



# Popular Education, Capacity-Building and Action Research: Increasing Aboriginal Community Control of Education and Health Research

Bob Boughton PhD  
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The ideas and opinions presented in this occasional paper are the author's own, and do not necessarily reflect the ideas and opinions of the CRCATH, its board, executive committee or other stakeholders.

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Comments and correspondence to:

Bob Boughton PhD  
43 Giles Street  
Alice Springs NT 0870  
Phone (08) 89531668  
Fax (08) 89529368  
Email [durn@ozemail.com.au](mailto:durn@ozemail.com.au)

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Designed by Sarah Walton, CRCATH  
Edited by Christine Bruderlin



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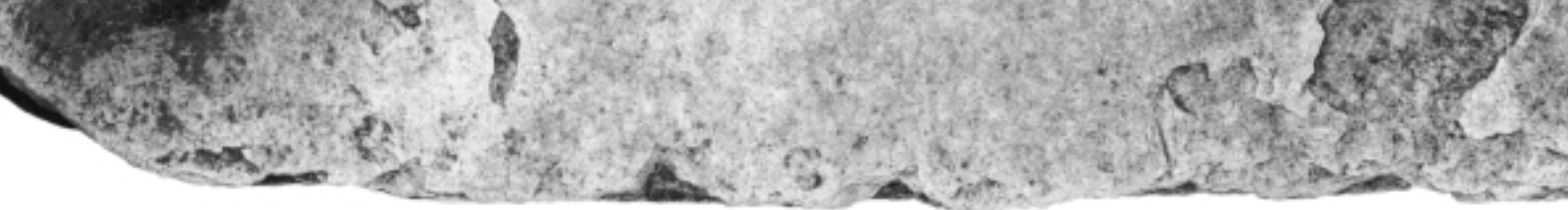
# Abbreviations

ACCHO	Aboriginal community-controlled health organisation
AEU	Australian Education Union
AMS	Aboriginal Medical Service
ATSIC	Aboriginal and Torres Strait Islander Commission
CAAC	Central Australian Aboriginal Congress
CAEPR	Centre for Aboriginal Economic Policy Research (Australian National University)
CAO	Combined Aboriginal Organisations (Alice Springs)
CARHTU	Central Australian Remote Health Training Unit
CPSU	Commonwealth Public Sector Union
CRCATH	Cooperative Research Centre for Aboriginal and Tropical Health
DETYA	Commonwealth Department of Education, Training and Youth Affairs
FIAEP	Federation of Independent Aboriginal Education Providers
HREOC	Human Rights and Equal Opportunity Commission
IAD	Institute for Aboriginal Development
IEC	Indigenous Education Council
IESIP	Indigenous Education Strategic Initiatives Program
LHMWU	Liquor Hospitality and Miscellaneous Workers Union
MSHR	Menzies School of Health Research
NCEPH	National Centre for Epidemiology and Population Health
NCVER	National Centre for Vocational Education Research
NHMRC	National Health and Medical Research Council
NTDE	Northern Territory Department of Education
NTEU	National Tertiary Education Union
RHSET	Rural Health Support Education and Training Program
THS	Territory Health Services



*The formation of power and the formation of  
knowledge compose an indissoluble unity*

*Michael Foucault*





# Introduction\*

My first job on my arrival in Central Australia in 1982 was as the research officer at Tangentyere Council, an Aboriginal organisation representing approximately 1200 people living on over twenty permanent and temporary Aboriginal ‘town camp’ communities in and around Alice Springs. One of my duties was to help town-camp leaders explain to external researchers the conditions under which they might conduct research in the communities the Council represented; or, more often, why they would not be allowed to undertake research. In the 1980s academic research was very unpopular with Central Australian Aboriginal organisations, and they regularly turned researchers away. Some were allowed to work here, because their research was seen to benefit, not just them and their institution, but the Aboriginal people—the subjects—whom their research was about. Even then, researchers usually had to accept the direction of the Combined Aboriginal Organisations (CAO), including direction over what could be published. Over time, the contradictions and conflicts this caused between the academic research community and the Aboriginal community-controlled organisations were regularised through research policies and guidelines. These were initially developed by the Aboriginal organisations, but the researchers’ own professional associations and institutions also eventually formulated their own. The history of how this happened remains largely unwritten, especially the extent to which the Aboriginal organisations, rather than the research community, took the initiative to produce the guidelines and policies now taken for granted. By a circuitous route, one eventual outcome of this history was the establishment in July 1997 of the Cooperative Research Centre for Aboriginal and Tropical Health (CRCATH).<sup>1</sup>

