal and Torres Strait Islander Australians' average life expectancy

is just 56 years for men and 63 years for women, while the average life expectancy of non-Aboriginal and Torres Strait Islander Australians is approximately 20 years higher' (Booth & Carroll 2005, p. 1).

The Bradley Review (2008, p. 50) found that,

> 'The low SES students including Aboriginal and Torres Strait Islander students, in spite of their access to income support benefits, experienced more financial pressure than high socio-economic status students, eligibility criteria and policy drivers relating to the amount of income'.

There could be a number of reasons for this however, but research to substantiate if there were direct links between low economic status students and poor health was not found.

Pink and Allbon (2008) further claim that although there is a positive association between education and health, no research or reports offer an explanation for the association. It could be asserted that education leads to better economic prosperity and therefore better living conditions. Perhaps those with higher education are more likely to be employed. Pink and Allbon (2008, p. 23) offer this explanation; 'Education and health may be partly explained by the fact that healthy individuals are better able to undertake education in the first place'.

The Bradley Review (Hoj, 2008) also highlighted poor socio-economic challenges as one of the indicators for continued low participation in education. The review highlighted that 'national policy in education, funding and socio-economic areas are major contributors to success rates of Australian Aboriginal and Torres Strait Islander students at university' (Hoj 2008, p. 69). The review also noted that for increased participation and completion, it will

become increasingly important to overcome the barriers of socio-economic disadvantage. Hoj (2008, p. 50) further suggests that, 'the socio-economic background is the major factor affecting students [sic] perspectives and attainability of higher education'. Unfortunately there were no recommendations or key actions outlined from the Bradley Review that matched the concerns outlined in this report. This lack of action on carrying out the recommendations may be symbolic of numerous research interventions that have failed in the execution phase. The situation appears to be that without a westernised education, economic disadvantage and health problems will both continue. The inequities for many Aboriginal and Torres Strait Islander people in all three areas; education, health and socio-economic status should be addressed together to create an environment that is more conducive to engagement in mainstream education.

2.6 Aboriginal and Torres Strait Islander students at university

Aboriginal and Torres Strait Islander students represent 1.2% of the domestic student population (Indigenous Higher Education Advisory Council 2006). The retention rate of Aboriginal and Torres Strait Islander full-time students in tertiary education increased between 1999 and 2006, but is below that of non-Aboriginal and Torres Strait Islander students. Although these data sound promising, 2009 figures show that between 2002 and 2007:

- 'Aboriginal and Torres Strait Islander students were more likely to be enrolled in enabling and non-award courses and less likely to be enrolled in postgraduate courses, than non-Aboriginal and Torres Strait Islander students

- The proportion of Aboriginal and Torres Strait Islander students enrolled in enabling or non-award courses decreased from 15.2% to 10.5%

- The proportions of Aboriginal and Torres Strait Islander students enrolled in undergraduate and postgraduate courses increased from 73.2% to 74.7%, and 11.6% to 14.8%, respectively' (Steering Committee Review of Government Service Provision 2009, p. 222).

The increased retention of Aboriginal and Torres Strait Islander students has generally been more notable than for non-Aboriginal and Torres Strait Islander students over this period, leading to a reduction in the difference between Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander retention rates (Australian Bureau of Statistics 2002).

Researcher Joe Lane (2009) also believes that retention rates of Aboriginal and Torres Strait Islander students at university are improving. He argues that Aboriginal and Torres Strait Islander students are fairing very well at university and poor retention rates are just a myth. Lane says that:

'In the mainstream Aboriginal and Torres Strait Islander population, one in every eight adults is a university graduate. Two-thirds of the graduates are women, so that one in every six Aboriginal and Torres Strait Islander women in mainstream society is a university graduate' (Lane 2009, p. 5).

Lane argues that data on retention rates and causal effects such as poor [English] literacy and numeracy standards all equate to remote communities and do not consider Aboriginal and Torres Strait Islander people living in urban areas. He says that Aboriginal and Torres Strait Islander students who are not succeeding mostly come from separate:

'Aboriginal schools that are heirs to generations of poor education in remote communities. In marked contrast, more than 60% of Aboriginal and Torres Strait Islander parents who work in mainstream Australia send their children to mainstream schools where they achieve similar results to non-Aboriginal and Torres Strait Islander children in similar socio-economic circumstance' (Lane 2009, p. 9).

Lane argues that data quoted by Aboriginal and Torres Strait Islander academic Professor Dodson of the Australian National University, who states that 30% of Aboriginal and Torres Strait Islander people are illiterate [in English] are perhaps misleading. Lane defends his position by highlighting that the current generation of university students has had a good education despite socio-economic disadvantage and poor teacher delivery. Be that as it may, Lane's views, although promising, only reflect on Aboriginal and Torres Strait Islander people who live in urban environments. Therefore for the purpose of this study, Lane's data may not reflect that of the total Aboriginal and Torres Strait Islander population.

In comparison to Lane's research, the Bradley Review (2008) reported that Aboriginal and Torres Strait Islander retention rates are still lower than the national average. Although there were no recommendations to improve retention, a suggestion to improve opportunities to participate in higher education was made with a recommendation that Aboriginal and Torres Strait Islander and low SES equity issues be treated separately, 'with distinct, target strategies' (Hoj 2008, p. 33). Moreover, Hoj (2008) acknowledges there has been little change in the national participation rate since targets were introduced in 1990 (Hoj 2008).

The Aboriginal and Torres Strait Islander Commission's submission to the Higher Education review (2002) blamed poor financial support and poor support within tertiary institutions, as

well as lack of vision and support by government agencies for the low outcomes of Aboriginal and Torres Strait Islander students. The submission stated that 'Unlike other schooling areas, there is a general failure by Governments to set achievable benchmarks and pursue strategies to pursue those benchmarks' (Aboriginal and Torres Strait Islander Commission 2002, p. 2). This suggests that the general failure by governments and their lack of vision for Aboriginal and Torres Strait Islander students may be associated with the lack of understanding by the bureaucrats of the disadvantage faced by Aboriginal and Torres Strait Islander students (Australian Bureau of Statistics and Australian Institute of Health and Welfare 2005).

According to the Australian Bureau of Statistics (2007):

> 'Education is said to be the key to improving the health and wellbeing of Aboriginal and Torres Strait Islander Australians. Higher levels of educational attainment directly improve the health outcomes for Aboriginal and Torres Strait Islander Australians' (Australian Bureau of Statistics 2002 p. 1).

Literature regarding Aboriginal and Torres Strait Islander people's experiences at university is somewhat limited. However, there are examples such as Keefe (1993), Harrison (2010) and Boulton-Lewis et al (2004) who investigated the concept of Aboriginal and Torres Strait Islander students' learning experience at university. A longitudinal study carried out by Bolton-Lewis et al, followed the progress of fifteen Aboriginal and Torres Strait Islander students in two universities over three years, and found that their academic achievements were good. Problems experienced by these students were predominantly due to their lack of prerequisites for university. Most of the students had a limited educational background in

regard to academic language and approaches to study. The most interesting finding was that Aboriginal and Torres Strait Islander students have special learning styles. Although this is not a new phenomenon, Boulton-Lewis et al argued that if lecturers and tutors could take into account these different learning styles, which include visualisation and practice modes of delivery, better outcomes may be achieved. Aboriginal academic and researcher Paul Hughes has undertaken collaborative research in relation to the different learning styles of Indigenous students over a number of years. He has consistently maintained that culture plays a part in the formation of learning. Hughes also suggests that the other contributor to the individual is lifestyle. Hughes maintains that learning within Aboriginal culture comes from 'Imitation and observation and to a much lesser extent by verbal instruction' (Hughes & More 1993, p. 10).

This notion has been tested in more recent times by linguists such as Denise Angelo who suggests that students only respond better to this form of learning because they are disadvantaged in the schooling system (Angelo 2007). In reality most Aboriginal and Torres Strait Islander students are not speaking standard Australian English but rather a language called Aboriginal English or for Torres Strait Islander people, Torres Strait Creole. This may account for poor outcomes for Aboriginal and Torres Strait Islander students, particularly in English literacy (Australian Bureau of Statistics 2002). Interestingly, Hughes points out that students from minority groups usually use a learning style that is not their strongest; such as using kinaesthetic (hands on) instead of visual because the language forms a barrier.

Best and Nielson (2005) conducted a more general study focusing on Aboriginal and Torres Strait Islander experiences at university. This study focused on the perspectives provided by a sample of Aboriginal and Torres Strait Islander nurses. The research identified three main themes: racism, support and why these students chose their field of study. An interesting

theme that came from this study was the experience felt by students who 'looked Aboriginal/Torres Strait Islander' versus those who didn't. Those without the stereotypical Aboriginal attributes, such as hair texture, dark skin and facial features found themselves challenged personally by offensive racist comments made in the absence of knowledge of their heritage. Best and Neilsen described this type of racism as 'Offensive and a double loaded issue of racism for the fair skinned Aboriginal and Torres Strait Islander students (Best & Neilsen 2005, pg 15). Like Best and Neilsen, the University of South Australia (1996) undertook a study focusing on the university experience. The project involved sixty-six participants and focused on educational needs in relation to making the Aboriginal and Torres Strait Islander support centre at that university more accessible. The study identified mature aged female students as the main participants of courses. Most students were local or from urban areas and noted that responsibilities to immediate and extended family rated highly as the main reasons for discontinuing study. Also, the needs and experiences of rural and remote students differed from those of urban students; but these needs could not be fully investigated, as the students were part of the cohort who left the university. Students enrolling and then leaving programs cited personal problems as the major reason for discontinuation. The project identified very clearly the type of student who may enrol in programs at the university. This student is more likely to be female, living in an urban area and financially secure. This evidence suggests an inequity for Aboriginal and Torres Strait Islander people who live in rural or remote areas and fall below the national average in socio-economic status and may have health related issues. Although the same could be said for non Aboriginal and Torres Strait Islander people, it is a further burden for Aboriginal and Torres Strait Islander peoples who have other inequities as well. A similar study called the Jilalan Project, carried out at the University of Southern Queensland also identified mature aged females as the most

likely to enrol and complete a degree (Brown & Bull, 1994). One paper in this publication cites finances and family responsibilities as factors for discontinuing study (White & Brown 1994).

2.6.1 National goals for Aboriginal and Torres Strait Islander education

In response to the poor educational outcomes of Aboriginal and Torres Strait Islander Australians, the Department of Education Employment and Workplace Relations provided the Aboriginal and Torres Strait Islander education statements in a National Aboriginal and Torres Strait Islander Education Policy (2007). This policy focused on six particular goals identified by the Ministerial Council on Education, Employment, Training and Youth Affairs (MCEETYA) because they related to higher education. These goals are:

- 'to establish arrangements for the participation of Aboriginal and Torres Strait Islander peoples in educational decision making

- to increase the number of Aboriginal and Torres Strait Islander people employed in education and training

- to ensure the equitable access of Aboriginal and Torres Strait Islander students to education and training services

- to ensure the participation of Aboriginal and Torres Strait Islander students in education and training

- to ensure equitable and appropriate achievement for Aboriginal and Torres Strait Islander students

- to promote, maintain and support the teaching of Aboriginal and Torres Strait Islander Studies, culture and languages to all Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander students' (Department of Education Employment and Workplace Relations 2007, p. 42).

Universities across Australia have recognised the need for an Aboriginal and Torres Strait Islander presence within the university sector to ensure equitable and appropriate services and support for Aboriginal and Torres Strait Islander students. The goals identified by the MCEETYA were endorsed by the Howard federal government as well as all state and territory governments. The level to which each tertiary facility endorses these goals relies on the discretion of each institution. Perusal of Aboriginal and Torres Strait Islander statements and strategies within various universities showed that uptake of these goals varied and ranged from poor to fair.

The University of South Australia is an example of a University that has a workforce strategy to develop appropriate opportunities for both academic and professional Aboriginal and Torres Strait Islander staff as well as to increase participation rates of Aboriginal and Torres Strait Islander students. To date targets have yet to be reached (Hoj 2008).

Since 2006, steering committees and government agencies have been working together to further develop the above mentioned goals. As recently as 2008 and 2009, the Council of Australian Governments (COAG) renewed its commitment to improving participation and retention rates for Aboriginal and Torres Strait Islander students with the development of six main targets in 'Closing the Gap'.

'Close the Gap' is the endorsed National Indigenous Reform Agreement (NIRA) which has six main targets, including closing the life expectancy gap for Aboriginal and Torres Strait Islander peoples within a generation, halving the gap in mortality rates for Aboriginal and Torres Strait Islander children under five within a decade, improve reading, writing and numeracy levels for Aboriginal and Torres Strait Islander children, as well as ensuring that all four year old Aboriginal and Torres Strait Islander children have access to early childhood education. In addition, the NIRA has set timeframes around improving outcomes for Aboriginal and Torres Strait Islander students in year twelve with a goal to halve the gap for Aboriginal and Torres Strait Islander students in year twelve attainment or equivalent attainment rates by 2020. These targets are stated as outcomes in the (Steering Committee Review of Government Service Provision 2009). In keeping with its commitment to improving outcomes, a subsidiary group of COAG called 'Working Group of Aboriginal and Torres Strait Islander Reform' (WGIR) has also been established and has developed a framework of priority outcomes.

2.7 University guidelines

The Commonwealth Tertiary Education Commission agreement in 1976 meant that universities were funded to take students above their previous quota. This allowed entry into universities and teacher colleges for a number of Aboriginal and Torres Strait Islander people.

Across all universities in Australia the best response to ensuring equitable and appropriate services for Aboriginal and Torres Strait Islander students has been through the implementation of Aboriginal and Torres Strait Islander support (commonly with support centres). The University of South Australia was one of the first to establish Aboriginal and

Torres Strait Islander student support, and this was funded by ABSTUDY. In the 1970's, three institutions offered enabling programs under an 'Enclave Support Program'. These provided special facilities and support for Aboriginal and Torres Strait Islanders to assist their adjustment to academic studies before commencing studies in award courses (Chappell & Price 2009). The three tertiary institutions offering enabling programs were Mt Lawley College of Advanced Education (CAE), Townsville CAE and the Adelaide College of the Arts and Education. 'In these programs, Aboriginal and Torres Strait Islander students were offered the same range of studies, given the same assessment and graduated with the same award, a three-year Diploma of Teaching (Primary)' (Chappell & Price 2009, p. 3).

According to Price (2010), these programs were established as an initiative of the Department of Aboriginal Affairs (DAA). In 1988 the education functions of DAA were transferred to the Department of Education, Employment and Training (DEET) now known as the Department of Education, Employment and Work Relations (DEEWR). Under DEEWR the current aims for Support for Aboriginal and Torres Strait Islander students include:

- establishing the Aboriginal and Torres Strait Islander Support Programme as a programme for the purposes of subsection 41-15(1) of the Act and to specify the matters listed in subsection 41-15(2) of the Higher Education Support Act 2003

- promoting equality of opportunity for Aboriginal and Torres Strait Islander Australians in higher education

- assisting eligible higher education providers to meet the special needs of Aboriginal and Torres Strait Islander Australian students and

- advancing the goals of the National Aboriginal and Torres Strait Islander Education Policy (AEP)' (Department of Education Employment and Workplace Relations 2005b, p. 112).

Further aims were applied from 30 April 2005 and include:

- evidence of the implementation of strategies for improving access, participation, retention and success of Aboriginal and Torres Strait Islander Australian students

- evidence of participation of Aboriginal and Torres Strait Islander people in the decision-making processes of the higher education provider (which may include the existence of an Advisory Committee on Aboriginal and Torres Strait Islander issues)

- existence of an institutional Aboriginal and Torres Strait Islander Employment Strategy' (Department of Education Employment and Workplace Relations 2005b, p. 112).

2.8 Student support

Whilst research has been undertaken on Aboriginal and Torres Strait Islander support systems and information gathered has been pertinent in gaining an understanding of Aboriginal and Torres Strait Islander students, there appears to be a lack of research focusing on the student, and from the students' perspective. Moreover, the literature fails to address the question 'What factors do students say affect their social and emotional wellbeing while at University?'

Summary of literature review

In reviewing the literature, ample information about post-colonisation and the cultural implications for Aboriginal and Torres Strait Islander people was found. As the literature

outlines, there are distinguishing cultural factors that impact on all culturally diverse aboriginal peoples around the world. The literature highlighted that the intimate ties to traditional lands and association with close-knit kinship groups and cultures in which all aspects of life, physical, spiritual, emotional, cultural and social, are intimately linked and interdependent and may be major factors related to poor social and emotional wellbeing.

In Australia the impacts on social and emotional wellbeing imposed by government policies, such as the protection/segregation policy and assimilation policy has led to intergenerational pain that has affected both past and present Aboriginal and Torres Strait Islander peoples.

The literature outlines many examples of the impacts invasion and colonisation has had on the social and emotional wellbeing of Aboriginal and Torres Strait Islander people. Dispossession from land, rapid cultural change, poor health and lack of access to services, are all legacies of colonisation contributing to poor wellbeing. This direct result of colonisation has consequently led to the fragmentation of Aboriginal and Torres Strait Islander cultures and is seen as having a highly detrimental effect on Aboriginal and Torres Strait Islander people and their traditional way of life.

Effective learning and teaching shapes and responds to social and cultural contexts. The literature suggests that, despite efforts to support and encourage Aboriginal and Torres Strait Islander Australians at universities, student enrolments and subsequent retention rates continue to remain low. The literature indicated that many students found university to be different from their expectations. Reasons given included lack of practicality and relevance of courses which featured as a major dissatisfaction with university study. Other factors

contributing to dissatisfaction included lecture problems, lack of time and lack of Aboriginal/Torres Strait Islander studies.

For students who discontinued studies, personal and relationship problems of one sort or another featured heavily in the reasons given for not continuing. Money was also mentioned as well as courses not meeting expectations.

As the literature highlights, Aboriginal and Torres Strait Islander students have a distinct cultural heritage whether they come from urban, rural or traditional families. This was emphasised by many commentators who noted that educational facilities must develop an education theory and pedagogy that takes into account Aboriginal epistemology. Only when this occurs will education for Aboriginal and Torres Strait Islander peoples be a process that builds on Aboriginal and Torres Strait Islander cultures and identity.

Chapter 3 Methodology

3.0 Introduction

This chapter will outline the processes/methodology undertaken in this research. The chapter discusses the ethical guidelines for research of Aboriginal and Torres Strait Islander peoples as well as details about the data collection process. In addition, the chapter will introduce the theoretical perspective of 'Thematic Analysis' and how this addresses the research question. In line with the methodology chosen for this study, it is appropriate to draw a picture of the context in which the study took place, the inclusion criteria and information about participants will provide these details. Finally, limitations to this research will be discussed.

The research method was identified after careful consideration of the best way to collect data from Aboriginal and Torres Strait Islander participants using a method that was the least intrusive while also providing the best results. Initial consideration was given to a quantitative methodology, but this would not provide the rich data collection required for the research. Qualitative research methodology was chosen as it has been recognised as a productive way of collecting data from minority groups and provides rich data (Wilson 2007b).

Given that Aboriginal and Torres Strait Islander cultures are constructed through oral languages and oral history forms part of a complex culture, collecting stories of experience through narrative inquiry seemed like the most appropriate approach. However, the number of participants meant that although the data collected would be valuable, it would not be possible, within the confines of a PhD, to write narrative enquiry for this research. In the end, a decision was made to conduct informal and semi-structured interviews and a thematic

analysis. This supported the notion expressed by commentators that Aboriginal and Torres Strait Islander people like to tell a yarn and this allowed the participants the freedom to talk in a relatively informal way (Wilson 2007a). Furthermore, interviews gave the individual permission to tap into their own knowledge and share their own experiences as a university student.

3.1 Guidelines for research of Aboriginal and Torres Strait Islander peoples

Aboriginal and Torres Strait Islander people are one of the most researched groups of people in the world (Hunter 1997). Intellectual property until recent times did not exist for Aboriginal and Torres Strait Islander peoples (World Health Organisation 2006). Many researchers in this country have used unethical practices when obtaining information (Hunter 1997).

Government bodies such as the National Health and Medical Research Council (NH&MRC) (2003) and Australian Institute of Aboriginal and Torres Strait Islander studies (AIATSIS) (2002) have recognised and identified guidelines for ethical approaches to research in Aboriginal and Torres Strait Islander Studies. These guidelines were derived from a direct response from Aboriginal and Torres Strait Islander communities who concluded that they were not benefiting from research being undertaken.

The main purpose of current guidelines is to insist on individual and community consultation. The guidelines for ethical research by AIATSIS notes that 'Consultation is a two way process. Ongoing consultation is necessary to ensure free and informed consent for the proposed research and for maintaining that consent' (Australian Institute of Aboriginal and Torres Strait Islander Studies 2002, p. 3).

In this study the information provided by the participant and all data collected was developed in consultation with the participant. At no point will the information provided be used unless the participant permits it.

Ethical approval was granted by the University of Southern Queensland Human Research Ethics Committee to undertake this research (Appendix B). Confidentiality has been ensured by the researcher by keeping participants' data secure and using pseudonyms to shield their identity.

Furthermore it is outlined in the guidelines by the AIATSIS (2002) that the researcher is obliged to give something back to the community. The purpose of this research is to contribute to the understanding of Aboriginal and Torres Strait Islander peoples and their communities. If the results demonstrate that the social and emotional wellbeing of Aboriginal and Torres Strait Islander students can be improved by studies and strategies then communities could benefit from such outcomes.

3.2 Recruitment process

As mentioned in the introductory chapter, the recruitment process began with a 2009 meeting of the National Aboriginal and Torres Strait Islander Higher Education Network (NIHEN), members of universities were informed of this study, and offers of participation were made. Seven universities agreed to allow access to their students for this research. The participating universities were:

- Macquarie University
- La Trobe University
- Griffith University

- University of Canberra

- Charles Darwin University

- Central Queensland University

- University of Southern Queensland.

Contact was made to organise dates and times to visit and conduct interviews. Recruitment was undertaken through a series of strategies including emails, posters and promotion of the study through Aboriginal and Torres Strait Islander Support Centres at the respective universities. All strategies emphasised the fact that students were not required to participate if they didn't want to and would not be disadvantaged in any way if they choose not to participate or to withdraw.

Visits to all participating universities were for one week except for one university which participated through teleconference. The first two days of each visit included familiarisation with the Aboriginal and Torres Strait Islander support centres, meeting staff and in almost all instances, presenting the research project to a staff meeting so as to introduce staff to the research project. This was an opportunity to also mingle with students and explain the purpose of the visit. Prior to arrival at each university, information was sent through via emails so that staff could scope out potential students prior to the visit. Information sent included consent forms (Appendix A), proof of ethics clearance (Appendix B), a plain language statement (Appendix D) as well as contact details so that the centre could call if there were any concerns or questions.

Although it was anticipated that interviews would be conducted individually, this was not always the case. Interviews were conducted in a number of ways and the approach varied to

suit the participants. It was very important that the participants' needs were met and that the individuals felt comfortable and safe in the process. In some instances a support person, such as a friend, sat in for the interview. On another two occasions participants were interviewed together. On three occasions the interviews took place via video conferencing. In these instances, all participants were from the same university. It is with regret that this visit did not take place but there were a number of reasons, including unavailability of students, lack of funds, staff being very busy, illness, and finally a new job and new employer that made a visit to this university impractical when video conferencing equipment was available.

3.3 Research participants

A cohort of forty-two (42) participants from seven participating universities was the target number of participants. Participants varied from age eighteen to sixty-two. Participants came from all over Australia. There was at least one participant from each state and territory represented in this research and participants came from rural, remote and urban areas. Unfortunately, not all seven universities had the required number of six participants. There were instances where participants did not show up for their interview and other occasions where there were more than six participants. In the end a total of forty (40) participants took part in the study. Participants came from a large range of locations including remote communities where English was spoken as a second language, small Aboriginal and Torres Strait Islander communities such as old mission settlements, small regional towns and urban areas. There were thirty female participants and ten males.

Participants' experience, although diverse, did have common features which were identified and form the basis of this research.

3.4 Interviews

Inclusion criteria

Participants were required to:

- Identify as an Aboriginal or Torres Strait Islander person

- Be accessible through Aboriginal and Torres Strait Islander Support Centres within participating universities.

Interviews were on a purely voluntary basis and on most occasions, staff at student support centres had pre-arranged the interviews. Interviews were conducted in a location in which the participant felt comfortable; i.e. coffee shop, outside or in a private office, and on two occasions, for the convenience of the participants, the interviews did not take place on university grounds.

The method used for interviewing participants was an open-ended questioning technique. Researchers such as Powell (2000) and Kwok (2006) note that incorporating open-ended questioning is important when obtaining information from Aboriginal and Torres Strait Islander peoples. Developing rapport and possessing an array of hypotheses to decrease the possibility of miscommunication is also important (Kwok 2006). Open ended questioning was adopted to create an environment where participants felt they could yarn (talk) openly and freely about their experiences at university. Questions were loosely developed around the concept of wellbeing and university with the intention of letting the interviews and participant's responses evolve organically.

Participants gave consent for audio equipment to be used throughout their interview. For the voices of the participants to be heard, it was essential that they felt safe and comfortable. This atmosphere was created by using an informal setting. During the first two interviews a formal type of setting made the participants feel uncomfortable. Moreover, introducing the audio equipment to record the interview further exacerbated the situation. Participants did relax when the audio equipment was not so visible and data collection was good. Subsequent interviews were less formal.

It must be noted that although the approach taken may appear to be rather casual, the data collected was of a very high quality. Participants often divulged very private information that gave valuable insight into the experiences of an Australian Aboriginal and Torres Strait Islander student and it was a privilege to be trusted with such sensitive and valuable information.

3.5 Thematic analysis

Thematic analysis is an effective method of dealing with data that involves 'The creation and application of themes from collected data' (Miles & Hurberman 1994, p. 1). Sieldle (1998), suggests that thematic analysis is a simple process. It consists of three parts:

- Noticing
- Collecting
- Thinking.

Qualitative thematic analysis was adopted to study the data collected through open-ended questions and formed the basis for looking for common themes and ideas. Roberts (2002), noted in Holloway and Freshwater (2007, p. 84) 'That in the process of analysis, it becomes

evident that parts of the data are thematically connected'. Common themes were extracted and used to draw conclusions. Such an approach is known to highlight the sociological and cultural issues of the participant and therefore seemed most appropriate to this study (Holloway & Freshwater 2007).

Wilson (2007a) saw merit in applying qualitative methodologies to Aboriginal and Torres Strait Islander groups, and suggested the story teller provides important information about both the group and the individual, based on the storyteller's frame of reference. This information is often the only way of extracting clues to many historical and social issues disabling Aboriginal and Torres Strait Islander groups. The collection of stories from minority groups, such as Aboriginal and Torres Strait Islander people is providing vital information about sociological factors. There is no defined rule on how to carry out qualitative research other than premises that guide the framework of the analysis (Amos & Wisniewski 1995). Amos and Wisniewski (1995) suggested that there must be a particular group with shared characteristics from which data is collected. This would imply that a commonality should exist between participants.

Riley (2000, p. 227) said 'qualitative research interest in the analysis of stories has increased as researchers in many disciplines endeavour to see the world through the eyes of others'. Wilson (2007a) implies that recounting stories through history has been a way for people to make sense of their experiences. Barton (2004), a researcher from Canada, examined the significance of qualitative enquiry and its place in research among Aboriginal groups. She used the study to examine Aboriginal epistemology in relation to the methodology of narrative enquiry. She found that narratives provided a dimension of interaction between the

researcher and story teller that gave an insight into cultural beliefs as well as a connection to arts and storytelling itself as a way to express and pass on oral history.

Antaki et al (2002) commented on the advantages of the flexibility of thematic analysis. Given that it was not the intention of the researcher to conduct formal, but rather informal, interviews based around participants' experiences through their stories, the idea of flexibility and an absence of constrictive guidelines suited the research well. Miles and Hurberman, (1994) highlighted areas of concern with thematic analysis, but also pointed out that any qualitative data are going to have validity problems as the information is coming from the individual who is being researched. This was not to suggest that thematic analysis is destined to failure, but merely to point to one of the dilemmas that researchers inevitably face while dealing with data using this approach. Miles and Hurberman (1994, p. 1) stated that 'There can be value in creating links between, say, people's attitudes or beliefs, and comparing opposing cases can be a very effective way of throwing things into relief'. Thematic analysis is not then the wrong road, but it is a tricky one to follow without getting lost in (or at least distracted by) some profound theoretical issues. The validity of the data is established through participants having an opportunity to comment, edit and refine the researcher's analysis.

Transcribing recorded information and developing categories and analysing data suited analysis of the participants' stories in this research. Best and Neilsen (2005 p. 14) noted that the 'thematic analysis is an ongoing process that will involve continual reflection'. Creswell (2003) suggested that while analysing data, it is important to simultaneously be posing analytical questions to complement the research. This approach was very helpful as it allowed

for continual critical evaluation of the data and kept the focus on what should or should not be classified as a theme.

Once information had been collected and transcribed, common themes were found. 'Themes are defined as units derived from patterns such as conversation topics, vocabulary, recurring activities, meanings, feelings, or folk sayings and proverbs' (Taylor & Bogdan 1984, p. 131). Common themes were identified through the use of a computer software program called NVIVO. NVIVO is specifically designed for qualitative researchers working in rich text data.

The aim was to collect participant's stories in a professional and considerate way, and at all times this was adhered to. Moreover, data were transcribed and analysed to connect participants' knowledge to themes as accurately as possible. As an Aboriginal woman, the researcher also felt that it was of utmost importance to assure the participant that the information shared was of benefit to other future Aboriginal and Torres Strait Islander students and that they were making a valuable contribution to their own Mob (People).

3.6 Limitations of the research

A number of limitations were identified in this research. These limitations were unexpected and only evolved after the research commenced.

Only one participant who identified as Torres Strait Islander was included in this study; therefore the information is not comprehensive enough to include a significant Torres Strait Islander perspective. However, the information from that student has been transcribed and included in the data collection. Moreover, throughout this research, particularly in the literature review and discussion chapters much of the literature was Aboriginal Australian in content and in many instances did not offer a Torres Strait Islander perspective. According to

Taylor and Guerin (2010, p. 160), 'of the actual size of the Indigenous population (517 200), Torres Strait Islander people only make up six percent, with two percent being both Aboriginal and Torres Strait Islander'. This may provide an explanation as to why literature and access to Torres Strait Islander students was limited.

Another limitation relates to the number of participants involved in the research. The initial target was to collect data from forty-two participants from seven universities. This target fell short by two participants and was due to participants not showing up for pre-arranged interviews. Fortunately, in these situations another student would offer to be interviewed, it was because of the generosity of others that the number of participants stayed close to the mark. It must be noted that the forty participants provided valuable insight into the university experience, and as a result, rich data was collected and saturation of themes was met in most instances.

Chapter 4 Findings

Note: For Aboriginal and Torres Strait Islander people terms such as Country, Mob and Yarn are used in everyday language and will be used here:

Through engagement with participants and by deconstructing data using NVIVO, nineteen themes were identified. These themes were constructed by looking for commonalities and main ideas that came from the interviews. This chapter examines the data collected and the voices of the participants will be shared within the text (using a code number to represent the participant). What they said impacts upon their social and emotional wellbeing and how this relates to their university experience is categorised as follows.

1. Students' definition of their social and emotional wellbeing

2. Indicators defining poor wellbeing

3. Mental health and how it relates to social and emotional wellbeing

4. Physical health issues and social and emotional wellbeing

5. Spirituality and social and emotional wellbeing

6. What is resilience and how students see themselves as resilient

7. What students said about their university experiences

8. What barriers affected their ability to perform at university

9. Cultural safety and the impacts on social and emotional wellbeing

10. Factors affecting participation and retention rates at university

11. Family and the impacts on social and emotional wellbeing

12. Family support or lack there of

13. Family place and responsibility

14. Family history and the importance of this to wellbeing

15. Identity formation and the impacts on participants

16. Aboriginal and Torres Strait Islander support centres

17. Returning to community and the impacts on social and emotional wellbeing

18. The importance of Role Models with regards to the decision to study at university

19. The boarding school experience and its relationship to the university experience.

Many of the themes are intertwined and therefore may appear to be reappearing through other themes within the analysis. It may seem unnecessary to do this, however it is important to draw attention to the holistic nature of the themes. The data demonstrates that if one part of a person's wellbeing is not intact then it tends to flow into all areas.

This chapter also explores the experiences of a participant who was interviewed for this research in 2008, left University and then re-engaged. This participant has been re-interviewed and her experiences will be shared at the end of this chapter.

Although the sample is relatively small, with forty participants, saturation of most themes is evident and the researcher feels that the data is conclusive and the information is reliable given the consistency of the data.

4.1 Students' definitions of social and emotional wellbeing

This theme defines participants' notions of social and emotional wellbeing and describes their views of the concept. In some instances participants have used examples from their lives to define social and emotional wellbeing.

The concept of social and emotional wellbeing was discussed at length by many participants and featured as an indicator of good physical and mental health. Participants discussed all aspects of life and how this impacted upon their social and emotional wellbeing. These conversations inevitably led to the university experience and how this also impacted.

Most participants referred to social and emotional wellbeing as a 'good state of mind'. Participants asserted that a good state of mind was the key to retaining good physical and mental health. Some participants were very articulate in their responses and reflected what the literature says for Aboriginal and Torres Strait Islander people. That is, that it is holistic and encompasses not just the physical, but also the spiritual, emotional, community and family. Participant A22 describes wellbeing as *'very holistic, like an aura, a circular aura that is around every individual. If one thing in that circle is heavy or missing, it can impact on health, lifestyle, everything'*. This participant felt that remaining positive as much as possible was the key to good health which in turn gave her good wellbeing. She said, '*I think you need to quickly grab something that's good and positive in your life. I believe that all can collapse and then it will affect everything around you and in you*'.

Other participants were uncertain in their understanding of the term wellbeing, but did suggest that happiness played a key role. Happiness almost always featured as an indication of good wellbeing. Most participants noted that if they were happy, they had good wellbeing,

and if they were unhappy wellbeing would be poor. Some participants hesitated and needed time to reflect on the notion of wellbeing; it was a concept that for some participants, required quiet time before articulation of the concept was given. These participants came back to the question as the interview progressed.

A typical comment came from A14 who said, '*Wellbeing is being happy and satisfied, just an all round feeling good feeling*'.

When defining wellbeing some participants used their family as a way of interpreting and providing examples of what wellbeing meant to them. For example, A16 said, '*.. knowing that family, you know my own immediate family like my children, are all happy was crucial to how I feel. This is how I would define good wellbeing. When they're happy I'm happy*'. A17 said, '*I'm very happy when I've got all my family under the one roof. This is how can best describe wellbeing to you*'.

A10 said, '*Wellbeing, it means just peace, just my quality of life and that and within my family*'. A1 said wellbeing is, '*about being happy, enjoying yourself, being in the right company, you know just being happy I suppose is one of the main things*'. A5 said he had to have a number of things going well for him to have good wellbeing. He describes wellbeing as follows: '*Wellbeing, I would define wellbeing as happiness, good education, good family morals, discipline and respect, freedom of choice and being a respected member of society. They're all a sort of great deal with blackfellas. I think that would just about do it*'. A4 also said '*Defining wellbeing for me is when you're not six foot under, was a good indication of at least still being around. Good wellbeing is being healthy, being happy also respected among your peers, connection to country, retaining your connection to country, your cultural*

heritage, your background, and getting to go home'. A6 said, *'It is all about having a good state of mind, being with family and friends. When I'm with honest and straight forward people, that gives me a sense of good wellbeing'*. A12 said, *'When I feel good within myself. I don't know what words you would use to say that everything is going along alright. It's not a monetary thing, it's not anything. If you're just feeling good about yourself, feeling good about everything around you is hard. As I say, contentment, there might be another word, I don't know. So that's what I say wellbeing is'*.

