

Research Article

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Looking forward looking black: making the case for a radical rethink of strategies for success in Indigenous higher education

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Abstract

This study takes a retrospective look at the educational experiences of Indigenous health professionals who graduated from The University of Queensland's Indigenous Health Program between 1994 and 2005, to understand the enablers for growing an Indigenous health workforce capable of advancing the health of Indigenous peoples. Drawing on the qualitative accounts of 31 students and 9 staff members, this paper examines the enablers to educational success at this time, juxtaposed against current Indigenising agendas in higher education, of aspiration and capacity building alongside the task of embedding Indigenous knowledges within curricula. We look back not as a call to return to Indigenous-specific cohort courses but rather reconsider both the measures of and strategies for success in Indigenous higher education, within health and beyond, interrogating the ideological assumptions that inform them.

Background

This paper tells a story that has its origins in another time in higher education and Indigenous health; a time before the Behrendt and Bradley reviews of higher education (Bradley *et al.*, 2008; Behrendt *et al.*, 2012), before Reconciliation Action Plans and appointments of Indigenous Pro-Vice-Chancellors, before the restructuring of Indigenous support units, and the relocation of Indigenous academics into mainstream faculties with the lofty goal of embedding Indigenous knowledges in all that universities taught and did. It was a time before the growing critical mass of Indigenous health professionals, scholars, and undergraduate and postgraduate students evident today. This was the early 1990s, and in Queensland, the first Aboriginal medical doctor in the state graduated from the University of Queensland (UQ) (The University of Queensland, 2017). It was a time of a slow yet growing trickle of firsts in the Indigenous higher education timeline, it was a time when health was coming to the forefront.

It was also a different time in Indigenous health and Indigenous affairs politically. This was a time before alcohol and income management plans and interventions, and before Closing the Gap (Commonwealth of Australia, 2019), with its associated measures centred on Indigenous disadvantage and statistical surveillance of, and control over, Indigenous bodies and behaviours. It was instead an era of Royal Commissions and National Inquiries into the brutality of the state upon Indigenous peoples (Commonwealth of Australia, 1991, 1997) with an emphasis on Indigenous rights and Indigenous control of Indigenous affairs. This era was best defined by Prime Minister Paul Keating's infamous 1994 Redfern Address (Keating, 1992). It was a policy era of self-determination and self-management. It was at this time that the Aboriginal and Torres Strait Islander Commission was in operation, which, while not responsible for the Indigenous health portfolio, was instrumental in building and solidifying the Indigenous community controlled sector and, more broadly, Indigenous leadership in Indigenous affairs.

It was in 1989 that the first National Aboriginal Health Strategy was launched with John Newfong's foreword which insisted that the very real conditions that created the health disparities between Indigenous and non-Indigenous Australia be addressed. He was less concerned with the capacity of Indigenous people, instead highlighting the historical and structural conditions which created health and socio-economic disadvantage:

'In the planning of any National Aboriginal Health Strategy, the reality of Aboriginal Australia must first be addressed ... Not even to be kept alive for their labour, as indigenous people were in other parts of the British

Empire, Australian Aborigines were to become the only indigenous people throughout the whole of this Empire to be shot for sport, to be massacred en masse, or to have their waterholes poisoned ... As a result of this, history has tried to ignore the existence of Aboriginal Australia and, where this has not been possible it has used all the processes of mystification to deny, diminish, and to deprecate the dispossessed' (National Aboriginal Health Strategy Working Party, 1989, p. ii)

The National Aboriginal Health Strategy emphasised a preventative primary health care approach that was informed by an Aboriginal conception of health which extended beyond the absence of illness and disease to include quality of life, community self-esteem, dignity and justice. It was in this climate of the early 1990s that the Bachelor of Applied Health Science (Indigenous Primary Health Care), more commonly known as the Indigenous Health Program (IHP) was established at UQ. Through consultation with Indigenous community health leaders and other stakeholders across Queensland, curriculum development commenced in 1992 with the first student intake in 1994. The program aimed to provide greater training and professional recognition for the growing Aboriginal and Torres Strait Islander Health Worker (A&TSHW) workforce. The development of the IHP was not preoccupied with training Indigenous clinicians to work in mainstream contexts, but instead recognised the centrality of the Indigenous people currently living and working in Indigenous communities (typically the A&TSHWs) to advancing the health of Indigenous people.

Entry into the IHP was less reliant on tertiary entrance scores, and instead focused on potential students' experiences in Indigenous health. Initially, mature age Indigenous people with existing careers in Indigenous health were recruited, though this broadened out in subsequent years to a greater proportion of school leavers. Many of the initial students were the first in their extended family to attend university. The IHP drew heavily on Problem-Based Learning (PBL), which centred students' prior knowledge and experience as the basis for learning (Schmidt, 2012). Students worked collaboratively in small groups to identify their own learning needs in order to address an unfamiliar issue or problem. By the time the IHP graduated its last students in 2005, over 70, mostly Indigenous, students had completed this programme. In part, this paper tells their story as they look back on that trajectory. In today's terms, they were not large in number, but at the time they were a critical mass of Indigenous students in a higher education environment where Aboriginal and Torres Strait Islander people, if present at all, were likely to be isolated voices in disciplinary corners of large institutions where the dominant voices were yet to consider their roles in the oppression of Indigenous Australians. The IHP cohort are remarkable for their achievements in Indigenous health, with many employed in leadership positions across all sectors of Australia's health system and beyond, including within their own communities. We take this opportunity then to also look forward, to juxtapose their journeys with those we imagine for current Indigenous students.

