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***Collaborating for community-engaged scholarship in health and wellbeing:
A co-autoethnographic study of Indigenous self-determined researcher
development***

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Autobiographical Note

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Abstract

In this article, we provide an emic perspective of being uniquely positioned as part of Australia's only multidisciplinary Indigenous research network, the National Indigenous Research and Knowledges Network (NIRAKN). We used collaborative autoethnography and reflection in our practices and experiences. Our purpose was to better understand and improve the functionality of our research network and practice, and to offer some direction for the growth and sustainability of NIRAKN and similar networks. Our narratives strongly demonstrate that mainstream models of support for Indigenous researchers have major limitations for professional development and cultural safety, and do not meet our needs and realities. The significant message is that we need appropriately resourced exclusive spaces and must lead, develop and define the theoretical and cultural specifications and applications of Indigenous researcher support models in higher education institutions. The model should be cross-disciplinary, have national and international reach and be characterised by connectedness, cultural safety and self-determination, and be located in a resource-rich environment.

Keywords

Aboriginal and Torres Strait Islander, collaborative autoethnography, capacity strengthening, health, Indigenous, NIRAKN.

Introduction

The Australian *Review of Higher Education Access and Outcomes for Aboriginal and Torres Strait Islander People Final Report 2012* (Behrendt, Larkin, Griew & Kelly) stressed that "growing the number of Aboriginal and Torres Strait Islander people successfully completing higher degrees by research and moving on to careers in academia is critical to supporting future generations of Indigenous Australians to access and succeed in higher education". It also identified an urgent need to build research capacity of Aboriginal and Torres Strait Islander (hereafter, respectfully, 'Indigenous') researchers through promoting their knowledges and perspectives in Australian universities. Yet, there have been very

few attempts to establish and sustain formal structures in Australian universities that are dedicated to specifically supporting the collaboration and development of skilled, qualified, Indigenous researchers to be responsive to the research priorities and aspirations of our communities. Currently, this support is offered only to Indigenous Higher Degree Research (HDR) students¹, but does not generally account for Indigenous HDR students as a separate cohort to coursework or undergraduate students, nor provide individually or culturally tailored support mechanisms (Trudgett 2013).

Recommendations by peak national research institutions advocate for Indigenous leadership, autonomy and support through capacity strengthening in Indigenous research (Brands 2014; Elston, Saunders, Hayes, Bainbridge & McCoy 2014; National Health and Medical Research Council 2003, 2006; Thomas, Bainbridge & Tsey 2014). However, the seeming invisibility of Indigenous researchers within the discourses of academia and a trend towards mainstreaming is concerning. Failure to recognise Indigenous rights to self-determination, a fundamental principle enshrined in contemporaneous international law, and provide appropriate support for Indigenous researchers is underpinned by several complex factors including, but not limited to, deficiencies of: 1) Indigenous researcher role models and appropriate mentors (Department of Education, Employment and Workplace Relations 2009); 2) research capacity of staff in Indigenous centres, which are primarily tasked with cultural support, teaching and learning and pastoral support (Trudgett, 2013); 3) Indigenous research methodologies (Department of Education, Employment and Workplace Relations 2009); and 4) institutional and individual reluctance to transform power relationships between Indigenous and non-Indigenous researchers (Chino & DeBruyn 2006). Nevertheless, national funding bodies such as the Australian Research Council (ARC) and the National Health and Medical Research Council (NHMRC) recognise the value of supporting and developing an Indigenous research workforce. For example, successful contributions to increasing the numbers of Indigenous people as researchers have been provided by the NHMRC's population health capacity building grants, and, more recently, through a Centre for Research Excellence (NHMRC 2016). In 2012, the ARC funded the National Indigenous Research and Knowledges Network (NIRAKN) to strengthen the capacity of Indigenous researchers through its Special Initiative Scheme. NIRAKN is unique in that it was conceptualised, developed, led and constituted by Indigenous people. Nevertheless, despite efforts of these funding bodies, support has been piecemeal and neither funders nor universities have sustained the longevity of such programs. Indigenous people remain underrepresented in the research community and this has critical implications for raising the health and prosperity of Indigenous nations.