A small cohort said it was more than just being happy, satisfied or content. These participants said it had to be a holistic picture when it came to Aboriginal people. A30 said,' *You can't define wellbeing unless you look at the picture in a holistic way'*. A2 articulated this best when he said, '*For Aboriginal and Torres Strait Islander people it's holistic. It's not just the physical. It's the social, it's the cultural, and it's the emotional, like it's all of those things'*. A21 said, '*I think of wellbeing as being a holistic point of view. So, mental, physical, your stress levels and how you cope with that. That's how I see wellbeing'. ...* '*Wellbeing to me incorporates not just the physical health of the person, but also the whole lot'*. A16 said, '*I think it involves your emotional state, your psychological or mental health status, you know sexually, so covering all the aspects of wellbeing*, y*ou know there are different types'*. A22 said it was a, '*Circular concept and if any parts of the circle were not in place then wellbeing would be limited'*.

A3 also defined wellbeing as holistic, but added that safety was important to his wellbeing. He said, '*To me wellbeing is safety. Having a place of safety and being comfortable in a space. So it doesn't have to be something physical, it can be in your own mental state and it can obviously relate to being a physical space as well'*. A3 also said learning more about his

own identity has helped with his wellbeing and, therefore, gave him the ability to verbalise what it meant. *'I have developed my wellbeing and safety by actually knowing who I am a bit more rather than relying on individuals so much. I can go back and say well actually I know a bit more about myself now'.*

Participants also talked about negative experiences as a way to define wellbeing. In these instances, participants used examples of negative experiences to articulate wellbeing through the lenses of negative impacts on their lives. Contributing factors of poor wellbeing ranged from family issues, such as arguments, lack of contact or interest from family members, lack of support and basic physical needs that participants required such as money to buy food and a place to live. Unfortunately, there were incidences of participants living in overcrowded housing, homelessness resulting in living on people's lounges and others who had lived on the streets prior to commencing study. Although these anecdotes of poor wellbeing were not directly related to defining wellbeing the comments lent themselves well to participants articulating what wellbeing was not.

A21 shared her experiences and said she currently lived with her two young children, sharing the same room. She felt stressed at this situation and was struggling with good wellbeing. This participant did not have her own accommodation and was living at her Mother's house in overcrowded conditions. A23 and A12 had also experienced accommodation issues and had both lived on the streets in large cities prior to university. Conversations about wellbeing and university emerged and participants were happy to reflect on the impacts that university had on social and emotional wellbeing.

4.1.1 Indicators defining poor wellbeing

Some participants became aware of their emotional status and their overall wellbeing by recognising signs within themselves that indicated wellbeing may be low. Some participants demonstrated their poor state of mind through emotion, while others withdrew from family and friends. A21 said her 'sleep patterns' changed. She also said she was very good at disguising her feelings. A17 said, *'I can be really nasty'*. A8 said when he feels *'like shit'* he liked it when '*...other people were feeling bad too as it made him feel better'*. A12 said, *'I just have to be by myself for a length of time, and that wasn't probably good. It put me in a bad place. I isolated myself on that occasion, just without family, we're talking probably stopping in a room like this, a couple of months'*. A23 also chose to hide. '*I stay in my house and I don't go anywhere' and* A27 also isolated herself. She said '*when I isolate myself it's time for me to think "Oh shit I'm here, why am I here?" I have to analyse what's happened and move forward into the next space'*. A23 said, *'I know when I'm not good because I am easily irritable and nasty. I just blank out. I just don't want to do nothing*, *just stare into space'*. Meanwhile A13 said when she was down, *'I just have to get out'*.

4.1.2 Summary of this theme

Most of the data featured within this theme indicated that happiness and contentment were the main indicators defining good social and emotional wellbeing. Moreover, family relationships were commonly used to provide anecdotes to define how a participant articulated whether their wellbeing was high or low. Participants identified that if family relationships were poor, then the likelihood of their social and emotional wellbeing remaining positive was low. More specifically:

- Thirty percent of participants said they isolated themselves when they felt their wellbeing was poor. Most expressed their reason for this was to identify within themselves what the problem was and how they were going to resolve it.

- Seventy-five percent of participants concurred that wellbeing related to happiness and contentment. This view was reflected by the majority of participants who defined wellbeing as a state of happiness.

- Ten percent of participants mentioned that wellbeing featured as a holistic framework and that if the individual was not in touch with their spiritual, physical, social, emotional and family relationships, then wellbeing could be jeopardised for themselves and the community in which they live.

- Seventy-five percent of participants included relationships with extended family contributed to the participants' overall wellbeing. When these relationships were fragmented, wellbeing was poor. Until these relationships were repaired it appeared that wellbeing would remain poor.

4.2 Mental health and how it relates to wellbeing

Although the literature has highlighted that mental health disorders are big problems for Aboriginal and Torres Strait Islander people, it was important for this study to find if this was also the case for Aboriginal and Torres Strait Islander students enrolled at university. Unfortunately, incidences of mental health issues were quite prevalent in the data. The data will highlight that in most instances participants suffering from a mental health disorder said that university assisted them to maintain a good level of wellbeing. University was in most instances a good distraction to a participant's illness. Others, although not suffering from a mental health disorder, regularly identified family members who were. For these participants

the impact on their personal wellbeing and that of studying could often take its toll. Not knowing where loved ones were, or the strain that their loved ones' illness had on their own wellbeing, was often discussed.

This data will be used to investigate the theme of the impact of mental health on social and emotional wellbeing and how that directly impacts on participants' own situation and study at university.A8 said, '*I suffer depression, major depression and anxiety attacks and I'm constantly medicated. The medication screws with me. Like balance, coordination and it affects my thinking. Just inhibits my study'*. A12 said, '*I'm on drugs just to slow down my mind a little bit. Just Zoloft and Zyprexa which is a bipolar sort of a thing'*. When asked if he suffered from bipolar disorder the participant said, '*The doctor thinks so. I just think that I'm over thinking all the time but I do have moments that I've got to be by myself'*. This participant said his illness caused him concern as he did not want to end up like an uncle who had committed suicide in a mental health facility. A12 said, '*I'm just worried about this going mad business. I had an uncle who was in Kenmore and that uncle ended up committing suicide'*. A14 said, '*I do have a mental illness. I have psychotherapy once a week on a Friday so that is, as my therapist puts aside for me, she goes, "Whatever you do, make your therapy session because that's your one hour when you're by yourself for yourself." So as much as I can I try to honour that'*. A14 appeared to have acceptance of her situation and managed the illness. She, like many other participants, said that university was the thing that got her out of bed in the morning and motivated her. A14 articulated that mental health disorder was a family illness. She did not have a lot of background knowledge of her family as she was part of the Stolen Generations and had only recently found her biological family. She said, '*Yes, as much as we can gather it seems to be* [A family illness] *because I know that, not that I*

know my family well, but I do know that I've had brothers and sisters and I don't know about the parents above them, but I know that in my generation there's been a lot of mental illness'. A18 said*, 'I see a lot of mental health issues happening and a lot of it has to do with how they handle their stress and that can be stress from anything really'.* A19 said, *'When the depression comes, I take up going to the gym. I started horse riding again, or exercising, swimming. Just getting out, university is a good distraction'.* A21 said, *'I suffer from, it's classified as post natal depression but I got it before I had my baby. So in that case and I suppose as well because I'm currently homeless and things like that, I wouldn't say that I'm close to having good wellbeing, but I do come to uni every day'.* A23 had a long history of drug abuse and anorexia and found it hard to decipher which impacted on which illness or whether the addiction and anorexia were separate problems. Here is what he had to say, *'I started using heroin when I was about 21. I gave that up about 32. I was also chopping speed from about eighteen. I stopped using speed about six years ago, and coke* [cocaine], *well that was just a party drug. If it was there, it was there, if it wasn't there, stiff shit. But we did go looking out for heroin. We did go out looking for speed and I don't do that but every now and again I still drop into the Army sometimes* [Salvation Army]. *I also suffer from mild bouts of anorexia, but yeah I came to university cause I wanted to show my kids a better way. They look at their Dad and probably see a washed up old junkie, but I want to try and show them another way yeah and uni has helped me. It keeps my mind busy'.* A34 concurred that he suffered from bouts of a mental health disorder, although he was not comfortable defining his illness. However, he did say that he was medicated and as long as he remained stress free he was okay. This particular student had relocated to a different state and remains isolated from his family to keep his stress level down. *'I just go about my own business, keep my stress*

down, come to uni everyday and if I can maintain my stress level I have good wellbeing, I have made uni my life and am on my third degree'.

A23 had an insightful perspective on mental health issues and also suffered from depression. She said, '*There have been several times I've gone through some really bad impacts that have affected me. I've felt too teary and sad and they've [the doctors] recommended medication all the time. I have taken medication, like anti-depressants here and there, but the thing is, it's the environment that has created it and has led my mental health into feeling really negative thoughts, just as examples of what has happened in my life. Medication is not necessarily always the answer. I think it's fantastic for some people on a short and long term basis, but you have to look at the environment and you have to really look at the way our thoughts are. When you're depressed, it simply means that you're having so many negative thoughts'.* This participant said that she has been able to manage her depression better knowing that it is due to environmental issues and when her environment is settled and she feels happy the depression passes. This participant added that university is one example of a positive environment and features in maintaining her good wellbeing.

A4 referred to two siblings who had mental health issues and how that impacted upon him. This participant was not alone in referring to the impacts that a family member's mental health disorder had on the participant. A4 said, '*I've got a sister that has attempted her second suicide this year. I've got another brother that's switched off all contact with the family, won't talk to anybody and I'm getting married later this year and I've got no idea of how he is and I know he was physically and mentally in a bad way last time I saw him'.* This participant is studying to be a mental health nurse. He said, '*Mental health really interested me and I work in a ward that has a Koori element to it'.*

4.2.1 Summary of this theme

Mental health issues featured strongly in the data. Unfortunately, there were many incidences of mental health issues and the effects they had on the participant's social and emotional wellbeing and ability to study at university. Fortunately, participants noted that attending university actually increased wellbeing and in some instances, made managing mental health issues easier as university acted as a distraction and kept the mind busy on other things rather than the illness itself.

In all instances where mental health issues were raised, the participant had been directly impacted upon by the Stolen Generation's legacy. That is, the participant was either removed or was the son or daughter of a mother or father who was forcibly removed. Thirty-seven percent of participants identified that they suffered from a mental health disorder or had a direct family member who had a mental health disorder.

4.3 Physical health issues and social and emotional wellbeing

Physical health issues arose as a fundamental impact on student social and emotional wellbeing and unlike the previous theme where university was referred to as a positive impact on the participant's illness, physical health issues impacted or at least imposed problems on participant's ability to study at university. Interestingly, data collected on mental health issues also correlated to chronic health issues. In all instances, participants who were suffering from mental health issues also identified a physical health issue. Participants highlighted illness that they suffered on a daily basis and how that impacted on their lives as a student. Diabetes dominated the list of illnesses along with respiratory and arthritic complaints. Twenty-seven percent of participants said they had diabetes. Most participants who suffered from diabetes said this illness was also accompanied by further health issues. A15a said, '*It's to do with*

arthritis; I get pains all the time in the back and that from sleep. The other thing is I've got tingling in my legs from diabetes'. This participant also said, '*It is worrying me because it's actually interfering with my study and that you know. So that's going to be a bit of a problem for the next couple of weeks'.* A15b (a friend of A15a who was interviewed at the same time) also suffers from diabetes and arthritis. He said, *'I've got the diabetes and arthritis pretty bad, being able to write and type that's good wellbeing to me and when I can't do that it gets me down'.* A15a admitted to binge drinking with another participant who also had health problems including diabetes. He said, 'W*e binge drink. Binge drinking is probably the worst thing that you can do to yourself, you know what I mean'.* This participant admitted that he was not helping his diabetes by drinking but said that it helped him to unwind from the pressures of study and other family issues. A15a, who is also a diabetic, said, '*I've just actually been told to get off it* [The drink]. *This week I was told if I don't get off it I'm going to lose my legs. So I'm going to have to give it the miss'.* A15b also said that having a drink helped him cope with family situations.

Unfortunately, some participants indicated that they could not afford medication for their illness which further exacerbated the situation. A25 said*, 'I'm medicated up to the hilt. It impacts on my life because of the financial burden of having to fill your scripts. Me and my husband we are just over the threshold so we don't get a healthcare card by about $200'.* A7 and A26 also talked about the financial burden of paying for medication. A26 said, '*Sometimes I've even stopped taking my medication because I felt like I couldn't afford it and me and my husband have had big arguments about you know, you really need to be on your medication and blah blah, but we're struggling*'.

4.3.1 Summary of this theme

Physical health issues in the participants were high with diabetes and visual impairments listed as the main features in this theme. Twenty-seven percent of participants had type one or type-two diabetes and managed this on a day to day basis. In addition to diabetes and visual impairments, ten percent of participants had ongoing health issues as a result of alcohol and other substance abuse. Ten percent of participants said they suffered from arthritis with an additional participant asserting that he suffered from Psoriatic arthritis.

4.4 Spirituality and social and emotional wellbeing

Note: Dreaming is an Aboriginal term used to describe an individual or group's belief or spiritual systems (Grieves 2009).

The evidence found in this theme suggests that spirituality is a key component of wellbeing featuring strongly in participants' views of what constituted good health and wellbeing. Participants' ideas of spirituality varied from traditional Aboriginal and Torres Strait Islander belief systems such as connection to Country and Dreaming, to conventional and westernised beliefs such as Christianity. In all instances, spirituality was referred to in the context of having good wellbeing and was further recognised as a strength that assisted in the participants' retention and participation rates at university. Moreover, spirituality was recognised as part of good wellbeing, but incorporated and included the participant's views of what made them whole. A28 was very clear on the impact of her relationship with a higher power and how that relationship was her motivation for study. '*It's really spirituality that's my motivation. Through God I am getting the strength to do all kinds of stuff. He will help me get through uni that I am sure of*'. A35 referred to spirituality as a connection to the land. She said, '*I suppose spiritually is involved where ever I go in the bush and just enjoy the sounds*

of the creeks, put your feet in the cool water and just think, "Oh isn't this nice". I feel peaceful within myself and that. I've got a lot of stress around me but I think I know how to deal with it better than years ago or something. I don't really stress about things anymore. I just think, "Oh well today will pass and tomorrow's going to be a better day". Just get through the day thing, day by day. When I go to the bush this helps me to connect again'. A35 also said, *'I believe a lot in God. I'm always praying and I think there's a plan there. Well when I was nineteen I had a "head on" with a semitrailer and I died in that as well so I'm thinking, "Why am I existing?" I'll do nursing. I'll become a nurse and I'll do what is expected of me'.* This participant noted that her brush with death and ultimate recovery and relationship with her God brought her to university. It is the relationship that A35 has with her God and the connection she has when she goes to the bush that restores her wellbeing and helps alleviate feelings of stress.

A39 said, *'When I was a young boy, really young, we went through lore [tribal lore], basically went out and learned all the stuff. I've got a book here where you can find watering holes, where you can eat, where you sleep, where the no go zones are, like you can go to sleep out bush and if you can sleep in certain sacred places and the animals don't touch you or this, that and that and there's only a few places that people go to. Then I believe in God, Jesus Christ, all that sort of stuff and then the final person, I believe in myself because that person, like me will validate the other two'.* A40 also went through tribal lore and ceremony and said this informed her spirituality, identity and everything. This is what she said, *'I went through women's business when I was younger, who I am informed by that experience and being around my people. My spirituality is based around my connection to land and people'.* Both these participants like others who discussed spirituality, said spirituality was important

to the maintenance of their wellbeing, but also acted as a guide to maintaining focus at university.

4.4.1 Summary of this theme

Participants suggested that spirituality is a key component of good social and emotional wellbeing and featured quite strongly as a motivation to study. Participants with spiritual belief systems gained direction and focus to study at university and it gave them strength when required. Having a belief system proved to provide direction and focuses to studying at university and gave these participants strength when they felt they needed it. Connection to country as a form of spirituality also featured strongly. Two participants had been through tribal initiation ceremonies and said that this informed their place in the world and gave them a sense of identity and strength to cope at university. Others said that it was through their spiritual connection to the land that they were able to de-stress in times of poor wellbeing.

A holistic notion of connectedness to land was also evidenced in the data. Participants said that spirituality was a feeling that existed at the core of their being and each participant had a framework within which this existed. There were some participants who expressed their spirituality through participation in westernised churches. These participants were more likely to be from the stolen generations or lived on a mission or in an urban area. With the exception of one participant, participants who had a Westernised methodology of spirituality, connection to land was still very important.

4.5 What is resilience and how students see themselves as resilient

This theme evolved as participants discussed the adversities that they had overcome to attend university. The literature showed a direct connection between good wellbeing and being resilient and this came through in this theme. Investigating whether participants thought they

had resilience is based on the premise that if an individual was resilient in the face of adversity then they were more likely to have better coping skills. It would seem reasonable to suggest that good coping skills are required to perform well at university. Responses varied to this question with participants either agreeing or disagreeing that they were resilient. Some changed their minds as we talked through the concept. On two occasions, a student support officer who was within earshot of interviews, interjected and said, '*Of course you are resilient look at the adversities that you have overcome'*. As a result, the participant thought about this and agreed. One participant came from a remote area and spoke English as a second language; she did not understand the concept.

A4 said, *'Am I a resilient person? Yeah, I think so. I'm still here [at university]. I think if you set yourself a goal and you become resistant to all the other factors that may disrupt you and you stay focused, which is what I try and maintain. I would say yes, I was a resilient person. I have a set goal; I have a timeframe in which I want to achieve that and I do make sacrifices from time to time to do stuff which is not relevant to what I'm doing. I never lost sight of my goal. So yes, I am resilient'.* A4 was able to identify that he was resilient but he was unable to say why. He said, *'It's not like I get knocked down. It's like I just bend, if you can't go through one way you'll just try it a different way or something. I am resilient, I just don't know how'.* A9 said, *'Yeah'*, she was but was unable to say why. A12 said, *'Yeah, I come back. It might take me a while, but I come back. I think I've had to be resilient'*. A14 said, *'I've always been resilient, I don't know whether it's just there's something there for me to do. There's something I'm meant to achieve and I've gone through, like I've had bad time in my younger years and I could have carked it a few times, just through lifestyle and you think that's happened for a reason so I think that resilience is there to. There's something*

there and even then I think now I'm striving for something else'. A16 said resilience for her was about *'Knowing that I'm not stressing over stuff. You know stuff goes wrong in my life and I'm not stressing. It's okay, we'll handle it. Something comes up we'll handle it, you know, it's no big deal and being positive I think and being surrounded by positive people, that's always, you know. Look I tell my kids you are what your influences are. So I think if you have good influences then you make better choices, especially when it comes to problem solving'.* A16 went on further to say, *'I think I'm learning resilience. I don't know I think we all have our point where we can be cracked I guess. I think there is a point, because I know if something sort of tragically happened I don't know how I'd deal with it. If things come to me one on one, I'd probably have a good go at it, but until I really experience something really very, very traumatic I can't say how I'd deal with it. But I've had some terrible stuff happen. We always have a laugh here; this is the laughing room'* (referring to the Aboriginal and Torres Strait Islander support unit). A21 said, *'Sometimes. Not usually, not fully but I try'.*

A20 tapped into gender and resilience. He made connections to resilience through experiences he had seen from both males and females in his family and what he had been taught growing up. He said that his father was a tough man and was very resilient. *'Dad would take the knocks and bounce back'.* However, A20 felt that the women in his life were more resilient. He said, *'My grandmothers in particular were able to cope better than the men, in a lot of ways. In some ways, men are limited, particularly when brought up in a physical way, you know, so we've become limited. Our men are always hard, they have been taught to be that way'.* A15a supported this notion. He said, '*That makes a real problem for us when we're trying to socialise our boys. There's a real difficulty in our communities'.* This participant talked about the notion of, *'You're not a real man if you're not tough and strong'.*

A22 was very definite about her ability to be very resilient. She felt it was important to highlight to other students the importance of resiliency. She said, '*Some of the strategies that I've used,*[is] *I've told them* [other students] *stories, but I wouldn't say it was me. I would talk about a person to give them examples about how you can struggle. I think with people with little resilience, storylines really, really help'*.

A39 said, *'Never give up. It's either the fear of failure or the will to win. Ever since I was young I was always highly driven and having the blood lines that I've got around me and the people make me very resilient and determined not to fail, I know I won't fail at university because I am resilient. It's in my bloodline'.* This determination can be seen in many of participants.

4.5.1 Summary of this theme

Participants either acknowledged that they were resilient or not. In many cases, participants changed their mind about the notion when the idea was discussed further. Three participants did not understand what the concept of resilience was (this was because English was their second language). Once an understanding was developed the participants were able to identify as being resilient. Finally, many participants were able to provide examples of how and why they were resilient and the data demonstrated that the idea of being resilient gave participants an added belief in themselves, particularly when they reflected on how resilient they must be, to be at university when often everything else around them was chaotic. Chaos appeared to be present in almost all participants' lives and the participants were found to be extremely resilient, even more so than they gave themselves credit for.

4.6 What students said about their university experience

Analysis of this theme produced a number of factors that affected participants' experiences at university. Some of these experiences were positive but the data highlighted that negative aspects were more dominant. Misconceptions about Aboriginal and Torres Strait Islander students by non-Aboriginal and Torres Strait Islander students were a prominent area of discussion and arose frequently. Moreover, pressure from other Aboriginal and Torres Strait Islander students on participants was also noted as an impact on university study. Exclusion and general pressures associated with study were also noted.

A1 summed up the university experience with '*You have your bad days and your good days I suppose, like everybody else'.* This comment was heard commonly from the younger participants who seemed to be more relaxed about the university experience. This could be because these participants who had just stepped out of the high school environment were more comfortable with their environment.

The following three themes were identified from the data of university experiences:

- what participants said worried them about their ability to perform academically and fit in socially at university
- cultural safety and how this impacted upon wellbeing at university
- what factors contributed to participation and retention rates at university.

4.6.1 What students say worry them about their ability to perform academically and fit in socially at university

This is a complex theme as it overlaps with other themes (which will become more apparent). The findings for this theme clearly affirm students' lack of confidence in their ability to achieve at university. This partly tied into self-esteem, but also self-doubt about capabilities.

Participant A2 said, *'...you get nervous and the jitters and butterflies when you're at uni, especially when you have an assignment or exam'.* A17 added, *'You can't go and talk to a non-Aboriginal and Torres Strait Islander person about Aboriginal and Torres Strait Islander problems. Like they might have similar views or thoughts but they're not our Mob'.* However, student data varied when it came to approaches when adapting to mainstream university. Some participants had no problems mixing and studying within the wider university, while others found the task daunting and escaped to their student support centre at every opportunity. All participants who contributed to this theme doubted their ability to succeed at university at some time or another.

Participants felt that due to schooling and personal experiences they were not at a level that was conducive to university. Comments ranged from general statements about personal experiences and anecdotes to comments of self-harm imposed by students who felt that they were not succeeding.

A19 said, *'I have real bad grammar and my tutor picks it up, everyone picks it up even at work. I say no matter what English courses I do, I make mistakes with there-their, where-wear, whether-weather, pretty much past tense and tense things like that'.*

A21 said, *'I quit school in year nine and I never thought I'd do any good in any more education and stuff'.*

A21 said, *'I feel like I'm studying with children. I'm at least almost 10 years their senior'.*

A8 said, *'Well I left school when I was 15 and I was illiterate'.*

A6 said, *'...this place is full of too many brainy people. They are just too Brainy'.*

A4 said, *'I didn't do really good at school'*.

A16, *'I was unemployed for a while before I started trying to do study. Sometimes I don't understand what the lecturers are talking about'*.

A3, *'You're putting all this effort in and it just feels so hard and you don't see the results really until the end and when you're not one of the top people that have been doing it so well and so easy, there's actually always that fear that you're not doing so well'*.

A2, *'A majority of us haven't had that educational background and feel ashamed about going to approach a teacher or another [non-Aboriginal and Torres Strait Islander]student because you don't know what their thoughts are and what they are going to be like'*.

A21, *'I find it very intimidating to be in classes'*.

A4, *'There's nothing more detrimental to one's self than stagnating in a rut, wanting to achieve something but they haven't got the encouragement or the self discipline to be able to get out of the rut, and move forward'*.

Most concerning were the comments made by A17 who said, *'I've lost plenty of friends who have done themselves over because they were too frightened to go home or too frightened because they didn't know what their parents would say'*. This statement was made in reference to students not succeeding and because their parents usually had paid for their studies, on a low income, they felt they were letting the family down. One of the most controversial statements came from A2, who said, *'University sort of goes against family. University is so westernised and it's almost like we contradict ourselves by coming to*

university'. However, having said this, it was quite evident that all students wanted to achieve, despite the fear of failure.

Participants experienced similar feelings of stress and worry over assignment writing and assessment deadlines. A typical comment came from A17, '*I am enjoying it out in nursing but feel like I'm out in the deep water for myself without a life guard – without a life ring'.* A2 also said that, '*some of the study work is a bit rugged*' and '*you have to teach yourself and find the information yourself'*. A4 said, '*I have learnt to be assertive; being out in the workforce has made me stronger'.* A10 identified getting a cuddle when needed and on campus study as the key to confidence in study for her. *'I want to study with someone I can actually see and hug if I need that support. I just don't want to be by myself anymore and I know I can do a whole lot better working in an environment* [with other people]'.

The most interesting data about ability to perform at university came from an unexpected area. Students who had a good sense of self were more able to adapt to the wider university experience and felt that they could succeed. Participants who felt a disconnection to their own identity had more difficulties fitting into university life. In some instances it was the university that provided participants with a reconnection to their culture and participants noted a sense of gratitude to their student support centre for instilling this sense of pride in being Aboriginal or Torres Strait Islander people. Identity appeared to be connected to confidence and this led to how students approached university.

A typical comment came from A5 who said, '*The university has helped me reconnect with my Koori background'.* A14 supported this notion when she said, '*I love being part of the Aboriginal and Torres Strait Islander Centre, it makes me feel connected and you now have*

that identity'. A3 also stated that his '*Connection has been building over time but probably the greatest period of time I've had in growing that has been at university and being accepted for who I am as an Aboriginal person and being taught stuff and learning a lot about the culture and I think I've just really thrived in that'.*

4.6.2 Summary of this theme

This theme focused on the things that worried students about their ability to perform academically at university. Lack of confidence and ability to achieve at university, due to self- esteem issues and lack of prior academic preparation, such as spelling and grammar skills, were discussed in this theme.

Aboriginal and Torres Strait Islander students felt they had learnt more about their identity while at university. These participants also noted that this was helping them to develop their own self worth/self esteem. This experience led to participants feeling more comfortable at university and increased their ability to perform academically as well as to associate with others socially. The Aboriginal and Torres Strait Islander support centres were referred to as a meeting place that not only supported participants, but also enriched their Aboriginal and Torres Strait Islander experience. Participants said, that they could be themselves and banter and yarn like they did with their own Mob at home. Overall the findings from this theme indicated that most participants lacked confidence in their academic ability, but through connection to Aboriginal and Torres Strait Islander support networks at the universities, felt empowered and able to cope with the stresses associated with study.

4.7 Cultural safety

The concept of cultural safety, that is feeling culturally safe at university, was a very sensitive issue for participants. Participants identified feeling insecure in their learning environment at one time or another. '*Because we're going the Western way and you know like if we've got that support from our family then that makes us succeed, but like if we don't, it can make it really hard as well',* was a statement made by a participant (A2) who believed that not feeling culturally safe was a phenomena created by not only non-Aboriginal and Torres Strait Islander people toward Aboriginal and Torres Strait Islander people, but also by Aboriginal and Torres Strait Islander people towards other Aboriginal and Torres Strait Islander people. Non- Aboriginal and Torres Strait Islander people were cited as making racist or ignorant statements such as *'Blackfellas get all this free stuff'* (A19) and *'Why do you get more on ABSTUDY than we do'(*A16*).* One student recalled a lecturer singling her out. *'I felt like a token Aborigine and I found that to be the hardest thing of all to cope with. When they'd ask "'and what do you think?" as if I had the answer for all Aboriginal people'* (A14). A20 best described his experiences with this statement;*' Being black is like some days you don't worry about being black. Then those days you're not worried about being black someone's going to come along and call you black. That's how it goes'.*

By the same token not being black enough came through very strongly from Aboriginal students who did not look stereotypically Aboriginal or Torres Strait Islander or who chose to study without family support. Words such as 'coconut' and 'uptown' (derogatory words used by Aboriginal and Torres Strait Islander people to suggest the individual is becoming westernised in favour of remaining Aboriginal and Torres Strait Islander) were phrases thrown around by participants who said they often received pressure from their peers and

sometimes family (who were not studying) for choosing, and then remaining at, university. A33 shared an incident that affected her greatly. She said, '*One of the most hurtful things that I had said to me was when I first came to uni and a particular group of Aboriginal students referred to me as 'instant coffee' and it really cut to the core. It had to do with the fact that I very openly said that I was a XXX (name of her Mob) woman and that I was proud of it and there's been a lot of hostility towards the XXX Mob because it has been perceived that the XXX people have only identified in the last ten years. Yes, outwardly XXX Mob only identified in the last ten years; inwardly, I've known I was XXX ever since the day I was born. Just because we didn't talk about it doesn't mean that it wasn't'.*

Interestingly, the ideology of what Aboriginal and Torres Strait Islander means seemed to rest predominately on the notion of skin colour and stereotypical images of what an Aboriginal or Torres Strait Islander person looks like. Facial, hair and skin characteristics as well as terms like 'full blood', 'half-caste' and 'quarter-caste' were words that were discussed in this theme. One participant (A17) referred to this notion as '*This skin colour businesses'.* The classification of identity came from skin colour. The participants made reference to the types of racist comments based on what their physical appearance was. Those who did not look stereotypically Aboriginal or Torres Strait Islander found that they heard derogatory comments made about Aboriginal and Torres Strait Islander people in their presence, as the offenders did not recognise their heritage. A typical comment came from A23 who said that he has constantly been asked about his heritage he said, '*I've been accused of being Arabic and all, Lebanese, everything. You name it they've accused me, "Are you this?" "Are you that?" And I'll shake my head now and grow a big beard so I can look like one of these here Muslims over there'.* Another participant also has been continually questioned about her

appearance, often confused for Italian or other groups. She said, '*In my family you didn't talk about it* [your Aboriginality] *and the whiter we got, the better we felt about things'*. For this participant it has been painful to deny her heritage but necessary given that her Grandmother and mother had experienced forced removal and felt that they were protecting the participant by denying her their heritage. A33 said that she had experienced a lot of racism from other Aboriginal and Torres Strait Islander people because of the way she looked. '*I think because I grew up knowing I was Aboriginal and because I look white I copped a lot of reverse racism'*.

For those participants who fit the stereotypical image of an Aboriginal or Torres Strait Islander person, they experienced a different set of issues. Incidences of exclusion from the non-Aboriginal and Torres Strait Islander students group and there was a sense of 'otherness', that is, 'You are not like us so we will exclude you'. It would appear that there are different types of experiences for lighter skinned participants than those with a darker skin. From the analysis, it became apparent that lighter skinned Aboriginal and Torres Strait Islander participants also experienced a backlash from other Aboriginal and Torres Strait Islander students because of their more Caucasian appearance. Participant A10 said, '*I've found that even around other Aboriginal and Torres Strait Islander students sometimes they pick on me'*. Another participant said she was referred to as instant coffee and a caramel latte by fellow students at university.

A typical comment came from participant A10 who said, '*I feel like I have to justify my Aboriginality'*. The participant said that she would often become very frustrated by these comments and feel she had to continually justify her appearance, not only to mainstream students but to her peers. Participant A10 also said, '*Before I came here my anxieties were that I would not be accepted because of my freckles and fairer skin'*. Another participant

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(A17) said, '*I was really scared, again that I would not be accepted for being who I was, being an outcast and that all my life'.* A3 was very sensitive to the issue of skin colour. *'I've got a white complexion; you get caught by people saying 'you're not Aboriginal, "you're white" and stuff'.* This participant was also very sensitive to the notion of full blood and half caste as he felt it was how you felt within yourself not what colour your skin was. This participant challenged the ideology of classifying 'how much was Aboriginal enough' and noted that the portion of blood represented as Aboriginal was not the point but rather whether the individual identified as Aboriginal or not. *'Simply you either are or you are not'*, he said.

Then there was the participant who was part of the Stolen Generations, therefore was confused about her identity and also felt ostracised by her own people because she did not know much about her heritage. She stated that, '*Even with the light skinned people who are related, they fit in better but because I didn't have that connection from being young, nobody really knew me so I didn't even have that connection through family'* (A14). This participant went on to discuss her experiences at another university where she felt ostracised for not being black enough. She said, '*That they liked you to have a bit of colour about you and if that's as mean as it is, that's exactly what happened. All these people were very well known in the community. I was very out of place there [referring to a previous university]'.*

A21 says she has an 'upfront approach'. She said she would identify as Aboriginal quite quickly when meeting new people to avoid hearing any racial comments. *' I give a kinda heads up to say, when I meet new people, identifying as an Aboriginal person eliminates that but then also, hopefully they would see it as a positive, they're not going to think I'm Aboriginal otherwise'.* A28 also had the same approach she said, '*Because I'm white-skinned my grandfather and my mum used to always tell me, 'you're black, don't let anybody tell you*

different'. So when I usually meet people or whatever, sometimes I'll just say I'm Aboriginal first, if we're talking about that stuff or whatever'. She said that often defused a potential situation where she would have to hear negative comments.

The concluding comments will be left with A32. She was quite passionate and angry that skin colour can be used as a form of identification. She said, '*That's a misconception and has been enforced on us through white policy. I guess it comes back to going to self worth and your own wellbeing, how do you want to fit in whatever forum that you're in, using colour as an identification is just rubbish'.* A 32 felt that if an individual knew who they were and where they came from, it didn't matter what the colour of your skin was. '*You either are or you're not'* [Aboriginal].

4.7.1 Summary of this theme

This theme highlighted the complexities and impacts of being an Aboriginal and Torres Strait Islander student at university. Participants gave examples of racism in their lives both at university and out in the wider community. This theme identified that there seemed to be an issue with skin colour in so far as lighter skinned participants noted feeling excluded by other Aboriginal and Torres Strait Islander students at their university because they were not considered 'black enough' while those of darker skinned origin felt they were excluded more readily by mainstream students and academics because of the colour of their skin.

4.8 What factors contributed to participation and retention rates

This theme interconnected with other data collected on family responsibility and confidence and self-esteem issues. Understandably the data reflected a plethora of issues that affected the participants' participation and retention rates and although these themes overlap, they give an

insight into why students feel pressured by study commitments. Family was cited as the number one contributor to pressure on study. Participants cited family illness, family commitments/obligations and lack of family support as factors affecting university study. Domestic violence, financial worries and self-esteem issues were also cited as major contributors to non participation and poor retention rates.