The CRCATH represents an unusual partnership between old enemies. It brings together three academic research institutions with three direct service providers, of which one is the Northern Territory Government health service and two are Aboriginal community-controlled health services. Thus, it seeks to bridge the gulf that once separated universities and governments on the one hand, and Aboriginal community-controlled organisations on the other. The CRCATH aims to manage these old contradictions through a new synthesis, a ‘cross-cultural framework for strategic research’, focused on achieving, in the language of modern management, ‘real health outcomes’. In one respect this overwrites the old divisions with a new rhetoric more focused on contradictions between service provision and research. However, this reframing of old disputes is by no means as straightforward as simply saying it suggests, and some historical questions remain to be answered before we can ‘move on’. Of these, the most important is this: Why have decades of academic research into the conditions of Aboriginal life not yet substantially reduced the socio-economic and health inequality between Aboriginal and non-Aboriginal people? The quote from Foucault at the start of this paper suggests a reason, namely that the academic research process produces not simply knowledge, but also the colonial power relationships which express and maintain inequality. Put simply, research tends to consolidate the power of researchers and their institutions, rather than building the power of the communities and their organisations who are being researched.

If this is so, how might the CRCATH break with this pattern? A commonly held view is that, as Aboriginal people become ‘better educated’ they will be better equipped to take control of the research process themselves. This, in fact, is an assumption of the CRCATH’s Indigenous Health and Education Research program. But this begs the question of *how* people become better educated, and who will judge that they have become so, when currently in Australian society the same academic institutions that control research also sit at the summit of the education system that judges who are sufficiently educated to undertake research.

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\* This paper was originally submitted in November 1999, towards the end of my CRCATH research fellowship. My thanks to two anonymous reviewers for suggestions, and to the CRCATH publications team for assistance in bringing it to this final stage.



# Academic Research: Powerful Narratives or Narratives of Power?

To go beyond the dilemma described above requires deeper reflection on the way that the concepts of ‘ill-health’ and ‘lack of education’ inform *narratives of power*, the stories and ideologies which make prevailing configurations of power appear normal and natural. When non-Aboriginal society describes Aboriginal people as sick and uneducated, it is also saying something about society as a whole. It is saying that in ‘our’, that is, non-Aboriginal, society we have certain standards, and that Aboriginal people are not meeting those standards. By ‘dis-abling’ the Indigenous population, we are also simultaneously ‘en-abling’ non-Indigenous people, positioning ‘us’, that is, ‘whites,’ as the ones who are educated and healthy<sup>2</sup>, and at the same time implying that this is due to our non-Aboriginal science or knowledge: We are the ones who know how to stay well. But non-Aboriginal peoples’ knowledge and health did not fall from the sky, we constructed it over time, historically. The key point is that the history through which non-Aboriginal people in Australia became more knowledgeable and more healthy was the same history which turned Aboriginal people into ‘the other’, those people who, now they are within our society, are the most ‘uneducated’ and ‘unwell’. In short, the medical and public health knowledge on which the health research industry stakes its claims to authority was built up, at least in part, through the active oppression of the people whose health it now claims—and always claimed—to want to improve.<sup>3</sup>

Aboriginal community-controlled organisations’ opposition to research in the 1980s was therefore not, as many researchers saw it, an irrational refusal to accept help. On the contrary, it was a very rational refusal to collaborate in a process in which the real winners were not the community, but the researchers, the research institutions, the authority of non-Aboriginal knowledge and, ultimately, the governments who used research to help them ‘administer’ their Indigenous subjects. It was also not a recent phenomenon, but an issue around which Aboriginal people had been struggling for over fifty years. The first national political statement of the Aboriginal movement, the 1938 ‘Day of Mourning’ Manifesto, rejected the claims by universities of being experts on Aboriginal welfare: ‘We do not ask you to study us as scientific freaks’ it said. But the research industry disagreed. For example, A.P. Elkin, Professor of Anthropology at the University of Sydney from 1933 to 1956, was an influential figure, who saw research as informing more ‘enlightened’ policy:

The more we know of these people, the better we can govern them [Elkin, cited in Goodall 1996, p. 235].

In the Northern Territory in the same period, the ill-named ‘Chief Protector’ of Aborigines was also the Chief Medical Officer, charged with treating sicknesses directly attributable to the appalling living conditions his own ‘native administration’ established and maintained in the missions, settlements and cattle camps. Moreover, the administration vigorously resisted many efforts by Aboriginal people and their allies to improve those conditions, including their health conditions (Bartlett 1999, pp. 179–91).