NIRAKN was funded as the result of a nationally competitive grant application process set out by the ARC for 2012 to 2016. It is a collaborative of 44 Indigenous researchers from 21 Australian universities and five partner organisations. Its work has the oversight of an advisory board and management committee; of which all members are Indigenous research leaders and Elders. NIRAKN operates through a hub and spokes model. The NIRAKN hub has overall accountability for administration, coordination, engagement, promotion and capacity building. It is responsible for the establishment of network values based on Yuriala (meaning *one skin* in the Jandai language of North Stradbroke Island); ensuring cultural safety, inclusivity and belonging for all affiliated groups; and ensuring Indigenous ownership and leadership of activities, research, methodologies and knowledge. The four spokes or nodes are responsible for the development and implementation of researcher capacity building and programs of research in: 1) Indigenous Health and Wellbeing; 2) Indigenous Sociology and Knowledges; 3) Indigenous Law; and 4) Yuraki: History, Politics and Culture (NIRAKN n.d.; Fredericks et al. 2015). Capacity

building workshops and activities were facilitated by the hub, for instance, annual week-long workshops for investigators, affiliate members and students; critical reading groups; national and international forums; research leadership; and masterclasses in Indigenous research methodologies. Individual nodes were also responsible for capacity building activities more broadly.

In this article, we provide an emic perspective of being uniquely positioned as part of Australia's only multidisciplinary Indigenous research network, NIRAKN. The article emerged from our work as Indigenous researchers who, over the past four years, established NIRAKN's Health and Wellbeing node. It specifically elucidates the collective journey in which twelve researchers engaged to co-establish, activate and meet the key aim of NIRAKN: "To provide a platform for new Indigenous, multi-disciplinary research and the establishment of a critical mass of multi-disciplinary, qualified, Indigenous researchers to meet the compelling research needs of our communities" (NIRAKN 2012). Twelve researchers (11 Indigenous and one non-Indigenous) from eight different universities across Australia collaborated for the purposes of developing this research article.

Context: The NIRAKN Health and Wellbeing node

The Indigenous Health and Wellbeing node focuses on an holistic, gendered approach to health as seen through a social and emotional wellbeing lens (NIRAKN n.d.). Nine women and two men worked alongside each other across a four year timeframe as part of the NIRAKN health node. We all held substantive university positions that included a pro vice chancellor, research professors, research assistants and higher degree research students; one is located at an Aboriginal community controlled health organisation. We constitute a multi-disciplinary research group with expertise in qualitative and quantitative research methods. Our specific areas of research interest are broad; they include men's health, women's health, child and adolescent health, resilience, family violence, injury prevention, education, language and culture, mathematics and sciences, origins of life and evaluation, research impact and health services.

Prior to the establishment of NIRAKN, few of us had worked together. We have now collaborated for four years, over which time we met virtually on a monthly basis and face-to-face biannually. We share the key characteristics of relevance to studying the nature of the research network. These include: supporting each other's research and academic endeavours; sharing successes, opportunities and challenges; collaboratively presenting, publishing and applying for research grants; and organising and facilitating researcher capacity building workshops under the broader banner of NIRAKN.

One of the most important enduring aspects of NIRAKN and an important learning from our involvement is the value of supporting research initiatives that actively engage the Indigenous communities in a program of collaborative research. The key foundational community initiative was to support [name removed], a community health service that provides support for women and families to improve their service delivery through research and evaluation. Other projects about engaging young people in their health and wellbeing were shared initiatives of the node. Individuals also conducted a number of projects. For example, a 12 month pilot project was to establish an Indigenous-led research multi-disciplinary collaboration of [name removed] researchers and local Aboriginal community organisations, with the aim of developing a broad social health research agenda that addresses the social determinants of Indigenous health within a regional context.

Across four years, the health node met face-to-face biannually. These meetings were supplemented with monthly teleconferences. Meetings were interspersed with time dedicated to node business. The key business of the node was about strengthening researcher capacity, community and partner engagement, and research and evaluation. Meetings also involved interesting and far reaching discussions about topics and issues arising for members, such as:

- recruiting participants and gaining support for community-based research projects;
- authorship and acknowledgement of community partners;
- the ongoing complexity surrounding Indigenous research ethics and researching in the Indigenous health space;
- gaining insights into the multiplicity of Indigenous research practices;
- the challenges of being an Indigenous academic in the university sector, including issues about embedding Indigenous knowledge in curricula;
- the experiences and challenges of being the ‘Indigenous voice’ on committees and the frustrations of achieving change.

Across time, we consistently reflected on how the dialogue developed and actioned strategies to improve the development, implementation and impact of the health node and related activities (see Fredericks et al. 2015).