A4 said, *'At the end of the day, time management at university is crucial. I might get a phone call saying I need to come home and I jump in the car and away I go. These are obligations a whole world away from here. So how I manage that is as soon as I get my assignments, I do them. Say my assignment is not due till May 19th, they will be complete, and they'll be done. So I didn't muck around, I have them done, all the research, all that kind of stuff, wrote them up and they're just waiting to be handed in. So if I do need to go back home for my obligations, I could submit my application early. I'll talk to the course conveyer and say I'm going away, I'm going to miss a couple of tutes, I'm going to miss this or whatever, I'll catch up when I get back. Email through to them on that email system, the student email system and I'll read up'.* A2 said, *'You would have to put family first like you know because they're the ones that you're going to go back to at the end of the day'.* A19 said, *'Family and other things going on personally and everyday stresses with your families put pressure on my commitment to study'.*

A18 discussed this issue in third person and related her experience as something that other women also faced. This is what she had to say, *'There are lots and lots and lots of different reasons why I think about throwing the towel in at university. Some of them are quite dramatic, a lot of elderly, mature aged ladies are doing it, they've got kids, that's not the only thing, if they've got kids and they've got a life, or they've got to work, and the first thing to go*

is their studies because that's the easiest most controlled thing that they can get rid of. There are lots of different reasons why this happens. I guess one of our biggest hurdles with women is domestic violence. I don't know what it is when women start studying at university, but their partners become extremely jealous'.

A21 said, *'I've got two kids; I'm a single mum and out of home. I'm living at my mum's house so my kids and I share one room. The kids are in crèche three days a week and those three days I study. So I come in from 9 until 5 every day that they're at crèche and I do my classes, tutes and everything and my study then. It's a bit hard'.*

A16 said, '*I think with Aboriginal people, that extended family thing, it's hideous. There's a lot involved in that and I mean I just know with my family we've got people with diabetes, we've got mental illness, we've got a whole lot of social and emotional implications within the family and often that responsibility falls on particular people and in my family it falls on me'.*

Financial worries also featured strongly. A3 said, *'People also have problems with being able to afford to come to university. I know with a lot of Aboriginal and Torres Strait Islander people here, it's just a real struggle financially'.* A14 comments were a good example of pressures they experienced from family members. She said, *'My partner thinks I should be working. That's a big deal because we were both working and earning really good money when I met him. So he sort of feels like he's got the huge burden because I'm not working, but I feel that because it's so important to me, not that I'd sacrifice the relationship but I'm not going to give up something that I believe in. Because where would I be without that?'*

Interacting with non-Aboriginal and Torres Strait Islander academics and peers was also a concern for some participants who had self-esteem issues. A2 wondered *'Is this all worth it?'*. He also said when he was not feeling good about himself and his emotional wellbeing was not good, '*It helps break your concentration especially if you're trying to study or concentrate at work. It's not just the physical. It's the social, it's the cultural, it's the emotional, like it's all of those things and it can all affect your study'*. A6 said, that she attributed *'Being in a good state of mind and having a good home environment, as important to me'* as a signal that she was going alright at university. A6 also said that, '*I have had to move on from past experiences to achieve this. 'I am focusing on the future'*. A9 said, '*It makes me real sad when I see people that are too scared to come out and be their true selves because of family circumstance and those same sort of things and their lack of understanding and fear of the, you know, path because they don't understand it and just scared that they will turn into white fellas just because they, you know, are stepping up in the world*'.

4.8.1 Summary of this theme

Family commitments and obligations featured regularly as contributing factors that inhibited a participant's ability to study. Some participants had identified that family commitments and obligations inhibited participation at university and these participants had embedded strategies within their own lives to contend with disruptions due to circumstances that often were unavoidable. Lack of family support also featured as an inhibitor to success at university as the participants who experienced this, felt that wellbeing was poor and lack of support made the challenge of remaining at university difficult.

Financial responsibilities and lack of income while at university also featured as a barrier to success at university. Some participants talked about the stress that study had on the

household. In some instances, participants were encouraged by their spouse to leave and gain fulltime employment so that the household could function properly.

4.9 Family

The data from this theme highlight the fact that family support played a crucial part not only on participants' wellbeing, but also on participation and retention rates. A significant part of the data collected from all themes reflected family issues as an area of discussion. This was not that surprising given the literature on wellbeing indicated that family plays a critical role in wellbeing. Secondly, as an Aboriginal woman, this researcher is very aware of the importance family plays within Australian Aboriginal and Torres Strait Islander peoples' wellbeing. It is the very foundation of Australian Aboriginal and Torres Strait Islander cultural systems (family ties) and informs the individual's identity. Participants commented specifically on family support as a contributing factor to wellbeing and retention and participation rates at university. All participants made reference to family in relation to their overall wellbeing. A3 said that, '*Family in our culture it is everything. Family gives you a sense of belonging'.* Another statement made by A17 said, '*Because we are going the western way with going to university, when you've got support from the family it makes us succeed, but if we don't, it can make it really hard as well'.* A typical comment came from A1 who said*,' Family was her top priority'.* A23 said, '*My boys mean everything to me. I study for them. I want them to succeed'.*

4.9.1 Family support or lack of…

Participants within this theme either indicated pleasure and happiness at being supported by their family or hurt and betrayed if they were not. All participants linked good social and emotional wellbeing to that of family and held family as their highest importance or concern.

A2 said, '*I always put family first because they're the ones you go home to at the end of the day'.* This same participant said that he was worried about studying, particularly because he felt guilty that he should be out working and providing for his family. '*To study made it hard for everyone involved' (A2).* Incidentally, this participant has dropped out of university, noting that the pressure from his wife to support his family financially was too great. This participant noted that he may be able to have another go at study when the children were older and finances not so stretched. Another participant A10 said, '*It makes me sad when my family try to sabotage things in my life, especially now I am at uni they try and put me down and tell me I can't do it'.* This participant also said that she was a family person and that is who she will always be, but she had been rejected by her family so many times that she now saw herself as *'her own piece of art'.* This participant placed a very high value on succeeding so that she could be a worthwhile role model for her own son. This participant also stated that, '*We don't have to be materialistic in any way. We don't have to put people up on a pedestal like non-Aboriginal families, based on their status in the community or the job they have'.* This participant tapped into the notion of tall poppy syndrome. The notion of tall poppy syndrome was quite common in experiences that participants had when they were not supported by family. A typical comment was '*Who do you think you are?*' (A14). Some participants were very aware of the tall poppy syndrome and referred to the notion within the data. A6 said, '*If you try to become someone better than the rest of the family or community group you will be cut down or sometimes even ostracised for stepping outside the system. It's called tall poppy syndrome'.* A6 said, '*She had experienced this from peers and relatives but not immediate family members'.* While another participant (A17) said, '*You need to take family up with you, whether they cut you down along the way it doesn't matter, you can always learn from that'.* A17 went on further to say, '*Yeah because we don't want our family*

or our relations to become the outcasts. We if you know I take the stance that if you're going to be an outcast I will go and sit out there with you. You don't sit out there and struggle through it yourself. We're not a separatist community. We are socialist and I will say that because we are very socialist, all Aboriginal communities are, but we're not a separatist community to be trod upon'. A5 said that his family are, *'Proud of me for doing this well because I'm the only one from the family that has, but there's no actual support. My partner, she's non-Aboriginal but she's extremely supportive. Her whole family is over supportive, they've been financial, emotional, and all the support when needed has always been there'.* A8 feels very fortunate as he has his mother and sister studying at the same university. He said, *'We kind of help each other go and get passed that barrier'* and *'Just having her* (his mother) *there helps me'.* A23 said, '*They're not my parents. They're my parents, but they don't give a shit about me so I don't give a shit about them. They're still alive but they just don't give a shit. They did that to me. They forget; my parents'.*

4.9.1.1 Summary of this theme

The general consensus of this theme was that family was of utmost importance to wellbeing. If family support was high, the student's ability to cope at university was also high. Students who were not supported in their decision and ultimate choice to study at university expressed feelings of hurt or resentment towards family members and were more likely to suffer from poor wellbeing. On the other hand, students who felt supported showed gratitude toward their family and wanted to make their family proud.

4.9.2 Family place and responsibility

As mentioned above, family support has been highlighted by all participants as paramount to good wellbeing. This theme should not be confused with the theme of family support because

this theme is based on the importance of family in regards to location and the participant's family obligations such as roles and functions within the family structure. '*Having the family gives you a sense of belonging and purpose*' says (A16). (A6) says '*Luckily I have a loving mother and good relationship with my siblings and extended family, I know my place within the family and my role as a part of that family, I manage my responsibilities and uni accordingly*'. Family responsibility was mentioned by all participants as important. Roles and responsibilities were often outlined as a normal function of everyday life. A17 stated that, '*We're not a separatist community and this had its good and bad points. The Black Fella is his own worst enemy. Another thing for Aboriginal families is they tend to look after their own before they will look after anybody else*'.

A16 said, '*We always have family coming from long distances to stay with us for long periods of time. That's ok because that is our responsibility, but this puts a strain on my studies because I am cooking and cleaning for my family and my husband, who is white, doesn't like it. It puts a strain on my relationship, but my family will always come first*'. A19 also said, '*We have to put family first*' and '*When it comes to our culture we are always putting up with family and extended family*' and '*You know we as immediate family and extended family you know through culture tend to know when something is not right or when someone is not well*'. Participant (A17) said, '*When things are happening in your family or there are relationship problems (referring to an extended family member not a partner) that can affect you. Sorry Business is one of the things, especially culturally*'. A16 said that, '*You have to be resilient to deal with study and extended family commitments; some can cope better than others. I suppose for me, I am the oldest in the family and everyone rings me. You know, everyone wants to talk to you and load you up with their problems. It is the same with*

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your own Mother and Father, even Aunty and Uncles. I must have strength within myself because I can still go on and have the strength to also deal with the emotional problems and family stuff. That is a huge thing in our lives and some can do it and others can't cope'. This particular participant had very strong views about resilience and noted that resilience was the key to coping with study and family commitments. The participant went on further to say that for those who could not cope, 'There were times when they could become suicidal'. This statement was made in relation to when an Aboriginal person loses a loved one such as a mother, father or other family member. Sometimes the grief is too much and when it happens regularly, as it often does in Aboriginal and Torres Strait Islander communities the pain can be too great.

Other participants noted that it was their responsibility to encourage the younger generations within their family. A5 said it was important to him to, '*Encourage young generations of your Mob, nieces and nephews, cousins and so on, assisting them to get a better lifestyle, better education, work, and good working morals'.* A20 said, '*I made sure that I'd tell the kids, like everybody's got to go to grade 12'.* A4 said he had to earn the right to encourage the younger generations, '*...That remains to be seen. I guess I am probably seen as a role model for my Mob. I'm outspoken, I'm fairly educated as far as my Mob is concerned, they consider myself to be educated in cultural knowledge of my country, of my people, very much so. Educated in the western system, well, here I am getting a degree; make all the difference for my Mob'.* A8 felt that he had a responsibility to his sister's children. He said, '*When someone in your family has kids you find yourself a bit more responsible and a lot less childish'.* When asked if he saw himself as a role model to his sister's children he said, '*I hope I am. I try and be'.*

4.9.2.1 Summary of this theme

Family obligation is undoubtedly one of the core factors that inhibit study for participants at university. In Aboriginal and Torres Strait Islander cultures, family and the roles and responsibilities that go with being part of an Aboriginal and Torres Strait Islander family, clash with the expectations that go with being a university student. Participants noted feeling torn between their obligation to their family and their obligation to study. In almost all instances the participant said that family would always come first as loyalty to family was part of the Australian Aboriginal and Torres Strait Islander cultures to which they must adhere. In saying this, not everybody was entirely happy with the arrangement, but accepted that this was how it was, moreover, this theme also identified the trauma associated with 'Sorry Business'. That is, a death in the family. Unfortunately, this type of event was all too familiar to many participants who noted that the grief was often too much to cope with. Suicide was cited as an issue that accompanied too much grief and an occurrence that participants noted, happened too often in Aboriginal and Torres Strait Islander communities.

4.9.3 Family history

This theme, which is a further extension of the last three themes, also contributed to effects that university had on social and emotional wellbeing. As previously mentioned, themes do appear to overlap. In saying this scaffolding between themes should demonstrate the importance of each theme and its connectedness to the next.

This theme is a little different to other themes in so far as it does not relate directly to the university experience, but is a factor that each participant mentioned with regards to establishing where they come from and how this has informed who they are and where they come from. This is an important identification tool that Aboriginal and Torres Strait Islander

people use to connect with each other and is used at university to connect with other Aboriginal and Torres Strait Islander people.

The importance of family history as it relates to family connection and identity featured as a significant contributor to individual growth. Individual growth was a significant contributor to wellbeing which in turn was a significant contributor to retention at university. Social organisation and kinship structures are complex within Aboriginal and Torres Strait Islander society and very important to the individual. The Australian Aboriginal and Torres Strait Islander cultures are heterogeneous societies meaning that there are many different Aboriginal and Torres Strait Islander people's cultures that have different values and social norms including family structures (Aboriginal and Torres Strait Islander Commission 1999).

The place otherwise known as 'country' is the area of land that Aboriginal and Torres Strait Islander people refer to as their place of belonging. Almost all participants were able to identify their Mob (family) and place of origin (country). Some participants referred to the mission that their family was placed on after being removed from their original country as their place of origin. A20 was able to confirm that his people were the traditional owners of the mission area on which he grew up. He said, '*Our people are from Yarrabah. We are traditional to that place'*.

Some individuals made reference to country as a number of areas depending on their language groups. For example; an Aboriginal and Torres Strait Islander person who identifies as Kooma and Kamilaroi both separate language groups) may call both places home. Participant (A6) refers to country as Cherbourg and identifies as a Kooma woman. She was raised in Cherbourg and even though her ancestors came from elsewhere and were placed on

Cherbourg under the assimilation policy of the day, she still knows where her Mob (ancestors) came from and has connection to that land. Participant A7 said she comes from a place called, '*Ernabella in central Australia because I am Pitjantjatjara'*. A16 said her family are all from Cunnamulla and she identifies as Koonya and Kooma on her Grandfather and Grandmother's side respectively. A17 said that he is Kamilaroi and is very proud of his heritage and his family's standing in the community. A2 originates from the Three Ways Mission in Griffith in New South Wales. This participant did not identify with a particular language group and referred to the elders of the Three Ways Mission as guides in life. Most participants knew where their country was, however, it did become apparent that participants impacted upon by stolen generations within the family were inclined to know less about their heritage. A14 was adopted so she did not know anything about her family background until recent times. '*We are actually part of the Stolen Generations'* she said. A21 said, '*Our Mob is originally from Tassie so we're apparently Palawah'*. For A23 keeping track of his heritage has been difficult. '*My Aboriginality was held back because of my Grandmother, probably due to Stolen Generations. She was born at Corrimal so close to down the South Coast there where the children's home was; the girls' home was. She was born in Corrimal. They moved up to Sydney, big secret. As well as that I was told that my Great Grandmother was raised by a Portuguese fella, but her father was Aboriginal man. This is where the Aboriginality comes into the family. We've been told he's name and that he came from Bourke. I've talked to elders in the community that know my family, and here's where one of the elders says 'your Mob's from Gungurra'*. A22 said that she had major gaps in tracing her heritage as the records kept of her family were vague. In some instances she was able to piece together some of her heritage and this is what she articulated,

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'Well I'm part of stockman generation and unfortunately records don't go back as far a lot of time, so it's all oral history that I know about my family. My great-great-grandmother was actually from Rockhampton and she had two girls and they ended up in an orphanage in Glebe. By the time their mother walked all the way down here, one had gone, which is my great-grandmother. They were both six and four, and when she was six she was adopted and placed with a family in Goulburn and she looked after the children, her duty was. There were six or seven kids and although she was very young. So there's sort of a lot of it is sometimes difficult past and there's been a lot of denial about Aboriginality sort of, you know, it's all been hidden. It wasn't till later when my grandmother was dying that she talked about a lot of stuff just to me about it, which confirms some of my thinking and some of my ways which have been very different from growing up in Sydney to my other friends'.

Participant A10 said, her family was moved around from mission to mission and also said her Grandparents all originated from Cherbourg and then *'All ended up in Rocky (Rockhampton)'.* A10 was one of a small cohort who was unable to identify where her traditional land was rather than the mission to which her family were removed. A5 also had misinformation that led him to believe his Mob was from one area of Victoria, but in fact originated from a different area. He said, *'I didn't actually know much about my history or where we came from, I just knew where dad was born and his mother came from there as well. But I ran into an uncle once I started studying here and he actually told me that we're actually from more central Victoria. We just moved up there about three generations before my father. We're actually from a group in Central Victoria. There was a book published about my father and even in that we didn't find it mentioned.*

4.9.3.1 Summary of this theme

Almost all participants were able to identify their language group and the country from which they came. This was really important to participants when introducing themselves to other Aboriginal and Torres Strait Islander students and provided a way of identifying to one another where they came from and who their family was. Even those who were of the Stolen Generations were able to identify where their people came from, if not the actual language group. Two participants who were school leavers had forgotten who their Mob was. They had been told, but seemed quite disinterested in retaining this knowledge. They were Aboriginal and that was all that seemed to be important to them.

4.10 Identity

In all interviews, participants started the process with who they were and where they came from. Therefore, it is included as a theme as it demonstrated that it was important to them. Although this theme may appear to relate indirectly to the university experience this information was an important identification process.

A typical description of identity given by students almost always started with, 'I'm an Aboriginal person' followed by who their Mob was and how they saw themselves as a person. For example, A1 said, '*I am a Kooma man, I am kind, I am funny, and I am good looking*'. A14 said, *'I'm just proud to be an Aboriginal'*.

Most students were proud of their Aboriginality and if not were working towards a stronger sense of who they were as an Aboriginal person. At some point for this cohort there had been a dislocation from their Aboriginal heritage and this is why they were working on building or rebuilding their identity. The most common reason for this was if the person was from the

Stolen Generations and they were removed from their Aboriginal family as a child. Some participants had only recently discovered that they were Aboriginal and as a result were struggling with who they were. A18 said, '*My identity consists of my connection to land and my connection to family and that's it in a nutshell and I couldn't even define myself away from those two things*. A20 said, '*I am an Aboriginal man. I've always had my identity as Aboriginal'*. A21 said, *'I'm an Aboriginal woman and proud of it'*. A12 said, *'I am Wiradjuri! I would like to say I am tough and strong but I am really a softy'*. A40 recalled wonderful experiences growing up in a small community and said that his grandfather and other elders in the community gave him a strong sense of identity. This participant noted that he had a strong identity and understanding of where he came from. '*My pop was still shearing a couple of hundred sheep a day and he was the other side of 50 or 60. He was a strong, fit man, my pop and so I just happened to get the best of that and all the family groups and when I was young, when you're born you lay outside a fire and you lay there and everyone would lay around, all around you. They treated you, like you're royalty. They lay around you and even when I came to Perth, the old people come in to visit and lay around and watch all the time, because if they hand train you, they take responsibility for your growth and how you develop into a man. There's still a few of them old ones around, but I went through a wonderful time'*.

Some individuals based their perception of what Aboriginality was on the experiences they had with their own family group and larger extended family or community members. As already noted some participants had positive experiences and also had developed a strong sense of self. However, in some instances identity was frail. Some participants had traumatic experiences such as racism or exclusion as a result of their Aboriginal heritage. These

participants, although identifying as Aboriginal, said that it was only in recent times that they felt comfortable to do so. For example A3 said, '*I never knew my biological father and I knew he was awful to my mum, like he used to beat her up, knock her out and stuff like that and that was probably where my biggest connection of the Aboriginal side came from. So in the beginning I was very resentful to being Aboriginal and Torres Strait Islander.* A3 also said, '*Being Aboriginal, there was a lot of racism, and even if you were, a lot of people didn't and they were too scared to come out with it'.* A1 said, '*If I identify as an Aboriginal person, I do, when asked. But I don't say it, I don't think there's any need to share that'.*

As mentioned in previous analysis relating to 'Cultural safety' and the notion of 'otherness', some participants felt that their skin colour played a major part in their identity. Participants felt that they were more accepted within Aboriginal communities as well as the wider community, if their skin was darker, giving them more social acceptance, particularly within the Aboriginal communities with which they identified. A10 said, '*Yeah, it is all about this skin colour business'.* She felt that she had to continually justify her heritage to her own people. Participant A7 said that, '*my inner strength is the foundation of my identity'.* This comment came as the result of a strong foundation being laid for this participant by her father and elders of the Language group with which she was associated. A7 said, '*I owe my strength to my Father and the strong identity to teaching of balance came from my Aboriginal father and my Aboriginal family'.* A7 went on to explain that her mother, who is also Aboriginal, had rejected her heritage. As a result, A7's relationship with her mother was a difficult one. A7 said, '*My mother did not identify with being Aboriginal and set about trying to make me white'.* A7 went on, '*How could I not accept my identity when it had become an integral part*

of who I was? My father's teachings and that of the Pitjantjatjara people have given me the strength'.

A9 had a painful journey of self discovery and forming identity continued to be a struggle. He said, *'I am just starting to feel comfortable with my Aboriginality and am proud. My Dad left me and my mum, and so I didn't know. He is Aboriginal, but that didn't mean that much to me, cause he left me'.* A3 is not about to forgo his identity, which is still fragile as he states, *'I've found out about me as an individual, and just becoming a stronger person. Yeah, there's always more than one side. But the Aboriginal side is definitely growing and getting stronger. Me as an individual, my identity is still very lost. I still feel like I've got to chase people's acceptance'.* A8 said, *'I was proud when I found out I was Aboriginal. It made me feel special. When you start telling kids at school and they start calling you Abbo or whatever then you get to a point where you don't tell anyone. It's had its ups and downs but I'm proud to be Aboriginal'.*

In conclusion for this theme, it would be fitting to include the lyrics that one of the participants wrote and wanted included in this thesis. He felt it best described his connection to family and country and best explained his sense of place and belonging. A40 said, '*People don't know about my identity I'd bring it out through songs and stuff. I actually did a song the other day and it's called 'I'm Proud to be a West Australian, I'm Proud to be a Moora man'* (appendix f), *a song like that, that's how people get to know my identity a bit and where I come from'.*

4.10.1 Summary of this theme

This theme exposed a real frailty around identity. Quite simply, identity was not strong for some participants. Many participants did not know much about their culture or family story lines and this appeared to be a real inhibitor for participants and their levels of social and emotional wellbeing. For the cohort of participants who had a strong sense of identity, direct connection to their land and the storylines of the tribal group were present. There was a real delineation between those with a strong sense of identity and those without.

Participants with a strong sense of identity demonstrated in their demeanour, a real pride and strength. They were goal orientated and focused. Of those who were not strong in their identity, often the opposite reaction was expressed. The voice quietened and the participant felt a little uncomfortable. In these instances there was a real desire to learn more about Aboriginal and Torres Strait Islander culture as a whole.

4.11 Aboriginal and Torres Strait Islander support centres

Aboriginal and Torres Strait Islander Support Centres at university appeared to be paramount to many participants' survival at university. This theme was an obvious one that may have developed because interviews were conducted in the Aboriginal and Torres Strait Islander Support Centre at the universities visited. The conversation usually drifted towards the people who supported participants at university, namely those employed in the Aboriginal and Torres Strait Islander Student Support Centres. Most participants used the centre regularly and emphasised the importance of having a connection to other Aboriginal and Torres Strait Islander people. Although the function of the centres in all visited universities was to supply participants with resources to assist with study, all participants said the centre was much more than that. There was mostly resounding support and appreciation for the Aboriginal and

Torres Strait Islander support staff with a typical comment made by A1 who said the centre, *'Was a safe space to come. It feels safe because the staff here make me feel welcome'*. A4 said, *'We all face the same dilemmas, every single one of us, particularly blackfellas here. The other thing is that we create a community and we create a whole new adopted family just by being here* [at the support centre]. *We all go sit in our little room over there and chat and have a laugh and help each other out with assignments and stuff like that. When someone is feeling down, we help boost them up. So we have a good family – we have a good community down here where we're a support mechanism for each and every one of us and we do it collectively together'*.

Participants recognised the support centre as a place to come and be with other Aboriginal and Torres Strait Islander people. Participant A2 said, *'We feel comfortable talking to our Mob than going to talk to someone that's not going to really know much about you'*. Participant A10 said, *'I need someone I can actually physically hug and physically see. I get that at the centre'*. A2 said, *'The centre is here too because a lot of us like to come back here to wind down after a hard session of study and whatever you know and get to meet up with a lot of our fellow comrades. It's a meeting place for us here I suppose. Although the uni offers support through counsellors and medical staff, us Mob feel more comfortable here*. A16 also said that he liked to use the support centre for help and didn't like to use other university facilities.

A16 said, *'I suppose at the moment you know, I live quite a distance away from my family. Having the support centre at university has helped'*. A17 also said, *'the support centre is very supportive because you have staff here that come from community, have been studying themselves or been a student in the past. At the same time, I didn't feel obligated in coming in*

all the time either'. A16 who is a student and a student support officer suggested, *'When students first enrol, making a point of being involved with their family as well as being aware of the lifestyle and the situation of the individual. Such as ... "How many people they have living with them, do they have day care or someone becomes sick, how do they deal with that?" Being aware of their cultural beliefs and values is also really important you will be able to support them better, but also – they mightn't get through uni in three years, it might be six years, but being aware of that'.* The point made by A16 in regard to developing an awareness of participants' cultural beliefs and values was a significant point, as many participants within the centre and the wider university had family commitments and cultural responsibilities that often left them stressed about deadlines for assignments and other commitments at university. A16 said, *'The centres are very aware of this problem and often advocate for participants in the wider university when the need arises'.*

Unfortunately there were instances where participants noted that they didn't feel supported or welcome in their student support centre. Participants who said this came from the same university. These participants said that the support centre was full of big signs with rules stating what they could and couldn't do and there was never a staff member around that they could talk to. The resentment from these students was strong and as a result they had chosen to support each other with study groups and social events to keep each other's wellbeing high. A24 said, *'we all support each other and lookout for each other, these bastards here don't give a shit'.* A25 said, *'they make me feel like, you know I can't even make a phone call or ask for help, no one is ever there anyway'.*

4.11.1 Summary of this theme

The student support centre in most instances represented a place of belonging and a place to be with other Aboriginal and Torres Strait Islander people. Many participants noted that it was a safe haven away from the wider university and a place of laughter, yarning and collegiality. Many participants were extremely indebted to the staff at their university and felt that they had given them a sense of self and in some instances improved their sense of identity. Unfortunately there were instances where participants noted that they did not feel supported by their Aboriginal and Torres Strait Islander support unit and with this came resentment towards the support unit itself and the wider university.

4.12 Returning to community after study

This theme evolved out of conversations about family, place and belonging. There were mixed reactions to the notion of returning to community. Some participants indicated there were problems in their community that they didn't think they could deal with at the moment. While others felt that returning was all they wanted to do. A typical response came from A17 who said, '*I'm not going to go back to my community immediately, when – if I finish this degree – because I don't feel that I could take that skill and teach it to my peers that are already there. I will wait till, you know, the next generation comes and I will go back and teach them. I don't know if hypocrisy is the word, but it comes in there. There are people that would cut you down'.* A10 said that the social problems in her community made it a less desirable place for her to live and bring up her children. A3 said, '*I don't know how accepted I would be being who I am, not growing up in community'.* When A4 was asked whether returning to community was an option, he said, *'Hell no!'*

Talk of going back to community appeared to be a goal for later on. Going back to community for family responsibility however, was a completely different story and ranked as highly important to the individual when there was sorry business or illness in the community.

4.12.1 Summary of this theme

The results from this theme were surprising and in fact did not match what was expected from the data about family, place and belonging; that is, how important family is and how this impacted on wellbeing. It would appear that although these things are extremely important to the participant, there was no intention of returning to community. There was a desire by some to return to their communities, although others were quite clear that they didn't want to. Reasons seemed to be 'Tall Poppy' issues where participants felt it would be too difficult to live and work in their communities once they had degrees. Once again this theme identified problems for the participant as someone who has stepped out of the community and the community values to follow a pathway that follows a westernised ideological methodology rather than an Aboriginal and Torres Strait Islander prescribe methodology.

It may appear that there is a negative connotation here towards community and therefore social and emotional wellbeing for participants might be compromised. Aboriginal and Torres Strait Islander people have traditionally had a value system that encourages family connection and family obligations that evolve around the community in which they live. They have traditionally not placed a high value on westernised educational and westernised hierarchical achievement. Therefore this is a very complex situation that may face some participants who have stepped out and into a westernised lifestyle seeking success in a westernised way.

4.13 The impact of role models

Role models were extremely important in the decision making process of enrolling in university and they impact on social and emotional wellbeing. Role models informed participants of their right to an education and encouraged participants to attend university. This theme identifies the importance of good role models in the choices and then commitment participants make towards their university degree. For many, when wellbeing was poor or university a struggle, it was often participants' role models who encouraged and supported the students. Most participants cited their mother, father, grandparent or a combination of all as their primary role model. Sometimes further role models were mentioned, but they tended to be secondary to long-term family role models. Participants mentioned lecturers, support people within the Aboriginal and Torres Strait Islander unit at their chosen university and others that generally related to the university sector as secondary role models.

It appeared that role models placed a high value on education and supported the individual in their desire to attend and complete a degree. Participants mentioned pride and encouragement as terms used by role models about their attendance at university and also noted that their role models motivated their decision to continue with study when it became a challenge. Some role models supported participants through encouragement but could not offer financial support. This was quite common and many participants had to self fund their accommodation and other expenses to attend university. A role model who valued education appeared to be a key indicator to the successful completion or pathway into university for all participants interviewed.

Interestingly, over half the participants are the second generation of university participants in their families. A16's mother holds a degree in social work and is currently studying through the University of Sydney. A16 said, *'Education is highly valued in my family'*. A20's mother is a school teacher. A20 said, *'My Mother has a degree as a teacher and she has encouraged all of us kids to get an education'*. A12's mother is a nurse and his father also led by example. A17's father would say to him. *'...know the rights from wrong. It's no good growing up to be a drunkard, you go to university boy, and learn skills'*. A17 was very proud of his family and in particular his mother. He said, '*We were brought up very strict, me and my brothers but you can see the good it's done. 'W', below me, is doing a Certificate IV in Wool Classing. He's going on to be a Wool Classer for Elders and 'X' is going to be a construction manager sort of thing and 'Y' wants to be an accountant. The other little fellow, 'Z', I don't know what he wants to do'*. A17's mother also has a higher degree.

A3 cited elders from his community as his inspiration and role models in life. He said, *'I respect all my Elders. I've got respect for all my Elders and I think they're all great Role Models and one of the Elders said to me, they said, "Look you know you're better off standing behind your Elders because no one will knock you down"'*. A10 said that she was leading by example and as a result some family members were starting to look up to A10 as a role model. When asked if A10 had a role model she said, *'No, I just know [that's what I want to do]'*. A10 went further to say, *'There's always been people around I take a little bit from and look up to sort of thing, but you know – and I read books to help myself you know, reconfirm what I'm believing in and stuff'*. A10 went further to say that her family was starting to look at options for themselves in regards to studying. '*They're starting to really think twice about what they're doing with their lives and you know my sister is going in*

tattooing because that's who she is and that's what she loves. And, yeah, actually it's made a big difference. They're both travelling and stuff, my little brother and sister and going out there and the fear is really sort of washed off their back a bit sort of thing'. A10 also said she wanted to succeed at university so she could be a positive role model to her son. *'I'm a Mum. I'm a single Mum and I have been all my life, oh well, all of his life and I have only just recently had my family around so in my hard times I knew you can't rely on anyone else, you've just got to do it for yourself even when it's hard. If I can't do it for me I do it for my little boy'.* A3 and A10 are both the first members of their families to study at university and did not name family members as role models. Sadly, both A10 and A3 have dropped out of study.

4.13.1 Summary of this theme

Role models played a significant part in the participants' decision to attend university. Parents and grandparents were noted as the main inspiration and in many cases role models had attended university. There were two examples of participants who noted that they wanted to be the role models for their children. However, in both cases where this was the case, the participants dropped out of university after the interviews.

Wellbeing appeared to be higher for participants who had strong support. Given that this support came predominately from parents or grandparents, this fits with the data that suggest that wellbeing is high when family support is available for participants at university.

4.14 The boarding school experience and its relationship to the university experience

It was surprising to discover that many (almost two-thirds) of the participants had attended boarding school. This theme emerged from their experiences at boarding school and how this

affected participants' ability to cope at university. Those who attended boarding school came from rural or remote areas and this cohort of participants noted that boarding school had prepared them for university and therefore helped them to cope within a westernised institution.

Unlike participants who had not attended a boarding school, these participants coped well with university life and in turn had good wellbeing. In saying this, not all participants had a good experience at boarding school although these participants noted it did prepare them for university. A16 attended boarding school with her two sisters, who also study at university. A17 also attended a boarding school and lived in a western Queensland town. Unfortunately for A17, his experiences were very negative. A17 said, '*I was the only student, Aboriginal student, coloured Aboriginal and Torres Strait Islander student in a group of 500 non-Aboriginal students. It was very scary, I was at a boarding school and I was at School of Distance Education. They [the other students] excluded me from playing football; I wasn't allowed to eat with them. I was alone all by myself [laugh]. It was very sad and I hated that environment, but I have the last laugh as it got me tough and I can cope with anything now, even this place* [referring to university]*'*. Both A17 and A16 were sent to boarding school by their parents. A17 said, '*I don't really talk about the boarding school because it wasn't a good time for me. There were Aboriginal kids at the boarding school towards the end and it got much better'*. Both of these participants attended the same boarding school are Aboriginal and were both in third year courses at a university. A16 and A17 both said that the westernised approach to learning that was taught in boarding school attributed to their successful transition into university.

A4 said, '*Then I went to boarding school. My brother went before I did, and so it was family tradition that the rest of the boys attend boarding school. So of course none of the girls could go, but they've now changed that, I think its co-ed. That's another story'.* A4 also said, '*I was the only black fellow in my class. Boarding school had three major factors: first is I got to see that the world was bigger than my hometown. I went to boarding school at a young age and it made me independent, I can cope with anything and university is just bigger place than a boarding school to me'.*

A18 said, '*I boarded in Rocky, I just wasn't happy and I just wanted to go home'.* This particular participant was traditional to the land on which she grew up. To this day this mature age participant makes the three-hour round trip to university each day. She does this so she can be on her traditional land. She has managed to study, work and maintain her spiritual connection to the land. A18 now has her own children at a boarding school. A9 also boarded but said she was moved from a Queensland boarding school up to the Northern Territory to attend another boarding school. When asked if this helped with her transition into a university she said, '*Yes'.* All participants attended single sex boarding schools.

A19b, one of the oldest participants interviewed attended boarding school in the 70's. He was the only Aboriginal child at the school and recalls '*I used to run cross-countries past the jail, see my cousins up on the top wing waving to me. Right next to the golf course it is, play golf and you'd come around that last 17th hole, come up by the fence there you could hear them yelling out "Cuz", it was a long way away. In the end I couldn't look you know, I would just go home and cry, back to school. So it was horrible, I would never send my kids to boarding school, no way in the wide world. It's a horrible experience; it might make you savvy for other tertiary experiences like uni but it takes stuff away from you too'.* A19b felt that the

experiences at boarding school were twofold, firstly it, '*prepares you for life, it might make you tougher. But* [secondly] *it takes so much away from you; it gives you so much hatred and confusion'.*

4.14.1 Summary of this theme

Boarding schools have provided opportunities for Aboriginal and Torres Strait Islander people to gain better access to educational facilities. The number of participants who attended a boarding school was quite surprising. In total 12 participants attended a boarding school. The experiences varied, but all participants noted that the boarding school experience prepared the individual for further study and also help the individual to adapt to westernised institutions such as a university. Reports of homesickness and racism also were noted as experiences that participants had to endure while at boarding school and for those who had to endure such adversities, resentments were still strong. These resentments were aimed directly at the other students at the boarding school, rather than teachers.