Introduction: moving beyond the frontline

Funded by a call for research into Indigenous health workforce by The Lowitja Institute in 2017, we sought to understand how the IHP had contributed to the successes of the IHP cohort. Some of the research team members were former staff and students from the IHP who over the years had often ruminated over the

success of IHP (Bond *et al.*, 2019a). This study enabled us to retrospectively look at and map the careers of Indigenous health professionals who graduated from the IHP between 1994 and 2005, focussing on the background of each prior to enrolment in the IHP; professional milestones and significant professional relationships over a 20 year period across various facets of the health system. Of particular interest was the role that belonging to a community of Indigenous health professionals had played in the careers of IHP alumni and the enabling factors that have seen members of this multidisciplinary cohort assume diverse leadership roles. This allowed for a complex analysis of the path to leadership for Indigenous professionals elevating their Indigenous knowledges, insights and experiences in order to advance a more sophisticated Aboriginal and Torres Strait Islander health workforce agenda. 'Moving beyond the frontline' refers to the task of promulgating a health workforce agenda grounded in both the collective goal and realities of Aboriginal and Torres Strait Islander health workforce leadership across the health system, moving beyond the existing emphasis upon aspiration and capacity building within specific health professions.

The Indigenous Health Program and Indigenising higher education

We view the cohort of IHP graduates as a marker of 'success', but not in their many firsts—first in family to attain this degree or hold that office—nor in the seniority and leadership roles they have achieved in mainstream health professions or academia. Rather we see success in their individual and collective stories of social transformation in personal and public, family and community and national and international contexts. This prompted us to understand how their IHP experience contributed to their success, so defined. Importantly, this paper does not look back with rose coloured glasses nor does it call for a return to the IHP or similar incarnation. Rather it is a reflection upon the enablers to Indigenous educational and professional success, as interpreted and narrated by Indigenous peoples who entered academic institutions, many for the first time, and typically, with substandard prior educational experiences.

We consider their stories in the context of the current Indigenising moment of higher education within which most of the authors continue to operate. While the IHP cohort represents a very specific field of Indigenous primary health care educational experience, these individual and collective stories form a powerful counter-narrative to the ideological assumptions underpinning broader Indigenous engagement approaches in higher education in this present time.

Lester-Irabinna Rigney (Indigenous Higher Education Reform and Indigenous Knowledges, 10 May 2011) provided an instructive genealogy of those ideological assumptions in his report provided to the 2012 Review of Higher Education Access and Outcomes for Aboriginal and Torres Strait Islander people. His outline of the development of the prevailing official stance towards Indigenous education shows a disregard for Indigenous cultural education manifesting in a progression from 'servant education' and, missionary Christianisation, to a policy of assimilation and absorption. While Rigney locates assimilation and absorption policy in the decades between 1930 and 1970, and sees events such as the 1975 Federal Race Discrimination Act overtaking it, the question of stance, disposition or ideology remains an open one. Rigney refers to Deirdre Jordan's 1985

report, highlighting Jordan's determination of supposed Indigenous culture, background and low self-esteem as negative factors that might be overcome by, for example, the development of Indigenous enclaves within universities although she did have reservations.

We observed elsewhere the emergence of an Indigenous health workforce literature and the role of higher education in the early 2000s (Bond *et al.*, 2019a). This literature has been less concerned with Indigenous cohorts and enclaves, and more focused on keeping count of Indigenous participation in health professions with population parity typically set as the marker of success. Medicine and nursing are the health disciplines that dominate much of this literature, with a tendency to focus on student experiences of training, curriculum development and challenges around Indigenous recruitment and retention. We also found a small emerging literature authored by Indigenous health professionals which opened up a conversation about race and power. Yet, these articles were typically at the margins of Indigenous health workforce literature, featuring as testimonies of experience, which were at times discounted and dismissed (NITV Staff Writer, 2018). Such testimonies got us thinking about how power operates on Indigenous bodies across various health disciplines, noting the deep silence prevailing around that power within this current Indigenous higher education moment. Among the ways that silence is sustained is in the dominant discourse of psychologised concerns for individual motivations, aspirations and academic 'self-concept' as ways to understand the educational inequality facing Aboriginal and Torres Strait Islander people. Craven and Dillon's (2013) discussion of these concepts as components of 'the pipeline to higher education for Indigenous students' stand in stark contrast to the concerns of Bodkin-Andrews and Carlson (2013) who in the same volume instead ask questions about the workings of power in relation to epistemological and other racisms. Thus, while there is no lack of evidence that universities are challenging spaces for many Indigenous students (e.g. see Di Gregorio *et al.*, 2000; Wilson and Wilks, 2015), there is too often a silence about the arrangements of power which underpin that experience.