Critiquing our practice as a collaborative

One could say that this article is a contemplation of praxis; where we collaboratively participated in “reflection and action on the world in order to transform it” (Freire 1984, p. 51). Our purpose for self-study was to better understand and improve the functionality of our research network and practice as a particular cohort of Indigenous researchers. Our ambition was also to offer some direction for the growth and sustainability of NIRAKN and similar networks. We did this through collaborative autoethnography. Specifically, the aim of the research was to collaboratively analyse our experiences of NIRAKN to better understand the value of NIRAKN for its participants, and, through critical reflection, improve practices in establishing such a network and developing Indigenous researcher capacity. That is, our gaze is directed both inward towards our own negotiations in the development of the Health and Wellbeing node, and outward towards negotiations of development for other Indigenous researchers in the network and beyond (Bainbridge 2007). We acknowledge that “any gaze is always filtered through the lenses of language, gender, social class, race and ethnicity” (Denzin and Lincoln 2005 p. 19). We explore how our individual experiences linked with the collective experiences of the health node and explain what worked well in NIRAKN, what did not, and how we could do things better to improve the outputs, outcomes and impact of the network and explore future recommendations. As researchers in the health node, we worked from an “epistemology of insiderness” (Reinharz 1992, p. 260), where life and work are intertwined to construct and theorise knowledge about our experiences in an Indigenous research network. Meaningful transformation of praxis was the aim of producing this work. We adopted a critical, reflective, action-oriented agenda to transform the realities in which we live and work (Creswell 2003). Thus, we also endorse the method of critical co-autoethnography—an amalgamation of critical theory and autoethnography to situate our lived experiences within larger systems of power (Boylorn & Orbe 2014).

Acknowledging our position

Firstly, we acknowledge that we share subject positions. We assert our positionality as emanating from our intersecting identities as university researchers working broadly within public health, community health, social determinants or other disciplinary frameworks and, through the common opportunities and challenges that we have experienced both as a collaborative and as individuals as part of our Indigenous communities, in and beyond NIRAKN. We also acknowledge that this research endeavour is a mutual construction, that we are intimately part of this research and that we all attach different meanings and interpretations to our experiences.

Methods

Narrative methods are useful in representing the “diversities of truth” (Bishop 1996, p. 24). Story telling is culturally sanctioned and, as narrators of our stories, we can retain control of these truths (Bishop 1996; Wyld & Fredericks 2015). Thus, we used our collective voices as constituents of NIRAKN’s health node as data for understanding the meanings of participating in a national Indigenous research network. The “value of inner knowing” (Bainbridge 2007) was prioritised in the generation of data. We used collaborative autoethnography as a method to collect and interpret our autobiographical reflections and adapted grounded theory methods for analysing and organising the reflections. We situate co-autoethnography on the autoethnographic continuum propagated by Ellis (2004, 2009) and others. Autoethnographic method is defined simply as “cultural analysis through personal narrative” (Boylorn & Orbe 2014, p. 17); a method in which the self is the site for interpreting cultural experiences (Ellis 2004) and can account for diversity and complexity in lived experiences. In this work, we distinguish our approach from the descriptive literary approach of evocative autoethnography (Ellis & Bochner 2000; Ellis 2004, 2009) and position it as “analytical autoethnography” (Anderson 2006). Analytical autoethnography is ethnographic work

in which the researcher is: 1) a full member in the research group or setting; 2) visible as such a member in the researcher’s published texts; and 3) committed to an analytic research agenda focused on improving theoretical understandings of broader social phenomena. (Anderson 2006)

The authors of this paper meet all three of Anderson’s criteria.

Collaborative autoethnography transcends the self-narratives of autoethnography. It involves the study of self and others by committing to theoretical analysis of social phenomena (Anderson 2006). Thus, data generated for this study was biographically grounded and had “experientially rich engagement” with the social processes under investigation (Atkinson 2006, p. 401). In collaborative autoethnography, individual participants “contribute to the collective work of their distinct independent voice. At the same time, the combination of multiple voices to interrogate a social phenomenon creates a unique synergy and harmony that autoethnographers cannot attain in isolation” (Chang et al. 2012, p. 24). Collaborative works, albeit growing, are still sparse (Hernandez, Ngunjiri & Chang 2015).

Collaborative autoethnography involves two or more participant-researchers and uses “data about self and context to gain an understanding of the connectivity between self and others within the same context” (Ngunjiri, Hernandez & Chang 2010, p. 2). It combines ethnography, self-analysis and biography (Ngunjiri, Hernandez & Chang 2010) to produce co-constructed analytical narratives. We claim our co-autoethnography as collaborative,

reflective, autobiographical and ethnographic. First, it is collaborative in the bringing together of twelve NIRAKN researchers to contribute a collective voice (Chang et al. 2012). Second, it is reflective and autobiographical in the sense that we generated data in the form of individual recollections about our personal and collective experiences of being embedded in NIRAKN processes across a four year timeframe. Third, the work is ethnographic of the most compelling kind of “being there” (Anderson 2006, p. 379). That is, the health node membership has been firmly positioned in various capacities inside the NIRAKN network with commonly shared patterns of belief, thoughts, values and expectations of how things should be done (Georgiou, Carspecken & Willems 1996).