4.15 She's back – re-entry of a participant

The final part of this chapter includes data collected on a participant who had dropped out of university. The participant was the first interviewed for this study and it was very unfortunate when she disengaged. When the participant dropped out, contact was made and the participant said that there were too many dramas in her life at that moment and she was unable to commit to university. Six months later the support unit followed up with the participant and encourage her to re-enrol. At the time the participant was extremely focused on her study and about to complete an enabling program that would see her enter mainstream to study psychology. During the initial interview the participant noted that she was not supported by her family and felt isolated from them as a result of her choice to study. The

participant also had issues with the father of her child who was prone to violence towards her. In saying this, the participant had a very strong demeanour and played a very strong role in supporting her peers also enrolled in the enabling program. Many students turned to this participant for support and collegiality.

In 2009 the participant re-enrolled into the enabling program and has completed all assessment requirements and is now enrolled in a Bachelor of Science. This interview investigates the reason why the participant dropped out and her reasons for continuing her study.

The participant's initial interview was conducted in 2008 when, as mentioned, she was half way through an enabling program. The participant was well established in the program and had developed strong relationships with staff and students. In fact, this participant had gained the respect of many peers and staff and was often the designated spokesperson who represented other students when the need arose. The participant presented as a very confident and assertive person.

The participant asserted in her initial interview that she wanted to attend university to provide a better future for her child. She attested to the fact that she didn't have family support and that this did cause her concerns as family members as well as friends appeared to be challenged by her decision to attend university.

It was these pressures from her family and friends that began to take its toll on her commitment to study at university. The participant said, *'I was rejected by my own social circle because I chose to study at uni to better the lives of both myself and my son. My emotional wellbeing also crumbled'.* The participant said that her university study was in,

'many ways like stepping into a foreign country where you do not speak the language. That is, unless you possess the confidence and mental tools to succeed, it is easy to be led away from study'. The participant also noted substantial personal trauma as a catalyst to her discontinuing study.

4.15.1 The decision to re-engage

The participant noted that she also was very fortunate; she had a strong peer support in other students enrolled in the enabling program. These relationships as well as the rapport developed with staff led the participant back to study. The participant said, *'For me I got lucky because I had a great support group of Murri peers that have developed a social and emotional balance within the university environmen*t'. The participant also added that '*if you are savvy enough you can learn from other Murri's who are ahead of you at university; watch and learn how they survive and how they balance university and their personal lives. If you are savvy enough you can learn from them'*.

The participant has had to move, resettle her child into a new school, accept that her family are not supportive of her decision to study and also move on from friends who were unsupportive. The participant noted feeling more settled, happy and focused on the challenge of mainstream study and the journey to completing her degree after her return to university.

Chapter 5 Discussion and recommendations

Note: The terms Aboriginal and Torres Strait Islander Australians and Aboriginal and Torres Strait Islander/people are used interchangeably in the discussion. This is because the literature in the discussion adopts the terms in these ways.

The discussion in this chapter is designed to interpret the data from chapter four, and compare and contrast them with the information from relevant literature (some of which has already been reviewed in chapter two). Finally, recommendations are presented that may assist in developing strategies to improve the social and emotional wellbeing of Aboriginal and Torres Strait Islander students at university.

Although the sample is small, the information has provided insight into the importance of understanding the complexities that accompany Aboriginal and Torres Strait Islanders to university. The information collected from participants, demonstrates that the impacts on social and emotional wellbeing for students do exist, and can affect the performance of individuals whilst at university.

5.1 How students described their social and emotional wellbeing (SEWB)

'Historically, Aboriginal people have suffered significant losses since Australia was colonised in the 1700s. These include loss of land, loss of traditional hunting grounds, loss of traditional language, forced relocation onto missions and reserves, loss of cultural and legal traditions, and the forced removal of children. These significant losses and social upheavals have impacted negatively on Aboriginal

people, and have left many individuals, families and communities significantly traumatised and grief stricken. This has resulted in large numbers of people being at high risk for developing a range of mental health problems and mental illness. Current data indicate high levels of self-reported psychological distress, with symptoms of anxiety and depression twice as common in Aboriginal people compared to non-Aboriginal people, higher rates of hospitalisation for intentional self harm, and higher suicide rates compared to non-Aboriginal Australians'(Jorm, Kanowski & Hart 2009, p. 1).

Family and community relationships, connection to country (land), physical and emotional wellbeing as well as financial commitments, all played a vital part in the construct of participants' SEWB. The commentary by participants about how they interpreted SEWB, and what the literature defined as the framework of SEWB, were quite similar as this discussion will illustrate. Family and connection to family was discussed with verbatim quotes, and were identified as major contributors to SEWB. The Social Determinants for Aboriginal and Torres Strait Islander health highlighted that the dislocation of family served as a contributing factor to poor SEWB (for the individual and community) and suggest that the, 'Disruption and severance of connections with land meant the weakening or destruction of closely associated economic and social practices, essential for health and wellbeing' (Zubrick et al. 2010, p. 75).Campion & Nurse (2007, p. 26) identified further risks to Aboriginal and Torres Strait Islanders SEWB stating,

'Societal risk factors such as poor housing, unemployment, poor education, community violence, stigma and discrimination [as community issues] while individual risk factors including poor parenting, abuse, substance misuse, traumatic life events and time in

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prison were all indicators that affect the wellbeing of Aboriginal people on an individual basis'.

These societal risk factors were regularly identified as impacting on individual SEWB. In addition, socioeconomic status and health of Aboriginal and Torres Strait Islander people are well below the national average and this would impact on SEWB (Carson 2007). Participants' responses and the literature agree on the importance of societal risk factors in relation to SEWB.

It has already been established in the literature review that SEWB for Aboriginal and Torres Strait Islander people has a holistic framework including cultural, social, emotional, physical and spiritual needs of the individual and community as the foundations of good health. 'When these indicators are all balanced, all is well. When the balance is disrupted mental health and wellbeing problems can arise' (Kanowski, Kitchener & Jorm 2008, p. 18).

Happiness and contentment were the most common responses to the question of 'What does wellbeing mean to you?' When participants were asked if they had happiness and had good wellbeing, many said that they had experienced good and bad wellbeing and all variations in between. Feeling happy and content was a notion that many felt could only be achieved when all was well with their family. One of the strongest messages was the importance of family and kinship ties to land and community. For some, the connection to kinship, community and land was so strong that they would travel long distances to attend university and drive home every day. Garvey (2008) stresses the importance of family to SEWB and says, 'It encompasses not just the wellbeing of the individual, but also the wellbeing of their family and community' (Garvey 2008, p. 12).

The displacement of people from their land and its consequences were discussed at length by many participants. Family relationships often formed the basis of good or poor wellbeing. Many elements of whether wellbeing was good or poor for participants linked directly to family relationships. Ties to family, including extended family, were vital to many of the participants. According to Bailey (1988, p. 132) 'Kinship is the primary organising principal in human relations'. 'Family is considered to be pivotal to emotional, physical and cultural health. Family and community relationships are the basis of culture and are important to cohesion and to healing within a community' (Ypinazar et al. 2007, p. 474).

The majority of participants' said that unless they were content in their home life and their families were happy, wellbeing could not be achieved. Due to the erosion of family and kinship structures through forced government policies aimed at separating families, Aboriginal people are more at risk of having poor SEWB, higher rates of mental health disorder and higher rates of violence and injuries (Australia. Department of Health and Ageing 2004). Participants own experiences reflected what the literature suggests and participants confirmed that many of the problems within their own family and community were due to the breakdown of kinship structures as a result of government policies.

According to the Department of Health and Ageing (2004) Aboriginal people experience higher rates of risk factors for mental illness and poor SEWB. This was reflected in the data particularly for those participants who had been members of the Stolen Generations. For this cohort of participants, wellbeing was poor and mental illness prevalent (mental illness will be addressed at length).

Campion and Nurse (2007, p. 27) assert that, 'Improved wellbeing occurs as the result of balancing the reduced impact of risk factors with the promotion of protective factors and the creation of supportive environments'. Access to support structures that could promote good wellbeing seemed limited for participants. While universities offer support through counsellors and medical staff, participants felt uncomfortable about seeking advice from these practitioners. Many participants accepted that they had poor wellbeing from time to time, and were aware of their circumstances, but had not considered developing support structures or strategies to help when wellbeing was poor. Numerous participants had lived with trauma and grief all their lives, making the levels of SEWB fluctuate. Participants' responses to their own experiences of grief and trauma (and there were many accounts) often indicated an acceptance of the situation. For example, one participant said that good wellbeing meant, 'Not being six foot under'. If not being dead is the measurement of good wellbeing for that individual, then the bar is very low.

Participants were so accustomed to living with grief and trauma, that the concept of wellbeing and how this might be improved was not a concept that had been given much thought. To some, improving their SEWB seemed like an abstract notion and, these participants had accepted their circumstances and had not considered that they could be proactive in changing their SEWB.

Not feeling accepted by family, community and society were characteristics of poor SEWB, as noted by participants and could impact on the individual's ability to remain focused at university. All participants noted a desire to be accepted and supported by their family, and strong disappointment was evident when this did not occur. According to the Department of Health and Ageing (2004, p. 27) 'The pain and suffering experienced by many Aboriginal

and Torres Strait Islander people, has caused great loss and family breakdown'. Therefore the notion of providing support and love to a participant may be too difficult, especially when SEWB of family members is so poor.

5.2 Physical health issues

The increase in population has been steadily increasing. For example, in 2001 the total population of Aboriginal and Torres Strait Islander people in Australia was 458,500 people or 2.4% of the population (Australian Bureau of Statistics 2002). Data from the 2008 census says it now stands at over half a million (Australian Bureau of Statistics 2008). 'Thirty-six percent of the total number of Aboriginal and Torres Strait Islander people are reported to be suffering from long term illness and disability' (Australian Institute of Health and Welfare 2007, p. 223). Many of the participants in this study, reported having health problems and debilitating illnesses.

Diabetes, both type one and two was the most common illness participants were suffering from. Often participants had more than one illness. Arthritis, kidney disease, psoriasis (a severe skin disorder), poor circulation due to diabetes, chronic pain due to knee, foot and hip problems, and legal blindness were cited. One participant along with other illnesses (including cancer) was in a wheelchair. The Australian Institute of Health and Welfare (2007) estimated that the number of Aboriginal and Torres Strait Islander people over the age of 45 with a profound illness could be as high as 12.4% above that of non-Aboriginal and Torres Strait Islander Australians.

Further information demonstrating the poor health of Aboriginal and Torres Strait Islanders are the appalling figures suggesting that Aboriginal and Torres Strait Islanders have a life

expectancy of at least 17 years below that of the rest of the population (Carson et al. 2007). Macquarie University conducted a study into their Aboriginal and Torres Strait Islander students who were studying early childhood education. It looked at constraints and supporting factors of their students and identified health issues as one of the many constraints mentioned by participants (Fleet et al. 2007).

In this study alcohol and substance misuse were also mentioned as a barrier for some participants; with underlying health issues linked to the abuse. Diabetes and gout were cited as the most common underlying risks associated with drinking. Two participants from this research noted that alcohol and drug abuse had caused not only impacts on health issues but also stints of homelessness.

The actual reasons for participants from this research abusing alcohol and drugs were not fully investigated in this research as the area of alcohol and drug abuse arose more as an incidental factor that affected the wellbeing of participants at some point in their lives. Although participants didn't state that the use of alcohol and drugs was a strategy to block out or cope with poor wellbeing, conversations around wellbeing highlighted that substance abuse was often an escape from hard and difficult times. Researchers such as Mellor (2004) implied that oppressed groups who experience hardships and racism are likely to use substances such as alcohol and drugs as a coping strategy. This view was supported by Harrell (2000) whose research into race and wellbeing in America found that substance abuse was often a manifestation of the impacts of racism and used as a coping strategy to decrease stress. Mellor (2004) suggested that using alcohol and drugs as a coping mechanism for stress is an 'Emotional Focused Strategy' aimed at managing internal states through defensive reappraisal, whereby the harmful or threatening significance of the event is distorted and the

event is misjudged as benign or neutral' (Mellor 2004, p. 57). Given that participants indicated misuse of alcohol and drugs through low times, this theory may apply. Kilpatrick et al (2000) also highlighted that substance abuse is a coping mechanism to deal with emotional turmoil and stress. Kilpatrick et al's research, like Mellor's and Harrell's, found that oppressed groups were inclined to use alcohol as a coping mechanism.

Many of the participants experienced illness and pain on a daily basis, and yet continued to attend university and meet the commitments of exams and assignments as well as attend lectures and tutorials. What made a strong impact on this researcher was the over representation of illness experienced by participants and how this affected these participants' study. Despite these health constraints, participants displayed an enormous amount of resilience, acceptance of their illnesses, and for the most part, remained focused on the task of completing their degree.

5.3 Mental health

Over the past 30 years a growing concern for the mental health of Aboriginal and Torres Strait Islander people has become increasingly apparent. Researchers like Moodie (1973) (as cited in Brown 2001), Eastwell (1977) (as cited in Brown 2001a), Gracey (1987) (as cited in Brown 2001a), Cawte (1988) (as cited in Brown 2001a) and Hunter (1993) (as cited in Brown 2001a) have contributed to the understanding of Aboriginal and Torres Strait Islander peoples and their mental health issues.

Alarmingly, but perhaps not surprisingly, mental health issues featured strongly in interviews with participants. Initially while collecting data the incidence of mental and physical health issues seemed disturbing, but the literature suggests that all Aboriginal and Torres Strait

Islander peoples of this country have been affected in some way (Australian Government; Department of Health and Ageing 2007).

According to the Health and Welfare of Australia's Aboriginal and Torres Strait Islander peoples report (Pink & Allbon, 2008) data about mental illness in Aboriginal and Torres Strait Islander peoples is limited. The report (Pink & Allbon 2008, p. 17) also noted that:

> 'Caution must be exercised in examining information and data on patterns of mental illness due to the unavailability of accurate statistics and population estimates. Data on hospitalisation and mortality due to serious mental health disorders and illnesses are currently the main sources of information about mental disorders in Aboriginal populations'.

Pink and Allbon asserted that the death rate associated with mental disorders among Aboriginal and Torres Strait Islander males was over three times the rate for other Australian males, but for females the rates were the same. Further, the majority of these deaths in the Aboriginal and Torres Strait Islander population (74%) were attributed to mental disorders due to psychoactive substance use (AIHW, 2004). In addition, hospitalisation rates for Aboriginal and Torres Strait Islander peoples with mental health disorders are 1.4 times higher than the general population (Department of Health and Ageing, 2008).

Aboriginal and Torres Strait Islander peoples are more likely to engage with mental health services for crisis and acute care, meaning that their mental health disorders may have progressed to more severe or chronic levels. This may be due to living in rural and remote areas where there is a lack of services (Vicary & Westerman 2004).

Participants felt comfortable enough to discuss their mental health issues and the information gained has highlighted that there are services available at university to support Aboriginal students with mental health issues; however students said that they felt uncomfortable accessing them. In some instances it appeared that participants needed to discuss this part of themselves with someone to give an overall picture of the daily struggles of attending university. Other participants felt that without university they would be in a worse state of mind. By this, participants noted that university gave them something to look forward to and a diversion from the daily struggles of their illness. University for these students meant getting out of the house and busying their minds. Crowther (2008) suggests that for people suffering a mental illness, longer lengths of wellness can occur through being busy. However, Crowther is quick to point out that there is a fine line in getting the balance right. 'Too much stress and pressure can also affect mental health negatively' (Crowther 2008, p. 1).

In July 2009 the La Trobe University of announced that it would undertake a $77,000 investigation, funded by the National Centre for Vocational Education Research, into 'Why students with a disclosed mental health disorder are the group "least likely" to complete the vocational education and training course in which they are enrolled' (Street & Venville 2009, p. 1). Although this research is currently being undertaken, the data should provide an invaluable insight into the way in which universities can support those students suffering from mental health disorders.

This research has identified that to support Aboriginal and Torres Strait Islander people with mental health disorders, comprehensive information should be made available to universities. This should include an appreciation of the intergenerational pain that has plagued many

Aboriginal and Torres Strait Islander people and how this links directly to incidences of mental health disorder for Aboriginal people today (Tsey et al. 2007).

Participants were accepting of their illness and appeared to have an ability to recognise triggers and identify strategies that they could put in place to deal with low times. Such strategies as exercising, horse riding, meditating and counselling, as well as taking medication, were cited as ways of coping with illness. The incidence of mental health disorders in higher education students has been identified and concerns both students and university staff. The University of Melbourne recognises the need to support students with mental health disorders; sighting that one-in-five members of the general population will suffer mental health problems. The University of Melbourne is leading the way in developing a response by increasing awareness of mental health issues in their university. As a result the university is currently developing a mental health strategy that will be endorsed over the next 5 years (Appendix G).

Depression and anxiety were the most common mental health disorders identified by participants in the data. Bipolar disorder, schizophrenia and anorexia were also identified. All students in the study who identified as having a mental illness indicated that they are, or have been, on medication, and unfortunately there were instances where the participants said that it affected them physically, with balance and lethargy being cited as common side effects of the medication.

In 1989 the first National Health Strategic Plan was developed by the federal government in response to the appalling statistics on mental health and wellbeing of Aboriginal and Torres Strait Islander people. In 2003, a further Health Strategic Plan was developed aimed at

improving mental health for Aboriginal and Torres Strait Islander people and included strategies to reach expected goals by 2008. By 2008 a third strategy was developed in the National Action Plan for Promotion, Prevention and Early Intervention for Mental Health. All three plans included embedding a 'recovery process' through developing strategies to overcome mental health issues. In response to the 2003 National Health Strategic Plan, Rickwood (2004) asserted that a recovery process seemed ambiguous as the word 'recovery' implied that the individual can make a full recovery. Although Rickwood (2004) explained the broader meaning of the term 'recovery' in the context of the two mental health strategy plans (2003 and 2008); to the novice, recovery does imply wellness. A participant from a large urban university said that she simply had accepted that she suffered from a mental health disorder and felt that there was not much that she could do about this. Given the large proportion of Aboriginal and Torres Strait Islander participants who indicated that they suffered from a mental health disorder, and that apart from being medicated did not receive any holistic or therapeutic services to support their illness, it could be suggested that the federal government has a long way to go to improve outcomes for Aboriginal and Torres Strait Islander Australians. Rickwood (2004, p. 2) goes as far as to say, 'The social and emotional wellbeing of Aboriginal peoples and Torres Strait Islanders remains a source of national shame'.

McKendrick and Ryan (2001) and Westen, Burton, Kowalski (2005) point out that Aboriginal and Torres Strait Islander people see mental health disorders differently to western people. The view that a mental health disorder is even a symptom of poor health is often only measured on how it impacts on the family group that the individual is a part of (McKendrick & Ryan 2001). Westen et al (2005, p. 598) challenge the western view of

mental health disorders. 'Every society has its concept of 'madness' and what a society considers normal or abnormal are constantly changing'. Garvey (2008) has similar views and says,

> 'Mental health reflects the broad experiences for a person over the course of their lifetime and not merely those times when they are experiencing problems or are mentally unwell. Mental health is relative to what mentally healthy (and mentally unwell) is understood to be. To some extent, it is constructed and understood within a cultural context' (Garvey 2008, p. 3).

Carson et al. (2007) note that the Social Determinants of Health for Aboriginal and Torres Strait Islander people link mental health disorders with low socioeconomic status. This was the case for all participants in this study who identified as suffering from a mental health disorder. The data indicated that participants were either living in a low socioeconomic situation, or had been in a low socioeconomic position throughout their life. One participant revealed that she was currently homeless with two small children and was forced to live in a cramped dwelling with a large number of family members to accommodate her children. Another participant had spent time living on the streets of Sydney with a 'raging drug habit' that he still struggles with. He was not alone in this scenario with a further participant sighting that he too had lived on the streets and had been a victim of drug abuse.

Many participants highlighted a mental health disorder as a burden that they carried with them on a daily basis. Interestingly, university seemed to play a positive role in participants' lives and in many instances featured as a distraction from the disorder. Participants indicated that keeping busy and getting out of the house aided the management of their disorder.

Participants from one university with a particularly high incident of mental health issues said that the Aboriginal and Torres Strait Islander support unit provided a social support system and the opportunity for participants to regain their self-esteem and talk about their illness to staff who provide support for them. The students were extremely grateful to the support unit and what they had done to help them fully participate in mainstream studies.

5.4 Spirituality and connection to country

Note: For Aboriginal and Torres Strait Islander people, 'country' does not just mean the geographical area. 'Country' includes all living things. It incorporates people, plants and animals and is the basis of spiritual belief systems. 'Country' embraces the seasons, stories and creation spirits. 'Country' is both a place of belonging and a way of believing. For Aboriginal and Torres Strait Islander people, 'country' is the place from which a language group derives. The discussion arising from this theme will refer to the term country in this manner.

This section discusses the impacts of spirituality and connection to country for participants and how this relates to their SEWB.

During interviews with participants, conversations arose around the importance of feeling connected with country. For many, this connection formed the foundation of their spiritual beliefs and thus informed their wellbeing. The concept of spirituality for many Aboriginal people is much more than a belief system based on a higher power or being. Rather, the very foundation of wellbeing for many Aboriginal people rests in the knowledges that are instilled in them from a very young age (Grieves 2009). Core values and protocols are interwoven into the philosophy of spirituality for Aboriginal people. Grieves (2009) further notes that

spirituality for Aboriginal and Torres Strait Islander people informs their protocols, behaviours and political views. Spirituality allows Aboriginal and Torres Strait Islander people to make sense of their world. Grieves (2009), also asserts that belief systems vary from individual to individual. This discussion will investigate participants' connection to country and how this informs their spiritual identity.

According to Carson (2007, p. 177) 'The environment in which Aboriginal and Torres Strait Islander people live is very important. Places are increasingly recognised as important determinants of health, and are a complex mixture of physical, social, spiritual and cultural elements'. Smith, Bourke and Ward (2000) reveal that a non-Aboriginal and Torres Strait Islander person describes a place as 'what is'. Aboriginal and Torres Strait Islander peoples are more likely to describe a place in the frame of 'what happened'. Place for Aboriginal and Torres Strait Islander people is significant as it will often hold the stories, beliefs and history of people, place and things.

In this theme participants indicated that they did have a spiritual map and that connection to country was very important to wellbeing. Some participants said that they felt a disconnection from country because they were at university. This in turn affected their SEWB. These negative feelings existed because the participant was away from their country and family. Feelings of homesickness at university dominated conversations and some participants expressed feeling incomplete when not on their country. It is this connection to country that held participants hearts and had them yearning to return as soon as university holidays arrived.

Spirituality for Aboriginal and Torres Strait Islander people is difficult to define,. However, Bradshaw (1994) and Granstrom (1985) as cited in Tsey et al (2007, p. 182) refer to spirituality 'as a sense of the connection to community and each other as kin and the universe'. Lartley as cited in Tse et al (2005) regards spirituality as a unique and deeply personal thing that people express in their own specific way. 'Individuals may have the same culture but express it in different ways according to context, experience, cognitive set, and personality traits' (Tsey et al. 2007, p. 183). Tsey et al's ideas appear to be consistent with the participants' beliefs and this formed the basis of most conversations had about spirituality, with the participants.

Participants who had a strong connection to their country also referred to a spiritual connection in the same context. Participants talked about their connection to country as a very personal experience they could only share with others from that same place. Others expressed their views from a Christian base but still had a connection to land. The one common denominator noted was that unless all was well with the family and regular contact with family and country were made by the participant, wellbeing would be poor and spirituality would also suffer. These participants connected their spiritual belief system to their connection to land and family and traditional stories, such as creation stories to make sense of their world.

Participants interviewed from Central Queensland University were able to articulate their spirituality and connection to country from the perspective of remaining on country and attending university. All participants from this university lived locally on their country and therefore were connected with their family, and community. Another participant said that she drove a three hour round trip to her home each day to attend university because she had to be

on her country. Whilst other participants talked about the importance of spirituality to their cultural identity, the interrelatedness of spirituality to cultural identity gave participants from this university a sense of self. Participants noted that this sense of self provided an inner strength for the participants and helped them to settle into university a little better. This strength of self also provided confidence to be in the environment of an institution like a university.

Spirituality has received increasing attention in recent years and is now recognised to form part of the SEWB framework for Aboriginal and Torres Strait Islander people.

Researchers like Tsey et al (2007) acknowledge that spirituality among Aboriginal and Torres Strait Islander people remains neglected in the mental health field and that little is understood about the implications for people who are disconnected from their country and family members.

Spirituality for Aboriginal and Torres Strait Islander people can only be understood within the wider spectrum of what participants view as good health. The SEWB of participants relies on all elements of their world being in harmony. Many participants recognised the importance of not only their physical health and how that enhanced good wellbeing, but also that they needed to nurture their spiritual health as well.

There was a cohort of participants that embraced Christianity as their spiritual foundation. This cohort of participants was broken into two groups. The first group was part of the Stolen Generations. The second group originated from old mission settlements such as Cherbourg and Woorabinda. For both the stolen children and those affected by mission life, Christianity was imposed on these individuals and many cultural stories and traditions were extinguished.

Only those who had lived on what they called their country, which in most cases were Aboriginal and Torres Strait Islander settlements that were remnants from the missions, indicated that they had a spiritual connection that incorporated Christianity along with some creation stories as a blended form of spirituality.

Grieves (2009) explains in her research of Aboriginal spirituality that for some, Christianity has been adapted into Aboriginal culture as 'There are aspects of the Christian ritual and the story of Jesus that resonate with Aboriginal spiritual values' (Grieves 2009, p. 19). Imposed or not, for participants who had a Christian background, an amalgamation of both a belief in God and cultural ways has worked well for their SEWB. For participants who had Christian values, there still existed the rhetoric of sharing generosity and fair dealings but not in an individual way but rather in a community way. These participants also had connection to country and felt homesick when they were away from family but expressed that they relied on their faith in God to help them through hard times.

Finally of those interviewed from the Stolen Generations, either a faith in God did not exist at all, or it was in place. Both scenarios were based purely on the participants own experiences.

5.5 Are university students resilient?

An overwhelming factor underpinning all social and emotional issues relating to wellbeing for Aboriginal and Torres Strait Islander participants while at university, came down to whether the person was resilient or not. Resiliency is the ability to cope and keep bouncing back in the face of adversity (Garmezy 1993). For many participants adversity certainly existed.

The researcher found that participants exhibited extraordinary resilience in the face of many adversities that impacted on their ability to study. Resilience is certainly a skill that all participants in this research possessed and used on a daily basis. Many participants were juggling family obligations, mental health issues, chronic illness, homelessness, low income and even domestic violence.

There is a correlation between resilience and wellbeing. According to Hegney et al (2008, p. 25) 'Many theorists agree that resilience is a highly complex phenomenon composed of multi interrelated dimensions'. Lam and Grossman (1997, p. 166) suggest that 'the overabundance of research examining resilience has been a consequence of the richness of the construct'. According to Hegney et al (2008, p. 26) 'There is no universally accepted definition of resilience, nor any consensus as to how it ought to be measured'. However, there are descriptions of what it may be. Dell (2005, p. 4) defines resilience as 'the extent to which someone can recover from adversity. A resilient person as mentioned in the literature review is often compared to a rubber band. They have the ability to bounce back in spite of significant stresses. More recently, the term has been used to describe an individual's ability to manage or cope with significant adversity or stress in effective ways (Dell 2005).

At university, participants learn to adapt to unfamiliar landscapes. Some participants, particularly those who had not been exposed to large institutions before, expressed a certain fear of university and this remained an issue until they were able to familiarise themselves with the landscape. Historically institutions such as prison, missions, hospitals and schools represented negative experiences for the individual and family. Furthermore, universities represented an unfamiliar landscape and a discourse that many participants were unprepared for. Meeting new people, experiencing instances of racism and/or prejudice from peers, both

Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander, and learning how to be an independent learner all required resilience.

In this theme, the question was asked, 'Do you think you are resilient?' Some participants agreed that they were and were able to explain why, while others said, 'Yes' but didn't know why. Finally there were those who did not think they were resilient when in fact they clearly were but had not thought about it. As mentioned in the above paragraph, the impacts of coming to university on social and emotional wellbeing for many participants were negative.

Researchers Homel, Lincoln and Herd (1999) outlined three major factors impacting on Aboriginal and Torres Strait Islander Australians and offered three reasons why some Aboriginal and Torres Strait Islander people have developed good resilience. 'The first is the shepherding together of discordant language groups; the second is the physical, social and psychological devastation that flows from the stolen generations' aspect of dislocation; and the third is the centralisation and bureaucratic controls particularly evident in the lives of urban Aborigines' (Homel, Lincoln & Herd 1999, p. 2).

Homel, Lincoln and Herd's three primary reasons for why Aboriginal and Torres Strait Islander people have good resilience are all associated with the fact that Aboriginal and Torres Strait Islander people have had to adapt and cope with adversities that have fragmented the very core of their cultures. The grouping of discordant language groups in missions and reserves caused major problems for Aboriginal and Torres Strait Islander groups as is well documented,

> 'Aboriginal and Torres Strait Islander people who experienced bad relationships with neighbouring groups were now forced to live with these groups. Much of this ill

feeling has carried over into contemporary times where family feuding still remains in these communities that were forced to live together' (Corporal cited in Homel, Lincoln & Herd 1999, p. 183).

As it stands today, centralisation and bureaucratic control has infiltrated many Aboriginal and Torres Strait communities. Income support dependency and unemployment have further impeded individuals and communities (Carson 2007). However, in amongst attempts by past and present governments to destroy and control Aboriginal and Torres Strait cultures and assimilate groups into mainstream society, the unexpected has happened. Aboriginal and Torres Strait Islander people have determinedly hung on to their cultures and many communities which have been 'obstructed by the layers of colonisation and dependence, cultural resilience and adaptation remain as strong features of contemporary Aboriginal life' (Reynolds cited in Homel, Lincoln & Herd 1999, p. 199).

It would seem that for many of the participants these layers of colonisation have been the playground of their childhood and where resiliency may have been learned. There is no doubt that the adversities many participants talked about are historical impediments that they have had to carry to new landscapes. University is a very different place from Aboriginal and Torres Strait Islander communities and yet participants have displayed resilience by adapting to this new landscape. Most participants have had to relocate to attend a university, sometimes hundreds of kilometres away from their homelands. This can cause significant stress on the participant as they are away from their family.

Interestingly, resilience in Aboriginal and Torres Strait Islander communities is viewed by many as holistic in the same way as wellbeing (Homel, Lincoln & Herd 1999). The same

themes as mentioned in the social and emotional indicators appear to also contribute to resilience. The resilience framework developed by Kumper (1999) highlights the environmental context in which the individual lives, along with the relationship between this and internal resiliency factors. The internal resiliency factors highlight spirituality, behaviour, physical, cognitive and emotional constructs as indicators as the theoretical domain of good resilience. Block (1993) describes a process within the individual called 'ego control' as paramount to a person's level of resiliency. 'Ego control is defined as the kind of control an individual has over their own impulses' (Block 1993, p. 14). A person with good ego control, also known as ego resilience, is resourceful and adaptive. If an individual has poor ego control, they are deemed to have poor ego resiliency. This can mean the person is slow to recoup after stress (Garmezy 1993). Literature on resilience suggests that it is possible to develop resiliency over time if acceptance of the situation could be achieved (Block 1993). The focus of most research on resiliency pointed towards oppressed groups and not so surprisingly Aboriginal and Torres Strait Islander peoples.

For participants in this research, ego control may be good because as the literature suggests, participants who have an acceptance about their position in life and have good ego control are the most resilient. For some of the participants there was an acceptance of the disadvantage they had grown up with and an acceptance of their situation, in saying this there was also a strong desire to change their current circumstances for a better future, hence studying at university. One participant was homeless with two children and sleeping on the floor of her mother's crowded two-bedroom home. The participant shared the room with her two young children while trying to find a house to rent. She attended university three days a week and although she knew her situation was not good; she was able to accept the position she was in

and was trying to achieve a solution. This participant was not prepared to let her studies suffer as a result of the situation she was in. When she was asked if she thought she was resilient she said she supposed so, but could not really define why. This participant demonstrated a resilience that many others also exhibited.

Even participants for whom chronic health and mental health issues were a primary focus of their wellbeing demonstrated resilience and were determined to participate at university.

Saying that participants were resilient was an understatement, but the fact that some did not recognise that they were, is also interesting. The literature indicates that an individual, who can control their impulses and develop resourcefulness, is far more likely to be resilient and therefore have good wellbeing (Block 1993). These skills can be taught and unlike the saying you can't 'teach an old dog new tricks' the literature suggests that in this case you can.

5.6 Contributing factors that affected participation and retention rates

Within this theme, many contributing factors emerged that affected participation and retention rates. Identity issues, racism, family obligations, financial pressures and illness were all cited as contributing factors. These are all discussed at length through this chapter. In this section, the researcher would like to concentrate on the issue of domestic violence. Domestic violence was an issue that arose within the interviews for a small cohort of students. Although this was not an issue discussed by many particpants, for those affected, the implications were huge. It would be remiss not to discuss this issue.

There were incidences of domestic violence towards participants, primarily by their partners. Through the interview process, participants disclosed very personal accounts of domestic violence. Thankfully, this only applied to a very small cohort, but in saying this, for those affected, the implications were far reaching and highly detrimental.

It was apparent that domestic violence existed for participants prior to studying; however the situation seemed to be exacerbated as the participants' new-found interest and confidence developed through attending university. It became apparent (as stated by participants) that the perpetrator felt threatened by developing friendships and increased self-esteem. Nancarrow (2006, p. 89) characterises domestic violence against Aboriginal and Torres Strait Islander women as the 'Ongoing social and economic effects of colonisation on Aboriginal and Torres Strait Islander communities'. Because of the private nature of domestic violence and the long term practice of 'turning a blind eye', the response by society to domestic violence has been distorted (Roberts et al. 1999). Both reported and unreported domestic violence are significant problems for Aboriginal and Torres Strait Islander people, for whom the rates can be up to forty-five times those for non-Aboriginal Australians (Roberts et al. 1999).

'In contrast to non-Aboriginal domestic violence, domestic violence in Aboriginal communities is more varied and usually involves a greater number of victims because of the extended nature of Aboriginal families' (Homel, Lincoln & Herd 1999, p. 188).

In the case of participants affected by domestic violence, there often existed a loyalty to the perpetrator. Such comments as, 'He is the father of my children' and 'He has had a hard time of it', were indicators that there was an element of acceptance of the situation. Corporal (1997) concludes that strong family and clan loyalties can take precedence over punishing the

perpetrator. Astbury, Atkinson, Duke, Easteal, Kurrie, Tait and Turner (2000) whilst investigating the impacts of domestic violence on women, offered this explanation for why some Aboriginal and Torres Strait Islander women have an acceptance of physical abuse, 'Physical assault is commonly associated with psychological abuse, and Aboriginal and Torres Strait Islander victims of domestic violence (who are mainly women) may view themselves as being of little worth, incompetent, and deserving of abuse' (Astbury et al. (2000, p. 429). Astbury et al. (2000) also say that Aboriginal and Torres Strait Islander women were far less likely to report domestic violence incidences due to the historical interactions with police. This notion was represented in the incidents shared through interviews with woman when dealing with domestic violence. Participants would either deal with the issue through seeking support from family and friends or in one case seeking help from a Student Relationship Officer (SRO) at the university where she was studying. Calling the police was not mentioned as an option for support.

Participants indicated that giving up university study would be the easiest option to restore balance in the home, but at this stage participants were not inclined to relinquish this new found experience.