The contrast between today's silence and the recollections of the academy that IHP graduates shared with us, is in keeping with that between the framing of the present *National Aboriginal and Torres Strait Islander Health Plan 2013–2023* (Australian Government, 2013) and the *National Aboriginal Health Strategy*. Where Newfong demanded a reckoning with history and the unjust exercise of power by the state at the threshold of discussion around Indigenous health, the current health plan is prefaced by ahistorical, seemingly apolitical aspirations to statistical health equality. Through this paper we have sought to bring these disparate dialogues together in conversation to think more deeply about the current strategies for bringing Indigenous peoples into higher educational institutions and the rationale behind the push towards greater Indigenous participation in those institutions, centring the experiences and knowledges of Indigenous peoples.

Methods

This qualitative study enlisted a strengths-based approach in both data collection and analysis, and privileged the narrative accounts of a multidisciplinary cohort of Indigenous and non-Indigenous IHP graduates and staff. The interviews were part of a collective reflective moment which helped generate what Minichiello *et al.*

(2008, p. 82) refer to as 'a productive interpersonal climate'. We sought to honour and celebrate the remarkable individuals who made up the IHP cohort while at the same time provide a critical analysis of the social and political structures which were never going to make that success easy. Led by a predominantly Indigenous investigative team (including researchers from UQ, Queensland University of Technology (QUT) and Bond University) that included former IHP staff and graduates, we explicitly sought to foreground Indigenous testimony in enhancing understandings of Indigenous health workforce leadership and development. Thus, the research employed the decolonising notion of research 'with' rather than 'on' (Webster *et al.*, 2019). Ethical approval was granted by the UQ Human Ethics Research Committee (approval number 2017001869).

Participants

Purposive and convenience sampling was used to recruit 31 IHP graduates and nine former staff members (both academic and professional). A network recruitment strategy was employed, whereby IHP alumni were contacted to attend an 'IHP Symposium and Reunion' in Brisbane (UQ News, 2018). Contact with alumni was facilitated by accessing the graduates contact details held by the UQ Alumni and Community Relations Centre, and existing IHP student enrolment records, in addition to the research team promoting the Symposium to known IHP graduates in their professional networks.

Of the 31 alumni who participated in this study, 25 (81%) were Aboriginal and/or Torres Strait Islander, 17 (55%) were female and 20 (65%) were the first-in-family to attend university. Most participants (94%) graduated from the IHP while the remaining two completed degree programmes at other universities. Further study had been undertaken by 21 (68%), including Graduate Certificates (4), Graduate Diplomas (1), Masters (8), PhDs (7) and Medical College Fellowships (1). Alumni were employed in a range of sectors including government (35%), Aboriginal Community Controlled Organisations (29%), academic institutions (29%), not-for-profit sector (3%) and 'other' (3%). Of the nine IHP staff who participated, eight were non-Indigenous and four were female. Included in this cohort are CEOs of medical services, senior academics, GPs, clinical specialists, policy advisors, programme managers and community workers.

IHP symposium and reunion

The IHP Symposium and reunion attracted a total of 51 people which included 30 IHP alumni and 12 former IHP staff and 9 research team members, some of whom were former IHP staff or students. One aim of the symposium was to introduce the research project and obtain informed consent from alumni interested in becoming involved in the project. The symposium featured a series of panel discussions involving former staff and students to prompt discussions and inform the development of a broad question guide that was used in the subsequent key-informant interviews. A full report on the symposium is available from the Lowitja Institute website (Bond *et al.*, 2019b).

Data collection and analysis

Semi-structured key informant interviews were conducted with consenting alumni and IHP staff. Some interviews occurred on the day of the symposium, and others were conducted later.

To facilitate inclusion of alumni located outside of Brisbane, members of the research team travelled to Sydney and Cairns to conduct face-to-face interviews with alumni (the latter location ensured participation of Torres Strait Islander graduates). Additionally, six phone interviews and three written interviews were conducted with alumni who were unable to attend a face-to-face interview due to time or geographical location.

Participants were asked to map their career trajectory since completion of the programme; describe the factors to which they attribute their success; account for their development of those attributes; list fellow graduates with whom they remain in contact; describe the nature of those interactions; and other questions which arose from deliberations over the symposium. Interviews were transcribed, de-identified and thematically analysed by the primary Research Officer. All research team members participated in developing an initial coding framework, that was refined through a process of comparing each other's coding and analysis.

A deliberative, dialogic process was undertaken in the refinement and interpretation of the findings. The preliminary findings and key themes were presented at the *National Conference on Indigenous Health Workforce Leadership* (Poche Centre for Indigenous Health, 2018) and further refined based on the ensuing discussion. The refined findings were then presented to a student-centred Indigenous health workforce symposium, and again, refined based on the ensuing discussion. The full findings of the report are available elsewhere.