Co-autoethnography fulfilled our methodological needs for three key reasons. First, it enabled us, as participant-researchers, “to explore self in the presence of others and to gain a collective understanding of our shared experiences” (Ngunjiri, Hernandez & Chang 2010, p. 12). Second, as Indigenous people who are commonly the subjects of ethnography, co-autoethnography is liberating. It provides an opportunity for us to become the authors of research through “a rewriting of the self and the social” (Reed-Danahay 1997, p. 2). Third, co-autoethnography engages usefully with Indigenous research aims through questioning the politics of representation and, in particular, that of voice and its authenticity (Bainbridge 2007). Relevance is clearly expressed by Pratt (1992):

If ethnographic texts are those in which European metropolitan subjects represent to themselves their others (usually their conquered others), autoethnographic texts are representations that the so-defined others construct in response to or in those texts ... Such texts often constitute a marginalised group's entry point into the dominant circuits of print culture (p. 7).

Despite applicability to need, there were also ethical considerations that required prior acknowledgement. We acknowledge and declare that we participated in this study with openness and vulnerability. For us, there were real ethical concerns emanating from self-disclosure. Ethics in co-autoethnography, as in all research and life, is about doing no harm and protecting ourselves and those embroiled in our stories. Thus, senior members of the node acted on behalf of the collective to closely inspect and assess our story work prior to review and publication to ensure safety. The development of a culturally safe, respectful and truly collaborative way of working together has been described previously (Fredericks et al. 2014).

Data generation and analysis

Data were generated through our reflective and analytical journaled entries in response to four key writing prompts that could be described as memory work. That is, the writing of memories around a trigger question or statement (Haug 1987). The trigger questions were: 1) How did you get involved? And how were you involved? What was your involvement like?; 2) What were the best things about being involved in the NIRAKN health node; 3) What could have been improved?; and 4) How could the future look? The writing was done independently and concurrently.

Data were analysed by one author, who also led the initial drafts (RB), and all members of the group participated in reviewing and redrafting the analysis. As a good fit with Anderson's (2006) notion of “analytical autoethnography”, a grounded theory method of analysis was adopted. Data were coded using open, axial and selective coding techniques and a constant comparative method was employed (Glaser 1992). Theoretical, conceptual categories that demonstrated a good ‘fit’ with the data that they reflected were assigned in the analysis of data.

Our experiences at NIRAKN coalesced around a shared concern and aspiration of *collaborating for community-engaged scholarship*. Four categories were identified as the phases involved in working towards health equity. These were developed by raising the codes to higher order categories and interrogating the data to explicate their dimensions. Theory building was continued by organising the categories into narratives that meaningfully captured our engagement in NIRAKN. The conditions of engagement, opportunities, inherent challenges and prospective development of the NIRAKN network are reported below.

Results

Collaborating for community-engaged scholarship was the key driver of our engagement with NIRAKN and the health node. This is what encouraged and maintained our commitment to NIRAKN as the flagship for leading Indigenous health and prosperity through research. To enable collaboration for health change, we were involved in a process of *strengthening researcher capacity*; of ourselves and others. *Being connected* anchored this process and was a critical condition for *tapping the potential* of the NIRAKN network and realising our goals of health equity for Indigenous people. To maximise the functionality of the node, we identified the need to *set change agendas*. Based on learnings from engaging in the NIRAKN network, we envisioned futures and strategies for progressing the potential of NIRAKN further. Determining futures required more actively *asserting our sovereignty* to decolonise systems and practices that would enable greater self-determination and ownership over our futures, and a better fit with our practice and aspirations.

Being connected

The establishment of NIRAKN was about building a network of networks as a platform to enhance Indigenous researcher capacity. *Being connected* with the broader Indigenous Australian researcher community was a logical precursor to becoming part of the NIRAKN network. For all of us, engagement in NIRAKN was initiated by invitation only: “I was initially invited to participate in the successful ARC Special Initiative bid.” “I was asked to be a participant on the original NIRAKN application as a scientist of Indigenous background from a Go8 university.” As NIRAKN members, we accepted the invitation to connect for one primary reason—creating new and building safe cross-disciplinary networks with like-minded research professionals who were interested in ‘getting things done’. Invitations were also extended to affiliates of NIRAKN. Affiliates were people who were not included on the original funding application, but were interested in becoming part of the NIRAKN network in a less formal role.

Being connected to other Indigenous researchers across Australia and working towards a common goal came with a great deal of passion and emotion. There was a general sense of privilege involved upon receipt of the invitation to form the NIRAKN network. One node member unreservedly jumped at the opportunity: “I immediately said ‘yes’ to this invitation”. This sense of privilege was accompanied by feelings of ‘being honoured, happy, excited, empowerment, delighted, uplifted and motivated’: “I felt honoured to be asked and was delighted when NIRAKN was funded and founded”. Another node member described how she felt: “It felt empowering to be involved in NIRAKN and to know that issues are being worked on, improved and that we are now being heard within the health sector.” Even the prospect of being involved in NIRAKN was enough for some: “I was very happy to accept that invitation with the prospect of being part of a national and

international network of Indigenous scholars working on an ambitious program of work designed to develop a pipeline of Indigenous researchers.” Others were enthusiastic about the prospect of NIRAKN as a platform for ‘being heard’.