This occasional paper is one of several produced from a two-year CRCATH research fellowship, established to conduct a systematic review of the connections between Aboriginal education and Aboriginal health. My objective in writing this paper is to document and reflect upon the process which our small research team in Central Australia developed in order to break with the historical pattern of unequal exchange between research institutions and the Aboriginal communities they study. Our research methodology combined conventional social research with techniques borrowed from the fields of community organising and popular education. After two years, clear benefits had begun to emerge in terms of increased community capacity to direct and control our research. This paper aims to ensure that the lessons learned from this experience inform future attempts within and beyond the CRCATH to institutionalise greater Aboriginal community control over education and health research.<sup>4</sup>



# Adult Education and the Health Transition

The project grew initially from the insights of Principal Investigator Dr Komla Tsey. Tsey worked in Central Australia as a health worker educator with the Tennant Creek Aboriginal community-controlled health service before moving to Alice Springs where he lectured in the management training program of another Aboriginal community-controlled organisation, the Institute for Aboriginal Development.<sup>5</sup> In 1995, having been appointed a research fellow at the Menzies School of Health Research, Tsey began to reflect on the relevance to Aboriginal Australia of research done in his home country of Ghana and in Nigeria in the 1970s by two Australian demographers, Jack and Pat Caldwell. The Caldwells' research demonstrated that rising education levels, that is, numbers of years of schooling, had dramatic impacts on child mortality and morbidity. Tsey drew on this to raise some sharp questions within the Aboriginal health sector about its lack of attention to the importance of education as a determinant of health improvements (Tsey 1997).

The details of this international work, known as health transitions research, and its relevance to Aboriginal health development are canvassed in other papers produced within the CRCATH's Indigenous Health and Education Research program (Boughton 2000; Gray & Boughton 2001). Its relevance to this paper is that the health transitions research paradigm suggested some important insights about education and social change on which we attempted to build this project. These are:

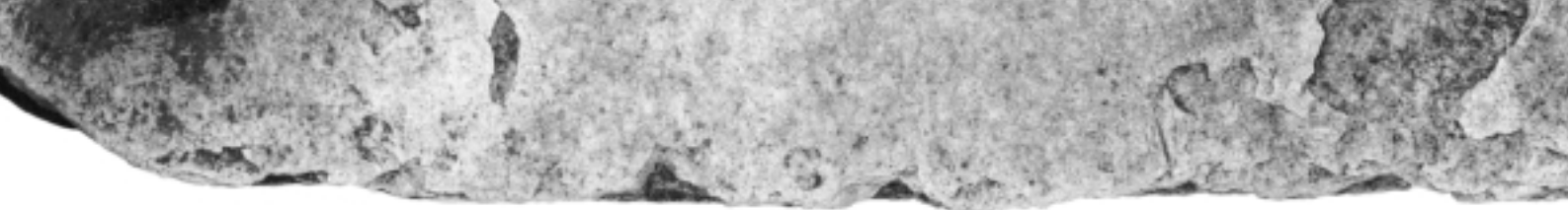
- a) social learning is a determining factor in health transition; and
- b) such learning occurs not only within formal education, but also, and perhaps even principally, within social movements.

In his introduction to a book of readings gathering together some seminal papers of the health transitions school, Caldwell asserted that

. . . at least in the presence of some access to modern health services, the cultural, social and behavioural determinants of health are the primary forces determining the level of mortality, and probably of morbidity, in the contemporary Third World [Caldwell & Santow 1989, p. xvii].

The benefits of this discovery, he went on to argue, were potentially very great, in part because 'self-knowledge acts spontaneously to change human beings and their societies', and, therefore, as the results of this research became more widely known, people themselves would begin to base their behaviour on new assumptions. What Caldwell was suggesting was that disseminating the health transition findings would contribute directly to the social change needed to improve health, because once people know that certain behaviours produce better health, they are more likely to adopt those behaviours.

Some types of knowledge, once learnt, do produce immediate behavioural change. The United States adult education theorist Jack Mezirow called this process 'perspective transformation' (Mezirow 1990), while in Brazil, Paulo Freire wrote along similar lines about 'conscientization.'<sup>6</sup> Michael Welton in Canada and Griff Foley in Australia are among those who have built on this earlier work to develop accounts of the way learning occurs inside social and political movements (Foley 1999). Their research resonates with another of the Caldwells' discoveries, namely that health transition occurred most dramatically in countries marked by strong movements for social and political change.



Over a period of 18 months, as Tsey took this work into the Aboriginal community for discussion, he became more convinced of its relevance. People were most concerned at the lack of education their children were receiving, and at the impact this was having on the community's health. There was also growing local Aboriginal political mobilisation around education issues, including a call for a Commonwealth inquiry (Tsey 1999). Armed with this information, Tsey convinced the CRCATH's founding director and board members, and their Commonwealth Government funding bodies, to adopt education as one of the CRCATH's priority areas for research.