What we present here are not neat findings, with a neat set of recommendations to follow. The neoliberalised space of higher education regularly demands such neatness. As tantalising as this sometimes seems, it is also a place of oversimplification and underachievement. We came to the themes below through the process of shared inquiry, not with the intent of creating binaries, but with a shared desire to ask better questions about the current Indigenising moment of higher education in Australia specifically in relation to Indigenous recruitment and retention along with the task of embedding Indigenous knowledges within curricula.

Aspiration or inspiration?

'The capacity to aspire is not evenly distributed in society', note the authors of the *Behrendt Report* (2012, p. 20). They go on to focus on the aspiration to participate in higher education, and list the following detriments for Indigenous students: 'lack of confidence in academic ability, low expectation of academic achievement by teachers and career advisors, and a lack of understanding among family and friends about the opportunities that higher education offers' (2012, p. 20). Our findings, however, complicate this view, and highlight the difference between capacity and capability. Reflecting findings of the *Behrendt Report*, many IHP graduates had low expectations of their capacity for tertiary education prior to enrolment. Nonetheless, they still enrolled into the programme, and they generally did so because they wanted to make a change within their own community.

'Because my job as a Wardsman, you know I got to see how many people come into the morgue and just, I couldn't believe how many [of our] people were dying ... I just couldn't believe it. The morgue was never empty, it was never empty.' [Indigenous student 03]

Several graduates talked about the value of entering higher education for helping to reimagine themselves and their potential

achievements. This was not about the inculcation of aspiration, but the process by which they came to see themselves as change-makers. The regular stigmatising and fatalistic accounts of Aboriginal and Torres Strait Islander communities and their 'problems', which remain part of the dominant national discourse, were replaced on their IHP journey—a programme of study that recognised student capability, provided a suite of useful academic tools, and accepted as given the imperative to bring about social change—with the recognition of their capacity to make a difference.

'The yarns you could have and to be affirmed and – and what we were studying was not look at how bad Blackfullas are, it was like how do we change the system to make things better for our mob. And, that was so exciting to me.' [Indigenous student 02]

In considering the impact of the IHP, graduates spoke not so much of how many completed it, but rather the extraordinary change-making capacity of members of their cohort:

'The actual numbers of graduates from this program over the course of a decade are not huge in the scheme of things in most undergraduate courses, but the strike rate in terms of those completing and not just completing but absolutely transforming their lives and those of their communities, and in quite senior positions now, leading the way, I mean, I don't know whether there are other projects that can boast such an amazing alumni as this program can.' [Indigenous student 02]

Not all graduates, however, found the career progression path post-graduation straightforward. The structural impediments surrounding the A&TSHW role in the health sector and state health systems remained as problematic for some upon graduating as it was on entering.

'... they [the line manager] actually made a point of letting me know that they increased the level, because it used to be OO2 [Queensland Health Operational Stream Level 2], the trainee level, but they made it OO3 for me given I had a degree. And, what was so funny was that the lady who cleaned my office got paid more than what I did. And so, I was like wow, that degree was really worth it! That being said, the skills that I had gained during that program, I was a very different kind of Aboriginal health worker, and I think that I was able to do some really good stuff out there as a health worker both in client support but more so doing community development type approach to health promotion, and do it differently and work in a very kind of ground up approach.' [Indigenous student 03]

Some graduates observed the irony of how they had, at times, been employed to help 'fix' discipline specific curricula, by the very disciplines that had once questioned the voracity of the generalist IHP:

'... the Faculty of Medicine was concerned that somehow this program would lower the standard of education here at the University of Queensland. And a lot of us, funnily enough, are now working in positions where we are fixing the curriculum to get it up to standard for our mob so that we can actually close the gap in health and equality.' [Indigenous student 02]

What graduates did *not* talk about in regard to aspiration is as much of a finding here as what they did talk about. While the pride in seeing their colleagues move forward in their careers was clear, the core component of aspiration here is not career progression but social change:

'This cohort [IHP] produced a particular kind of graduate, and not in the disciplinary way that the disciplines typically do to us. It really armoured up a mob of Blackfullas to go out and do some really awesome things ... It's really cool to think that this little program with such a small number of people has created this little army that's out there doing some really awesome stuff. They built an army. And, that was only a small number, and I think if we had more of that, I wonder what the landscape would look like. If we did more of this stuff of getting likeminded people together, particularly Blackfullas, and create this space where we can grow these kind of quite independent thinkers who could take on the world, then imagine what could happen'. [Indigenous student 02]

Interestingly, many of the IHP alumni we spoke with identified that they would be unlikely to gain entry into university in the current Indigenous moment. They are unlikely to have been actively recruited through current high-school-based aspiration building programmes which take for granted a correlation between high-school academic achievement and likely return on tertiary education investment. Our present backdrop is that of 'ideologies whereby the university moves ambivalently from the state to the market'; where the supposed 'commitment to widening participation' stands in tension with the ideals of profitability and market regulation (Delanty, 2003). Against this backdrop, many IHP graduates would likely have been deemed academically unprepared for university, and therefore considered a bad investment, even some of the high school leavers who had adequate tertiary entrance scores. Yet as Sellar *et al.* (2011) note, 'it is by no means clear that under-representation in [higher education] is caused by low aspiration, as opposed to holding aspirations for different ends or not having the capacity to realise one's aspirations' (p. 38). If readers avoid the trap of reading 'capability' in place of 'capacity' here, and instead recognise capacity as the possession of the tools or institutional means to effect change, the coherence of this quotation with the understanding of the IHP graduates is unmistakable. The accounts of the IHP graduates we spoke with also suggest that the reductive, dominant understanding of 'aspiration' ignore or underestimate the strength of existing Indigenous aspirations for liberation, and its potential to drive academic success in higher education, if given some accommodation.