Being connected also inferred multi-level involvement in NIRAKN. We described ourselves as having multi-faceted roles; as chief investigators, researchers, students, leads, mentors, mentees, governance committee members and conduits between community and academia, and the NIRAKN hub and the node. For some, NIRAKN membership meant being involved across various nodes. Becoming part of a node, however, was discretionary and dependent on individual members’ research affiliations and interests. For instance, several health node members were simultaneously part of at least two NIRAKN nodes. For some, however, reconciling our NIRAKN roles and substantive work roles was difficult. In particular, one member felt constrained in their NIRAKN role after taking up a position with less research time and flexibility. A health node member described her situation: “I would have been more fully able to undertake the role I wanted to play if I was still at my previous institution, as research was my primary role. My new role has made many aspects of research difficult.”

Being connected enabled us to build safe and diverse networks. Safety within the network was critically raised by almost all node members. A node member succinctly summed up the nature of the space that *being connected* generated for us: “A safe and engaging space was created that invited growth, diversity and Indigenous scholarship”. Many of us felt that the social and cultural alienation of academia, and being part of NIRAKN, filled this critical need and promoted research productivity: “Being part of a bigger family was inspirational rather than feeling isolated, alone and undervalued”. NIRAKN engagement provided that safe space and “helped to actively engage in research and publication.” Having a safe environment in which to work enabled opportunities for us to get to know our ‘self’ and our ways of working with others: “I have also gained [an] insight into my own way of working and preferred way of working. I know what some of my stressors are now, in ways I didn’t know before ... it is a good thing.”

Also important was the organic nature of collaboration and capacity strengthening. Peer support and opportunities were not scripted for us by NIRAKN. Rather, our pursuits were spontaneously developed because we shared a safe and supportive environment. Critically, contributing to this was having a sense of belonging and value: “Being involved in NIRAKN helped us all to grow in confidence and affirmed that we had a place and could make a real contribution in higher education.” NIRAKN provided the first chance for interdisciplinary collaboration for some of us: “This was the first opportunity I have had to dip into research fields outside maths and the physical sciences.” This provided the impetus for research growth in areas that were previously untapped: “These cross-disciplinary interactions also gave me the germ of a novel research idea.”

While NIRAKN facilitated opportunities for strengthening our capacity, it also strengthened the capacity of emerging research students and early career researchers within and across institutions. “I have tried to capacity build emerging researchers and students at my own institutions and at other institutions ... and worked with partner organisations.” Another node member said,

I was privileged as an early career researcher (ECR) to be mentored by senior Indigenous researchers in NIRAKN that took their support well beyond researcher capacity development. As an ECR, and now mid-career researcher, I also had the opportunity to support and facilitate research capacity development for more junior researchers and students.

Another responded that, “My capacity as an early career researcher and scholar has assisted me greatly by being part of NIRAKN.” Research skills and management were facilitated: “I have been able to participate and be exposed to how large virtual networks are operationalised including the management of a research grant.” Collaborating and growing through NIRAKN also went beyond the here and now; it set up future prospects: “Through the network, strong collaborative links have been developed, which have enabled plans for future projects beyond the life of NIRAKN.” For instance, one such collaboration with a partner institution resulted in a competitive funding application as partners.

Tapping the potential

NIRAKN is held in high regard and our privilege and participation in the network is greatly valued by all. Our shared interest of *collaborating for community-engaged scholarship* drove our active engagement in *tapping NIRAKN’s potential* to progress our research work through strengthening our capacity and that of significant research partners. We came to a place of safety and connectedness by working together and supporting each other to achieve common and individual goals. We also extended the same support to communities and partners. The strategies and activities undertaken by the health node to meet our aims and the productivity of the node worked extremely well.

Paramount in all of our stories was connecting safely with other researchers and having shared aspirations towards which to work:

Over the past three years, group members of the health node moved from a group of individual academics with little or no previous relationships to a group of colleagues who have worked collaboratively on writing journal articles and other publications and collaborated on grant applications.

