

Higher Education at the Crossroads: issues paper

Achieving Equitable and Appropriate Outcomes: Indigenous Australians in Higher Education

Response from the Australian Network of Academic Public Health Institutions (ANAPHI)

1. Progress and completion rates of Indigenous higher education students are lower than non-Indigenous peers (pp. 13/14). With a lack of firm data, anecdotal evidence suggests that improved selection procedures could assist. The application of optimum selection procedures is a difficult task - similar difficulties have been found internationally with “minority” students (Tekian, 2000) - requiring considerable sophistication in enactment, yet with a paucity of good, local studies to inform best practice. Any mechanism involved needs to be both comprehensive and nuanced enough to balance the critical considerations of equity, overcoming past educational disadvantage in respect of students of high potential, with a factoring-in of the actual likelihood of successful course completion by a given student.
2. Questions are raised in the review concerning the continuing deleterious effect of cultural isolation and prejudice on student well being. Anecdotally, these also affect student retention and, thus, completion rates. Pro-active programmes and initiatives, building-on the burgeoning literature on notions of cultural security / cultural safety (Nursing Council of New Zealand, 2002), may assist to reverse this process.
3. The centrality of financial issues, in respect of the retention and graduation of Indigenous medical undergraduates, has been attested to by Garvey (2000). In relation to the question posed on p.23 of the review:

“How best can governments and higher education institutions work together to improve the effectiveness of government-funded programmes?”

consideration might be given to allocating *additional* financial resources in a matched, dollar-for-dollar, framework, *where institutions or units are able to attract additional support funding* from endowments, corporate or professional body philanthropy. Further, consideration could be given to dedicating a portion of any additional funding to “crisis” or discretionary funds. Versions of such funds already operate successfully (though in a restricted way) at a number of institutions. They have strict criteria, operate under an appropriate, accountable body (such as an existing, institutional Aboriginal Education Programme / Support Unit) and grant, or lend, *small* amounts to overcome specific financial crises (a crucial bill, attendance at a family funeral) that might otherwise have an impact on a student’s ability to successfully pursue or continue their studies.

4. Praxis in Indigenous health utilizes a *holistic* model as the only recognized pathway to improving Indigenous health outcomes. Individuals and organizations with carriage of measures to enhance Indigenous higher education retention and graduation rates could optimise their strategic approach by adopting *holistic models of student support*, recognizing that the secure base necessary for completion of tertiary studies by Indigenous students has three separate, but essential, components: income, cultural safety and academic support. Like a three-legged stool, the diminution of any “leg” can topple the whole.

Enhancing Indigenous tertiary students’ completions may mandate the development, testing and promulgation of best practice models encompassing such flexible, multi-factorial student support. One approach, worthy of research endeavour, would be the introduction of individual retention / progression plans, “tailored” to each student’s needs and educational profile, building on that student’s educational / personal profile proffered as part of their Indigenous or special-entry selection process.

References

Tekian, A. *Minority Students, Affirmative Action, and the Admission Process: A Literature Review, 1987-1998*. *Teaching and Learning in Medicine*, 12 (1), 2000, pp. 33-42

Nursing Council of New Zealand. *Guidelines for Cultural Safety, the Treaty of Waitangi, and Maori Health in Nursing and Midwifery Education and Practice*. March, 2002, <http://www.nursingcouncil.org.nz/pub.html>, last accessed Sept. 2002

Garvey, G. *Factors Affecting Career Progression of Australian Aboriginal Doctors*. Master of Education Thesis, University of Newcastle, March 2000

Prepared for ANAPHI by Dennis McDermott, Senior Lecturer, Indigenous Health, School of Public Health and Community Medicine, Faculty of Medicine, UNSW.

[Authorised by A/Professor Philip Ryan, Chair ANAPHI, Department of Public Health, University of Adelaide 5005 SA (philip.ryan@adelaide.edu.au)]