# From Action Research to Activist Research

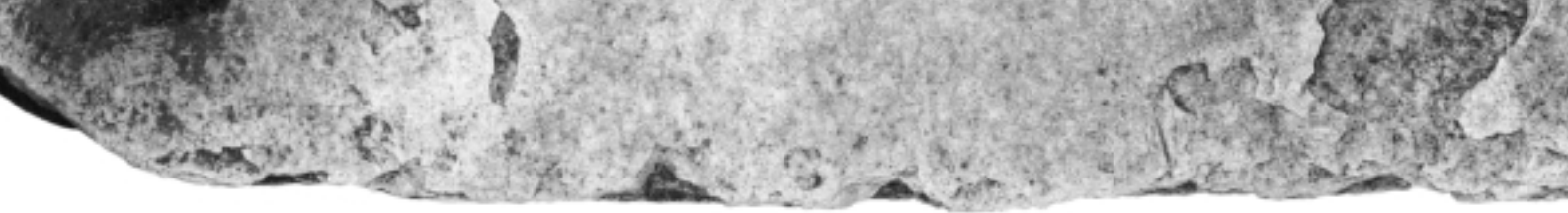
If the Systematic Review project had used a traditional research process, the literature review would have been followed by a series of well-planned quantitative and qualitative studies to replicate the work done in other parts of the world. This, in fact, was the original intention. However, the problems with this, from the point of view of establishing an Aboriginal-controlled research process, soon became obvious. There was also a strong tradition in Central Australia of hostility to research for research's sake, and many Aboriginal people were already convinced of the education–health connection. In the initial consultations Tsey conducted, people had already indicated what they wanted, namely

- a) a chance to develop their own capacity to undertake research; and/or
- b) action to force change in the education system, drawing on any assistance our research could provide.

In conjunction with a reference group including several senior Aboriginal educationalists, Tsey therefore chose to undertake a review which would not only collect what was known already from the published and unpublished literature, but also engage with the community to discover how to respond to and act on this information. My research background and practice is in community-based adult education, and I was recruited to begin the work in November 1997. One of our major intentions was that by the end of the review, the Aboriginal community-controlled organisations in Central Australia (and the Top End where a parallel review was under way) would be able to exercise real influence over the direction of the CRCATH's Indigenous Health and Education Research program, rather than being just the subjects of other people's research.

In Central Australia, where I was based, the process evolved quite quickly into much more than a further round of consultations: we adopted an 'activist educator' role. We sought to engage actively in discussion and debate with individuals and organisations in the community on the issues of education and health, the connections between the two and, above all, what we and they might together do about it. We did not simply ask people what they thought, we told them what we already knew, and we sought their response. Moreover, we did not present what we knew as static; the information changed as we engaged with the published and unpublished literature, and as the meetings and discussions provided fresh insights. Over time, in meetings and public forums, often with many of the same people, we began collectively to formulate strategies for the research program and for action which we then fed back to subsequent meetings. What we were doing was akin to action research, but it also drew on theories of popular education, in particular the link between adult learning and social movements cited above.







# Critical Incidents and Milestones

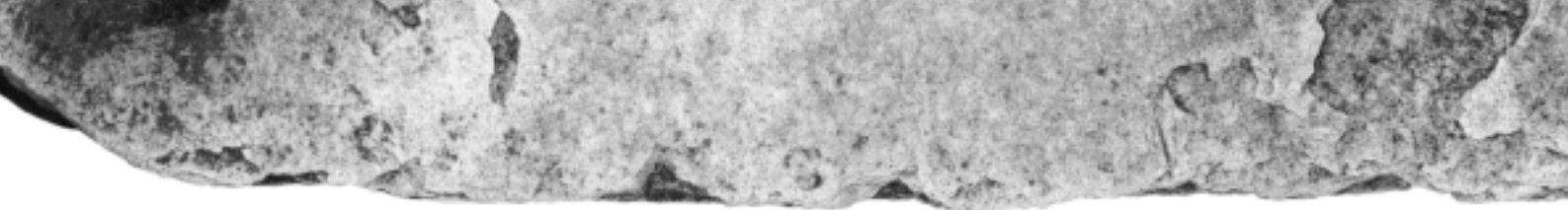
Space precludes a detailed step-by-step account of the consultation and discussion process, but certain milestones are worth recounting, to give some flavour of the way community organisation can develop hand-in-hand with research. For example, the following extract from my report to the reference group written eight months into the project captures the process:

I have now put together in draft form a fairly comprehensive set of data on the state of Aboriginal education in the NT. It includes data on population, enrolments and participation, school retention, literacy levels, post-school education participation and outcomes, and funding levels. I have been using this data in my other major activity, namely consultations and discussions. As part of my brief, I was asked to collect information, not just from published and unpublished research, but from people and organisations, information which would help to focus the research directions of our program. To do this, I have adopted a methodology which involves holding structured discussions with groups of people where I explain the CRC and its objectives, and the reason why we have an Education Research Program, and introduce people to some of the basic findings of the health transitions research on the connections between education and health. I then present in summary form some of the data available on education levels in the NT, and seek people's views on what they think of the education situation here, and what impact it might be having on people's health. Depending on the educational level of the group I am talking to, I will go into more or less detail about the actual research findings and the data I have been able to collect myself. In some circumstances, I also summarise for people what I know about the policy and funding mechanisms, and the raft of recommendations and findings of past research and inquiries. In the last two months, I have done these types of presentations in varying amounts of detail with:

- representatives of the Combined Aboriginal Organisations who came to a meeting I organised to discuss the current Senate Inquiry into Indigenous Education
- a combined professional development seminar for 60+ members of staff of Batchelor College, IAD, DETYA and NT Ed
- a cross-sectorial forum of Aboriginal education workers convened by the Indigenous Education Council of the NT
- a men's literacy and basic education class for men from remote communities at Batchelor College
- IAD's Aboriginal organisations management training program students
- a discussion with the . . . Acting Coordinator of the Alice Springs office of NT Education's Aboriginal Development Unit and . . . the Assistant Secretary, Operations South

The discussion which ensues from these presentations is invariably lively and throws up many perceptions and analyses of the situation in relation to Aboriginal education in the NT and its relationship to health. People speak strongly of the necessity for greater collaboration between education providers and health service providers. People also invariably make suggestions or comments which are useful in considering what further research is needed. There is almost universal concern for the very low levels of educational attainment being achieved at present, and there is a lot of support for the idea that this is a serious impediment to better health. People in education, it seems to me, are particularly taken with the health transitions findings, because it makes them aware how important the work they are doing is to peoples' very survival. I document these meetings, and this work helps to inform what I write in my papers and in project proposals.

Such work has some immediate effects, often unanticipated. The material presented to the men's literacy group mentioned above was used by a representative of one of the men's communities in framing a resolution on education to an important Aboriginal meeting at Kalkaringi (Constitutional Convention of the Combined Aboriginal Nations of Central Australia 1998). Perhaps of longer-term effect was a forum on secondary education held in Alice Springs in December 1998 (Vadivelloo 1999). In the lead-up and following that forum, we worked for a period of more than nine months with a group of people to develop a clear set of community-devised objectives in relation to secondary education. These were adopted by a new body which grew partly from this work, a reference group to the then Northern Territory Regional Director of Education and Health, which included several local community-controlled organisations. The CRCATH research project was only one of several factors facilitating this development, but both Northern Territory Department of Education (NTDE) officials and representatives of the Aboriginal organisations involved have acknowledged that it made a significant contribution.



From the consultation and discussion process, an organised group of local Aboriginal leaders formed, people active on issues in relation to education and health, who wish to take charge of and participate in a research process that builds on what they and we uncovered. The group's direct involvement with education is as teachers, teaching assistants, adult educators, tertiary lecturers, education and health service managers and administrators, students, parents and as members of various advisory committees and local community-controlled organisations. At the same time, by engaging with non-Aboriginal people across a similar spectrum of professional groupings in a range of organisations and agencies, we have identified people prepared to assist and collaborate in this process, or who at least have some interest and can act as useful resource people. A detailed listing of the organisations contacted and meetings conducted through the project is provided in the timeline in the Appendix. Through this active engagement we also developed several research project proposals aimed at forwarding the process.<sup>7</sup>