Tapping the potential of NIRAKN involved connecting in monthly teleconferences and face-to-face workshops. The face-to-face workshops really “enabled node members to get to know each other and engage in frank and honest discussion about our work, strengths and weaknesses, aspirations and achievements.” For instance, one capacity building workshop involved the development of the literature review, joint research projects and subsequent publications. Concurrently, the health node teleconferences “provided a unique opportunity for intellectual engagement” and helped us to unpack and address some of the challenges we faced as Indigenous researchers in Western institutions, such as embedding Indigenous knowledges in curricula and the frustrations of being the only ‘Indigenous voice’ and trying to achieve change. What was also valuable was sharing the research load: “I love writing with others and discussing important issues with researchers who understand the position from which we all work—sharing experiences and strategies relieves burdens”. Monthly teleconferences, however, were a critical strategy that undoubtedly built on and maintained the relationships developed in face-to-face meetings: “I value these teleconferences because face-to-face meetings can only take place about twice yearly”.

A sentiment shared by one node member really captured the sense of isolation that we face in academia as Indigenous researchers and impressed the significance of the NIRAKN network:

One of the issues that I faced across my research and professional environment was isolation and non-acceptance in the academic world. But in the health node, and in

NIRAKN more generally, I was simply accepted and included! It is a wonderful warm feeling that will always stay with me, whatever lies down the track.

We all noted that extending collaborative opportunities in a safe environment was an extremely important part of being in NIRAKN. Again, the issue of safety cannot be understated; it came from both junior and senior node members. The following comment came from a very experienced senior researcher: “The best and most enjoyable aspects of the health node was to have had the opportunity to meet, chat, work with and exchange solid critical debates with my new networks without fear or personalised criticism.”

Collaborations and capacity development were also taken into Indigenous communities. Good outcomes for meeting NIRAKN aims, researcher development and community aspirations were flagged. As a node member stated:

This experience enabled the linking of [name removed] with experienced Indigenous researchers, which has provided support to the development and successful outcomes with grant applications. This is a great outcome for both NIRAKN and [name removed], as the community of the [name removed] and the Aboriginal women and children at the community level had the support of a group of experienced Indigenous researchers supporting their development in the research and evaluation of services.

At some universities, there has been ongoing support for community research programs through the NIRAKN HDR scholarship. For others, simply “knowing that we are being consulted to meet the needs of Indigenous health” was something previously not experienced.

The need, and appreciation for, an exclusively Indigenous space was acknowledged. One senior node member commented that, “Often we are isolated in our respective institutions; getting together was a powerfully influential experience—participants were empowered, inspired to maintain self-belief in being able to contribute within a largely Western focused environment.” For some, the best thing about being involved in NIRAKN was simply, “Mentoring and sharing the learning journey with other researchers regardless if (sic) they were graduate students, early career scholars or established research leaders.” For others, there was an immense appreciation of the expertise of the node: “Aboriginal health is a complex space and requires multi-layered responses, so being able to draw on such expertise is absolutely invaluable.” “Being supported financially to apply for research grants and attend international conferences and national seminars” was flagged as unprecedented. Research development for the future was held in great regard: “Perhaps above all else, I have enjoyed working with students and having the opportunity to watch them grow and support them on their journeys.”

Setting change agendas

We all highly value our participation in NIRAKN. We do acknowledge however, that network and node functioning could be improved by consolidating learnings over the past four years and *setting change agendas*. Almost unanimously, we identified that the funding model did not work well; participation and communication between the hub and nodes, and between nodes was not always optimal; and that expanding beyond the original membership was difficult to achieve. Simultaneously, we understand that doing things better also requires the co-operation of broader structures and institutions that have influenced some decision-making processes in the network.

Cross-institutional funding processes did not align with each other and excessive time was invested in completing the transfer of monies from the hub and between nodes and institutions. They hampered the start and on-time completion of projects, certainty and implementation of activities and the discretionary budgets of some members. Some also questioned whether we had the best people in the jobs at the hub because at times “it is difficult to raise issues or get information from the hub” without people becoming defensive. Several of us noted that “there needs to be more transparency with funding from the hub and there needs to be more efficient decision-making and follow up on decisions”.

There was always an exceptionally high level of participation in the health node and the expectation that all members would partake in all activities. Participation at times varied by one or two participants when our competing workloads, particularly for those with teaching commitments, and varying time differences across Australia created difficulties. However, we were kept updated by carefully documented minutes, meeting agendas and productivity documents that were distributed monthly. Nevertheless, expectations were high and several node members said that a somewhat greater commitment from all health node members to engage in regular communication through the node teleconferences was needed.

At the broader NIRAKN level, one member said, “I have been disappointed that some CIs [Chief Investigators] have not taken their roles seriously. In fact, over the years, there are some who I have never seen.” These ruminations prompted others to declare that they “often felt like (sic) some people are just ‘along for the ride’ and not willing to put the hard work in.” Others noted that, with more commitment, productivity could have increased: “The node outputs have been from a key few whom (sic) have actioned and lead the writing on (sic) certain publications.” To ameliorate the situation, suggestions for how to increase the face-to-face contact is needed: “Although a virtual network is more cost effective, it is not necessarily more sustainable. There has been enormous value in the face-to-face engagement of node members and network members, despite the greater cost in terms of dollars”.