5.7 Identity

'In 1935 a fair-skinned Australian of part Aboriginal and Torres Strait Islander descent was ejected from a hotel for being an Aboriginal. He returned to his home on the mission station to find himself refused entry because he was not an Aboriginal. He tried to remove his children but was told he could not because they were Aboriginal. He walked to the next town where he was arrested for being an Aboriginal vagrant and placed on the local reserve. During the Second World War

he tried to enlist but was told he could not because he was Aboriginal. He went interstate and joined up as a non-Aboriginal. After the war he could not acquire a passport without permission because he was Aboriginal. He received exemption from the Aborigines Protection Act-and was told that he could no longer visit his relations on the reserve because he was not an Aboriginal. He was denied permission to enter the Returned Servicemen's Club because he was Aboriginal' (Gardiner-Garden 2000, p. 1).

The above anecdote gives an example of the complexities of identity for Aboriginal and Torres Strait Islander people. Since colonisation, identity for Aboriginal and Torres Strait Islander people has been stripped away (Australian Human Rights Commission 2007). Loss of language, forced removal from traditional lands, disease, genocide and the forced removal of children have all contributed to the breakdown of Aboriginal and Torres Strait Islander cultures and thus the identity of the individual, the group and society. The colonisation process intentionally set about to destroy the cultural fabric of the Aboriginal and Torres Strait Islander cultures of this country (Carson 2007). The same methods used in Australia were replicated in other countries that were colonised. The intended outcome would appear to be to destroy the identity of each language group and then begin the assimilation process. As a part of the deconstruction process in Australia the colonisers formally categorised Aboriginal and Torres Strait Islander people according to their appearance. As Partington (1998) explains, the 'coloniser' has imposed the identification of Aboriginal and Torres Strait Islander based on physical appearances of the individuals.

This kind of identification is a far cry from how Aboriginal and Torres Strait Islander people see themselves. Aboriginal and Torres Strait Islander people have historically based their

own identity on who their Mob is and where they come from. Garvey (2007) states 'that there are only three questions concerning identification when one first asks another Aboriginal and Torres Strait Islander person who they are. That is 'name, family and country' (Garvey 2007, p. 48). As long as the individual is recognised by a community they are classified as an Aboriginal or Torres Strait Islander person. Partington (1998, p. 100) provides this definition of Aboriginality, 'An Aboriginal or Torres Strait Islander is a person of Aboriginal or Torres Strait Islander descent, who identifies as an Aboriginal or Torres Strait Islander and is accepted as such by the community in which he or she lives'.

However it would appear that defining the notion of an Aboriginal and/or Torres Strait Islander's identity from a non-Aboriginal and Torres Strait Islander perspective has been problematic over the years as legal historian John McCorquodale discovered. McCorquodale identified no less than sixty-seven different definitions of Aboriginal and Torres Strait Islander identity (Gardiner-Garden 2000). It is no wonder that there is confusion as to what constitutes Aboriginal and Torres Strait Islander identity in the wider community and in Aboriginal and Torres Strait Islander people themselves.

For many participants identity is prescribed and based on their perception themselves and the experiences they have had with their own family group and community. According to Austin (2005, p. 10) it is important to note that 'the individual assumes an identity and claims it for her or himself based on a feeling or perception of commonality with others whose essential characteristics are able to be identified, named, compared and ultimately accorded value'.

Even though participants came from different backgrounds and had a variety of experiences, all participants had one thing in common. They all strongly identified as an Aboriginal or Torres Strait Islander person and this formed the basis of how they viewed themselves.

For participants who were members of the Stolen Generations, their identity as an Aboriginal person reflected a real desire to be accepted as an Aboriginal person (there were no Torres Strait Islanders within the cohort who were affected by the Stolen Generations), by other members of not only their Aboriginal community but also the community of students at the university. In this section, the study concentrates on these particular participants in an effort to understand the social and emotional implications for these participants in regards to their own identity. This group represented an 'at risk' group that in all instances suffered from a substantial mental health disorder coupled with chronic health issues.

Mellor (2004) suggests that for an adult who was stolen as a child the implications were devastating and affected their SEWB and their mental health status. In his research Mellor found that for many Aboriginal people, identity is frail. The formation of identity should take place for the child as part of a family group and as part of the socialisation that the individual has within the group. When a child is removed from the group, as were the Stolen Generations, members of the group lose the responsibility associated with that child and thus connection to the child. Participants therefore lose their connection to their family and the socialisation that forms identity. Participants noted that they felt that they weren't a part of their Aboriginal family when a reconnection happened. Participants talked about feelings of isolation within the family group. The participants also expressed feelings of disconnection from their family as would be expected when years of separation stood between the two groups. The Human Rights and Equal Opportunities Commissions' *Bringing Them Home*

Report (1997, p. 12) recognised the impact of the Stolen Generations on Aboriginal and Torres Strait Islander people and stated that, 'The laws, policies and practices which separated Aboriginal and Torres Strait Islander children from their families have contributed directly to the alienation of Aboriginal and Torres Strait Islander societies today'.

For participants who were part of the Stolen Generations, more than any other participants interviewed, feeling accepted at university was really important and enhanced their SEWB. From this information it became evident that the participants were perhaps searching for an acceptance within the group of Aboriginal and Torres Strait Islander students and acknowledgement of their Aboriginality. Participants noted that it was really important that they felt a part of the student support centre at their university and needed to feel acceptance and be recognised as an Aboriginal person. One participant specifically changed universities because she was not accepted by other Aboriginal and Torres Strait Islander students. Feelings of inadequacy and resentment for the treatment received left this participant angry and with low SEWB.

As mentioned, the impacts on identity for participants of the Stolen Generations were far reaching and incidences of mental health disorders were high. In fact all participants who were members of the Stolen Generations had a significant mental health disorder. The Stolen Generations report as cited in (Petchkovsky & San Roque 2002) outlined the harmful consequences of the Stolen Generations policy and the high incidence of mental health disorders that resulted from it. In their research into the incidences of mental health disorders in those removed through the protection and then assimilation policies, (Petchkovsky & San Roque 2002) they found that symptoms of mental health disorder arose in childhood, and were lifelong.

The Human Rights and Equal Opportunity Commission's, Bringing Them Home Report (1997) also found that children removed from their families through the Stolen Generations policies were more likely to suffer low self-esteem and mental health issues.

'The present plight, in terms of health, employment, education, living conditions and self-esteem, of so many Aborigines must be acknowledged as largely flowing from what happened in the past. The dispossession, the destruction of hunting fields and the devastation of lives were all related. The new diseases, the alcohol and the new pressures of living were all introduced. True acknowledgment cannot stop short of recognition of the extent to which present disadvantage flows from past injustice and oppression. Human Rights and Equal Opportunities Commission, Bringing Them Home Report' (1997, p. 12).

Through government policies, through the protection and assimilation acts, all participants have had their identity compromised. Austin (2005) investigated the complex issue of identity and identity formation including the implications of government policies on identity. Austin (2005) touches on the intricacies and complexities of identity for Aboriginal and Torres Strait Island people. He says, 'to a large degree, the assumptions of aspects of identity are a largely unconscious process, something that is rarely articulated explicitly. In fact, any attempt to take on particular personality traits or to proclaim identification with a group is likely to be more remarkable than that most of us fall into certain identity positions without thinking about it' (Austin 2005, pp. 10-1).

Partington (1998) agrees with Austin's notion that identity is assumed by the individual but adds that for many Aboriginal and Torres Strait Islanders, 'an identity is one that is ascribed

or assigned to you' (Partington 1998, p. 100). As mentioned, for most participants, there was a clear need to identify as an Aboriginal or Torres Strait Islander in the first instance. Many participants said it was a feeling you had, you just know it.

When participants were asked about their identity they almost always named their Mob or where they came from as their first point of reference. These responses would indicate that government policies aimed at destroying Aboriginal and Torres Strait Islander identity failed. Family groups and communities have retained their knowledge and continue to maintain their Aboriginal or Torres Strait Islander identity regardless of the destruction caused by the protection and assimilation policies (Morgan 2006).

Alienation also exists for individuals within Aboriginal and Torres Strait Islander societies. This is demonstrated by participants who, when asked why they felt they weren't accepted, said it was because they didn't have strong connection to country, community or Mob and felt others were unable to identify with them. Interestingly, for these participants, there was a very strong sense of needing to identify as Aboriginal and Torres Strait Islander people. The Human Rights and Equal Opportunities Commission (1997, p. 14) found that those impacted by the Stolen Generations were 'less likely to have a strong sense of their Aboriginal cultural identity, more likely to have discovered their Aboriginality later in life and less likely to know about their Aboriginal cultural traditions'.

Partington (1998) also noted that the impacts of the Stolen Generations on the identity of many Aboriginal and Torres Strait Islander children were profound. Some people were not able to establish or confirm their Aboriginal identity as they did not know their kinship affiliations or relatives because of the policy of removal (Partington 1998, p. 99). Participants

noted feeling embarrassed or intimidated by the fact they didn't know their Mob or where they came from.

In these instances, although identity was quite frail, there also existed a strong desire to connect and feel involved in the Aboriginal and Torres Strait Islander support centres, where for many, a connection with other Aboriginal and Torres Strait Islander people was seen as vital to survival at university. The connection to the Aboriginal and Torres Strait Islander support centres seemed to provide participants, especially those participants who were new to study, with a sense of identity in an otherwise unknown landscape. For these participants it was often the first experience they had of interacting with other Aboriginal and Torres Strait Islander people. One participant said he loved that he was starting to pick up the lingo and also that he loved the humour that he found in the support centre. He said his confidence and belief in himself were growing as a result of being accepted. Interestingly, participants who were starting to connect up the pieces of their identity reported feeling a sense of gratitude to student support staff at their universities for providing moral support. In some instances support staff and peers helped students to unpack the superficial stereotypes of identity created by the non-Aboriginal and Torres Strait Islander peoples. Garvey (2007, p. 40) concludes '... for many Aboriginal and Torres Strait Islander people who have been encapsulated in stereotypes that have formed to characterise how Aboriginal and Torres Strait Islander people are represented and superficially understood, serve to constrict and construct us and exclude or include us'. With participants impacted upon by the fragmentation of their heritage, it is no wonder that they have feelings of disconnectedness from their identity, and yet understandably, reconnecting with their heritage provides an extraordinary sense of

commitment to their identity as an Aboriginal or Torres Strait Islander person and the security of being part of a rich and ancient culture.

5.7.1 This skin colour business

Note: The use of words such as full blood, half caste, quarter caste and octoroon are referred to in this discussion. These words are deemed offensive, but for the purpose of this discussion they will be used as they are terms that have been imposed on Aboriginal people and terms used in the literature.

The notion of colour; that is the quantum of Aboriginality, was the main practice of identifying Aboriginal and Torres Strait Islander people up until the 1950s (Davey 1963.).

Unfortunately for Aboriginal and Torres Strait Islander people the notion of defining identity was deemed the responsibility of the colonisers (Martin-McDonald 2008). Given the accepted definition now recognised by the Australian Government (Behrendt 2009), the notion that skin colour has anything to do with defining a person as an Aboriginal or Torres Strait Islander is rejected. However, it would appear that for many of the participants, identity has everything to do with skin colour. It would seem that this notion has been embedded into the psyche of both Aboriginal and Torres Strait Islander people and non-Aboriginal and Torres Strait Islander people ever since European contact. It is noted from 1910 to the 1950s that non-Aboriginal and Torres Strait Islander people have been classifying Aboriginal and Torres Strait Islander people into castes (Davey 1963.). Classifying Aboriginal and Torres Strait Islander people according to blood quantum is considered extremely offensive today and causes identity issues. These outdated classification systems included:

- 'full-blood as a person who had no white blood

- half-caste as someone with one white parent

- quadroon or 'quarter-caste' as someone with an Aboriginal grandfather or grandmother

- octoroon as someone whose great-grandfather or great-grandmother was Aboriginal' (Partington 1998, p. 46).

Even though use of these terms were recognised as inappropriate in the 1960s they are still heard today (Davey 1963.). One participant took great offence when the term half caste was used to identify his heritage; and rightly so given that he strongly identifies as an Aboriginal man. This participant said he may not look Aboriginal, but he 'felt it' and was accepted by his community.

In contemporary times, the most recognised definition of Aboriginal and Torres Strait Islanders identity says,

'An Aboriginal or a Torres Strait Islander person is someone who identifies as Aboriginal or Torres Strait Islander person and is accepted by the community which he/she is associated with. Identity is the concept we have about who we are. It is an incredibly complex notion and one that requires continual development throughout our lives' (Zelinkia 1996, p. 1).

Identity, for all individuals, is important to the fabric of good wellbeing. In this theme the notion of identity came through very strongly and with this a misinformed belief by participants that skin colour informed identity. As indicated in the preceding quote, Aboriginality is not governed by skin colour but by relationships. However, through the

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destruction of Aboriginal and Torres Strait Islander cultures, skin colour was commonly used by government officials and government policies as a descriptor for 'How much a person was Aboriginal or Torres Strait Islander'. The assimilation policy is a good example of how this method of classifying Aboriginal and Torres Strait Islander people was used to determine who was to stay or be removed from their family. The assimilation policy was designed to separate Aboriginal and Torres Strait Islander children of mixed heritage from those who were of 'full blood'. The idea was that full-blooded Aborigines would 'die out' but those with mixed heritage should be saved due to their Caucasian heritage. A notable scene in the Australian film *Rabbit Proof Fence* (2002) shows the Aboriginal Protector checking the colour of a little girl's back to determine her blood quantum.

The complexity of this issue has left a legacy of many social problems within communities which regard others with suspicion if they do not fit the cultural norms of that community. For those who have been removed from families and are returning to try and piece together identity, a period of time to reconnect and re-establish family ties must take place.

Participants had varying experiences at university and in the wider community relating to the reaction they got when identifying as Aboriginal and Torres Strait Islander. Participants with lighter coloured skin reported feeling compromised in situations when non-Aboriginal and Torres Strait Islander students didn't recognise their Aboriginality and made racist remarks about Aboriginal people. Some participants, when faced with these situations would reveal their heritage and get angry or upset at the perpetrators of such comments, while other participants noted that they felt intimidated by the situation and withdrew from the conversation and into themselves. Those who were quite obviously Aboriginal and Torres Strait Islander in stereotypical appearance described different experiences. These participants

reported feeling isolated or excluded from their peers when on occasion the participant would feel like the conversation would stop when they walked into the room.

A further experience commonly recorded by participants was that of other Aboriginal and Torres Strait Islander students targeting them about their heritage. This occurrence was quite common among Aboriginal and Torres Strait Islander students with lighter skin. These students noted feeling distressed and unwelcome around those students who were challenging their identity.

The notion of what it is to be an Aboriginal and Torres Strait Islander person seems to be debatable. On one hand you have the formal definition that some Aboriginal and Torres Strait Islander people prescribe to and on the other hand there are participants who suggest they are not black enough to fit in even when they so desperately want to. The data, the researcher's personal experiences, and that of the participants in this research all indicate that there is a phenomenon that exists around 'this skin colour business' so much so that the notion was raised in over half of the interviews.

Wald (2000) also supports this notion that Aboriginal and Torres Strait Islander peoples' heritage seems to rest predominately on the notion of skin colour and stereotypical images of what an Aboriginal or Torres Strait Islander person looks like. Unfortunately it would seem that the colonialist's process of identifying Aboriginal and Torres Strait Islander people has subtly been adopted by some Aboriginal and Torres Strait Islander people as well. The fact remains that 'a white authority defines who is an Indigenous person' (Zelinkia 1996, p. 2).

Facial, hair and skin characteristics as well as terms like full blood, half-caste and quarter-caste are all words that have been thrown around for decades. Anger was sparked last year by

a controversial article in the *Herald Sun* newspaper (Bolt 2009). The article, titled 'White is the new Black' implied that notable Aboriginal and Torres Strait Islander people were riding on the tail coat of a trendy new phenomena, where to be Aboriginal and Torres Strait Islander is 'hip'. Andrew Bolt the columnist who wrote the article suggested that 'fair Aborigines' had only started identifying in recent times and that their success had come from claiming Aboriginal heritage. Bolt stated, 'The choice to be Aboriginal can seem almost arbitrary and intensely political, given how many of their ancestors are in fact Caucasian' (Bolt 2009, p. 1). Bolt targeted his assault on notable Aboriginal and Torres Strait Islander Australians who he referred to as 'fair Aborigines' including notable lawyer and activist Larissa Berhendt. Bolt's ignorance demonstrated he had no idea as to what constituted Aboriginal and Torres Strait Islander identity.

Unfortunately the views expressed by Bolt are not isolated examples of perceptions about 'fair Aborigines'. These types of perceptions were also found within Aboriginal and Torres Strait Islander communities as noted by participants. Hunter (2002) refers to the term 'colourism' and uses the word to define the system that places privileges that come with lighter colour skin over that of darker skin. Hunter maintains that you cannot have this classification without elements of racism and that people may experience different forms of racism based on the colour of their skin. Much of the literature on colonialism, according to Hunter (2002) relies on skin colour and the creation of 'racial hierarchies. ' That is that light skin is associated with Europeans and is assigned a higher status than darker skin' (Hunter 2002, p. 3). Wald discusses the notion of owning up to your identity in her book 'Crossing The Line'. Wald argues that we must understand how race defines and yet fails to represent identity. She uses cultural narratives to illuminate both the contradictions of race and the

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deployment of such contradictions for a variety of needs, interests, and desires (Wald 2000). Wald refers to people who don't stereotypically look like their identified race as 'volunteering their identity' (Wald 2000, p. 3) and noted that there is a desire by these individuals to identify as black, even when they don't have black skin.

5.7.2 Cultural safety

Feeling cultural safety was a very sensitive issue and arose often in discussions. Participants stated that they felt insecure in their learning environment at one time or another. The notion was almost like the 'elephant in the room' scenario as it was something students wanted to discuss but were hesitant to bring up.

The concept of cultural safety was formally identified in the 1980s and 1990s in academic circles (Williams 2009). It was first developed by midwives in New Zealand. 'It recognises that the individual should have their cultural, social and human values respected and that an organisation providing a service should reorient itself to institutional practices, values, resources and governance arrangements accordingly' (Phillips 2007, p. 13). One definition that has emerged after years of reflection states that cultural safety;

'… is an environment that is safe for people; where there is no assault, challenge or denial of identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience of learning together with dignity and truly listening' (Williams 2009, p. 2).

It extends to the need for Aboriginal and Torres Strait Islander cultural awareness programs to assist in providing safe and effective care to Aboriginal and Torres Strait Islander people in Australia (Bin-Sallik 2003).

Unfortunately for participants, their experiences reflected a shortfall in this area. Participants recounted incidences ranging from direct racism through to inappropriate attempts by academics to overcompensate with participants, only resulting in making the situation more awkward.

In his work as an academic, Williams (2009) notes the increasing barriers including differing language and grammatical structures between what the academic expects and what the Aboriginal and Torres Strait Islander student provides. Williams asserts that 'Culturally appropriate programs/approaches are crucial in enhancing personal empowerment and as a result, promote more effective service delivery (be it education, health or whatever) for Indigenous people' (Williams 2009, p. 3). It became apparent to Williams that '..one of the critical issues still framing the debates on factors inhibiting Aboriginal and Torres Strait Islander student progress was that of cultural safety'. The context of Williams comments evolved around discussions involved in developing cross cultural curriculum in the area of Indigenous health.

The issue of cultural safety cannot be avoided by universities if improvements are to be made for Aboriginal and Torres Strait Islander students. All students are entitled to feel culturally safe in their learning environment and this needs to be extended outside the Aboriginal and Torres Strait Islander support units where many students retreat when not in classes.

5.8 Racism and university

Racist belief systems are the view that one race is superior to another. The definition of racism according to the Collins Dictionary is the 'hostile or oppressive behaviour towards people because they belong to a different race. The belief that some races are innately superior to others because of hereditary characteristics' (Teffry 1999, p. 674).

The findings of the data collected from participants identified that racism does exist in universities. Participants noted examples of direct and indirect racism. According to Imlah and Dunstone (1993, p. 7) 'It is hardly surprising that racism which continues to operate in the broader Australian community should also be evident in tertiary institutions'.

Further research undertaken by Usher, Miller, Lindsey, Miller, O'Conner, Turale and Goolde (2005) clearly identified that racism does exist at university and also on an international level with differing Indigenous people including Maoris, Native Americans and First Nations people of Canada (Best & Neilsen 2005). Brown (2001b) even suggested that Aboriginal and Torres Strait Islander students should be aware that with few exceptions, racism is endemic at university. Barrett (2004, p. 5) stated that:

> 'Racism for most part traditionally has been thought of as existing at either the individual or institutional level. The origins and causes of racism have been plotted along a scale, where at one end; individuals are at fault and at the other institutions are held to account'.

Pederson and Barlow (2008) also acknowledged that racism, or in the very least prejudices existed towards Aboriginal and Torres Strait Islander people at university. These researchers acknowledged that the effect of racism on the social and emotional wellbeing of Aboriginal and Torres Strait Islander people was not known. They conducted qualitative research on non-Aboriginal and Torres Strait Islander psychology students. The findings indicated that although more than 50% of students were accepting of Aboriginal and Torres Strait Islander people, 61% of students felt that Aboriginal and Torres Strait Islander Australians got special

treatment and a prejudice existed towards Aboriginal and Torres Strait Islanders from the students in the sample.

In an attempt to address the issues of prejudice towards Aboriginal and Torres Strait Islander peoples, the Office of the Minister for Aboriginal and Torres Strait Islander Affairs (1994, p. 4) developed a report called 'Rebutting the Myths: some facts about Aboriginal and Torres Strait Islander affairs' to try and dispel some of the stereotypical views held within the general population. This document (Appendix H) highlights some of the myths that have been perpetuated over the years; for example Aboriginal people get special treatment and have free houses, cars and extra centre link entitlements. Later, the Aboriginal and Torres Strait Islander Affairs Commission (1999) developed a report called 'As a Matter of Fact' to further dispel prejudices that had been outlined in the 1994 'Rebutting the Myths' report. Despite these efforts, the accepted discourse within mainstream society, mainly distributed by the media, continues to propagate the type of misinformation and racism experienced by participants (Office of the Minister for Aboriginal and Torres Strait Islander Affairs Canberra 1994).

How participants have coped with racism was also discussed within the interviews. To avoid confrontation, all participants who had experienced racist comments failed to react outwardly to the situation and internalised feelings of immense embarrassment and other feelings of humiliation and anger. In some instances, students discussed the matter with an Aboriginal and Torres Strait Islander SRO.

Participants talked extensively about experiences they had within the university in regards to incidents of racism. Open and direct racist comments accounted for the experiences of only a

small cohort of participants, however, a majority of participants noted exposure to indirect racist comments. A typical example came from a participant who said he was in a class and the lecturer made a random comment about Aboriginal people abusing welfare payments. When the lecturer realised the participant was in the room he blushed and changed the topic. This same participant also talked about a white supremacy movement that was active at his university. Members of this movement were trying to recruit other students from within the university to join and had posters around the campus advertising meeting times. The university stopped this but according to the participants, only when the international (up-front fee paying) students started to take offence.

Another example came from a SRO who said that five Aboriginal students were in a class, when the lecturer asked if they were receiving Aboriginal and Torres Strait Islander Tutorial Assistance Scheme (ITAS) tutoring. Three acknowledged that they were receiving tutoring while the other two did not answer the question. The tutor then went on to comment that they would all pass the course because of the extra help they received from the ITAS. Of course the students were embarrassed by these questions, particularly because they were asked in front of their peers. They noted feeling like they were given special treatment by accepting ITAS tutoring.

In 1993 the Australian Institute of Jewish Affairs surveyed student's attitudes towards minority groups within the university sector. The study revealed disturbing levels of racism, with the most negative attitudes being towards Aboriginal and Asian students. Twenty-eight percent of students interviewed stated that, 'Aboriginal people would rather collect welfare than work'. Forty percent were opposed to land rights claims for Aboriginal and Torres Strait

Islander people (Imlah & Dunstone 1993). The Bradley Review (Hoj 2008) recognised that the student community is highly diverse and changing rapidly.

> 'Cultural competence requires a transformation of the curriculum in universities. To deliver this on a grand scale, an increased cohort of Aboriginal and Torres Strait Islander academics (teachers and researchers) is required, however the expertise required to begin developing a cultural competency framework already exists. Council has already commenced work on this with Universities Australia' (Hoj 2008, p. 12).

Williams (2009) says that the people most able or equipped to provide a culturally safe atmosphere would be from the same culture. Although this is the case in student support units for Aboriginal and Torres Strait Islander students, broader 'university employment strategies' developed to include employing Aboriginal and Torres Strait Islander people in faculties across the university do not seem to be enforced. Within the universities visited for this study, in most cases, Aboriginal and Torres Strait Islander academics and general staff were employed within the Aboriginal and Torres Strait Islander support centres and not within the wider university.

Finally, although the data outlined some disturbing examples of direct and subtle racism, it was quite evident that most academics want the best for all of their students. Derald and Wing (2004) suggest that most academics are well intentioned and want equal access for all students, but are restricted by their cultural conditioning.

For cultural safety to exist for Aboriginal and Torres Strait Islander students at university, it would seem logical that cultural awareness training for staff should be endorsed. Williams

(2009) outlines in his paper, 'Cultural safety- what it means for a work practice' (2009) (Appendix M), that a culturally safe service delivery is crucial in enhancing personal empowerment; and therefore should promote more effective and meaningful pathways to self determination for Indigenous people'.

5.9 Student support centres

The first year that Aboriginal and Torres Strait Islanders were specifically mentioned in federal government document in relation to education was 1999, in the Adelaide Declaration on 'National Goals for Schooling in the Twenty-First Century' (Tripcony 2000). In 2000, the federal government and the state of Queensland launched initiatives aimed at addressing issues that inhibit the attainment of equitable educational outcomes for Aboriginal and Torres Strait Islander students.

In 2009, The Council of Australian Governments (COAG) renewed its commitment to improving participation and retention rates for Aboriginal and Torres Strait Islander students with the development of six main targets in 'Closing the Gaps' in Aboriginal and Torres Strait Islander outcomes (Steering Committee Review of Government Service Provision 2009).

One of the main strategies that have been embedded into universities is that of Aboriginal and Torres Strait Islander support centres. For participants in this research the student support centre at their university was crucial. It was through these support centres that recruitment was carried out for this research. Staff at the centres indicated that there were some students who did not access the centre but this was not common.

Support centres were introduced to universities in the mid to late 1980s with government funding support by the then Commonwealth Department of Education, Employment and Training (DEET). Participants asserted that their Aboriginal and Torres Strait Islander unit was often their main area of support. Participants were offered access to computers, tutors and other resources to assist in their study. The Department of Education, Employment and Workplace Relations (DEEWR), in their Higher Education Review Process (2008, p. 2) stated:

> 'Student support centres are the primary deliverers of Aboriginal and Torres Strait Islander support in higher education and are often central to institutional Aboriginal and Torres Strait Islander education strategies. How "comfortable" Aboriginal and Torres Strait Islander students feel amongst their non-Aboriginal and Torres Strait Islander peers may depend on the extent to which Aboriginal and Torres Strait Islander education strategies and Aboriginal and Torres Strait Islander support/education units are embedded in mainstream university life'.

Most participants overwhelmingly stated that they received both educational and personal support from their support centre and that it was vital to their ongoing learning journey at university. Data collected for this research found that employees of the student support centres offered far more than just educational support to participants. This was evident in the interviews which provided testimony to the level of support most employees of the student support centres were prepared to give. Examples included finding emergency accommodation for a student who had been a victim of domestic violence, taking students to medical centres when sick, supporting students through mental health issues, linking students into support services outside the university to support their particular needs, contacting Centrelink and

advocating for participants with a range of issues including matters concerning lecturers and tutors. In addition, participants indicated that staff of their student support centre offered a conversation, a joke and a shoulder to cry on.

The bond between many of the participants and members of their support centres were generally very close and some participants noted feeling that the support centres and their staff were like a family away from family. Participant after participant noted that they had received support far exceeding basic educational support needed to get through assessment and exam preparation. For many participants, the student support centre was the hub of their existence at university. Participants noted that the support centre was a place to come and be with other Aboriginal and Torres Strait Islander students and feel safe. It was not uncommon to see large numbers of students gathered round in the common rooms of the universities visited just yarning and having fun.

Unfortunately, there was one university within this research sample that did not offer a supportive environment for participants. Participants from this university unanimously expressed feelings of resentment and low levels of wellbeing because they felt they were expected to 'sink or swim'. Two observations were made from this experience. Firstly, that the participants had bonded really well and were supporting each other despite their perceived lack of support from the support centre. Secondly, because participants did not feel welcome in the centre they chose to congregate outside the centre. All participants from this university said they felt disillusioned and had thoughts of not continuing with their study.

Outside the support centres, Best and Nielson (2005) noted the importance for Aboriginal and Torres Strait Islander students seeing Aboriginal and Torres Strait Islander academics in

faculties. Currently, most Aboriginal and Torres Strait Islander academics work in Aboriginal and Torres Strait Islander support centres and there was little evidence given by participants of Aboriginal and Torres Strait Islander academics supporting their study in the faculties. Many participants relied on their support centre staff to help them with difficult situations, like asking for an extension or requesting clarification about assessment. These tasks may seem straight forward; however, the element of embarrassment, commonly known as 'shame' within Aboriginal and Torres Strait Islander circles could impede performance if SROs did not advocate for students. At a recent fundraising event the guest speaker, noted that the word 'shame' should be struck from our vocabulary as it prevented many Aboriginal and Torres Strait Islander people from taking the risk to stand up and take a chance (Stanley 2009).

Student support centres were established to provide equitable outcomes for Aboriginal and Torres Strait Islander students. Their primary focus is to offer student support. How this was done varied from university to university. Fortunately, most participants noted that their university had very supportive staff working in the Aboriginal and Torres Strait Islander support centres and most also noted that the majority of staff was predominately Aboriginal or Torres Strait Islander.

In addition to being with other Aboriginal and Torres Strait Islander people, support centres were important for wellbeing as a place to have a 'yarn and joke'. Kinship is important to the fabric of wellbeing for Aboriginal and Torres Strait Islander people and support centres acted as a family unit for many participants.

Feedback from participants said that their feeling safe and happy during their university experience directly related to accessing support centres with an open door policy. Great

friendships were also formed within these universities as people had an opportunity to socialise with each other at the centre. Gratitude towards the staff and deep respect was also mentioned.

For participants whose family heritage had been fractured, commonly through the impacts of the Stolen Generations, there was a genuine appreciation for staff that welcomed and supported participants in their quest to find out more about their cultural heritage. These participants also said that socialising with other Aboriginal and Torres Strait Islander students in the support centre, gave these participants a sense of place and belonging. Many participants implied that without the support of the centre they would have dropped out of study.

5.9.1 Aboriginal and Torres Strait Islander staff members

There were three instances where the participant was both a student and also an SRO at the same university. In these instances the data collected was twofold: it included perspectives from a student point of view and from an SRO perspective. It was identified that SROs experienced many of the social and emotional problems of other participants and perhaps more.

Supporting students came at a cost to these SROs who, unlike other students, were unable to access the same support. These participants indicated that they had similar needs to their clients. SROs noted that there were student support services outside of the Aboriginal and Torres Strait Islander units. However, these SROs (like other participants interviewed) articulated that they would not be inclined to visit these services as they did not have Aboriginal and Torres Strait Islander people working there. Best and Nielson (2005)

highlighted the importance of seeing an Aboriginal and Torres Strait Islander face within a university, yet it remains the case that most Aboriginal and Torres Strait Islander people are employed by the Aboriginal and Torres Strait Islander support centres. If a strategy of employing Aboriginal and Torres Strait Islander people was successfully implemented across the university, perhaps SROs could at least talk to colleagues outside the centre.

The impacts of university and family responsibilities were no different for those participants who were also SROs. Personal problems, family responsibilities and other barriers were all articulated by this cohort of participants.

For these participants a lack of support was clearly evident and wellbeing was often poor because there was nobody to talk to about their problems.

5.10 Boarding schools: the historical factors

Boarding schools could be seen as a return of the missionary days when children were removed from their families and absorbed into mainstream societies (Roffe 2009). They were used in Canada, USA, Russia, Asia, Scandinavia, Central and South America and the Caribbean, Africa, New Zealand, and here in Australia. The impacts for Aboriginal and Torres Strait Islander boarding students rest on three factors; the boarding schools and how they are run, the staff and leadership of the schools, and the personal experience the individual has at the boarding school.

At the same time, there are some common themes that emerged among diverse boarding school practices. The United Nations has undertaken fundamental research into the impacts of boarding schools across the world. Partnerships with Christian missionaries formed the basis of education within Australia with the intent of 'Christianising' the person. In the

United States of America (USA) and Canada; native children en masse were forcibly removed from their homes as a way to address the 'Indian' problem. The policy was 'save the man; kill the Indian' so that native peoples could become fully "human," they would have to lose their native cultures'(Smith 2009, p. 7).

Smith (2009) also identified that here in Australia, schools only targeted those of mixed ancestry as a way to develop an elite class within Aboriginal and Torres Strait Islander communities that could manage their own communities. The United Nations report into Indigenous people and boarding schools (2010) in Canada found that the experience of the individual at a boarding school varied. Some boarding school survivors said that it gave them a chance to access better education than they would have received if they had stayed in their community. On the other hand other individuals said the experience of living in an institution created a 'passivity' rather than 'initiative' approach to life (Andrea 2009). The research would suggest as a whole, boarding schools failed to assimilate people into the dominant culture here in Australia and across the world.

This research supports this observation. One participant said it took so much away from him but also gave him so much. This participant described his experience as both a positive and negative experience.

5.10.1 Links between boarding school and university

Sending Aboriginal and Torres Strait Islander people to boarding schools is a topic hotly contested by many social commentators (Roffe 2009), (SBS 2008a). Given the failures of the past and the abuse that children experienced; physically, sexually and emotionally, it would be expected that the effectiveness of boarding schools is contentious. In the case of

participants interviewed, of those who attended a boarding school, all attributed their ability to cope with university with the skills they learned at boarding school: namely living away from home and learning how to live in a predominately westernised environment. For many the experience was very different from home life and the experience was not always easy. Homesickness was the biggest difficulty for participants. Participants who attended boarding school did not indicate that they were forced to attend and were there because parents valued education and wanted their children to be able to have good employment opportunities. With the push to send more Aboriginal and Torres Strait Islander children to boarding school, the Minister for Aboriginal and Torres Strait Islander affairs, Jenny Macklin, defended the initiative by stating, 'Building boarding schools for Aboriginal and Torres Strait Islander children in remote communities is not a return to missionary days' (SBS 2008b). Participants did not feel that their boarding school experience was like the missionary days, but most did feel very homesick. In saying this, most participants also supported boarding schools and in some instances their own children were now at boarding school.

Strong advocates and high profile Aboriginal and Torres Strait Islander spokesmen Noel Pearson, Chris Sarra and Waverley Stanley support the delivery of education away from community as a way to address the dysfunction and chaos that children are facing (Catholic Education Commission 2008).

Although there has been a strong push for boarding school education for students living in rural and remote areas in recent times, what is probably less known is that the boarding school scheme to increase equity for Aboriginal and Torres Strait Islander students has existed for some time (Department of Education Employment and workplace Relations 2005a) .

The data collected for this research revealed that a most students who attended boarding school attributed their success at university to that experience. Lane (2009) notes in his research that the link between boarding school and university was high. In other words, individuals given the opportunity to attend a boarding school would be more likely to attend a university if they chose to. Despite participants' varying perspectives on their experiences at boarding school, boarding schools prepared the participants for university.