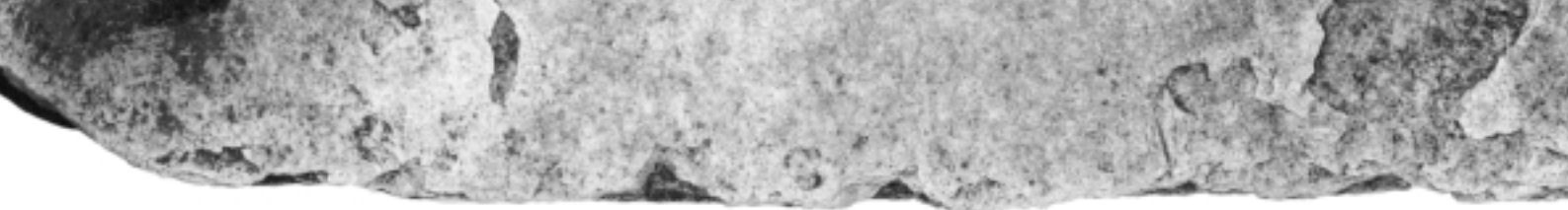


# Key Findings

What we have discovered along the way is the need to integrate capacity development, or community development, into the process of research project development itself. Within such a model, a research program or project in its development phase is an active intervention in a community, and is designed to strengthen the community's capacity to deal with any problems which it identifies. The process for the Systematic Review project has been slow, and uneven, having taken two years to get to this point, and more if the original consultations are included. It also depends vitally on local circumstances and local relationships. Its outcomes can be nebulous: a community's capacity to take control of the research process and use it to its own ends is not something which can be readily operationalised. Individuals come and go, so it is not even clear at any one time whom the community or even its leaders are. People make their own world in the process of changing it, and one cannot predict where this process will lead. It is a challenge to the status quo, and to those who feel more comfortable with current practices, especially non-Aboriginal professionals in service organisations and research institutions. There is also resistance within the Aboriginal community springing from several sources. Acknowledged leaders whose power derives to some extent from existing institutional arrangements and agencies are not necessarily welcoming of new ways of doing things, especially when it is younger people advocating the new ways. In other instances, people are reluctant to take control, expressing a wish to depend on the experts. In still other cases, people whose lives are already overburdened with responsibilities are afraid of what new responsibilities will fall on them if they become involved in the process. Finally, existing organisations and agencies also have their own agendas, which are held by those who work in them to be more important than finding ways to collaborate to do things differently. In such cases, collaboration becomes a cover for insisting that everyone else falls into line behind those agendas. All these responses have been documented in our project field notes and discussed in meetings.

What the consultation and discussion process has produced, in addition to the various project proposals and the papers analysing existing research, is very much a beginning, a foundation for something which is yet to fully develop. It includes a growing understanding, in quite concrete detail, of an important part of the 'social field'<sup>8</sup> in which the CRCATH is attempting to undertake research into the connections between education and health. The social field includes:

- Indigenous individuals and families, numbering in their thousands, who are interconnected in quite complex ways, living and working in a geographical space which extends from Darwin in the Top End to Adelaide in the south.
- Non-Aboriginal individuals and families, also spread across a wide geographic space, but connected to each other and to the Indigenous population by similarly complex family, kinship, professional, social and political relationships.<sup>9</sup>
- Institutions, such as schools, health services, government departments and community-controlled agencies.<sup>10</sup>
- Important texts and documentary material which have a particular force within the field, ranging from national and local statements of policy to curriculums, from 'snapshot' statistical data to detailed qualitative descriptions, and narratives that also have a historical dimension by representing the ways that certain groups have attempted to consolidate and codify their objectives and intentions within the field.
- Social, cultural and linguistic protocols which similarly embody, but in non-textual forms, the established wisdom of previous generations in relation to the activities which occur within the field.



One assumption of this research process was that the Aboriginal community leaders wanting to exercise greater power within the social field needed to understand it more thoroughly. This was especially true of those areas in which community leaders currently exert little influence or even have a presence, but which are sites of social and political practice that have a major determinant effect on their community's lives. This includes, for example, the senior executive level of the key government agencies. However, such fields cannot be 'mapped' by someone else for them, people have to map it themselves, otherwise its meaning will not be constructed in ways which serve their own interests. All codifications of a complex social field, for example, kinship diagrams or government department management structures, represent gross oversimplifications of delicately nuanced social practices, and one has to develop one's own 'feel for the game', as Bordieu puts it. This is also a fundamental insight of Freirian adult education that no research process designed for empowerment can afford to ignore. As Freire says, people must learn to 'read' their own world. This should not at all be confused with the liberal model of empowerment, which denies the relevance of usefulness of any external input, only to reintroduce it in less transparent and, therefore, disempowering ways (Faraclas n.d.).



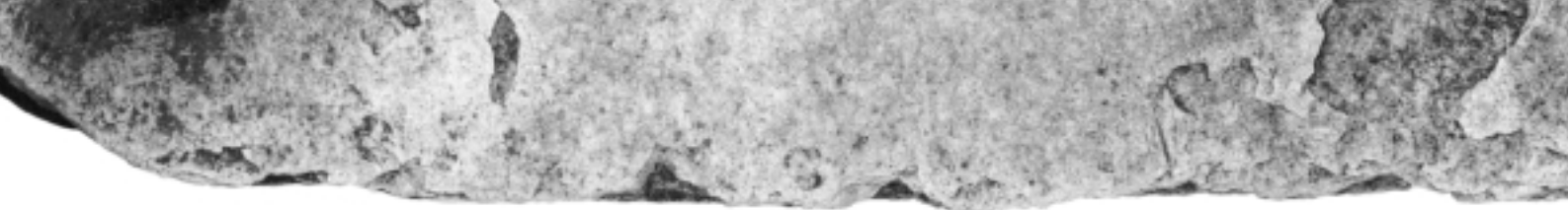


# A Theoretical Reflection: Research as the Production of Cultural and Social Capital

Since the great Brazilian adult educator Paulo Freire first introduced the term ‘empowerment’ into English language academic discourse, it has undergone many transformations (Mackie 1994). Capacity-building is arguably just a new term for this old practice. How does research empower—or disempower—people? One question this research project tried to answer was: How can research build people’s capacity to alter the social conditions which produce ill-health? The most important assumption was that *the empowerment of the disempowered alters existing social reality*. In other words, unless society changes, there has been no empowerment. This is because empowerment and disempowerment are terms which describe relationships, relationships between groups which are unequal, and where one group has more power *because* another group has less. Empowerment is about nothing, just an empty word, unless it is about changing this balance of power. Moreover, social power is something exercised only via collective action, and so empowerment requires organisation—individuals cannot become empowered, in other words, unless they become organised. An empowering education and/or research has to include the means to collectively organise.<sup>11</sup>