Others called for “more effective co-ordination of activities from the hub, particularly in regards (sic) to fostering and facilitating inter-node relationships and collaboration and communication”:

While communication has been great at some levels on some issues, I must say that I am still learning new things about how the network functions. Clearly articulating CI expectations and how things would work from the outset would be of benefit. However, information needs to keep flowing throughout.

Network expansion is difficult. From the outset, “NIRAKN was forced into a political situation whereby researchers not in the network resisted contact with and/or support of NIRAKN” ... “It seemed that individuals outside NIRAKN failed to understand the nature of the model prescribed by the ARC.” Simultaneously, we acknowledge the enormous co-ordination task required of the hub regarding limited funding and restricted management options.

Asserting sovereignty

The current health node consists of a highly skilled, experienced and like-minded group of health researchers who have built excellent, collegial relationships and developed a track record of working collaboratively in Indigenous health research. However, everyone was

concerned about moving towards a more sustainable, effective and efficient network model. We all talked about ways of *asserting our sovereignty* through NIRAKN and value-adding to the existing structure by decolonising systems and practices, integrating Indigenous and Western knowledge systems, and forming structures that were independent of individual university systems. One node member expressed her aspirations and high expectations:

NIRAKN could be developed into an independent national Indigenous academy with a permanent home, along the lines of the Australian Academy of Science, to champion, celebrate and support excellence in Indigenous research and researchers, promote engagement with international Indigenous researchers, build public awareness and understanding of Indigenous knowledges, provide research training and mentoring activities for early career Indigenous researchers, and provide independent, authoritative and influential advice to policymakers.

At the other end of the spectrum, other node members suggested more flexible arrangements:

Given the right circumstances and resourcing, it is also possible that the node as a whole could continue to work collaboratively on more extensive joint projects; this would require someone taking the lead and maintaining communication and coordination ... Even without specific resources, maintaining a loose alliance of health node members would be very valuable.

Others expressed their frustrations about the implications of more short-term funding arrangements: "We have really only just established good working relationships. This gives rise to opportunities as a team, such as further publications, substantive grants and research activities and really establishing ourselves as a strong, multidisciplinary, Indigenous health research team". Some thought that the cessation of NIRAKN funding would initiate "the next iteration of NIRAKN through refining of those whom (sic) wish to stay connected in this virtual space". Others wanted to introduce a more active advocacy role: "More collaborative work with members of the health node can help lobby for [the] changes required, urgent changes, now and into the future".

Some had very realistic pragmatic visions of *asserting our sovereignty* and value adding to NIRAKN:

I think what NIRAKN has achieved should be harnessed and moved forward as a CRE [Centre for Research Excellence], as there is a need to have a structure in place to keep the collaborations and networking going. A centre for Indigenous researchers that supports and builds capacity around future research, application of Indigenous methodology, [is a] critical lens on research and develops the reputation and critical mass of Indigenous researchers and academics in Australia.

The significance of *asserting sovereignty* was captured by a young emerging researcher: "This experience personally empowers me to design future projects that will no longer be 'cut down' by 'White Policies' and now that I am culturally safe".

Nonetheless, sustaining Indigenous researcher support where we are self-determining and can grow a critical mass to nurture community aspirations were cited as being critical:

Similar opportunities need to be maintained to support Aboriginal and Torres Strait Islanders trying to work and break into the research space within higher education. If we can continue to grow our numbers, we could have a rich network of collaborative researchers making a significant contribution to Indigenous research in Australia in

ways that privilege Indigenous methodologies. We can work in partnership with Indigenous communities to empower their involvement and address their concerns and issues in positive ways.

Discussion and conclusion

Our collective experiences have increased the knowledge and understanding of the opportunities and limitations of developing and operationalising an Indigenous research network. From an emic perspective, we explained what worked for whom, under what conditions, through which strategies and with what consequences, and provided a window into our aspirations for future development of Indigenous research. The analysis also provided clear evidence of the limitations of current practice in developing Indigenous researcher capacity. Our core concern was about *collaborating for community-engaged scholarship* for improved health and wellbeing by *strengthening researcher capacity* of the self and others. It involved a process of *being connected, tapping the potential, setting change agendas* and *asserting sovereignty* in research spaces dominated by Western knowledge to ensure our collective futures.

Methodologically, we need “theories to make sense of how society operates and how we might effectively change it” (Davidson et al. 2006, p. 49). Co-autoethnography and autoethnography can constitute one small step towards greater self-determination (Smith, 1999). For Indigenous people, to use our own lives as sources of data for research makes sense; Indigenous knowledge advanced by us and for us can offer critical theories for change. However, research excellence must be prioritised because of the often held views of Western institutions that there is little theoretical value in Indigenous approaches and they are dismissed as “naïve, contradictory and illogical” (Smith, 1999, p. 14). To undertake this prioritisation requires the development of highly skilled, competent, Indigenous researchers.