Waverly Stanley is an Aboriginal man from Murgon. Waverly is the founder of the not-for-profit organisation Yalari (Stanley 2009). Yalari offers rural and remote Aboriginal and Torres Strait Islander children a first class secondary education through scholarships to attend some of Australia's best boarding schools. Waverly is an advocate of boarding schools and attended Toowoomba Grammar Boarding school in Toowoomba in the late 1970s. He had a very positive experience at boarding school and found it very accommodating to his needs. At weekends he was allowed to hang out with other Aboriginal boys from his community who were living in Toowoomba (Stanley 2009). The school recognised that he was homesick and that this was a good strategy to alleviate this problem. Stanley says, 'that this experience was invaluable and gave him a sense of belonging'(Stanley 2009, p. 2). He believes that boarding schools are the vehicle out of poverty for young Aboriginal and Torres Strait Islander Australians. Each year he recruits students for the next year from around the country. In 2005 he started with five students and has two-hundred students in a boarding school across the country in 2010. Waverly believes that it is through a partnership with the parents and community that boarding school can work. At a recent event Waverly spoke about the success and challenges of sending students to boarding school. He noted that the biggest hurdle and one that their organisation was trying to address was the interval between when a

student finishes year twelve and attends university. This is at least four months and for many, time spent back in the community and peer pressure from friends to stay is often too hard to resist. The University of Southern Queensland will enter into discussions with Yalari to look at ways to close the gap between School and University. It is hoped that a successful program can be established as a result of these discussions.

5.11 Family support

Family relationships featured strongly in interviews and were identified as essential to good wellbeing. For some, family support was very good and participants felt content to be at university. Fractured family relationships also featured as the antipathy of good wellbeing and a major contributor to non-completion rates. Participants indicated grief and loss if they were not supported in their university journey and resentment towards family members in these students was high. Because of the complexities and importance to the very fabric of wellbeing for Aboriginal and Torres Strait Islander people (Garvey 2008), it is important to highlight the social structures of Aboriginal and Torres Strait Islander families as this may provide insight and offer explanations as to why it is so important for the participant to feel supported by their family.

Unlike western societies where the 'structure of social interaction and roles and obligations change as individuals move out from the immediate family to a wider society' (Bourke & Edwards 1994, p. 6), Aboriginal and Torres Strait Islanders' social interactions and roles extend to the wider Aboriginal and Torres Strait Islander community in which they live. These social interactions include a set of rights and obligations that the individual must undertake. Obligations and roles do not change because the person is attending university. It simply means that the individual juggles both university studies and their family obligations.

All participants who had a close connection with family indicated that their core responsibility rested with the family and university would always come second. For participants who were disconnected from their family, particularly those of the Stolen Generations, lack of support from family was identified as an issue.

Family and kinship within Aboriginal and Torres Strait Islander communities are extremely complex and form the very foundation of Aboriginal cultures. For most participants, it is through connection to family that the participant identified who they were and where they came from. The basis of kinship and kinship systems is that each Aboriginal and Torres Strait Islander person regards their whole group as a family, this includes extended family (Bailey 1988). Paramount to this discussion, extended kinship explains why participants' wellbeing is poor when family support and encouragement are not provided. Participants gave some clues as to why they are not supported.

Firstly, family members considered obligations to the family and community far more important than attending university. Resentment from community members can be high if the participant cannot fulfil their roles and obligations to the community. Participants felt that they were letting their family down by moving away from the community. These participants tried to manage both university and family by being well organised and ahead on assessment so that when they were called home they could leave immediately.

Secondly, for those participants who belong to the Stolen Generations, no obligations or commitment to their kinship group really existed. For these individuals the community expectations and support from family were nonexistent. Disinterest was noted as a factor that most affected these students who wanted approval from family members.

As explained above, family structures are complex, they become even more complex when the very foundation of the family structure is fragmented. Breakdown in the social structure of kinship systems appears to be the primary cause of troubled family relationships (Broome 1994).

The social structure of kinship enables the language group to work out exactly where individuals stand in relation to any other member of the group. Kinship provides a mental map of social relationships and thus behaviour (Bailey 1988). Each individual would know how to act towards every other person, because specific codes of behaviour are demanded of every kinship relationship. In some cultural groups, A man has to be accountable for the behaviour of all his 'sisters' in the group. An uncle has to teach his nephews the art of hunting and guide them through initiation. A mother-in-law and son-in-law do not speak to each other. Kinship also determines who you can and cannot marry (Broome 1994). Its importance is that potential conflicts are controlled, obligations fulfilled and each individual is securely related to the group. No one in Aboriginal or Torres Strait Islander society is alone, for kin is there to help in time of sickness, food shortage or domestic strife. Of course the system is not perfect and some people disregard duties and responsibilities, but in general the weight of public opinion obliges people to obey the rules most of the time. A neglectful husband or wife would be pulled into line by kin. In this way human relations are more secure, ordered and stable (Broome 1994).

Seven participants identified as stolen children and a further two talked about the implications for them because they had a mother who was part of the Stolen Generations. They all indicated that they had difficulty adjusting and being accepted by their Aboriginal families. Bourke and Edwards (1994, p. 4) suggest that this is likely to be a problem for the

individual because 'being removed from such a society leaves the individual adrift without a point of reference and uncertain as to how to try to re-enter a society whose mores they do not know and whose kinship structure is not understood'.

As a result, many individuals in this study have lost their identity and cultural heritage.

5.12 Tall poppy syndrome and enculturation

One last consideration raised in interviews about the impact of family on the SEWB of participants was based around the concept of the 'Tall Poppy Syndrome'. The term is used 'to describe a societal phenomenon in which people of genuine merit are criticised or resented because their talents or achievements elevate them above or distinguish them from their peers'(Larkin 2005, p. 1). According to participants interviewed, the Tall Poppy Syndrome is common in some Aboriginal and Torres Strait Islander communities and a notion that participants were quite familiar with. Participants indicated that they had been a target of the 'Tall Poppy Syndrome' at some stage in their lives and that attending university certainly fuelled further resentment and criticism. References such as, 'Who do you think you are?', 'coconut' and 'uptown' were used by family members and other Aboriginal and Torres Strait Islander people to criticise the participant. Criticism of participants from family and community members mainly targeted their success or enrolment into university. Such put downs had an impact on participants' SEWB and participants noted that they wanted to be accepted by their family and community and felt that they weren't when such comments were made. Resentment was the common feeling that participants expressed when they received criticism from family and community about their choice to attend university. There seemed to be a wide range of values and ideas about what participants should be doing with their life and when it did not reflect the norm of the group, problems arose. Interestingly, the Tall

Poppy notion has only formally been identified in Australian and New Zealand cultures (Larkin 2009).

5.13 Retention rates as a result of poor/positive SEWB

As this research was based on participants' SEWB and the affects of university, it was important to identify what factors participants thought affected participation and therefore retention rates. Participants discussed the affect of SEWB on their participation at university. The themes discussed so far have all given insight into the subsequent impacts university had on the individual and these themes all link directly to retention and participation rates.

Key issues such as family roles and responsibilities, mental health, chronic illness, economic disadvantage and other barriers have all been flagged within this research as barriers to completing a university degree. Retention rates were discussed by participants, as often this was not their first attempt at university. There were incidences where the participant had left and then re-entered University. There were also incidences of changing a course and others of failing and having to repeat courses.

All participants mentioned family commitments as the number one reason for non-completion or why they had discontinued study in the past. Some of the reasons given for non-participation were distressing. It was not that the participant did not want to study, but more that major events outside of their control, forced the participant to disengage. Participants cited family tragedies such as suicide, abuse, accidental death and terminal illnesses within the family as major contributing factors for discontinued study. In addition, family obligations within the complex kinship system of the extended family weighed heavily

on participants. On some occasions there were a number of deaths within a short period of time, meaning that the participant simply could not get back to his or her studies.

Participants also noted that 'going home' for sorry business (a funeral and wake) could take up to a month of the participant's time away from university. If there was a terminal illness within the family then the outcome was a process of waiting for that family member to pass away. During this time the participant would fall behind in assignments and classes and be significantly disadvantaged. In saying this it became apparent that family obligations always took precedence over university for participants. Added to the stress of falling behind in university commitments, participants also had the added emotional upheaval of having to contend with the grief of losing a loved one.

Much of the literature on retention and participation rates of Aboriginal and Torres Strait Islander students outlines the gaps between Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander participation. On review of the literature, although there is data signifying that retention rates are low for Aboriginal and Torres Strait Islander students, there is not much evidence as to why this is the case. The recent Bradley Review concludes that Aboriginal and Torres Strait Islander enrolments are still not comparable to non-Aboriginal and Torres Strait Islander students (Hoj 2008) but offers no suggestions as to why. Lane (2009) also identifies that retention rates are low for Aboriginal and Torres Strait Islander university students but offers a more optimistic view saying that retention rates are improving. He says that a total of almost 24,000 Aboriginal and Torres Strait Islander men and women have graduated from Australian universities, with nearly 1,500 graduating annually. Although the figures are promising, Lane offers no explanation as to why retention rates have improved or what the problems are. Given that the approximate total population of

Aboriginal and Torres Strait Islander people in Australia is at about 517,200 or 2.5 % of the total population (Australian Institute of Health and Welfare 2007), the number of Aboriginal and Torres Strait Islander Australians completing a university degree is deplorable. On average, based on the above figures, thirty-four Aboriginal and Torres Strait Islander students annually across Australia complete a higher degree. There are forty-one universities in Australia (if you include the two Australian Defence Force Academies), and from the data, that would mean that just over one Aboriginal and Torres Strait Islander student per university would graduate with a higher degree on an annual basis.

Other findings from this theme also suggest that more Aboriginal and Torres Strait Islander women than men enrol at a university (White & Brown 1994), (Lane 2009), (Department of Education Employment and Workplace Relations 2008). This was evident in and supported by the universities visited. However, even though enrolments reflected what the research said about mature age women being the most likely to be enrolled in university studies, participants included a large cohort of Aboriginal and Torres Strait Islander men and found that their area of study was predominately in education and nursing. Lane (2009), in his research about retention rates found that Aboriginal and Torres Strait Islander people living in mainstream populations, that is urban areas, are the source of most of the current Aboriginal and Torres Strait Islander university enrolments. He suggests that 'While it is true that a handful of people from welfare dependent communities have begun to enter the university stream from scholarship programs in high quality independent boarding schools, tertiary enrolments of Aboriginal and Torres Strait Islander students from welfare-oriented backgrounds are declining' (Lane 2009, p. 6). Lane's evidence did not match the data collected for this research. The opposite appeared to be the case and most participants came

from rural and remote areas, locating to urban areas to study. However, it is acknowledged that the sample of participants was small, only forty, and that it could have simply been the participants who indicated that they would be a part of the study were from a rural and remote areas. A larger sample would have exposed whether Lane's findings were supported in these research findings.

A common theme that continued to emerge during discussions about retention was that the participants had a very strong desire to complete their study and expressed frustration in the complexities of their lives that inhibited their goal. It has been mentioned in chapter four and previously in this chapter that family obligations once again were the main reason for participants' non-participation.

The University of Central Queensland conducted a report into the retention rates of Aboriginal and Torres Strait Islander students and found that very few students had relatives who had been to university and offered this fact as a reason why support may not be high for participants. This report suggested that families of participants did not understand what it is like to be a university student; it was likely that they were unable to be supportive because they did not understand the commitment required to be a fulltime university student. Participants who talked about re-entry into university after having left for a time said study was the first thing to let go when there was a family situation as it was easy and did not require any explanation. Luck (2010) states it is difficult, from a SRO role, to follow up all students who leave university and some can 'slip through the cracks'. Universities were aware of the retention issues and had various strategies in place to address retention rates. In most instances the SRO was responsible for following up on 'at risk students' and other universities had a more formalised response to the issue. The University of Central

Queensland has formally developed a best practice policy in regard to following up all students. The process mainly entails making a number of phone calls to students and sending emails inviting them to anything that may help them at university as well as informal barbecues and other functions at the student support centre. The University of Southern Queensland has also developed the 'Individual Tailored Support Program' and makes contact with all Aboriginal and Torres Strait Islander students enrolled at the university on a regular basis. Follow-up phone calls as well as emails and invitations to events at the support centre are all distributed in an attempt to keep students engaged.

In regard to participants who had re-enrolled, there were indications that they had a SRO call them to see how they were doing and this was the reason why participants returned. The SRO was able to help the participants re-enter university and assist them to feel at ease about the process.

5.14 Recommendations

It is almost impossible to know any culture except from the inside, as a member of a cultural group (Powell & Spencer 2000). It would be almost impossible for universities to ever fully understand the complexities that form a culture and how this may impact on studying in an environment that is unlike the culture that a person has come from. However, recognising that Aboriginal and Torres Strait Islander people come from a diversity of cultures, experiences and geographical locations should be reflected in the design and delivery of curricula at university. Ethnocentricity and biases exist, but given that Aboriginal and Torres Strait Islander people are the most disadvantaged group in Australia it seems more than timely to seriously start to address these issues. A number of recommendations have emerged from this research that if implemented, may better support Aboriginal and Torres Strait Islander

students at university. If universities are as committed as they say they are, to producing better retention, participation and completion targets for Aboriginal and Torres Strait Islander students, then the following recommendations may assist.

A commitment by universities needs to be made to accommodate the specific needs of Aboriginal and Torres Strait Islander students. Passivity is not an option if retention, participation and completion targets are to improve. The following recommendations have been developed based on the data collected for this research. These recommendations are an acknowledgement to participants that their voices have been heard in this study. Moreover, this study aims to give back to participants, as is expected and outlined in the ethical guidelines for Aboriginal and Torres Strait Islander research discussed in chapter three.

Although this is the intention, it is dependent on the goodwill of universities to endorse these recommendations. Now is the time for universities to show leadership and to ensure that their structures, policies and frameworks allow Aboriginal and Torres Strait Islander students to achieve equity with other students.

There are indications that the quality and cultural appropriateness of education are important to the overall impact on the social and emotional wellbeing for Aboriginal and Torres Strait Islander people at university. Although universities recognise that Aboriginal and Torres Strait Islander students are a disadvantaged group, more needs to be done to accommodate the distinct needs of Aboriginal and Torres Strait Islander students and to address the cultural differences that may be a barrier to success. Universities have an opportunity to respond to this through the following recommendations;

    A. Development of cultural competencies for all staff

B. Implementation of development programs for support staff

C. Involvement of parents/carers as career transition support

D. Development of a resilience resource/training package for students

E. Further implementation of the Indigenous Employment Strategy

F. Embed Aboriginal and Torres Strait Islander perspectives into universities

Recommendation A - Development of cultural competency for all staff
Rationale

The most glaring examples of students feeling unsafe related to racism. Unfortunately, most racist comments came from academic staff. A culturally competent staff member would reduce incidents of racism. It is proposed that universities formalise professional development programs and are not passive in their approach. These programs should be aimed at breaking down misconceptions and stereotypes and be embedded into universitys' policy and procedures for all employees so that what has been coined institutional racism (Barrett 2004) can be reduced. The specific content that would go into these programs would include: cross cultural communication, culturally based learning styles, respect for cultural differences and interactions with students and how they manage the educational program. Aboriginal and Torres Strait Islander staff and community members must be involved in the development and implementation of these programs.

Recommendation B - Implementation of development programs for support staff
Rationale

This research identified that there was no formal training for Aboriginal and Torres Strait Islander support staff in how to support Aboriginal and Torres Strait Islander students and in many instances student support staff were not adequately trained to deal with the issues presented to them. There was little indication of staff accessing support for themselves as a result of student problems. Student Relationship Officers had to deal with unacceptable pressures to support their students who were at risk of more than non-participation at university. Homelessness, domestic violence, mental and physical health issues as well as socioeconomic problems are all identified as major concerns identified in this research. Training would include;

- Counselling Skills

- Mental health first aid training.

Recommendation C – Involvement of Parents/carers as career transition support
Rationale

It is generally accepted within Aboriginal and Torres Strait Islander communities that parents/caregivers play a vital role in their children's progression into adulthood. There is often a mistrust of western education and therefore a lack of knowledge of the educational choices available. It is recommended that Aboriginal and Torres Strait Islander support staff, through marketing, engage with parents/carers.

Universities could invite interested parents/carers and families to the universities and involve them in orientation activities. The aim of this could be to break down the mistrust of western institutions.

Further, collaborative development of recruitment and retention policies could be achieved with the establishment of a parent's Aboriginal and Torres Strait Islander advisory group. The universities could take advice from the group on how to deliver information relevant to parents of Aboriginal and Torres Strait Islander school students regarding the benefits of accessing higher education. It is important for universities to continue collaboration with invited parents/carers, including them in all events and activities pertinent to Aboriginal and Torres Strait Islander students.

Recommendation D – Resilience resource/training package
Rationale

Research has highlighted that resilience can be taught and can lead to better outcomes for students. Although this research highlighted that many of the participants were very resilient, resilience training could increase students' capacity to succeed at university. There were student's who were not part of this study because they had dropped out. For these students, resilience training may be the difference between staying engaged at university and disengaging.

Six of the seven universities visited indicated that they saw the importance of such a resource and wanted to be involved in its development. The main purpose of a resilience training package would be twofold. Firstly, it would be used to provide support staff with a useful tool to further enhance students' retention and participation. Secondly, it would be used to provide

support for SROs at the coalface of looking after Aboriginal and Torres Strait Islander students. They could meet and use the resource to enhance their own wellbeing.

Recommendation E – Indigenous employment strategy
Rationale

As part of the Indigenous employment strategy, already embedded in all universities, Aboriginal and Torres Strait Islander staff should be represented within faculties and not solely be employed in Indigenous support centres. There is evidence from participants that having Aboriginal and Torres Strait Islander academics within faculties had benefits. Examples of these benefits are role modelling, giving a message that Aboriginal and Torres Strait Islander students can succeed in their courses, making the classroom feel more inclusive and therefore potentially safer. Indicators of the policy implementation should be included in annual reports of all universities.

Recommendation F – Embed Aboriginal and Torres Strait Islander perspectives into universities
Rationale

As part of the reconciliation statement that exists in all participating universities, embedding Aboriginal and Torres Strait Islander perspectives into curricula and the wider university is part of their agenda. Goodwill has been demonstrated by universities. The struggle to decolonise knowledge that has existed within universities since their inception is difficult to change. The purpose of embedding Indigenous perspectives is to provide all students attending a university with a life world view (McLaughlin & Whatman 2007). This includes incorporating an Aboriginal and Torres Strait Islander perspective into learning. Torres Strait Islander academic Martin Nakata says. 'Embedding Indigenous perspectives should be across a variety of disciples in one university location' (Nakata 2007, p. 285).

However, it is not the sole responsibility of Aboriginal and Torres Strait Islander Academics to ensure the successful implementation of such a complex task. In saying this, it is due to Aboriginal and Torres Strait Islander academics championing the cause, that universities are taking up the challenge to embed Aboriginal and Torres Strait Islander perspectives

Aboriginal and Torres Strait Islander academics and general staff have a key role to play in curriculum design, delivery and evaluation; however it is the wider university's role to be involved in the process so as to be fully committed to its implementation. This researcher suggests that any attempt to embed Aboriginal and Torres Strait Islander perspectives should be made with a sustainable approach in mind. That is that any efforts should not be mere token gestures, but rather subject to continual, evaluation improvements and changes with measurable outcomes.

Chapter 6 Conclusion

This study set out to investigate what Aboriginal and Torres Strait Islander students said affected their social and emotional wellbeing while at university. The nature of the research was developed to investigate the experiences that students had at university and themes were identified using thematic analysis to analyse the data collected.

On review of the literature, there was a reasonable amount of information available on the social and emotional wellbeing of Aboriginal and Torres Strait Islander Australians as it pertains to health issues, particularly mental health. However, literature investigating the social and emotional wellbeing of Aboriginal and Torres Strait Islander students at university was limited. Although there were examples of universities investigating retention and participation rates, there was no formal investigation into what effects university may have on the social and emotional wellbeing of Aboriginal and Torres Strait Islander students.

This final chapter presents an overview of the research project and outcomes of the findings. Moreover, it describes the strengths and limitations of the research.

6.1 Overview of the research project

The main aim of this research was to examine what level of social and emotional wellbeing Aboriginal and Torres Strait Islander students experienced at university. There were several main objectives of this research. The first was to determine what impacts university had on students overall wellbeing. The second was to examine how Aboriginal and Torres Strait Islander students coped with studying in a westernised institution. The third was to determine what variables within the individual's own life affected their ability to cope at university.

Finally, the researcher wanted to discover what could be learned from universities so as to facilitate sharing of this knowledge to enable all universities to maximise their efforts.

Interviews with participants gave insightful data into what the university experience was like for Aboriginal or Torres Strait Islander students and also what was required for the participants to feel happy about attending university and therefore complete their studies.

6.2 Outcomes of research

This research has significantly contributed to the body of knowledge surrounding the social and emotional wellbeing of Aboriginal and Torres Strait Islander students at university. However, as with any study, it is not entirely conclusive. This study indicates further research directions to address the low standards of social and emotional wellbeing. The information collected from participants, demonstrated that poor social and emotional wellbeing for students at university does exist and can affect the individual's performance and therefore completion rates. In line with data collected for this research, a number of recommendations have been identified which are critical to improving outcomes for Aboriginal and Torres Strait Islander students.

6.3 Feedback to Participants about this research

As noted in chapter three, the guidelines for ethical research by AIATSIS notes that 'Consultation is a two way process. Ongoing consultation is necessary to ensure free and informed consent for the proposed research and for maintaining that consent' (Australian Institute of Aboriginal and Torres Strait Islander Studies 2002, p. 3). As part of the ethical framework for research with Aboriginal and Torres Strait Islander people, it is important to display feedback and reciprocity. The Author has provided feedback to participants where

possible. For example, participants located in Toowoomba were provided feedback in regards to the findings of this research as they were easily accessed. In addition, the Author is in contact with all student support centres that were involved in this research and students have access to the research outcomes if requested.

Reciprocity for this research will be demonstrated through a further research project that has evolved out of this thesis. The Author in conjunction with participating universities for this research are currently applying for funding to develop a resilience training package that will further assist students who participated in this research developing and maintain good social and emotional wellbeing.

6.4 Strengths and limitations

Every research method has its strengths and limitations. The biggest limitation in this study was that of the participation of only one Torres Strait Islander person. This made the findings more applicable to Aboriginal students. Moreover, much of the literature, related to Aboriginal Australians and this in turn also put limitations on a Torres Strait Islander perspective.

Whilst inclusion criteria were devised for this research, the interviews encompassed a diverse combination of men and women from different cultural backgrounds. The sample of participants, although from different locations and backgrounds, could not be viewed as definitive and this study could never be seen to represent all Aboriginal and Torres Strait Islander students at universities. Clearly further research is required to gain a richer and deeper analysis of the social and emotional wellbeing of Aboriginal and Torres Strait Islander

students at university. Further research would need to investigate the needs of Torres Strait Islander students.

Three of the forty interviews were conducted by teleconference. This was unavoidable as this researcher could not interview these students at a time that was convenient for both parties. Thankfully the teleconferences were very successful and the data collected was rich in content.

6.4 Final comments

The history of Aboriginal and Torres Strait Islander Australians since invasion and colonisation has been one of disempowerment and marginalisation. This has resulted in significant multi-layered disadvantage across all measures of wellbeing. Social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples has been considerably influenced by numerous complex factors such as alarming health problems, racism and the impacts of government policies. These impacts have led to the disintegration of culture and gaps in almost every aspect of Aboriginal and Torres Strait Islanders people's lives. This thesis is further evidence that the multilayered disadvantage that Aboriginal and Torres Strait Islander people experience, also exist for those who attend a university. This disadvantage follows Aboriginal and Torres Strait Islander students into and throughout the university experience.

This thesis was undertaken to develop an understanding of whether the social and emotional wellbeing of Aboriginal and Torres Strait Islander students affected retention and participation rates. Further, it was to answer a question that had plagued the Author who successfully completed a degree when so many other Aboriginal and Torres Strait Islander students didn't.

As an Aboriginal woman who has come through the university experience, having met with racism, family obligations and other barriers along the way, The Author wanted to give something back. This thesis contributes to knowledge that can inform universities to the barriers that exist for many Aboriginal and Torres Strait Islander students and through the outlined recommendations hopefully increase the social and emotional wellbeing of Aboriginal and Torres Strait Islander students at university.

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Appendices

Appendix A - Consent form

Full Project Title: What factors do Aboriginal and Torres Strait Islander students say affect their social and emotional wellbeing while at University?

Researcher: Maree Toombs

Purpose and Background

The project aims to improve the social and emotional wellbeing of Aboriginal and Torres Strait Islander students attending University.

What are we asking you to do?

Participate in an informal interview on an individual basis. Your decision to participate in this study is voluntary and you may withdraw at any stage.

Any information obtained in this project that could identify you will remain confidential. Any publication or information arising from this study will be provided in such a way that you cannot be identified.

Focus group

You will be invited to contribute to a focus group where all participants will be encouraged to discuss matters of social and emotional wellbeing issues at university and to give feedback about the interpretation of the individual interviews.

Results of project

The results of the project will be provided to all participating universities. Your contribution may benefit future students and yourself.

 Further Information or Any Problems

If you require further information or if you have any problems concerning this project, you can contact the Chief Researcher Maree Toombs. Ph (07) 46 311514

or

toombsm@usq.edu.au.

Alternatively you may contact the Secretary, University of Southern Queensland Human Research Ethics Committee on (07) 46312956.

 Participant's Name (printed)

_____

Signature _____

Date_____

Appendix B - Ethics application

Name of Chief Researcher: Maree Toombs

Address for Future Correspondence: PO Box 474, Darling Heights 4350

Title of Project: What factors do Aboriginal and Torres Strait Islander students say affect their social and emotional wellbeing while at University?

Is this a postgraduate research project?   Yes

If 'yes' name Supervisor: _____ Professor Don Gorman_

                                  and Associate Supervisor Kaye Price

Indicate the principal methodology to be employed in this research project:

☐   Anonymous Survey

☐   Identified Survey

☒   In-depth Interviews

☐   Human Experiment

☐   Other (please specify)

In plain language give a brief explanation of the study and the importance of the study.

Given the problems that universities have with retention rates of Aboriginal students, it seems timely to investigate this. The University of Southern Queensland (USQ) celebrated 40 years of education in 2008 and the Centre for Australian Indigenous Knowledges, the Aboriginal and Torres Strait Islander support unit at USQ is in its 20th year of service. Data shows retention rates for Aboriginal and Torres Strait Islander students during this time remain fairly much the same, low. Studies have been undertaken on course materials and reviews made for further enhancement of programs within the Centre for Australian Indigenous Knowledges, however, research on students' social and emotional wellbeing have never been investigated. A survey was conducted in 1994 in which family and relationship problems featured as a major barrier for study but this came out in the form of a question about dissatisfaction with the university as a whole.

What are Aboriginal students saying about university and the impacts on their social and emotional wellbeing? This is the foundation of my research. It is hoped that through this research recommendations can be made for strategies to improve students' wellbeing which may lead to improved retention rates.

Describe the study's stages, processes and instruments.

Given the problems that universities have with retention rates of Aboriginal students, it seems timely to investigate this. The University of Southern Queensland (USQ) celebrated 40 years of education in 2008 and Kumbari Ngurpai/Lag (now the Centre of Australian Indigenous Knowledges) the Aboriginal and Torres Strait Islander support unit at USQ is in its 20th year of service. Data shows retention rates for Aboriginal and Torres Strait Islander students

during this time remain fairly much the same, low. Studies have been undertaken on course materials and reviews made for further enhancement of programs within Centre of Australian Indigenous Knowledges (CAIK) however, research on students' social and emotional wellbeing have never been investigated. A survey was conducted in 1994 in which family and relationship problems featured as a major barrier for study but this came out in the form of a question about dissatisfaction with the university as a whole. What are Aboriginal students saying about university and the impacts on their social and emotional wellbeing? This is the foundation of my research. It is hoped that through this research recommendations can be made for strategies to improve students' well being which may lead to improved retention rates.

Data collection

In-depth interviews. Interviews will be conducted at student's convenience. Interviews will be done individually in a supportive environment and will take approximately 1 hour. Interviews will be audio recorded, with the participant's permission for later transcription.

Open ended questioning techniques – Questions will broadly address participant's social and emotional wellbeing and how it is impacted up by University life. Further questions may be use to clarify statements by the participants or to prompt them to continue.

Focus Group – All participants will be invited to contribute to a focus group where they will be encouraged to discuss issues of social and emotional wellbeing issues at University and to give feedback about the interpretation of the individual interviews.

Data analysis

Thematic analysis

1. How will the participants in your study be recruited?

A selection of at least 42 participants' will be established for this study. Selection will be based on availability and participants' consent and accessibility. Recruitment will be undertaken through a series of strategies including emails, posters and promoting the study. Further promotion of the study can be given by the administration team, drawing student's attention to the study. All strategies will emphasise the fact that students are not required to volunteer and will not be disadvantaged in any way if they choose to not participate or to withdraw.

2. Do you have written permission to recruit participants from the relevant organisation(s)? Yes

3. Specify any psychological and other risks to the participants.

Psychological risks to students will be unlikely however, students may become distressed at issues arising from discussions relating to their social and emotional wellbeing.

4. Justify the study in terms of the risk to, and imposition on, the participants.

The justification for this study is that it will help to improve quality support to Aboriginal students. This may include the participants themselves.

5. What steps will be taken to ensure protection of the participants' physical, social and psychological welfare?

To ensure participants are protected I will ensure to refer any participants to appropriate support such as USQ psychologists.

6.   Does your research address issues of cultural difference? ☒ Yes ☐ No

If Yes, please provide details.

As an Aboriginal woman I feel I have the necessary skills to address cultural protocol and accommodate participant's needs

7.   Does the study involve deception? If so, explain why it is necessary and justify. No

8.   How will the study benefit the participants? The study will benefit participants as they will be contributing to improving the learning environment of Aboriginal and Torres Strait Islander students including themselves.

9.   Will the aims of the study be communicated effectively to the participants? How will this be done? The aims of the study will be communicated effectively through an informed consent in a plain language statement and consent form.

What steps will be taken to ensure informed consent of the participants/guardians?

Please see attached plain language statement and consent form.

11.   Will the participants be assured that they may withdraw from the study at any time without any fear of the consequences?

Yes

12.	What steps will be taken to:

(a)	Provide feedback to subjects? Participants will be involved in a focus group after initial data is collected. This will allow participants to confirm that the information they have provided has been accurately interpreted.

Describe the measures which will be taken to ensure the confidentiality of the participants. If confidentiality is not ensured, justify.

Individual interview information will be confidential and not available to anyone apart from supervisors.

Explain how you intend to store and protect the confidentiality of the data.

All transcripts will be in a locked filing cabinet. Electronic information will be kept on a computer protected by a password.

15.	Do you certify that the persons undertaking the administration of the study are suitably qualified? Yes,

If NO, explain.

16.	Do you certify that you will administer the project with due regard to recognised principles for the ethical conduct of research? Yes, Guidelines for Ethical Research in Aboriginal and Torres Strait Islander Studies will be respected and abided by. The guidelines for ethical research by the Australian Institute of Aboriginal and Torres Strait islander studies states that 'consultation is a two way process. Ongoing consultation is necessary to ensure free and informed consent for the proposed research and for maintaining that consent'.

Date by which it is anticipated that the research project will be completed; December 2008

After this date you will be requested to report to the Committee certifying that the research was conducted in accordance with the approval granted by the Ethics Committee for Research Involving Human Subjects.

Signed: _____   Dated: _____

Please add information (if necessary)

Appendix C - Interview Questions

1. What does social and emotional wellbeing mean to you?

2. What experiences have you had that indicate good/bad wellbeing?

3. What are the triggers you have that let you know you have good wellbeing or bad wellbeing?

4. What impact does University have on your social and emotional wellbeing?

5. What are the good/bad things about University?

6. What were some of the problems?

7. Do you consider yourself to be a resilient person?

Appendix D - Plain language statement

Given the problems that Universities have with retention rates of Aboriginal students, it seems timely to investigate this. The University of Southern Queensland (USQ) is celebrating 40 years of education this year and the Centre for Australian Indigenous Knowledge's, the Aboriginal and Torres Strait Islander support unit at USQ is in its 20th year of service. Data shows retention rates for Aboriginal and Torres Strait Islander students during this time remain fairly much the same, low. Studies have been undertaken on course materials and reviews made for further enhancement of programs within the Centre for Australian Indigenous Knowledge's. However, research on students' social and emotional wellbeing has never been investigated. A survey was conducted in 1994 in which family and relationship problems featured as a major barrier for study but this came out in the form of a question about dissatisfaction with the University as a whole. What are Aboriginal students saying about University and the impacts on their social and emotional wellbeing? This is the foundation of my research. It is hoped that through this research recommendations can be made for strategies to improve student's wellbeing which may lead to improved retention rates.

Appendix E - Ethics Approval

Dear Maree,

Please be advised the Chair of the USQ HREC has approved your request for extension for project entitled *What Factors do Students Say Affect Their Social and Emotional Wellbeing While at University*.

Approval shall expire on **09/12/2010**

I shall forward a formal letter of approval shortly.

Kind Regards

Ashley Steele

Research Support Officer

Office of Research and Higher Degrees

University of Southern Queensland

Appendix F - Participant A40's interpretation of Identity through song

Verse 1 'For I come from the Moora people

It's down the dusty road

I'm a proud man of my country town

What can I say? I miss my home

It doesn't matter how far I travel

Because I will never forget

My home sweet home.

Verse 2 Even though times get rugged and tough

I know how to stick it out

I'm a family man can't you understand?

Don't you see it means so much to me?

Though nothing can keep me down

Because I'm homeward bound

No place I'd rather be.

Chorus:

I'm proud to be a West Australian

I'm proud to be a Noonga Yamadji man

I'm proud to be a West Australian

Yes I am, Yes I am, Yes I am

Verse 3 As a little boy I used to run amok

But I didn't know right from wrong

I'm older now and I learn my trade

Yes, I listen I'm just singing my song

You never get old before your time

Accept who you are as a person

And you'll be fine.

Verse 4 When Pop was alive he grabbed his gun

And he'd look for kangaroo tail

From the Yonga meat to the great outback

It's a bushman's life and he's here to stay

It's time to set up the campfire

We're gonna have a big feast of tucker

It's our family way.

Chorus:

BRIDGE

Oh, but I will always remember life after death

Memories are where you keep'em

They're locked up inside your soul

They taught me the right way

Don't forget where you're coming from now on'.

Appendix G - University of Melbourne Mental Health Strategy Preamble

There is growing global awareness of the importance of mental health for individuals, communities and economies. The University of Melbourne is a pre-eminent institution of international standing with research strengths in mental illness and mental health promotion. Associated with this status is a responsibility for implementing effective strategies for promoting mental health amongst members of the University community, and supporting members experiencing mental illness or mental health difficulties. The University is not immune from the stressful demands on individuals of the activities undertaken in its community. In response, this Mental Health Strategy outlines activities the University will undertake to promote mental health, and to support University community members experiencing mental illness and mental health difficulties, over the next five years.

1. Mental health promotion

GOAL: Maintain a University community where mental health is promoted and members are well informed on mental health issues.

Measures of Success

We will know that we are on track to realise this goal if:

- The University community maintains access to mental health training.

- A published program of activities which promote mental health is readily available.

- University policies accommodate the needs of students and staff in reaching their study and work goals.

2. Activities

Provide mental health training to members of the University community to increase awareness about, and recognition of, mental health and its impact on study, work, and life.

Schedule activities to promote mental health, including symposia, seminars and programs and Mental Health Week events.

Establish a staff wellbeing program.

Develop, review and promote academic and human resources policies which enable students and staff to accommodate personal circumstances in reaching their study and work goals.

Maintain and enhance structures that enable participation by interested members of the University community, including mental health consumers, in mental health promotion activities.

