








Walking side-by-side: Supporting Aboriginal and Torres Strait Islander Australians to lead the way in alcohol research

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Abstract

Several initiatives have sought to increase the number of First Nations individuals with a higher degree in research (i.e., PhD or research masters)—in Australia and in similarly colonised countries. However, little has been written on day-to-day support structures and mechanisms that might help First Nations Australian candidates thrive in postgraduate research degrees and beyond. For sensitive research fields such as alcohol, emerging Aboriginal and Torres Strait Islander researchers must grapple with topics which are stigmatising and in some instances associated

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with traumatic associations. There is also a lack of studies internationally that describe optimal support for First Nations students undertaking a higher degree by research with a primary focus on alcohol. Here we discuss what we have learned from the support offered through the Centre of Research Excellence in Indigenous Health and Alcohol—from the perspective of academic staff, students, trainees and early career researchers. We consider what may be generalisable lessons from this experience.

KEYWORDS

Aboriginal, Australia, Indigenous, researcher, Torres Strait Islander

1 | INTRODUCTION

Preventing harms from alcohol [1] is key to improving the wellbeing and livelihood of Aboriginal and Torres Strait Islander (First Nations [2]) Australians [3, 4]. Despite being eight times more likely to be hospitalised and five times more likely to die from an alcohol-related condition than their non-Indigenous counterparts, First Nations Australians continue to demonstrate continuing resilience in addressing alcohol-related harms [5, 6]. Any efforts to address unhealthy drinking should prioritise the autonomy and participation of affected individuals and communities to take control of their wellbeing [7, 8], and that of their families [9]. However, in the case of alcohol, there remains a critical shortage of First Nations Australians to lead research to address unhealthy alcohol use.

Globally, a number of initiatives have sought to increase the number of First Nations individuals with a higher degree in research (i.e., PhD or research masters)—in Australia [10] and in similarly colonised countries (e.g., Aotearoa/New Zealand, the United States and Canada) [11, 12]. Australian studies have highlighted the importance of scaffolded learning [13, 14], student-collaborator networking [15], mutual support [16], responsive feedback [16] and building and consolidating foundational academic skills [17, 18]. However, little has been written, worldwide, on the day-to-day support structures that could help First Nations scholars thrive in their postgraduate research degrees and beyond [13].

For sensitive research fields such as alcohol, emerging First Nations researchers must grapple with topics which have been stigmatising, and can bring up memories of discrimination or trauma. For such fields, arguably, even more care is needed to create enduring pathways to support the emerging generation of First Nations researchers [13]. On the other hand, the input and leadership of First Nations researchers is particularly needed, to gain meaningful insights in this complex field.

The shortage of First Nations researchers working in the alcohol field is in a broader context of a dearth of

research on effectiveness studies to reduce demand for risky drinking in First Nations Australians. For example, prior to 2016, no research group had held more than one grant from the National Health and Medical Research Council on this topic [19]. From 2016 to 2020, all alcohol projects funded by the Australian Research Council were focused on supply control [20], as opposed to broader prevention, support or care.

On this backdrop, in 2017, the Centre of Research Excellence in Indigenous Health and Alcohol (CRE) received 5-year National Health and Medical Research Council funding to create pathways for First Nations Australians to lead the way in alcohol research. Here, we describe the model used by this CRE to support 15 Aboriginal Australians who have a primary work focus on alcohol research (including PhD and research masters candidates, early career researchers and trainees in research support). We point to its potential broader relevance in health research among First Nations Australians.

2 | ABOUT THE CRE AND ITS MEMBERS

A chief investigator group is responsible for overseeing delivery of the CRE's aim to build capacity of First Nations Australian scholars in the field of alcohol research. A management group is responsible for day-to-day CRE operations (led by Joint-Directors KMC and SW, and Deputy Director KSKL, with project staff). An Indigenous Advisory Group (chaired by SW) ensures that research supported by the CRE is aligned with community priorities.

In this article, we describe the First Nations Australian postgraduate students, researchers and trainees as its members. Members were recruited via CRE investigators, Indigenous Advisory Group and via advertisements placed on recruitment websites. Just one CRE member (MD) is an associate investigator on the CRE. Most members to date are women, living in non-urban areas, and with prior

experience working in the alcohol and drugs sector in Australia. Individuals joined the CRE from varying educational backgrounds, with just over one-third having completed a bachelor or masters (coursework) degree prior to entry, and a smaller group having completed varying levels of secondary school. Because of this, support and training opportunities, needed to be individually tailored. Each person's study and career trajectory varied during their time with the CRE, to suit their personal goals and research interests. For example, one member joined the CRE in a research support role, then shifted to an academic position by enrolling in a research masters and then went on to a PhD program. At the time of writing, three students had completed their PhD, one completed a research masters and two early career researchers had secured competitive research fellowship funding.