Embedded and embodied knowledges

Zoe Todd, a Canadian Métis scholar, wrote a powerful Indigenous feminist account of the phenomenology of epistemic erasure within the academy (Todd, 2016). Given the frequency of accounts such as these, and the toll that such experiences take, it is unsurprising that the *Behrendt Report* advocates for the embedding of Indigenous knowledge across the university. Yet as Nakata (2002) explains, this process is complicated by virtue of the dominance of the non-Indigenous context into which this knowledge is being placed. 'In universities, the great mediator between Indigenous and non-Indigenous understanding is not us, is not Indigenous people or academics, but "the ontological world of Western knowledge systems"', he notes elsewhere (Nakata, 2004, p. 12, emphasis in original). 'Should I welcome his silence: better that he not address Indigenous thinking than to misinterpret it or distort it?', Todd muses (2016, p. 9). So high are the risks that the addition of Indigenous knowledges by non-Indigenous scholars will further racist, colonial tropes or in some other way be harmful, that the benefit of inclusion is not guaranteed. Nakata and the authors of the *Behrendt Report* seem to arrive at a similar prescription for appropriate and just means of locating Indigenous knowledges into the academy. The latter call for the

employment of Indigenous academics, and Nakata similarly advocates for a pedagogy that emphasises reflection on 'locatedness' or 'situatedness' (Nakata, 2004, p. 12).

Apparent in the accounts of IHP alumni is evidence that the IHP provides an example of what a programme that attends to these concerns might look like since it operated on the basis of an understanding that Indigenous knowledge is embodied. The IHP curriculum covered a large territory of 'health' ranging from knowledge about anatomy and physiology through to the structural determinants of Aboriginal and Torres Strait Islander health inequality. The content traversed health management, social science, public health, health promotion, clinical skills and research. Given the fluid space of 'Aboriginal health work' in the health workforce at the time, there was a freedom in the curriculum beyond the borders of a strict 'disciplinary' space. [Indigenous educator 01 (symp)] spoke of enjoying learning a 'whole raft of mad skills actually' noting that before IHP there were just a handful of Indigenous students who made it into more established health disciplines like nursing or medicine.

The Aboriginal and Torres Strait Islander reference groups who drove the design of the IHP made astute judgements about not only the breadth and interdisciplinary focus of the curriculum but also the pedagogy. PBL was chosen as an overarching learning and teaching process which 20 years later, graduates continued to refer to as central in their recollections of study.

As one graduate put it:

'The most significant factor for the program for me was the design of the problem-based learning packages, because it makes you think critically about health systems, health structures, diseases, something that most courses don't do or are now starting to do, which is really looking at the problem through a clinical lens and cultural lens, and then being able to really research that collectively in small groups and working through health problems. ... I still use that framework now in the work that I do'. [Indigenous student 14]

The PBL scenarios were essentially driven by narrative accounts of health-related situations occurring within Indigenous contexts. These were used as triggers for learning and teaching. A Torres Strait Islander graduate recalls their first encounter with a PBL scenario:

'We were introduced to PBLs ... For the first time I was I think engaging a lot. I'm in Brisbane and I'm doing a course and they mention a scenario for Torres Strait ... you had people asking me about certain demographics of Torres Strait, I feel like I'm included ...'. [Indigenous student 03]

Given a context of the failure of the Australian health system to adequately address the health needs of Indigenous people, and the related failures of health disciplines to critically consider their contributions to this failure, the potential for epistemic violence to be visited on Indigenous students is high. However, PBL provided a pedagogic means to reposition expertise into the hands of Indigenous people. It was not just that the stories were Indigenous, but as the Torres Strait Islander graduate above draws attention to, the expertise of Indigenous class members was not only valued, it was necessary. As a graduate recounted, this approach highlighted the value of drawing knowledge from multiple sources including community knowledge:

'I took back a lot of knowledge and experiences from the program that related to community setting. The skills I had in particular were about, when you think about the problem based learning and the exposure we

had to a range of different communities' problems and issues, it was really the ability to identify problems in the community or issues in the community and deal with them as community with other people in the community'. [Indigenous student 44]

This valuing of community agency and diverse knowledges enriched teaching staff too. Several of the non-Indigenous teaching staff were new to teaching, hence finding a position from which to teach in an explicitly Indigenous curriculum was a significant concern for them. PBL triggered the need for wide ranging expertise, therefore teaching staff were both teachers and learners in the PBL space, and indeed, in the entire IHP space. As one staff member recollected on their experience to the graduates:

'I feel like the best learning you can do and the best teaching you can do is when you're actually doing both at once ... Although we're sort of positioned here as teaching staff, for me I was kind of learning stuff as well, and I thank you for the gracious way in which you taught me so many things'. [Non-Indigenous educator 36]

Another non-Indigenous staff member spoke of the depth of the stories shared:

'It was on the drive from Woorabinda to Rocky. We were going out for tea one night, and I had to pull the car over because [I was crying so much] I couldn't see the road because you were telling me about your mum's funeral and it was bringing home the personal stuff around stolen generations. It still affects me 20 years later that story'. [Non-Indigenous educator 40]

Standing out across these dimensions of the curriculum experience is an orientation to an explicitly Indigenous agenda—a grounding first and foremost in tangible, material concerns related to the health and wellbeing of Indigenous people and communities. This is in contrast to approaches that begin with a particular discipline, and only subsequently attempt to locate Indigenous concerns within that predetermined field of enquiry primarily prompted by the dominant deficit discourse (see Hart et al., 2012). The lack of a clear disciplinary agenda or pigeonhole was known to be a concern to some within the health disciplines which surrounded IHP within the architecture of a Faculty of Health. This lack of 'discipline', however, enabled Indigenous knowledge to be freed from the downcast position of a 'perspective' on the non-Indigenous constructs of 'the disciplines'.

Unfortunately, that downcast position seems to be the dominant one at present. A telling case in point is the experience of specialist training endured by Australia's first (and at the time, in 2018, sole) Indigenous ophthalmologist, Kristopher Rallah-Baker. 'There is lack of knowledge within the medical system of what it is to be Aboriginal, institutionalised racism is endemic and the system remains culturally unsafe', wrote the Yuggera and Juru-Birrigubba ophthalmologist (see NITV Staff Writer, 2018; Fryer, 2019). In his response, the then CEO of the Royal Australian and New Zealand College of Ophthalmologists (RANZCO) asserted that 'RANZCO Fellows have a proud tradition of caring for Indigenous Australians' (Andrews, 2018).

One wonders how many Indigenous students in tertiary education today have had claims of racism flatly rejected, and then had their efforts at redress rendered invisible by institutions which claim an appetite for embedding Indigenous perspectives. The IHP experience brings into stark relief the insipidness of a call for Indigenous perspectives cast as yet another diversity

project or worse, an emancipatory one (Ahmed, 2012). It illuminates by contrast the embodiment of knowledge (Ochieng, 2018), and the unsettling nature of unassimilated Indigenous presence even within the contemporary Australian university (Watson, 2005; Mukandi and Bond, 2019).

The 'Enclave' as enabler of Indigenous intellectual excellence

The IHP learning environment—small classes; full-time study requiring attendance Monday to Friday, morning to evening; location off the main campus, in an old building within the hospital grounds—was an enclave far beyond that envisaged in the Jordan report (Jordan and Howard, 1985). Jordan cites the NAEC definition: 'An enclave support program is where Aboriginal students enrolled in standard courses within institutions are given additional support appropriate to their culture, lifestyle and educational background' (1985, p. 6). She then identifies that the 'essential elements' of the enclave are provision of academic and social support, and 'a situation which promotes a positive sense of Aboriginal identity' (1985, p. 7). In contrast to the National Aboriginal Education Committee's (NAEC) advocacy for enclaves, Jordan was concerned that 'enclave programs limit choice for students, and centres would become focused on delivering "Aboriginal knowledge"' (Reid, 2004, p. 87). The 'enclave' here is a metaphor derived from urban studies, where the ethnic enclave is 'defined as segregation by choice', as opposed to 'forced migrations' into the ghetto (Varady, 2005, p. xii). Jordan's concerns mirror those of Varady, who sees potential danger in enclaves 'if this ethnic clustering restricts intergroup social interaction, or if it retards integration into the larger society' (2005, p. xii). This suggests a background ideological tension between recognition of the benefits of Indigenous educational spaces in which Indigenous knowledges, culture, educators and students are at home; and the fear that such spaces place those Indigenous educators and students beyond the bounds of the status quo. Jordan was weary of 'segregation'.

Separate educational spaces for Indigenous students were rightly justified as a way to 'establish a sense of community within which [Indigenous students] can construct and maintain their Aboriginal identity. Within such a space, they are, temporarily a majority group, and not an oppressed minority group' (1985, p. 16). This remarkably progressive insight is tempered by the inability to imagine a university in which Indigenous enclaves are more than refuges, but loci of serious, rigorous, Indigenous intellectual work. Hence Jordan's proposal that 'the term "enclave" be abandoned; the adoption of the term Support System for Aboriginal Students in Higher Education (SSASHE) is proposed as a substitute' (1985, p. 35). This illocutionary change has the effect of advocating for assimilation and accommodation, while refusing to accommodate collective Indigenous knowledge production within the academy. Whatever the label to be applied here, there is potential for othering. Both Rigney and the Behrendt Review (Behrendt et al., 2012) navigate this tension by proposing models in which Indigenous people, knowledges and culture are 'built in – not bolted on' (Rigney, 2011, p. 11), with particular roles for both enclaves and institutions at large to play (Behrendt et al., 2012).