Some time ago, Dr Jerry Schwab from the Australian National University invoked Bordieu’s theory of cultural capital to explain some of the dynamics of Aboriginal education (Schwab 1996). Social groups become more powerful to the extent, Bordieu says, that they acquire ‘cultural capital’.<sup>12</sup> Education is empowering because it gives one’s group access to valued cultural capital. Researchers, more educated than most, many of them with doctoral qualifications, hold a lot of cultural capital, which is a source of social power and status. Most importantly, *the research process is the means by which this cultural capital is acquired*. This helps explain how research reproduces and consolidates unequal power relationships between researchers and their subjects, and, at a higher level, between research institutions and the people who do not belong to those institutions. It is because research and the dissemination of its findings are a principal means of producing cultural capital, and this is independent of the good intentions of the researcher or institution. The only way to distribute cultural capital more fairly is for the cultural capital which the process generates not to become the property of the researcher or the institution, but to be shared instead among the research subjects. And cultural capital can only be shared or gained by participating in the process which produces it. To put it another way, cultural capital cannot be produced by one group and given to others. Groups have to produce their own cultural capital.

Empiricist research traditions modelled on the physical sciences have difficulty with this line of reasoning, but that is neither here nor there; since social science is not a physical science, there is no reason at all to believe, a priori, that the methodologies of one should translate unproblematically to the other (Agger 1998). Social science, in fact, shares with the physical sciences the need to *intervene*, to *disturb* what is naturally occurring in order better to understand it. But in the social sciences, the researchers themselves are part of the changes. This means that research which seeks to understand social change, cannot occur without itself taking part in that change. As Myles Horton, a founder of popular education in the United States wrote, ‘You only learn from the experiences you learn from’ (Horton & Freire 1990). This is a defence of ‘activist research’, research which seeks to use the research process itself to build people’s capacity to effect social change, and includes the researcher as one of those doing the changing, and being changed. While it is objective in its methodology, it is openly partisan in its objectives. It is research which takes sides.



This brings us back to the question of capacity, and capacity-building. Here we see, once again, that social scientists have begun to re-deploy some of the language, as Bourdieu did, of Marxian political economy, but here we encounter not 'cultural capital' but 'social capital', which is another term for community capacity.<sup>13</sup> In the United States capacity-building has become a favourite of the Health Conversion Foundations (Easterling et al. 1998), while in another incarnation, it has also turned up in the work of health researchers such as Michael Marmot (Wilkinson & Marmot 1998). Most of this work, while relatively new to sections of the medical research industry, largely recycles, in terms of its social theory, insights from 1960s community organising theory<sup>14</sup> which were just as adequately and often better expressed in the primary health field by people such as David Werner, or indeed, in the Alma Ata Declaration. The more things change, the more things stay the same.<sup>15</sup>





# Emergent Themes and Future Directions

Reviewing the two years of field notes made over the life of the Systematic Review, it is possible to identify a significant number of emergent themes. Of these, six in particular are relevant to this paper, because they reflect the outcomes of the active dialogue that the project facilitated between community members and organisations concerning the research literature. More specific findings from the review and the detailed research projects it recommended are published on the CRCATH website (Boughton 1999d).