3 | THE CRE SUPPORT MODEL

The support offered to CRE members is based on a model designed for mature-aged First Nations Australian students undertaking postgraduate coursework on alcohol, drugs and health at The University of Sydney [13]. The support model was developed in an iterative way by a non-Indigenous CRE investigator (KSKL), working with First Nations Australian students of that course. It was refined for research purposes in partnership with First Nations Australian collaborators (SW, NH and JP) and a non-Indigenous CRE investigator/clinician (KMC). The model is designed to promote mutual support and learning among CRE members and support staff (all non-Indigenous). A key focus is placed on maximising opportunities for learning across a range of domains (e.g., academic writing, analysis, computer skills), building on foundational skills of members [13]. Flexibility allows CRE members to shape their research interests—as long as it has a primary focus on alcohol among First Nations Australians. This common research focus on alcohol also helped to foster the cross-fertilisation of ideas across the CRE's research themes (Table 1).

The model of support provided by the CRE focused on four broad domains: (i) maximising opportunities for mutual support and learning; (ii) one-on-one support (for each student, trainee, early career researcher); (iii) scaffolding academic development; and (iv) general skills development.

3.1 | Mutual support and learning

Significant effort was spent in maximising opportunities for mutual support, which can be considered the backbone

TABLE 1 Centre of Research Excellence in indigenous health and alcohol research topics

Prevention	Community efforts to prevent alcohol-related conflict
Treatment	Aboriginal primary care services and alcohol treatment Aboriginal residential rehabilitation services Cultural utility of mutual support groups Involuntary drug and alcohol treatment and referral of Aboriginal clients Foetal alcohol spectrum disorder in youth justice Prison and alcohol and other drugs treatment
Policy	Community responses to alcohol
Research tools	Grog Survey App: helping people describe what they drink

of the CRE. These opportunities provided a natural way for expertise to be shared across the CRE (among members, support staff, investigators, Indigenous Advisory Group, colleagues beyond the immediate research group). This then helped to build connections across the broader team, while increasing learning for each individual—from cultural to academic, through to research translation.

The CRE's weekly team meeting (web conference) helped to strengthen bonds across the CRE team in a relaxed and supportive environment. Members and academic support staff share what is working well and lessons learned. The meeting chair position rotates among CRE members. Occasional speakers are invited to attend the meeting and/or present to the CRE group, if pre-agreed by members. Every 3–4 weeks, a web-based meeting for members only is convened. Twice weekly group writing sessions (web conference; 'shut up and write') are hosted by an administrative and research support officer (Anaiwan nation; TR) and/or a non-Indigenous academic lead (KSKL). We believe that such peer support opportunities have helped members thrive as a group and individually. Where relevant, this supportive environment also enabled members' lived experiences to be acknowledged in a culturally-safe environment.

3.2 | One-on-one support

Academic support staff 'check in' weekly, for supervision or support with each CRE member (or more often if agreed upon with each member). As few students are based in the same location as their supervisor, remote supervision is tailored to each member (e.g., weekly web

conference, supplemented by email, phone, text messages). Assistance is also provided by CRE support staff/investigators to ensure access to research equipment (e.g., laptop, voice recorder, textbooks). Where desired, students who live remotely to their supervisor are linked with a local mentor to enable face-to-face support, access to local research seminars and research infrastructure.

3.3 | Scaffolding academic development

A flexible approach is used to build on capacity of each member. This was judged to be important given various pressures on members, which can make discontinuation of studies more likely (e.g., due to family obligations, remote/off-campus study, previous negative experiences of education/schooling). Responsive feedback for students/early career researchers was designed to develop foundational through to specialist research skills (e.g., study design, analysis, academic writing, presentations). For trainees too, responsive feedback is provided, for example, on ethics reports, emails or short reports, minute-taking, event planning and reference managing software.

3.4 | General skill development

Ongoing training and support for CRE members as a group is provided on topics agreed on with CRE members (e.g., analytic approaches, academic writing [including grammar], preparing responses to journal reviewers, leadership, public-speaking, grant applications, research budgets and research translation activities such as conducting media and community feedback). Foundational skills are progressively built on (e.g., presenting at internal research meetings, then at public symposiums). Leadership and public communication skills are nurtured (e.g., chairing meetings with academic support staff or with broader CRE team; media interviews on study findings conducted together with and then without a supervisor or co-author).