The IHP met the definition of 'enclave' with alumni painting a picture of a community that fostered and nurtured Indigenous students culturally and intellectually. The provision of support came from both staff and fellow students, taking form of assisting to remove barriers in the way of motivated students. In the words of some of the alumni:

'Our educators were not like any of the other study that I've done, not like any of the other educators who are very unapproachable because they have very large student populations ... our lecturers were there. You could always just ask a question, get some support ... They were really able to use their personal knowledge and experience to be able to support us to learn ... And, they were all just really dead and passionate and supportive of us. They wanted to see us graduate, so they helped us every step of the way ... that was really amazing to have some really strong leaders, and both [educator] and [educator] are non-Indigenous, but it doesn't really matter at the end of the day if they're there as a mentor and support. And, if they get it, they get it'. [Indigenous student 13]

The graduates spoke not only of the academic programme, but also emphasised the value of an everyday experience of being in an Indigenous space with other Indigenous people. The graduates spoke of the difference between feeling on the margins in previous mainstream educational experiences to being part of something which drew strength from their identity rather than assaulted it:

'So, programs like IHP really turned that type of stuff on the head, in that Indigenous students were essentially the critical mass learning. And so, they were no longer the minority within this group of a discipline specific program, but in actual fact they were the critical mass learning about the health of their own people'. [Indigenous educator 01 (symp)]

This sense of critical mass was expressed in ontological terms and was a source of inspiration and pride:

'I remember as an undergraduate student myself how incredibly powerful it was to actually walk into a classroom and it was just full of Blackfullas. So I think that [IHP] created a sense of empowerment for Indigenous people that had never been taught or done before within tertiary sector, and listening to those stories of success of those people that came through the IHP program - there's everything from medical doctors to policy makers to academics to a whole range and scope of leadership that really, it's the IHP program and that opportunity that has allowed that to happen'. [Indigenous educator 01 (symp)]

The sense of the IHP space being strongly occupied by Aboriginal and Torres Strait Islander people was also expressed in terms of family.

*'Well, one thing that sticks in my head is always around that being authentic. So when you've got a whole lot of Blackfullas in the room you just can't bullsh*t each other. People either know your family, who you're from, how you're connected to someone or whatever, right. So you've just got to be truthful about it. Those sort of things - so that's the first thing around that course' [Indigenous student 15]*

Another IHP student who transitioned to nursing found a strength in the authority of being an Indigenous person in that space:

'So I think our regulatory authorities have actually started to realise that Aboriginal and Torres Strait Islander health, certainly within nursing and midwifery, actually is a speciality, and it needs to be treated like a speciality, and so for Aboriginal nurse academics like myself that's 'A' incredibly empowering, but also my specialty actually starts to get acknowledged, and we get positioned as leaders within our field because of the acknowledgement of that. It's been a long time coming ...'. [Indigenous educator 02 (symp)]

A sense of community overlaps with identity, but we give it prominence here as a means to emphasise the significance of relationality. We also acknowledge that sense of community is not neatly

bounded and indeed it was the ways in which word-of-mouth community relationships worked which drew some people into the programme:

'So, from my experience in doing IHP I know that an Auntie of mine went through the program as well in a later year. She was a health worker and she decided to go through the IHP program to consolidate her skills and knowledge and her capabilities as an Indigenous health worker, specifically working in mental health. I do recall talking to her about the program prior to her enrolling, but also as she was doing it, and as she finished it as well. It was an opportunity for us to connect as well, because she had lecturers that I had and relationality is important. She was talking about people that I knew were doing the program, and that was important for me maintaining my connection to people I did the program with, but also for her and her development of relationships with the people and engagement with the program'. [Indigenous student 34]

Graduates observed the value of community in the classroom too:

'So, we didn't get a sense that there was a hierarchy ... we still respected everybody in the place. When I look back now, that's just like a community. It was a community for us. You have [program director] and an elderly woman in your class who's older than [program director], you still respect her ... just the same or higher than [program director]. [Program director] knew. There wasn't an imbalance ... it was just a comfortable place to be'. [Indigenous student 03]

This sense of community proved to have an enduring quality for many graduates who drew on their IHP community as they progressed in their careers:

'So, there is a community, I think, that has gone through the IHP program that's out there and we're still connected. So, connections I have now relate to connections that I had in IHP. It's unspoken, but there's a connection that was developed in that people just keep running into each other at particular times'. [Indigenous student 34]

It is also important to observe here that graduates experienced the IHP as a diverse space. While there was a shared identity at work and a shared sense of community, it was the diversity among Aboriginal and Torres Strait Islander people that several graduates enjoyed:

'... you had so many people with different beliefs and their different - come from the communities and things like that, you were taught ways of how people lived and talked and language and what was ethical, what wasn't. ... but the concentration of rich cultures and people, it was really quick learning experience for me, so I thought it was awesome'. [Indigenous student 13]

There is something here about the courage and strength drawn from Indigenous intellectual spaces—rather than a place simply of pastoral care for disadvantaged students (which is still important and necessary). It is these places that foster Indigenous intellectual excellence on Indigenous peoples' terms. The ability to theorise in predominantly Indigenous spaces is less about enclaves that shut Indigenous people out of the mainstream, rather it is an enabler to exercising Indigenous intellectual sovereignty in those same spaces, which demands a certain courage to speak back and a collective community to be called upon in seeking to effect change.