Sen (1999) argues that when people have knowledge, skills and resources, they will act in their own best interests, but to act accordingly requires the freedom to be self-determining and maintain control. With the freedom to determine our research standards and cultural protocols in NIRAKN, we successfully developed and tested our solutions to strengthening the capacity of Indigenous researchers with good outcomes over the past four years. Outcomes are embedded in principles of connectedness, reciprocity, responsibility and care for community health. Through NIRAKN participation, we engaged with opportunities for personal and professional growth and empowerment, and the outcomes included increased motivation, confidence, aspirations and a sense of purpose and belonging. We further engaged in scholarship by establishing solid relationships with community, national and international partners.

We shared a common goal of *collaborating for community-engaged scholarship* and capacity strengthening occurred quite organically, particularly in the reciprocal mentorship that occurred. Underpinning collaboration was our connectedness to and support for each other and outreach to students, communities and partners. Together with connectedness, considerations of cultural safety, sharing common goals, leadership and adequate resourcing sustained the health node in productive ways. At times, complications with funding models and the demands of institutional structures hindered participation, productivity and the development of the health node and NIRAKN.

Some concerning issues were prominent in the broader research environment. Focussed and sustained investment is needed for: 1) ensuring the cultural safety of Indigenous

researchers in higher education institutions; 2) providing substantial investment in human capital and infrastructure; 3) honouring and supporting Indigenous leadership and self-determination; and 4) implementing processes for power sharing in higher education institutions. For external funding bodies, sustained investment in networks like NIRAKN is required.

Our appreciation of *being connected* and having a safe environment for support and growth highlights the isolation and oppressive nature of academia for Indigenous researchers. Little has been published about developing Indigenous researcher capacity through networks such as NIRAKN. A key Australian exception was the NHMRC's Building Indigenous Researcher Capacity (BIRC) study conducted by Elston, Saunders, Hayes, Bainbridge and McCoy in 2014. Using a cohort model in a mixed group of Indigenous and non-Indigenous researchers, they also cited the need for a "third space", where only Indigenous affiliates came together in a safe environment" (p. 9). For BIRC researchers, the third space was about "claiming an alternative space in higher education that challenged 'White man's academic business' – that is, challenged the oppressive nature of the academic model ... It was a place where scholars could fully express themselves without judgement" (p.9). Similarly, NIRAKN provided the safe space for us.

In the past 15 years, national research bodies, such as the NHMRC and ARC, have attempted to regulate Indigenous research and build cohorts of competent, Indigenous researchers and the health workforce as key strategies for raising Indigenous community health and prosperity. However, universities have not provided corresponding investment in human capital and infrastructure for Indigenous researchers to ensure that we have a "regenerative undergraduate to postgraduate pipeline of new researchers across institutions, the nation and fields of critical research importance" (NIRAKN, 2012). Nor have they put substantive investment into the teaching and learning of Indigenous research methodologies and techniques. At a fundamental level, achieving change necessitates that universities establish new standards of cultural competencies to their professional capabilities and enshrine this in policy documents. Changing university cultures will enable honouring and supporting Indigenous leadership and self-determination, and processes for power sharing in higher education institutions would then occur. However, to do this, these institutions "must challenge thinking and behaviours; reflect on their own cultural identities, privilege, attitudes, prejudices and propensity to stereotype; challenge racism; and anti-racism practices" (Fredericks & Bargallie, 2015). Key performance indicators for such issues must also be implemented with integrity to ensure that these critical competencies are being actioned.

Our journey has indicated a call for several priority lines for success in Indigenous research spaces. Our narratives strongly demonstrate that mainstream models of support for Indigenous researchers have major limitations for professional development and cultural safety, and do not meet our needs and realities. Frameworks that are conceived, led and mobilised by Indigenous researchers make good sense for both policy and practice. While principles for modelling Indigenous researcher support are clearly articulated in the ethical statements of research, funding bodies and higher education institutions, their application, in large measure, has not been appropriately operationalised. The significant message here is that we need appropriately resourced, exclusive spaces and that we must lead, develop and define the theoretical and cultural specifications, and the applications of Indigenous researcher support models in higher education institutions. Based on our narratives, we theorise that the model should be cross-disciplinary, have national and international reach and be characterised by connectedness, cultural safety and self-determination, as well as being located in a resource-rich environment. For our

part, we must be proactive in such change solutions if we are to contribute to better health and prosperity for our communities through research.

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ⁱ The Census data reveals that, by 2014, there were in excess of 400 PhDs awarded to Indigenous scholars (Bock 2014).