4 | COMPARISON WITH NATIONAL AND INTERNATIONAL EXPERIENCE

The responsive, supportive and tailored approach taken by the CRE is in keeping with studies which describe the need to create a safe setting [21] where students, trainees, early career researchers and staff can learn from each other [22, 23] and increase their networks and skills [10]. Prioritising voices of the members in every facet of CRE operations was a key feature. This is particularly

important in a research and policy area which has been dominated by non-Indigenous voices [24].

Barriers and enablers to recruitment of higher degrees by First Nations research students have been described [25]. Also, broad categories of support for these students have been described (e.g., pedagogical support from First Nations supervisors/collaborators) [22, 23, 26–28] with a focus on selected events (networking opportunities, writing retreats, seminars) [15]. However, we could not find another paper, to our knowledge, that details the day-to-day support offered to build a critical mass of First Nations scholars or research support staff [29] in the field of substance use research.

In our experience, mutual learning and one-on-one support have been the elements particularly valued by members. Members' cultural knowledge and deep understanding of community and (for some) clinical context helped shape their research questions and methods. This also broadened the horizons of non-Indigenous academic support staff or supervisors, while they helped CRE members to further develop their research skills. This approach, built on respect, prioritises First Nations Australian perspectives throughout the research process [30] to achieve 'both-ways' learning [31].

5 | POTENTIAL FOR GREATER RESEARCH TRANSLATION

Building on strengths of First Nations health researchers is a concrete step towards preventing and reducing harms from alcohol [32]. Connectedness of each scholar to their respective community (or communities) helps ensure accountability of the research team [8]. This in turn can help ensure practical research is conducted and determined by local priorities [8]. It can also ensure that findings are effectively communicated back to community, service organisations and policy-makers. For example, already, findings from CRE members [33, 34] have been incorporated into the Australian alcohol treatment guidelines [35, 36]. Also, a framework on bicultural care in community-controlled health services developed by a CRE member has been adopted by service providers in western New South Wales [37, 38].

6 | CONCLUSION

This CRE illustrates a model of support designed to build capacity among First Nations Australian scholars in the field of alcohol research. The model is likely to be applicable also in building research capacity in other areas of health among First Nations Australians or other priority

populations. Mutual support and one-on-one learning appear to be core to the support model. A walking 'side-by-side' approach has helped to create a safe learning environment that encourages cross-fertilisation of ideas across broad areas of alcohol research. Research could pinpoint and evaluate effective elements and barriers in offering such support. First Nations scholars have a crucial role in progressing solutions to prevent and reduce harms from alcohol in their communities [8]. However, more investment is needed to ensure that this type of work can continue [39].

AUTHOR CONTRIBUTION

K. S. Kylie Lee: conceived concept of paper, led the drafting of the paper, liaised with each CRE member-author to collect input on model of support provided by the CRE, synthesised co-authors' comments, investigator and deputy director of the CRE and leads the model of support provided by this centre. **Scott Wilson [Stolen Generation]:** conceived concept of paper, mentor to KSKL during drafting of the paper and in provision of the CRE's model of support, reviewed several drafts of the paper, investigator and joint-director of the CRE, chairs the CRE Indigenous Advisory Group. **Annalee E. Stearne [Nyungar]:** CRE member (student), key liaison with other CRE member-authors to collect input on model of support provided by the CRE, provided several rounds of input on model of support provided by the CRE, several drafts of the paper, member of the CRE Indigenous Advisory Group. **Noel Hayman [Wakka Wakka and Kalkadoon]:** reviewed several drafts of the paper, investigator of the CRE. **James H. Conigrave:** reviewed several drafts of the paper, provides academic support within the CRE. **Michael Doyle [Bardi]:** CRE member (early career researcher), provided input on model of support provided by the CRE, reviewed drafts of the paper, associate investigator with the CRE. **Lynette Bullen [Wiradjuri]:** CRE member (student), provided several rounds of input on model of support provided by the CRE, reviewed several drafts of the paper. **Teagan J. Weatherall [Kamilaroi and Anaiwan]:** CRE member (student), provided input on model of support provided by the CRE, reviewed drafts of the paper. **Doug James [Wiradjuri]:** CRE member (student), provided input on model of support provided by the CRE, reviewed drafts of the paper. **Taleah Reynolds [Anaiwan]:** CRE member (research support trainee), provided input on model of support provided by the CRE, reviewed draft of the paper. **Jimmy Perry [Ngarrindjerri/Arrernte]:** reviewed drafts of the paper, investigator of the CRE, member of the CRE Indigenous Advisory Group. **Katherine M. Conigrave:** reviewed several drafts of the paper including at revisions stage, lead investigator

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ETHICS STATEMENT

Ethical approval was not obtained as this publication is an opinion-piece.

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