Indigenous intellectual sovereignty as success

Some 30 years on from the first National Aboriginal Health Strategy, Newfong's insistence that 'the reality of Aboriginal Australia must first be addressed' is as relevant as ever. The story of promise and progress offered by the current Indigenising moment of higher education sits in stark contrast to the annual Closing the Gap reports in Federal parliament which have chronicled over a decade of Indigenous policy failure in the areas of health, education and employment. The policy shifts away from self-determination to a new paternalism at the very moment Indigenous people were graduating with university degrees in record numbers is further confounding.

In the current Indigenising moment, there appears to be a preoccupation with numbers, students recruited, grade point averages and completions, which indeed form an important part of the story of Indigenous access and engagement in higher education. Sadly, those numbers have become the only way to measure success yet via the IHP stories, it is clear there are other measures of Indigenous intellectual excellence that may be found, if we are prepared to move beyond the stocktakes of 'the firsts' and 'the many'. Moving from statistical targets that never get realised to considering Indigenous stories, well before and long after the completion of an undergraduate degree, enables us to think more deeply about the experiences and aspirations of Indigenous peoples and reconfigure imaginings of and strategies for success that shift us away from institutional competitiveness to thinking more strategically about the significance of Indigenous intellectual sovereignty as a means for effecting social change.

The IHP graduates, from their most humble beginnings to stories of profound transformation reminded us of the emancipatory ideals that Indigenous engagement in higher education was principally founded upon. We met students who would be hard pressed to gain entry to university in this current moment but who had gone on to graduate and undertake further studies to occupy senior roles across the health system challenging rather than maintaining the status quo. This suggests to us a flaw of strategy in this current time in higher education, not simply in the account keeping, but rather, a fundamental flaw of strategy; one which seeks out high performing individual school students at the expense of Indigenous cohorts and community leaders who bring a wealth of wisdom and aspiration for transforming the conditions in which Indigenous people live.

The dominant view of 'aspiration' and higher education is reductive and misdirected, typically insisting that poor uptake is owing to a lack of aspiration among Indigenous people. But, Indigenous aspiration is there; it just isn't directed towards what the status quo wants to promote. We observed the deep inspiration to foster change that IHP students brought to the programme, and also fostered in each other. That type of inspiration is best harnessed and developed where institutional spaces, enclaves, are welcoming of and set up to harness and develop knowledge and skills which are embodied.

The IHP stories forced us to consider the prevailing narratives of Indigenous higher education whereby Indigenous support units that house Indigenous professional and academic staff are disavowed as a form of 'ghettoization'. Such imaginings reify the racialised location that Indigenous people occupy as bereft and impoverished, yet the ghetto, even in its most impoverished state, retains a certain richness as a community. Indeed, we heard about community frequently from the IHP candidates,

not only as a support network but as a place in which Indigenous intellectual sovereignty was cultivated and nurtured, pedagogically and ontologically. Such an experience remains elusive for many Indigenous students in this current Indigenising moment, where they find themselves one of a few Indigenous students in a school or faculty, and risk experiencing epistemic violence from the bolted-on Indigenous curricula that contests rather than affirms them as Indigenous peoples. Indigenous students who 'succeed' in such environments, whether intentional or not, are typically required to concede to an assimilatory agenda rather than an emancipatory one.

We may never return to the era of Indigenous-specific courses in higher education, and it may be some time yet when the dreams of an Indigenous university will be realised. But perhaps there is an opportunity to return to the philosophical ideals of education as emancipatory, and Indigeneity as capable. We then might return to our communities, the need to source students from them on their terms, the need to build communities in higher education and specifically Indigenous intellectual collectives—as places of excellence not substandard support systems for failing students. There's a certain irony in acknowledging the evidence from this study, that participation in an Indigenous specific space of learning did not restrict the capacity of the graduates to enter mainstream spaces of education, indeed the take-up rate into postgraduate mainstream spaces was extremely high. It is not as if 'the ghetto' got in the way of the agenda of making the mainstream safer for Indigenous students. Indeed, it's been an enabler through the students who have gone on to enter that space both as participants in gaining the qualifications from those spaces but also in being changemakers/fixers of those spaces.

In looking back some 20 years later and looking forward to the career trajectories of the IHP cohort in this Indigenising moment, we have been reminded of the conditions necessary for positive social transformation, and the possibilities for health education as a locus/lever for social justice. The challenge for higher education institutions is to consider how individual success in higher education, either interpersonally and institutionally might be better aligned with Indigenous advancement beyond its walls? Surely that would be real measure of success of this current Indigenising moment, and a real test of the aspirations and capabilities of those institutions for Indigenous peoples.

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