3. Supporting people with mental health

GOAL: Ensure members of the University community experiencing mental illness and mental health difficulties are effectively supported.

Measuring success

We will know that we are on track to realise this goal if:

Students and staff receive access to appropriate mental health services.

Members of the University community have access to information and resources which enable support for those experiencing mental illness and mental health difficulties.

Members of the University community are aware of anti-discrimination legislation so that staff and students with mental illness and mental health difficulties are provided with 'reasonable adjustments' where appropriate.

Activities

Explore the feasibility of a peer mentoring program for students with mental illness and mental health difficulties.

Develop guidelines to assist students and staff with mental illness and mental health difficulties return to study or work after an approved leave of absence.

Develop guidelines to assist staff with mental illness and mental health difficulties.

Develop guidelines to support managers and colleagues who work with staff experiencing mental illness or mental health difficulties.

Provide online training and information sessions on discrimination and harassment, the University's expectations in relation to appropriate behaviour, and relevant complaints processes.

Lodge a Disability Action Plan with the Australian Human Rights Commission.

Develop resources for staff on curriculum design development and delivery strategies that facilitate effective learning for students with mental illness and mental health difficulties.

Maintain and enhance information about the availability of resources and support for members of the University community with mental illness and mental health difficulties, using input from mental health consumers.

Regularly monitor demand for services that support University community members with mental illness and mental health difficulties, reviewing strategies to enhance access to services where ongoing demand is found to be significantly above capacity.

Promote equality of opportunity for both staff and students with mental illness and mental health difficulties in terms of admission and recruitment, and academic and career progression.

Implementation and Evaluation

To assess the impact of the Mental Health Strategy the University will undertake a partial evaluation of its key components. The University is subject to resource constraints that are a pervasive feature of higher education in Australia. Coupled with the breadth of activities the University undertakes in relation to mental health, these constraints promote a focused evaluation of the Mental Health Strategy. The University will therefore focus evaluation on:

- The impact of University mental health training, measured by pre and post evaluation surveys of training attendees

- The effectiveness of mental health promotion and mental health difficulty support activities, assessed through an audit of policies, practices and procedures against best-practice as defined by relevant World Health Organisation documentation, the National Mental Health Strategy, and a review of the literature on related activities in similar tertiary academic institutions.

Responsibility for implementation of this strategy, including timelines and assignment of tasks, lies with the Office of the Provost. Appropriate delegation and negotiation with key stakeholders will be undertaken to achieve successful implementation. In addition, oversight of the implementation of the strategy is provided by the Mental Health Strategy Working Group, which reports to the Student and Staff Equity Group.

Approved by the Mental Health Strategy Working Group, October 2008 Approved by Student and Staff Equity Group, March 2009 Approved by Senior Executive Committee, May 2009

Definitions

The field of mental health is replete with a multiplicity of terms which are often ill defined or used varyingly in different contexts. This strategy therefore adopts and defines the terms mental health, mental illness, and mental health difficulties for use. In defining and using these terms, other terms have deliberately not been chosen for use in this strategy, including 'mental disorder', and 'mental health problems'. Those chosen accord most closely with the ethos and nature of the University, and have most utility within its environment. In addition, the definition of 'mental health difficulties' has been developed to refer to situations distinct from mental illness. This is in contrast to some common uses of the term 'mental health difficulties' which encompass both mental illness and conditions with less functional impairment.

Mental health

Mental health should not be defined solely as the absence of mental illness. Mental health involves the emotional, social and spiritual wellbeing of a person (Vic Health, 1999). A mentally healthy person has a belief in their own self worth as a person, and the energy and physical capabilities required to live an active and self-fulfilling life whilst remaining connected to their community and culture through social relationships and activities (Jenkins et al., 2003; Staffordshire University, 2006; Vic Health, 1999). The manner in which people relate to others is a significant indicator of mental health, namely the capacity to form meaningful personal relationships, including being able to appropriately love and be intimate with others (Blatt, 1964; Mental Health Council of Australia, 2008). An important feature of mental health is the ability to cope with stress, anxiety and low moods, and to manage setbacks, change and life transitions in a productive manner. A mentally healthy person has the cognitive and problem solving ability to cope and learn from the challenges of life (Blatt, 1964; Degrees of Disturbance, 1999; Mental Health Council of Australia, 2008; Vic Health, 1999).

Mental health does not only constitute individual processes. Mental health is also dependent on external factors such as living in a caring environment and being free from discrimination, which includes freedom from oppression and physical violence. Living with adequate financial resources and being free from poverty is also essential to being mentally healthy, as people without financial resources are unable to access services needed for mental and physical health, and may find it difficult to contribute and feel connected with their community or culture (Mental Health Council of Australia, 2008; Vic Health, 1999).

Mental illness

Mental illness is a condition that is characterised by a significant impairment of thought, mood, behaviour, social abilities, perception and memory (Mental Health Act UK, 2007; National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data 2006). The distortions of thought associated with mental illness can lead to impaired perceptions of the self and the world which lead to irrational behaviour and a limited capacity to control behaviour and emotions, as well as delusions and hallucinations (Mental Health and Related Services Act, 1998). The symptoms of mental illness are serious enough to cause significant disability in a person's everyday living including their capacity to work and form personal relationships (Kitchener & Jorm, 2002).

People with mental illness are likely to be given a diagnosis as defined by the DSM IV (American Psychiatric Association, 1994) and ICD 10 (World Health Organization, 1994). People with mental illness may also require intensive psychological treatment and care, and at times may need interventions (such as psychiatric care) so they do not harm themselves or others. The condition of a person suffering from mental illness will most likely deteriorate without appropriate care, and in some cases medication (Mental Health Act UK, 2007).

Mental health difficulties

A mental health difficulty also causes disturbance to a person's thoughts, emotions, social abilities and behaviour but with less impairment than a mental illness. Mental health difficulties can also occur due to life stressors or significant life events and depending on how

a person reacts and copes with a situation they may be at risk of developing into a mental illness (Royal College of Psychiatrists, 2003; University of York, 2001). A mental health difficulty is more common than mental illness, and whilst some symptoms are similar and cause emotional distress and distraction from everyday functioning, the distress is less debilitating than a mental illness. In some cases, the symptoms of people with mental health difficulties may be less overt than people with a mental illness (University of Bath, 2005).

Symptoms of mental health difficulties include moderate forms of depression or anxiety, inability to concentrate or perform tasks, low motivation for study or work, absenteeism, self-esteem issues, conflict in personal relationships, difficulty eating, self-neglect, difficulty sleeping, and the effects of separation and bereavement (Royal College of Psychiatrists, 2003; University of Bath, 2005). Mental health difficulties are also less likely to be formally diagnosed or classified by the DSM IV (American Psychiatric Association, 1994) or ICD 10 (World Health Organization, 1994).

Mental health consumer

A 'consumer,' in the mental health context, is: 'someone who identifies as having, or having had, a mental disorder or mental health concerns, or has used mental health services for their own needs'. This definition, adapted from the Australian Mental Health Consumer Network is intended to be interpreted inclusively. While its limitations are acknowledged, the term is employed because it is recognised by both consumer representative organisations and mental health service providers. In seeking feedback from and supporting the participation of Mental Health Consumers, the university will endeavour to provide consumers with appropriate support commensurate with the nature of activities undertaken.

Appendix H - Rebutting the Myths

Some facts about Aboriginal and Torres Strait Islander Affairs

Myth: Aboriginal People and Alcohol

- By comparison with non-Aboriginal people, a large proportion of Aboriginal people do not drink alcohol at all and, in some Aboriginal communities, alcohol consumption has been banned by the residents.

- Up to 35% of Aboriginal men do not drink alcohol compared with 12% of non-Aboriginal men.

- 40% to 80% of Aboriginal women do not drink alcohol compared with 19% to 25% of non-Aboriginal women.

In the Northern Territory, it has been estimated that 75% of Aboriginal people do not drink alcohol at all.

Research published in 1991 by Associate Professor Wayne Hall and Dr Randolph Spargo found no evidence of truth in the 'fire water theory' which maintains that Aboriginal people are biologically less able to handle alcohol.

This is not to deny the obvious problems caused by the abuse of alcohol by the comparatively higher proportion of Aboriginal problem drinkers.

Source:

Aboriginal Alcohol Use. and Related Problems, Expert Working **Group** Report to the Royal Commission into Aboriginal Deaths in Custody (1991).

Myth: Aboriginal People don't want to work

Aboriginal unemployment rates vary from community to community. Overall, unemployment among Aboriginal and Torres Strait Islander people is approximately four times the national average. The more remote an Aboriginal community is, the higher its unemployment rate is likely to be. This reflects low labour market opportunities. Other factors contributing to this high level of unemployment are past limited educational opportunities and lingering prejudice among non-Aboriginal employers.

Unemployed Aboriginal people, like other unemployed Australians, are entitled to Job Search or New Start Allowances, at the same rates as other Australians.

Yet, a huge number of them prefer to work for that entitlement. In more than 185 Aboriginal and Torres Strait Islander communities across the country, Aboriginal and Torres Strait Islander people have chosen to forego those entitlements in order to work part-time on Community Development Employment Projects (CDEP) programs for which they receive the equivalent of Job Search/New Start. Approximately 20,000 Aboriginal and Torres Strait Islander people are presently involved in CDEP projects. Almost 40 per cent are women. CDEP communities undertake a range of community development projects including building maintenance, construction and repair of community infrastructure and management of projects which generate community income.

An estimated 11,000 Aboriginal and Torres Strait Islander people are on waiting lists to join the CDEP Scheme.

Over the next three years, it is planned that 60 new communities will join the CDEP scheme, thereby creating places for approximately 4,000 of those presently on waiting lists.

Sources:

ATSIC Annual Report 1990-91, pp 20-25.

1992-93 Budget Related Paper No 7: Social Justice for Aboriginal and Torres Strait Islander Australians 1992-93. AGPS, Canberra 1992, pp 35, 36, 37.

Myth: Aboriginal affairs is awash with money

The annual Commonwealth budget for the Aboriginal and Torres Strait Islander Commission (ATSIC) in 1992-93 was approximately $788 million.

Expenditure on the Community Development Employment Projects (CDEP) scheme and on Aboriginal housing and essential infrastructure programs accounts for approximately 60% of this budget. It should be noted that CDEP is largely offset against Job Search and New Start allowances which would otherwise be payable by the Department of Social Security.From its budget, ATSIC provides an enormous range of services including:

- support for medical services
- water supply, electricity supply, sewerage, road funding, airstrip construction and maintenance, and other major capital works in Aboriginal communities
- provision of housing
- support for Aboriginal economic development initiatives;
- support for broadcasting

- management training for Aboriginal organisations

- support for recreation initiatives

- substance abuse programs and other health initiatives

- and initiatives for young people.

ATSIC's involvement in many policy areas arises out of concerns which have not been addressed in the past by the responsible Commonwealth, State and local Government this researcherities. In addition, Aboriginal people are entitled to receive assistance from Government equity programs as are all other disadvantaged Australians.

Source:

ATSIC Annual Report 1990-91.

Myth: there is no accountability in Aboriginal affairs

There are few, if any, areas of public administration which are subject to more stringent accountability requirements than Aboriginal affairs.

In addition to the usual processes of public accountability which apply to all public sector spending − Senate Estimates, scrutiny by the Auditor-General and relevant Parliamentary Committees, and public scrutiny through the media − spending by ATSIC is also subject to scrutiny by an Office of Evaluation and Audit (OEA). The OEA reports to the Minister for Aboriginal and Torres Strait Islander Affairs and the Chairperson of ATSIC on all accountability issues relevant to the Commission's operations.

The Senate Estimates Committee, conducting a detailed examination of expenditure by ATSIC in 1992, commended the Commission on its performance.

One of the first decisions of ATSIC's Commissioners was that Aboriginal organisations which failed to acquit g rants satisfactorily would not receive further funding except in exceptional circumstances.

Some 3000 grants are acquitted each year. ATSIC now produces a budget related paper each August which is circulated by the Minister for Aboriginal and Torres Strait Islander Affairs. It provides detail of every dollar of Commonwealth expenditure in Aboriginal Affairs.

Sources:

Aboriginal and Torres Strait Islander Commission Act 1989, Division 8 and especially Sections 75-78, ATSIC Annual Report 1990-91,

1992-93 Budget Related Paper No 7: Social Justice for Aboriginal and Torres Strait Islander Australians 1992-93. AGPS, Canberra 1992.

Myth: Aboriginal People get special treatment

Aboriginal people are the most marginalised, economically and socially disadvantaged group in Australian society.

They do **not** receive higher social security benefits than other Australians.

In relation to special entitlements as individuals, there are only **two** areas in which Aboriginal and Torres Strait Islander people have access to special benefits.

In the area of education, only 30% of Aboriginal and Torres Strait Islander children aged 16 to 17 years and only 7% of young people aged 18 to 20 years, are participating in education or formal training. This compares with national rates of 75%, and 40% respectively. Aboriginal and Torres Strait Islander people have access to ABSTUDY allowances from DEET. This has made a major contribution to improving the extent and quality of education for Aboriginal youth.

Other figures show only 50% of Aboriginal children have access to pre-school education compared with more than 90% of children in the wider community.

ABSTUDY is means-tested. Students on the full rate of ABSTUDY receive the same as students on full AUSTUDY (some 52,000 students were assisted in 1991-92). Special tutorial assistance is available to Aboriginal tertiary and secondary students under the Aboriginal Tutorial Assistance Scheme (ATAS) (some 30,000 students were assisted in 1991-92).

The availability of ABSTUDY and ATAS recognises the continuing effects on Aboriginal and Torres Strait Islander people of the denial of educational opportunities throughout much of Australia's history. These programs also reflect Government concern about continuing disadvantage experienced by Aboriginal and Torres Strait Islander people in their access to education. These special initiatives are supported by both the federal government and Opposition.

In the area of housing, only 26% of Aboriginal and Torres Strait islander families own their own home compared with 70% of all Australian families.

Aboriginal and Torres Strait Islander people on low incomes have access to strictly means-tested concessional home loans from ATSIC. 'Interest on these loans starts at between 5% and 10% p.a. and increases by 0.5% p.a. until it reaches 1% below the Commonwealth Savings Bank housing loan interest rate. These rates are comparable with interest rates currently offered by public lending institutions.

However, the number of such loans is very limited and only about 359 Aboriginal families Australia-wide, assessed against strict eligibility criteria, took out such loans in 1991-92. All loan recipients pay between 20% and 30% of their gross income in loan repayments. Some 97 per cent of borrowers meet their monthly repayments.

There are also two cases where Aboriginal people had access to specialist services, ie Aboriginal legal and medical services. A separate section of this booklet deals with these services (pp. 10-11).

Sources:

ATSIC Annual Report 1990-91, pp 29-32.

1992-93 Budget Related Paper No 7: Social Justice for Aboriginal and Torres Strait Islander Australians 1992-93. AGPS, Canberra 1992, pp44, 45.

Myth: Separate Aboriginal services provide special privileges

Specialised medical and legal service organisations provide the most accessible and appropriate services to Aboriginal and Torres Strait Islander in two areas of chronic

disadvantage. These organisations provide services which are, in the main, taken for granted by non-Aboriginal Australians.

Aboriginal Medical Services

Life expectancy among Aboriginal women is up to **15 years** less than for Australian women generally; life expectancy for Aboriginal men is up to **22 years** less than for Australian men generally.

- More than one-in-ten Aboriginal people suffer from diabetes.

- Aboriginal infant mortality is still more than 2 **times** higher than that for other Australian children.

- The incidence of trachoma among Aboriginal children, although decreasing, is still around 20 **times** higher than for other Australians.

While the situation in some of these areas continues to worsen, improvements in other areas are often attributable to the work of Aboriginal medical services.

- Between 1968 and 1986, the Aboriginal infant mortality rate in the Northern Territory fell from 88 per 1000 live births to 34 per 1000.

- Between 1971 and 1984, the Aboriginal infant mortality rate in Western Australia fell by 66%.

- Hospital attendance rates fell by 50% in Western Australia between 1974 and 1984.

Aboriginal Legal Services

The Royal Commission into Aboriginal Deaths in Custody found massive over-representation of Aboriginal people at every stage of the criminal justice process, an over-representation which cannot be explained by any innate 'criminality' among Aboriginal people.

During the month of August 1988, 28.6 % of all detentions in police cells across Australia were Aboriginal people.

The rate at which Aboriginal people are imprisoned is presently 29 times higher than that of other Australians.

In Western Australia, the imprisonment rate for young Aboriginal men is more than 60 times the rate for non-Aboriginal men.

Aboriginal Legal Services enable Aboriginal people to obtain access to appropriate legal advice and representation – a right expected by other Australians.

Sources:

A National Aboriginal Health Strategy, Report of the National Aboriginal Health Strategy Working Party (March 1989).

Report of the Royal Commission into Aboriginal Deaths in Custody (April 1991),

Myth: Aboriginal people are involved in a land grab

In the **Northern Territory**, the majority of the land owned by Aboriginal people is economically marginal and consists of former Aboriginal reserves or desert and semi-desert country.

Former reserves account for most of the land held by Aboriginal people under **New South Wales** land rights legislation. The only land available for claim in New South Wales is unalienated Crown land which is not required for an 'essential public purpose'.

Under **Queensland** legislation, Aboriginal and Torres Strait Islander people obtain freehold title to existing reserves held previously under deeds of grant in trust. Claimable land will be set out in schedules to the legislation from time to time and claims to this land will be strictly limited and restricted.

In **South Australia**, the two major areas of land returned to Aboriginal ownership--the Pitjantjatjara lands and the Maralinga lands-- are in remote arid/ desert regions.

In **Western Australia**, Aboriginal people hold land, predominantly in more remote areas of the State, under 99 or 50 year leases.

Efforts by the previous Labor Government of Tasmania and by the Labor Government of Victoria to introduce land rights legislation were frustrated by those States' Upper Houses.

As is the case with any private land, Aboriginal landowners are generally entitled to refuse entry or to specify the conditions upon which entry will be permitted.

The Royal Commission into Aboriginal Deaths in Custody recognised that the dispossession of Aboriginal people has continued to very recent times and made strong recommendations for addressing the land needs of Aboriginal people. These recommendations have been accepted by all mainland State and Territory Governments, both Labor and non-Labor.

Sources:

Relevant Commonwealth and State legislation.

Response by Governments to the Report of the Royal Commission into Aboriginal Deaths in Custody, Volume 3, March 1992.

Myth: Aboriginal sacred sites and development

Any major development proposal must satisfy certain criteria under State and/or Commonwealth legislation. Depending on the individual proposal, these criteria may include assessment on Aboriginal heritage, environmental and/or national heritage grounds.

Since 1984 when legislation was passed by the Federal Parliament to protect Aboriginal heritage:

- 94 applications have been lodged under the Commonwealth's Aboriginal and Torres Strait Islander Heritage Protection Act 1984

- there have been two declarations under the Act relating to the protection of objects of significance to Aboriginal people

- there have been three temporary declarations relating to Aboriginal sites

- there has been one declaration for the protection of a site for a period of 20 years

- the legislation has never been used to stop a mining project.

Aboriginal law restricts detailed knowledge of sacred sites to particular people who are responsible for particular sites. Knowledge of sacred sites is, by definition, not public knowledge.

Aboriginal people's spiritual and religious beliefs should be accorded the same respect as the beliefs of any other Australians.

The spiritual beliefs of Aboriginal people are often subject to public ridicule in a manner which would never be tolerated if it were directed at the spiritual beliefs of non-Aboriginal Australians.

Sources:

Central Land Council Annual Report 1990-91.

Our Land, Our Life: Aboriginal land rights in the Northern Territory, Central and Northern Land Councils, 1991. Aboriginal and Torres Strait Islander Heritage Protection Act 1984 (Cwth).

Myth: the free car

One of the silliest yet most persistent myths about the entitlements of Aboriginal people is that they can purchase a motor vehicle and the Government will meet the costs. There are many variations on this theme.

In some cases, it is said that Aboriginal families receive a car without the need for any contribution at all toward its cost. **False**.

In other cases, it is said that Aboriginal people need only pay the first one or two payments under a hire purchase agreement and that 'the Government' will meet the remaining costs. **False**.

In yet another variation, Aboriginal children are alleged to receive a free bicycle each -- usually described as 'shiny' or 'new' -- at Government expense. **Wrong again!**

If an Aboriginal person has a car or an Aboriginal child has a bicycle, the chances are it was bought with cash or on credit.

Aboriginal people are subject to the same laws and entitled to no more (and no less) credit than any other Australian. There is no Government program or policy which involves the distribution of motor vehicles or bicycles (or any other comparable consumer good) free of charge to Aboriginal people.

The continued currency of this myth owes much to continued ignorance, prejudice and ill-will toward Aboriginal people. It certainly owes nothing to a respect for the truth.

Appendix I – What is mental health First Aid?

First aid is the help given to an injured person before medical treatment can be obtained. Mental Health First Aid is the help provided to a person developing a mental health problem or in a mental health crisis. The first aid is given until appropriate professional treatment is received or until the crisis resolves.

What is mental illness?

The most common and disabling mental illnesses are depressive, anxiety, substance use and psychotic disorders. Mental illnesses problems are very common. In any one year about one–in-five adult Australians experience a problem with mental illness. Many people suffer a mental illness for a long time before they seek help. Furthermore, alcohol and drug problems frequently occur with depression, anxiety and psychosis.

The Mental Health First Aid Program

While people often know a lot about common physical health problems, there is widespread ignorance of mental health problems. This ignorance adds to stigmatising attitudes and prevents people from seeking help early and seeking the best sort of help. It also prevents people providing appropriate support to colleagues and family members, simply because they do not know how.

In order to help people provide initial support for someone with a mental health problem,

a Mental Health First Aid (MHFA) training course has been developed.

This 12-hour course developed in 2000 by Betty Kitchener and Professor Tony Jorm aims to improve the mental health literacy of members of the Australian community. It is now auspiced by Orygen Youth Health Research Centre at the University of Melbourne.

Participants receive a course manual and also a certificate at the completion of the course. Those who have completed the course have been very positive about the knowledge and skills they have acquired. Mental Health First Aid courses are conducted in every state and territory of Australia. Participants in these courses have been very varied, including teachers, nurses, case managers, support workers, social welfare staff, employment agencies staff, personnel staff, members of the general public, and staff of many Commonwealth State and Local Government Departments.

Appendix J -Who is 'Aboriginal'?

http://www.creativespirits.info/aboriginalculture/people/aboriginal-identity.html

Ever since white people mixed with Aboriginal people they have struggled to define who is 'Aboriginal'.

Racist definitions of Aboriginal identity

Caste categories in an identity card used in the 1940s [4].

From 1910 to the 1940s white people classified Indigenous people into castes. They defined

- a '**full-blood**' as a person who had no white blood,
- a '**half-caste**' as someone with one white parent,
- a '**quadroon**' or '**quarter-caste**' as someone with an Aboriginal grandfather or grandmother,
- a '**octoroon**' as someone whose great-grandfather or great-grandmother was Aboriginal.

These terms pervaded literature of that time. Today these words are considered offensive and racist.

Use of these terms stopped in the 1960s. Instead, authorities tried to find alternate definitions of Aboriginal identity, which, however, were still influenced by colonial thinking. Since legislation for Indigenous people was a state matter, each state found its own definition for 'Aboriginal'. Examples [1]:

- **Western Australia**: a person with more than a quarter of Aboriginal blood.
- **Victoria**: any person of Aboriginal descent.

Three-part definition of Aboriginal identity

It took a 'Report on a Review of the Administration of the Working Definition of Aboriginal and Torres Strait Islanders' in 1981 to propose a new definition (my emphasis):

"An Aboriginal or Torres Strait Islander is a person

- of Aboriginal or Torres Strait Islander **descent**
- who **identifies** as an Aboriginal or Torres Strait Islander and
- is accepted as such by the **community** in which he (she) lives."

This was called the 'three-part' definition of Aboriginal identity and was soon adopted by all Commonwealth departments [2]. Variations of this definition were used later by legislative and government bodies. Many Indigenous persons carry 'certificates' from Indigenous organisations which state their Aboriginality.

However, the fact remains that **a white authority defines who is an Indigenous person**.

Proposals of **genetic testing** as a means of proving one's Aboriginality have been dismissed on the grounds that 'race' and 'ethnicity' are social, cultural and political constructs [2] which cannot be tested objectively.

Aboriginal people defining their Aboriginality

Prior to colonisation the First People of Australia identifed themselves **by their nation**. They would say "I'm a Dharawal man" or "I'm an Eora woman". Some country names around the greater Sydney area include Darug (near Katoomba, Blue Mountains), Gundungurra (near Goulburn, south-west of Sydney), Dharawal (Woolongong), Eora (Sydney).

Many Aboriginal people identify themselves as belonging to several nations for example as "Yuwaalaraay and Gamilaraay". This is because

- their **parents or grandparents** come from these nations. Traditionally they would've come from the same nation, but contemporary relationships often involve partners from different Aboriginal nations;
- they have **lived in two places** and identify themselves with each.

Another way Aboriginal people identify is **by their boundary or state name**.

Aboriginal boundary (state) names

State	Name
New South Wales	Koori, Goorie, Koorie, Coorie, Murri
Victoria	Koorie
South Australia	Nunga, Nyungar, Nyoongah
Western Australia	Nyungar, Nyoongar
Northern Territory	Yolngu (top end); Anangu (central)
Queensland	Murri
Tasmania	Palawa, Koori

Fact ;If Aboriginal people think highly of you, for example because you showed respect and have a deep understanding of their culture, you are an **inverted coconut** because you are white on the outside yet black on the inside.

Similarly, people who blend into Chinese culture are called an **egg** (which is a compliment) because they are white on the outside yet yellow on the inside.

Fact; However, if Aboriginal people call one of their kind a **coconut** they want to express that they became white on the inside and are no longer considered to be 'one of them'.

If you are of Asian descent and have a Caucasian attitude you are called a **banana**—yellow on the outside but white on the inside.

Appendix K - Guidelines for providing mental health first aide for Indigenous Australians
Purpose of these guidelines

These guidelines describe how members of the public should provide first aid to an Aboriginal or Torres Strait Islander person who may be developing a mental illness or experiencing a mental health crisis. The role of the first aider is to assist the person until appropriate professional help is received or the crisis resolves. These guidelines are designed to accompany the series *Guidelines for Providing Mental Health First Aid to an Aboriginal or Torres Strait Islander Person.*

Development of these guidelines

The following guidelines are based on the expert opinions of Aboriginal clinicians from across Australia, who have extensive knowledge of, and experience in, mental health.

How to use these guidelines

In these guidelines the word *Aboriginal* is used to represent all Australian Aboriginal and Torres Strait Islander people. These guidelines are a general set of recommendations about how you can help an Aboriginal person who may be experiencing a mental illness or developing a mental health crisis. Each individual is unique and it is important to tailor your support to the person's needs. These recommendations therefore may not be appropriate for every person. It is important to acknowledge that Aboriginal communities are not all the same; they may differ in their understanding, approaches and treatment of mental illness. Be aware that the individual you are helping may not understand mental illness in the way that you do. Try to be familiar with their way of understanding. Also, the guidelines are designed to provide first aid in Australian Indigenous communities and may not be suitable for other cultural groups or for countries with different health systems.

Learn about the person's culture and their concept of mental illness

A person's culture plays a very important role in the way they understand and talk about health, ill-health and go about seeking help from friends, family or professionals. Aboriginal people understand mental health within a broad context of health and wellbeing, which includes concepts of social and emotional functioning. Sometimes, therefore, symptoms of mental illness are understood within Aboriginal communities as part of a person's spirit or personality, and not conceptualized as a form of treatable mental illness. If you are providing mental health first aid to Aboriginal people who are not from your own community, you should always be culturally competent, and always practice cultural safety.

Know what is normal, and what is not, in the person's culture

When assisting someone outside your own culture or community, it is very important that you take into consideration the spiritual or cultural context of the person's behaviors. Be aware that it is common for the experiences of Aboriginal people (such as seeing spirits or hearing voices mental illness when they are not in fact ill. Fear of misdiagnosis can be a strong barrier to help-seeking for Aboriginal people. For these reasons, you should take great care not to simply assume that the person is developing a mental illness or suffering a mental health crisis.

Know what is culturally appropriate communication

When approaching someone outside your own culture or community to discuss their mental health, be aware that what is a respectful way to communicate with the person (including body language , seating position and use of certain words) may differ from community to community and region to region, especially between rural and remote areas. In some communities, for example, eye contact is considered as staring, and may make the person feel as though they are being judged. Begin by having a yarn with the

person. Spend time with them and let them know that you are worried about them. Ask the person where they would be most comfortable to have a yarn, be aware that confined places may cause the person anxiety and outdoors might be more relaxing. Ask for the person's permission before asking about sensitive topics, but suggest that they may feel better once they have spoken about their problems. Be careful not to falsely imply that by talking about mental illness the person's problems will go away. Instead, just reassure the person that you care and want to help. When discussing your concerns, use simple and clear language. Avoid asking lots of questions and speaking to the person in a patronising manner. Allow for periods of silence while the person considers what you have said and allow them plenty of time to tell their story. If family members are present, expect that they might answer some questions on behalf of the person. Avoid asking questions that might embarrass the person in front of their family and friends and remember never to criticise members of the extended family in front of the person. If you think that it might make the person more comfortable, ask them if they would like to find another safe area to talk away from family and friends. Remember that it is more important to make the person feel comfortable, respected and cared for, than to do all the 'right things' and follow all the 'rules' when communicating with an Aboriginal person. Importantly, if the person finds it too hard

to talk about their problems, you should respect that.

Do not shame the person, their family or community

The concept of shame is very important within many Aboriginal communities and can be a barrier to help-seeking. Shame may also be caused through not practicing cultural safety. Be aware of what language and behaviours cause shame within the person's community. Understand how the person you are helping might feel shame if you behave a certain way or use certain words. In some communities, for instance, talking about mental illness can cause individuals to feel shame and therefore, it might be helpful to stick to discussing behaviours and feelings, rather than talking about labels such as "depression" or "psychosis". Also understand how the community in which you are helping might feel shame. In some more traditional see a non-Aboriginal health worker might be shameful to the community, as it implies that their own ways of healing are inferior to others. Also be aware that Aboriginal people might feel societal shame, for

example, as a result of historical factors such as dispossession of Aboriginal land and domination of culture. It is important to understand that even if you don't do anything to offend the person, shame might affect their behaviour. For instance, some Aboriginal people may be afraid of attending a hospital because, historically, being admitted to a hospital with a mental illness caused shame on family and community.

Use community and family supports

Establishing a network of support for an Aboriginal person is a very important step in helping them resolve their mental health crisis, especially if access to professional support or mental health services is limited. If you are worried about the person's safety, or if the person is experiencing a crisis, be persistent in trying to get the person help and support from others. Make sure you have a yarn with them about how they would like to be helped. Try to get the person's family involved in supporting them until they get better, but in doing so, you must uphold the person's right to confidentiality. Unless you are worried that there is a risk of harm to the person or harm to others, you should have the person's permission before seeking help from family or other community members.

Another way to be supportive is to encourage the person to build personal relationships with people who they can trust, respect and turn to for support or assistance when feeling unwell. A good source of support for the person might be a youth worker at a community centre, an Aboriginal mental health worker, a respected Elder, or community liaison or police officer. Also, discuss with the person what their interests and activities are and encourage participation in any group activities that will help them to develop feelings of purpose, belonging and achievement.

Appendix L - Aboriginal and Torres Strait Islander perspectives?

How to embed Aboriginal and Torres Strait Islander perspectives

- Incorporate Aboriginal and Torres Strait Islander perspectives in learning objectives and assessments

- Plan across a range of learning objectives to engage students with cognitive (knowledge), affective (feelings) and behavioral (practice) learning outcomes associated with Aboriginal and Torres Strait Islander perspectives.

- Incorporate Aboriginal and Torres Strait Islander content and evidence from research into Aboriginal and Torres Strait Islander issues in course materials

- Engage students with the Aboriginal and Torres Strait Islander dimensions of discipline-specific studies

- Develop international awareness of Aboriginal and Torres Strait Islander issues through web-based learning activities

- Develop critical thinking exercises to enhance awareness of multiple perspectives on

- Aboriginal and Torres Strait Islander issues.

- Avoid imposing personal beliefs and feelings. Rather, adopt a process of 'values clarification'.

Comments from USQ academic staff who have included Aboriginal and Torres Strait Islander perspectives in their courses.

'We look at images of Aboriginal and Torres Strait Islander people in works by white Australian writers and contrast them with representations of Aboriginal and Torres Strait

Islander people in Home and Bush Mechanics. One objective is to reconsider the ways in which our stories enfranchise and disenfranchise different forms of identity and the values that underpin them'.

'The anthropological perspective considers the interaction of customary law and the legal system from the point of view of the construction of race, gender, class and cultural identity'.

'We are concerned with students obtaining different cultural perspectives in order not to draw conclusions about those cultures but rather to understand their own culture from a broader perspective. A course such as Law in Context would not be complete without considering the first inhabitants of this nation and understanding the impact our legal system has had on their culture. It is essential that students at a tertiary level receive a broad view of the world and are able to address the many diverse perspectives and understandings we can *all have'* (Learning and Teaching Support Staff n.d, p. 1).

Appendix M -Gorman, D & Toombs, M 2009, 'Matching research methodology with Australian Indigenous culture', Aboriginal and Islander Health Worker Journal, vol. 33, no. 3, pp. 4-7.

Matching Research Methodology with Australian Indigenous Culture

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> Social justice must always be considered from a perspective which is grounded in the daily lives of Indigenous Australians. Social justice is about what you face when you get up in the morning. It is awakening in a house with an adequate water supply, cooking facilities and sanitation. It is the ability to nourish your children and send them to school where their education not only equips them for employment but reinforces their knowledge and appreciation of their cultural inheritance. It is the prospect of genuine employment and good health; a life of choices and opportunities, free from discrimination.
> **(Dodson, 1993).**

If we aspire to social justice for Indigenous people, especially in the area of health, then we must undertake appropriate research that addresses the needs of Indigenous people as they perceive them in a way that fits within their frame of reference.

We wish to make it clear that the use of the term "Indigenous" throughout this article to refer to Australian Aboriginal and Torres Strait Islander peoples does not in any way imply that they are one cohesive group. The term is used solely to avoid the constant repetition of the more accurate but very long title. We have capitalised the term Indigenous in keeping with the accepted style when referring to Australian Indigenous peoples as opposed to indigenous peoples in general. We have followed the same tradition when referring to Australian Aboriginal peoples.

Background

Indigenous Australians have poorer self-assessed health than non-Indigenous Australians, have higher rates of hospitalisation and higher prevalence rates for many diseases, experience an earlier onset of disease, and suffer a burden of disease that is two and a half times greater. Aboriginal and Torres Strait Islander people also suffer higher rates of mental illness, are twice as likely to report high to very high levels of psychological distress, and are likely to have higher General Practitioner encounter rates (Pink & Allbon, 2008).

Notwithstanding the above and the obvious need for research to help address these appalling statistics, Aboriginal peoples have long argued that research conducted in their communities does not benefit them or lead to improvements in their health (de Crespigny, Emden, Kowanko & Murray, 2004; Eades SJ, Read AW & Bibbulung Gnarneep Team, 1999; Henry et al., 2004; Holmes, Stewart, Garrow, Anderson & Thorpe, 2002; Hunter, 2001).

In this article we look at some of the reasons why research may not have achieved the improvement in Indigenous Australian health that was hoped for, and propose some ideas about how research methodology and Australian Indigenous cultures can be better matched, and therefore be more likely to address their health needs.

Cultural factors

One of the key underlying reasons for potential conflict between research and Indigenous peoples is the fact that formal research in Australia has evolved from Anglo-Celtic cultural values. Most key stakeholders in funded research, such as funding bodies (both Government and non-Government), universities, and research centres, are steeped in Anglo-Celtic cultural values. Even the researchers themselves have been trained by universities to undertake research according to well established protocols developed within that same cultural framework. Other cultures have different values and beliefs and different expectations of how people will behave, including beliefs related to health (D Gorman & Best, 2005; D Gorman, Nielsen & Best, 2006). Whilst some researchers, particularly quantitative researchers, may argue that research is culture free, i.e. collecting data and analysing it; when the data is to be collected from people then the interface between researcher and participant is affected by culture, and cultural differences can create serious barriers. The impact of cultural difference is even more complex for qualitative researchers interested in the subjective experiences of their participants.

Culture is highly complex, involving all aspects of a social group, but there are some aspects where Anglo-Celtic and Indigenous Australian cultures differ that are of obvious relevance to researchers. The key cultural beliefs the authors have chosen to look at are beliefs about knowledge, its ownership and how it is transmitted; and the purpose/benefits of research.

Knowledge/Data: Indigenous knowledge is collectively owned, with each group having ownership of its particular heritage and often with an individual or group as custodians of a particular aspect in the best interests of the community as a whole (T Janke, 2005). Only the group may consent to sharing this knowledge through specific decision-making procedures. This sharing creates a relationship between the givers and receivers with the traditional owners retaining the authority to ensure that knowledge is used properly (Terri Janke, 1998).

Aboriginal societies have always had a means of transmitting knowledge about the land, history, kinship, religion and the

means of survival, even if this knowledge was never written in books or stored in libraries as non-Aboriginal people have done. Younger generations learn from older generations by participation, observation or imitation. Much learning is unstructured and takes place in social contexts amongst kin. Certain types of knowledge, such as religious and ritual knowledge, are imparted at specific times and in an organised and managed way, often as part of initiation ceremonies (Commonwealth of Australia, 1992).

Oral culture and story telling: Australian Aboriginal culture is an oral culture and for 60,000 years or more, it has been passed down from generation to generation. Aboriginal storytelling is used to pass on important information within the context of an oral dialogue. Lemon (2006) proposes that by nature, people are storytellers. Through stories, or narratives, people's identity and personality are formed. Aboriginal people relied on their own memories to store and then retrieve information they were given.

Storytelling is an integral part of life for Indigenous Australians and from an early age, storytelling plays a vital role in educating children. The stories help to explain how the land came to be shaped and inhabited; how to behave and why; where to find certain foods, etc.

For a living culture based on spirit of place, the major part of maintaining culture and therefore caring for place is the continuation of the oral tradition that tells a story (Terri Janke, 1998).

Gathered around the campfire in the evening, on an expedition to a favorite waterhole, or at a landmark of special significance, parents, Elders or Aunts and Uncles use the stories to instill values, history and memories of past events into the child, including complex kinship systems. Then, as children grow into young adults, more of the history and culture is revealed. Adults then take responsibility for passing on the stories to the following generations. In this way, the Stories of the Dreaming have been handed down over thousands of years (Australian Museum, 2004).

Given that Indigenous culture is constructed through oral language and forms part of a complex culture, collecting stories of experience seems to be a valuable way of collecting data. Wilson (2007) emphasises that it is the process, the telling of the story that is important, rather than the outcome.

These values and beliefs about knowledge can conflict with those of non-Indigenous researchers who commonly consider that the research process leads to their discovery of knowledge and therefore ownership of it by them. Ownership of intellectual property by the researcher is central to their success. There is also an expectation that the findings of research will be made available to the wider community (published) whilst acknowledging the researchers' intellectual property. Unless these issues are clarified beforehand, they can lead to major conflicts between researchers and their Indigenous participants.

Purpose/Benefits of the Research: Given the cultural importance of knowledge and its ownership, it is clear that from an Indigenous perspective, outsiders should only be privileged with access to it if there is an understanding that the knowledge still remains the property of the community (Anderson, 2005; T Janke, 2005), and that its use will have a real potential to benefit that community (Wand & Eades, 2008). This does not mean that the needs of the researcher cannot be met e.g. publications, but the benefits to both parties must be clearly agreed to prior to undertaking the research.

What are the key factors for good research with Indigenous people?

Indigenous Australians are one of the most researched groups of people in the world. Until recent times, intellectual property did not exist for Indigenous Australians, and many researchers have used unethical practices when obtaining information.

Guidelines for ethical Indigenous research have been developed by a number of organizations such as the Aboriginal Health and Medical Research Council of New South Wales, the Australian Institute of Aboriginal and Torres Strait Islander Studies and the National Health and Medical Research Council (Australian Institute of Aboriginal and Torres Strait Islander Studies, 2000; National Health and Medical Research Council, 2003; The Aboriginal Health & Medical Research Council of New South Wales, 1999) as a direct response to concerns about the appropriateness of research undertaken with Indigenous communities. The three sets of guidelines produced by the organisations referred to above, all make an important contribution to the conduct of ethical research with Indigenous peoples.

The National Health and Medical Research Council (2003) identifies the following values that underlie ethical research with Indigenous peoples:
• Spirit and Integrity
• Reciprocity
• Respect
• Equality
• Survival and Protection
• Responsibility

The Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS)(2000) identify the following principles:
• Consultation, negotiation and mutual understanding
• Respect, recognition and involvement
• Benefits, outcomes and agreement

The Aboriginal Health and Medical Research Council of New South Wales (1999) identifies the following ethical matters that need to be addressed by researchers if they are to undertake ethical research with Indigenous peoples:
• Aboriginal community control
• free and informed written consent
• provision for withdrawal of consent
• appropriate forms for consent
• need for written objectives for research and purposes for data
• culturally appropriate questionnaires
• provisions for modification to research
• adequate time frames
• employment of Aboriginal people in research
• Aboriginal ownership
• publication procedures and protocol
• confidentiality
• storage and archiving
• access to data and security

As it can be seen from just the above documents, the process of undertaking ethically sound research with Indigenous peoples is highly complex. Whilst it may be argued that many of the issues raised could be relevant to non-Indigenous participants in research as well, the history of perceived abuse by researchers makes it critical that approaches are utilised that ensure the appropriateness of studies to the Indigenous

communities involved.

It is beyond the scope of this paper to address all of the issues involved with undertaking Indigenous research, therefore the paper will concentrate on identifying a methodology which we will argue conforms to the principles identified by AIATSIS.

Narrative:
An Indigenous research methodology?

Narrative research relies on the storytelling process, which has been identified as central to Indigenous Australian culture (Terri Janke, 1998; Lemon, 2006; Wilson, 2007). Gartner, Latham and Merrit (1996) claim that through narrative enquiry learners are able to access their own knowledge and experience, and Wilson (2007) also suggests that they establish a new line of thinking.

The information gathering process in narrative is developed in consultation with the participant who determines what information will be used and how.

A collaborative approach between researchers and Aboriginal communities is pivotal to developing a research project consistent with Indigenous cultural values and health concepts, with the potential to improve services and outcomes for Aboriginal peoples (Wand & Eades, 2008). Ideally interviews are undertaken by Indigenous members of the research team, preferably from the participant community, to increase cultural appropriateness, and increase the likelihood of trust and acceptance by the community. This has the added benefit of increasing the capacity of Indigenous communities to undertake their own research.

Some researchers refer to narrative as a study of epiphanies, rituals, routines, metaphors and everyday experiences (Barton, 2004). Narrative research according to Lieblich and Tuval-Machiach (1998) uses or analyses narrative material. Lemon (2006) extends this by illustrating that access to people's stories links others to their identity and further states that narrative provides insights into interconnecting forces enlightening relationships between the individual and society. Wilson (2007) also defines narrative enquiry as a way of connecting events, actions and experiences and moves them through time. This draws the researcher and participant together, making the relationship more productive if it is collaborative and enhancing the understanding of experience. According to Lieblich it gives respondents the venue to articulate their own viewpoints and evaluative standards (Lieblich & Josselson, 1994). Data can be collected as a story provided in an interview or in a different manner such as field notes or even in a personal letter. It can be used for comparison among groups, to learn about social phenomena or to explore individual personality traits (Lieblich & Tuval-Machiach, 1998). There are many forms of narrative models including (Holloway & Freshwater, 2007):

- The everyday story
- The autobiographical story
- The biographical story
- The cultural story
- The collective story

The everyday story tells of everyday experiences, with a time line of "now" extending no further than a week or even a month. The autobiographical and biographical story extends further into the past and makes links to the present and even the future. The autobiographical model attempts to link the individual to events that are distinctly different from another's perceptions, often of the same event. Biographical narratives also connect the individuals; however they feature the story teller in third person, recalling the event of another. Cultural and collective stories are used to make meaning visible in a particular social context. Holloway and Freshwater (2007), suggest that cultural and collective stories have transformative possibilities, meaning that the stories can change as they are reinterpreted over time.

How is it Used? All of the narrative models have common features. There is no defined rule on how to carry out narrative research other than premises that guide the framework of the narrative. All narratives must have a beginning, middle and an end. Like any story there is always a narrator and a particular audience (Amos & Wisniewski, 1995).

There is an increasing interest in narrative among qualitative researchers, particularly in the area of anthropology and humanitarian studies. The collection of stories from minority groups, such as indigenous people is providing vital information about sociological factors. Wilson (2007) suggests that recounting narratives through history has been a way for people to make sense of their experiences. Barton, (2004) a researcher from Canada, examined the significance of narrative and its place in research among aboriginal groups. She used the study to examine aboriginal epistemology in relation to the methodology of narrative enquiry. What she found is that narratives provided a dimension of interaction between the researcher and storyteller that gave an insight into cultural beliefs as well as a connection to arts and storytelling itself as a way to express and pass on oral history. She said that "Narrative offers me a way of understanding experience, and of imagining how I might research it. I propose that through the interactive activities of both the researcher and participants, the process of co-participating and co-constructing stories inherent in narrative enquiry reveals a circular way of understanding experience" (Wilson, 2007).

Lieblich and Jossleson (1994), who have both done extensive work in the area of narrative, also support the notion that through storytelling an understanding of the participant is attained and can be particularly powerful in shedding light into sociological problems. Barton (2004) also suggests that shifting the responsibility of the story onto the storyteller, gives the storyteller ownership over the information being provided. Amos and Wisniewski (1995) depict narratives as a type of discourse that draws together diverse events into goal directed processes.

Wilson (2007) also sees merit in applying narrative methodologies to Indigenous groups. He suggests the story teller provides important information about the group and individual, based on the storyteller's frame of reference. This information is often the only way of extracting clues to many historical and social issues disabling Indigenous groups.

What are the Problems with Narrative Enquiry? Like all research methods there are advantages and disadvantages. It has been identified that the main area of research in narrative enquiry is in trying to understand personal identities, lifestyles, culture and the historical world of the narrator (Lieblich & Josselson, 1994). Wilson (2007) highlights some problems he encountered when gathering information from librarians in regard to historical records dating back to the 1930s. He became painfully aware that the stories are always

open-ended, inconclusive and ambiguous, subject to multiple interpretations and identified three main strategies to increase validity in narrative enquiry, these are;

- Use multiple sources of evidence
- Establish a chain of evidence
- Draft a case study report to be reviewed by participants in the study.

The adoption of these strategies increases validity of data collected by the researcher.

Holloway and Freshwater (2007) also argue that narrative is a positive way to conduct research. However, they maintain that there are certain areas of concern. Firstly the critique of the narrative is not based on evidence. Therefore, data collected is based on personal experience and could be misconstrued or not seen as valid. Secondly, because of the methodology it can be interpreted as journalistic and not valued as much as some of the quantitative research.

Overall, narrative has the advantage of approximating the Australian Indigenous way of sharing knowledge. It is a bridge between the cultures, and therefore has the potential to enable researchers and Indigenous participants to achieve their goals.

Conclusion

Australia has evolved from an Anglo-Celtic culture and has adopted many of that culture's values which have subsequently become established as the protocols for research today. However, due to the cultural differences between Anglo- Celtic and Indigenous Australian peoples, this has created barriers for researchers collecting information from Indigenous people.

Aboriginal societies have always had an oral history, transmitting knowledge from generation to generation through stories. The conversation that takes place during dialogue between Indigenous people is unique. The values and beliefs about knowledge can conflict with those of non Indigenous researchers who commonly consider that the research process leads to their discovery of knowledge and therefore ownership of it by them. This conflict over intellectual property between non-Indigenous researchers and Indigenous people has led to the development of ethical guidelines that now need to be followed when conducting research. The core values that underline research include respect and confidentiality as well as benefits, outcomes and agreement around the research between the two parties.

Narrative enquiry has been identified as one effective way of collecting information from Indigenous people. Based on story telling principles, it allows the participant to communicate information in a way that is conducive to cultural and historical methodology. Narrative enquiry is a powerful way of extracting information about sociological problems and gives the story teller ownership over the information provided. Whilst it has its weaknesses such as ambiguity, information being interpreted in multiple ways or inconclusive, insofar as it gives the participant an opportunity to tell their story its merits outweigh them. It has the potential to be empowering to the participant. However it should be emphasised that a strong rapport between the researcher and the participants is critical for this kind of research to take place. The development of rapport should also facilitate the overcoming of any barriers experienced by the researcher.

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Appendix N - Toombs, M & Gorman, D 2010, 'Why do Indigenous students succeed at university?', Aboriginal and Islander Health Worker, vol. 34, no. 1, pp. 14-5.

Why Do Indigenous Students Succeed at University?

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Abstract

A great deal has been published on the disadvantage that Indigenous Australians experience which prevents them from undertaking university studies or of succeeding if they do.

Despite this, many Indigenous Australians do enrol in university and successfully complete their studies. This article will report on research that explores why these students succeed and argue that the underlying factor is resilience.

Findings about barriers experienced – what students are saying about barriers to their education.

Background/Overview of the study

Retention rates for Aboriginal and Torres Strait Islander students have always been low in tertiary settings. Historical factors including disconnection from family and kinship structures, poor health, low socio-economic status as well as family responsibilities contribute to the complexities accompanying Aboriginal and Torres Strait Islander students into university. These issues can all impact on the social and emotional wellbeing of the student.

The focus of this research is to investigate whether demographics, students' experiences prior to entering university, family responsibilities, intergenerational pain, intergenerational history and family expectations, determine a student's success or failure at university and, in turn, their social and emotional wellbeing. A selection of six participants from seven universities were interviewed for this research. Interviews with participants have revealed many factors affecting wellbeing. Adversity and poor health are often at the forefront for many of these students and yet the strength of character and resilience that came through in the interviews was quite overwhelming. The conversations that evolved have been quite humbling and it is a privilege that participants felt comfortable enough to share, often very private historical impacts on their lives and their families and the community in which they live. The conversations with participants involved participants sharing stories of turmoil, illness, suicide and death, but coupled with these stories of tragedy followed stories of hope and an inner strength by participants to reach their goals and complete university. The underpinning factor in all of this appears to be an inner strength that exists within these participants. This is also referred to as resilience and it is this resilience that will be explored within this article.

Resilience

The notion of resilience is based in psychological and human development theory and has been researched for about 25 years. Garmezy (1993) is generally accredited as the founder of resilience research and his work was inspired by observations of people with schizophrenia (Hegney et al. 2008). According to Hegney et al. (2008, p. 13), "many theorists agree that resilience is a highly complex phenomenon composed of multi interrelated dimensions. Lam & Grossman (1997) suggest that the overabundance of research examining resilience has been a consequence of the richness of the construct" According to Hegney et al. (2008), "There is no universally accepted definition of resilience, nor any consensus as to how it ought to be measured". However, there are accepted definitions of what it may be. Dell (2005, p. 4) defines resilience as "the extent to which someone can recover from adversity. A resilient person is often compared to a rubber band. They have the ability to bounce back in spite of significant stress". Recently, the term resilience has been used to describe an individual's ability to manage or cope with significant adversity or stress in effective ways (Dell 2005). Lam & Grossman (1997) refer to these strategies as "protective factors" that help with recovery from adversity. Interestingly, resilience in Indigenous communities is viewed by many as holistic. That is, without a strong resilient community, an individual can't be resilient. The same themes as mentioned as social and emotional indicators appear to also contribute to resilience. The resilience framework developed by Kumper (1999) highlights the environmental context in which the individual lives, along with the relationship between this and internal resiliency factors. The internal resiliency factors highlight spirituality, behaviour, physical, cognitive and emotional constructs as indicators to the theoretical domain of good resilience. Block (1993) describes a process within the individual called "ego control" as paramount to a person's level of resilience. Ego control is defined as the kind of control an individual has over their own impulses" (Block 1993, p. 23). A person with good ego control, also known as ego resilience, is resourceful and adaptive. If an individual has poor ego control, they are deemed to have poor ego resiliency. This can mean the person is slow to recoup after stress. Interestingly, the literature suggests that it is possible to develop resiliency over time, if acceptance of the situation can be achieved. The focus of most research on resiliency points towards oppressed groups and, not so surprisingly, Indigenous peoples.

Evidence of Resilience in Indigenous University Students

Participants commented about their resilience and noted that they either did or did not have good resilience. In two instances a support person was present during data collection and laughed when the participant stated that they had poor resilience. The support person laughed at the notion that the participant could ever say they had poor resilience given their

life circumstance. All participants agreed that resilience was necessary for survival at university in the face of underlying stresses that participants experienced. Family obligations such as "sorry business", family community commitments as well as chronic mental and physical illnesses and financial difficulties were all noted as stressors. Literature supports the notion that resilience in the face of adversity is important. McKendrick & Ryan (2001) found that losses, trauma, grief, poverty and marginalisation for Indigenous people is high and to have good social and emotional wellbeing, high levels of resilience must be present.

Most participants have been heavily impacted by trauma, grief and loss. Adversities such as homelessness, poverty, and mental and physical illness were all discussed. Grief and loss also heavily impacted on many participants who shared story after story of their loss. The very fact that students are managing the commitments of university, despite the adversity in their lives is surely evidence of resilience.

The following conversations exemplify the adversity that these students are overcoming to succeed at university.

Conversations

The information in this part of the article will be written in the first person. The first author (Maree Toombs) wanted to convey the importance and value of the information provided by participants and thought it would undervalue the data not to convey information in this way. Pseudonyms will be used to personalise the participants and conversations that took place with each of the six participants in this article.

Participants came from different environments and responses varied to the question about their resilience, either agreeing or disagreeing that they were resilient. Some changed their minds as they talked through the concept. On three occasions, a student support officer who sat with participants during their interview interjected and said "of course you are resilient look at the adversities that you have overcome". The participant would then think about this and agree. Unfortunately the stories shared all had an element of adversity and hardship, but with this there was a quiet acceptance. For the purpose of this article five snap shots of participant's conversations have been chosen. Although there are currently thirty six participants who have discussed the notion of resilience, these five best depicted the similarities that existed.

Participant One

Gracie comes from a remote community and lives a very traditional lifestyle. Gracie has strong connection to country and is very homesick; she is currently living a long way from home and interstate to complete her studies. English is her second language and this made the interview process quite difficult. When I asked Gracie if she thought she was resilient she said she did not understand the concept of resilience and yet was demonstrating it in the fact that she is living in a large city in a different state thousands of kilometres from her homeland, without family or community support.

Participant Two

Sally said she wasn't sure if she was resilient and yet she is living with clinical depression, unsure of her identity due to intergenerational family separations brought about due to the assimilation policy and forced removal of many of her family members including herself. Sally is also supporting two young children on her own whilst currently living in cramped conditions where she shares a room with her children. Sally is successfully engaged in university studies where she is in her second year of her chosen degree. Sally has a quiet acceptance about her life and said that University was the one stable thing she has.

Participant Three

Ruth shared stories of suicide and accidental deaths that left her without family members, and the responsibility of raising children as a result of these tragedies. She recalled taking time away from her studies to attend to her responsibilities in her family as the eldest to organise "sorry business" and how through poetry and humour she has been able to overcome her grief. Also suffering from a visual impairment, this participant has had to become resourceful in accommodating this impairment. Unable to afford glasses, Ruth has been using a magnifying glass to read course materials. When asked if she thought she was resilient she said yes but could not state why.

Participant Four

Teresa has a number of disabilities and long term medical issues she was born with as well as a number of others that have hindered her along the way. Along with her already existing disabilities/medical problems, Teresa has recently been declared legally blind. This poses a number of challenges for her, with the main and most obvious one being that she cannot see lecture material. When asked if she thought she was resilient she said "Yeh I think I am". Teresa's GPA is 6.33 and she is just about to complete her degree.

Participant Five

John attended a boarding school where he says he learnt to be resilient. "Being separated from my parents at such a young age was really hard but it taught me independence and freedom, also being the only blackfella made me have to stand on my own two feet real quick". The participant travels approximately eight hours to get back home and has family obligations that keep him tied to the community. " I always have to make sure that my assignments are done as soon as I get them, when that phone rings and it's family calling, I know I am in the car and driving back to community, that's just how it is." When asked if he thought he was resilient he said, "Well I must be. I'm not six foot under".

Conclusion

The relationship between adversity and resilience presented itself on many occasions and the stories of grief and loss were heard far too many times for there to be any coincidence about the similarities that individuals experienced as a minority group in this country. For these participants an acceptance of the difficulties they faced and ever-present determination coupled with a reserve of energy to succeed was evident. A parting question that needs further investigation is 'Whether participants have always been resilient and therefore are able to apply this to their life situation, or is it a phenomena that is characterised by the constant trauma and grief that many Indigenous people are exposed too?'.

Although the notion of resilience often presented as a vague idea that participants had about how they coped with life it did not extend beyond a passing comment of more than yes or no.

However, the ability to overcome their severe difficulties can be argued as evidence that these participants had a healthy

supply of resilience and that they would most certainly complete their studies.

Sonn & Fisher (1998) suggest that developing resilience appears to manifest from an individual's responses to their own adversities and how they respond to that of the community they live in. These participants are responding to their own adversities in their own ways but seem to be able to continue their studies, often under the most difficult of circumstances. While success in the face of adversity can be used as evidence that they possess resilience, perhaps it can also be proposed that the very existence of adversity may be the reason for the resilience. That is, that resilience is a result of the adversity that they cope with.

Whatever the cause of their resilience, there is certainly evidence that these participants possess it. Most participants initially had not considered themselves to be resilient but when confronted with their own experiences readily acknowledged its existence. It would be interesting to know whether recognition of their resilience had any impact on their confidence to succeed i.e. did it influence their resilience? Certainly if resilience is a factor in their success, then a significant strategy to increase the success rate of Indigenous students could be to increase their resilience. Sonn & Fisher (1998) suggest that resilience can be developed and the utilisation of strategies specifically aimed at Indigenous students to achieve this could make a significant contribution to the goal of improving the success rate of students.

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Participants Needed!

Helping Problem Gamblers
Kick the Habit

A Southern Cross University team of researchers is seeking to identify the reasons why up to 90 percent of problem gamblers don't seek out professional help for their addiction.

With about 400,000 moderate to severe problem gamblers in Australia, Dr John Haw, a research fellow with the University's Centre for Gambling Education and Research, said this research would help demystify the complex reasons why problem gamblers typically don't get help until they have reached 'rock bottom' and hopefully point the way to strategies that may encourage them to seek help earlier.

For this study Dr Haw and Professor Nerilee Hing will be interviewing problem gamblers at three stages of their addiction – those who gamble regularly and are contemplating help; those who have just made the first call for help by dialling the National Gambling Helpline; and those who are actively undergoing counselling for gambling. They are also interviewing recovered problem gamblers.

Problem gamblers are 'those who have difficulty in limiting the time and/or money spent gambling, leading to adverse consequences for themselves and/or the community', Dr Haw said, and they comprise over two percent of the population.

"In general these people don't seek counselling or any other kind of formal help until they are absolutely broke, have amassed a large debt and perhaps can't even afford to pay for food or their accommodation," Dr Haw said.

"When they feel they just can't sink any lower, they may try and get help. Often they don't seek help earlier because they may be in denial that they have a problem, or they may feel shame or guilt. They might have stolen or misappropriated money to gamble, having had a belief that they could gamble themselves out of debt or solve the problem themselves.

"But when all that fails, they may ultimately pick up the phone and call a counselling service for help. I hope this research can lead to some ways in which we can catch people earlier and let people know there's free help available to them, even before they start experiencing harm from their gambling."

Dr Haw is seeking to interview many hundreds of problem gamblers for his study – especially those with an Indigenous background or those from culturally and linguistically diverse groups. If you would like to participate in the research, please contact him on **john.haw@scu.edu.au.**

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Appendix O - Toombs, M & Gorman, D 2010, 'What Aboriginal students say affect their social and emotional wellbeing at university', Aboriginal and Islander Health Worker Journal, vol. 34, no. 6, pp. 22-4.

Recommendations from Research into What Aboriginal Students Say Affects Their Social and Emotional Wellbeing While at University

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Abstract

This article will report on the recommendations from a study that investigated what Aboriginal and Torres Strait Islander students said affected their social and emotional wellbeing. The study interviewed students from seven different universities and utilised thematic analysis to determine what the factors where. As a result, a number of strategies became apparent that could be implemented to optimise Aboriginal Torres Strait Islander students' social and emotional wellbeing whilst at university, and not only make the experience more positive but also facilitate their progression and completion.

Background to Study

In 1994 the University of Southern Queensland (USQ) conducted a research project focused on the early encounters Aboriginal and Torres Strait Islanders had with higher education. The aim of the project was to develop an appropriate curriculum for Aboriginal and Torres Strait Islander students to improve their learning outcomes. The project focused on drawing together the views of Aboriginal and Torres Strait Islander educators about the educational needs required to support Aboriginal and Torres Strait Islander students[5].

The students who participated in the study identified barriers such as family and relationship problems, lack of Indigenous content within curricula and dissatisfaction with particular courses as their main area of concern. Other issues such as homesickness and self-esteem issues were also identified.

At that time Nakata[4] expressed major concerns for Aboriginal and Torres Strait Islanders as they pursue education today, noting that for Aboriginal and Torres Strait Islander students, the pursuit of mainstream education was problematic as it also meant a compromise for the individual. That is, that the individual could run the risk of "losing out culturally". By this, Nakata was suggesting that for Aboriginal and Torres Strait Islander students surviving in a Western institution may come at a cost. "We risk losing our own knowledge and ways of seeing the world. We risk becoming assimilated into traditions that are not our own, becoming white thinkers in black skin"[4]. Nakata also noted that, to not pursue a Westernised educational pathway would surely mean that the disadvantage that plagues Indigenous communities would continue.

If Nakata's assumptions are correct, in particular that the disadvantage of Indigenous people can, at least in part, be addressed by education, then how do Indigenous students sustain their cultural identity and wellbeing and perhaps more importantly not incur a cost that is too great to bear.

Despite more than 16 years having passed since Nakata's comments, there is a dearth of research in this particular area. In particular, there is a need to explore the experiences of Indigenous tertiary students to determine what they perceived is the impact that university has had on their social and emotional wellbeing. It is in response to this need that the study reported here was undertaken.

It is important to acknowledge the historical context which contributes to the disadvantage of Indigenous tertiary students; that colonisation in Australia, and its aftermath, has left a legacy for Aboriginal people of historical impacts that continue to affect their health and wellbeing. These are exemplified by the disruption of family networks by Australian government policies and interventions that have led to the removal of Aboriginal and Torres Strait Islander children. Moreover, dispossession from lands, fragmentation of family networks, racism and a lack of cultural sensitivity in policy and service delivery, have contributed to the socio-economic disadvantage experienced by Aboriginal and Torres Strait Islander people[3].

Impact of White Colonisation (see Figure 1)

According to the Social and Emotional Wellbeing Framework[2], the history of Indigenous Australians since invasion and colonisation has been one of disempowerment and marginalisation. This has resulted in significant multi-layered disadvantage across all measures of wellbeing. The fact that the social and emotional wellbeing of Indigenous people has been considerably influenced by numerous complex factors such as alarming health problems, racism and the impacts of government policies, has led to the disintegration of culture and gaps in almost every aspect of Aboriginal and Torres Strait Islander people's lives.

Social and emotional wellbeing problems can result from grief, loss, trauma, substance misuse, physical health problems, child development problems, gender identity issues, child removals, incarceration, family breakdown, cultural dislocation, racism, and social disadvantage[2]. It is these factors which accumulatively weigh upon each Indigenous person before they even engage with a Western educational system or framework.

It is almost impossible to know any culture except from the inside as a member of a cultural group. It would therefore be impossible for universities to ever fully understand the complexities that form a culture and how this may impact on studying in an environment which is unlike the culture a person has come from. However, recognising that Aboriginal and Torres Strait Islander people come from a

diversity of cultures, experiences and geographical locations should be reflected in the design and delivery of curricula at universities. Australian universities are steeped in the Western paradigm, and ethnocentricity and bias have influenced the way in which they function. Given that Indigenous Australians are the most disadvantaged group in Australia and that education is a critical factor in addressing this disadvantage, it seems more than timely that we seek strategies to make education as culturally appropriate as possible.

Recruitment Process

At a 2009 meeting of the National Aboriginal and Torres Strait Islander Higher Education Network (NIHEN), members of universities were informed of this study, and offers of participation were made. Contact was made to organise dates and times for the researcher to visit and conduct interviews. Recruitment was undertaken through a series of strategies including emails, posters and promotion of the study through Aboriginal and Torres Strait Islander Support Centres at the respective universities. A total of 40 Indigenous students and Indigenous support centre staff, from seven universities, participated in one-hour individual interviews. Participating universities were in a variety of different locations in the Northern Territory, Queensland, New South Wales and Victoria, giving the study the opportunity to investigate whether there were differences in students' social and emotional wellbeing related to location, demographics, size, location (regional or urban).

Overview of Findings and Recommendations

A commitment by universities needs to be made to accommodate the specific needs of Indigenous students. Passivity is not an option if retention, participation and completion targets are to improve. The following recommendations have been developed, based on the data collected for this research. The following recommendations are an acknowledgement to participants that their voices have been heard in this study. Moreover, this study aims to give back to participants as is expected in the ethical guidelines for Indigenous research. Although this is the intention, it is dependent on the goodwill of universities to endorse such recommendations. Now is the time for universities to show leadership and to ensure that their structures, policies and frameworks allow for Aboriginal and Torres Strait Islander students to achieve equality with other students. There are indications that the quality and cultural appropriateness of education are important to the overall impact on the social and emotional wellbeing for Aboriginal and Torres Strait Islander people at university. Although universities recognise that Aboriginal and Torres Strait Islander students are a disadvantaged group, more needs to be done to recognise the distinct needs and to address the cultural differences that may be a barrier to success. Universities have an opportunity to respond to this through the following recommendations:
- Development of cultural competencies for all staff
- Implementation of development programs for support staff
- Development of resilience resource training package
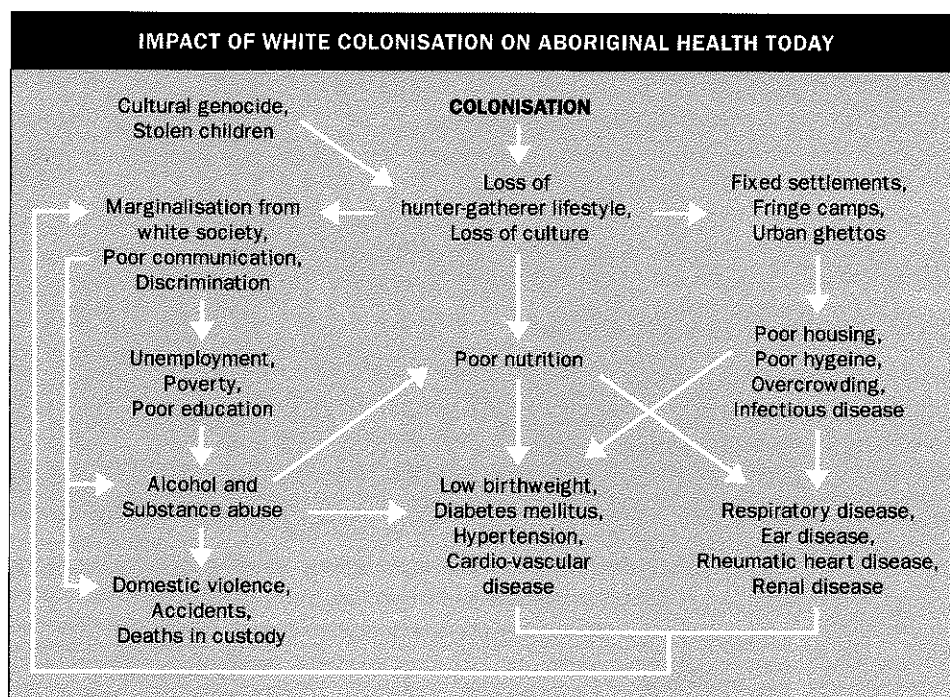- Further advancements of Indigenous Employment Strategy

IMPACT OF WHITE COLONISATION ON ABORIGINAL HEALTH TODAY

Figure 1. From Matthews 1997

Recommendation A:
Staff Need To Develop Cultural Competency
Rationale

The most glaring examples of students feeling unsafe related to racism. Unfortunately, most racist comments came from academic staff. A culturally competent staff member would reduce incidences of racism. It is proposed that universities formalise professional development programs and are not passive in their approach. These programs should be aimed at breaking down misconception and stereotypes and be embedded into university policies and procedures for all employees so that what has been coined institutional racism [8], can be reduced. The specific content that would go into these programs would include, cross cultural communication, culturally based learning styles, respect for cultural differences and interactions with students and how they manage the educational programmes. Indigenous staff and community members must be involved in the process and be consulted at all times in the decision making process.

Recommendation B:
Implementation of Development Programs
for Support Staff
Rationale

This research identified that there was no formal training for Indigenous support staff in how to support Indigenous students and in many instances student support staff were not adequately trained to deal with the issues presented to them. There was little indication of staff accessing support for themselves as a result of student problems. Student Relationship Officers have to deal with unacceptable pressures to support their students who are at risk of more than non participation at university. Homelessness, Domestic violence, mental and physical health issues as well as socio economic problems are all identified as major concerns identified in this research. Training should therefore include;
- Counselling training/Skills
- An established debriefing process for staff
- Mental health first aid training

Recommendation C:
Resilience Resource/Training Package
Rationale
Research has highlighted that resilience can be taught and lead to better outcomes for students if they possess good resiliency[1]. Six of the seven universities visited indicated that they saw the importance of such a resource and wanted to be involved in the development. The main purpose of a resilience training package is to provide support staff with a useful tool to further enhance students

Recommendation D:
Indigenous Employment Strategy
As part of the Indigenous employment strategy that should exist in all universities. Indigenous staff should be represented within faculties and not solely be employed in Indigenous support centres. Employment of Indigenous academics within faculties, there is evidence from participants that having Indigenous academics had benefits. Examples of these benefits are role modelling, giving a message that Indigenous students can succeed in their courses and that they are attainable and making the classroom feel more inclusive, and therefore potentially safer.

Conclusion
The main aim of this research project was to examine what level of social and emotional wellbeing Indigenous students experienced at universities. There were several main objectives of this research. The first was to determine what impacts university had on Aboriginal and Torres Strait Islander students' overall wellbeing. The second was to examine how Indigenous students coped with studying in a Westernised institution. The third was to determine what variables within the individuals' own lives affected their ability to cope at university. Finally, the study wanted to examine whether gaps existed within participating universities which may lead to poor social and emotional wellbeing and if so, what strategies could be implemented to improve outcomes for Indigenous students.

Interviews with participants gave insightful knowledge into what the university experience is like for an Aboriginal and Torres Strait Islander student and also what was required for the participant to feel happy about attending university.

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