## The Importance of History

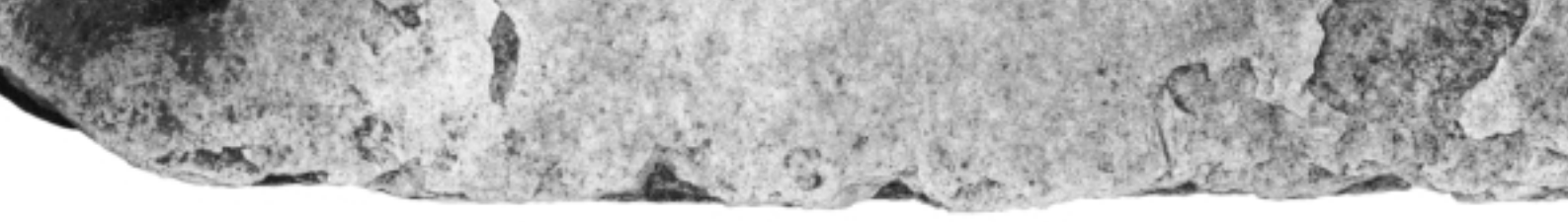
The Aboriginal people of the Central Australian region who are sickening and dying today in their forties and fifties are my contemporaries, born like me on the eve of the so-called post-war boom in Australia. Our different health outcomes can only be understood on the basis of a historically specific analysis of our different experiences, and that of our parents—by understanding the actual history that people have lived through we can begin to understand how this history is ‘embodied’ in people’s physical and mental health (Krieger 1999). From understanding this history, people will begin to discover the extent to which there has been any Aboriginal ‘health transition’ over the last half century and, if so, what its determinants have been. Most importantly, people need to know the role that Aboriginal people have played in achieving improvements to their own health, and how these efforts were resisted by the institutions that now wish to embrace reconciliation and partnership. One of the things which has become most obvious over the past two years is that *the Aboriginal history* of the health transition has been lost, or has been not given the significance it should. As a result, people continue to be disempowered by research narratives which supposedly explain their current health status. Aboriginal people tend to appear in these narratives largely as disadvantaged victims, summarised in mortality and morbidity statistics, rather than as active agents in the construction of their own history of resistance to a colonial oppression which amounted to genocide. As Eric Molobi, a South African educationalist, puts it:

Unless you openly acknowledge that black people are oppressed, then you make ‘disadvantage’ or ‘suffering’ seem as if it has nothing to do with the politics of power . . . You make it sound like some terrible misfortune like cancer whose cause is a bit of a mystery . . . And worse than that, talk about ‘disadvantage’ or ‘suffering’ or ‘victims’ delegitimises black struggle while it legitimates white do-goodism [cited in Moore 1993].

There is a major gap in the historical record, in particular of the role that community campaigns and community organisations have played in achieving health change, and the recovery of this history needs to be part of any ongoing research program.<sup>16</sup>

## Secondary Education

In Australia, unlike the Third World countries which the Caldwells studied, inequality in educational access and participation expresses itself more clearly within the secondary education system than the primary system. Aboriginal community concern over this situation was one of the most powerful stimuli to the establishment of this project. While over 75% of young Aboriginal people in the Northern Territory fail to complete Year 10, let alone Year 12, the community’s capacity to take greater control of its affairs is completely hamstrung. The major source of job growth in the Central Australian region, for example, is in education, community services and health, growth which is driven by the rapid expansion of the Aboriginal population. But almost all these jobs go to non-Aboriginal people. It became clear at an early stage of the project that community leaders had almost no access to information which showed system-



atically how poorly the education system was serving them relative to its performance for the non-Aboriginal population. By presenting data and analysis in this area in public forums, we helped give greater weight and authority to people's concerns, helping thereby to mobilise more people within the region to call for change. Several projects and ongoing activities provide opportunities for this work to produce results in the form of increased Aboriginal access to secondary education, including a proposal for establishing an Aboriginal-controlled secondary school. However, unless the local leadership is able to share in the continuing independent research capacity which this project provided, it is hard to see how they will be able to operate as effectively in the negotiations that have now begun with government.<sup>17</sup>

## Racism and Human Rights

In the 1950s and 1960s, the Aboriginal movement deployed the international discourse of rights and racial discrimination to considerable effect, including in the education arena. But, as I have argued elsewhere (Boughton 1999b), this was largely overtaken in the 1970s and 1980s by a different discourse about educational disadvantage and culturally appropriate pedagogy. Since the Royal Commission into Aboriginal Deaths in Custody reported in 1990, the rights-based approach has begun to re-assert itself, thanks especially to the work of the Aboriginal Social Justice Commissioner Mick Dodson. Central Australia was one of the first places to adopt this approach to questions related to education, when parents of children at Traegar Park Primary School took a case to the Human Rights and Equal Opportunity Commission (HREOC) against the Northern Territory Minister for Education who closed their school in 1991 (Walton 1997). There is also a case currently before HREOC over the Northern Territory Government's failure to pass on urgently needed Commonwealth capital funding to the Institute for Aboriginal Development (IAD), while Yipirinya School was instrumental in bringing before the Commission the Northern Territory Government's decision to phase out bilingual education. This strong local tradition of active resistance to racism and racial discrimination in education is a vital resource for developing a broader social movement for educational change, and it also resonates with recent national decisions by the CEOs of education to embark on anti-racism education within schools. The Systematic Review project facilitated developments in this area by providing detailed information on vocational education and training (VET)–sector funding to lawyers preparing IAD's challenge to the Northern Territory Government, by providing research material to those involved in the bilingual dispute, and by helping local education department officials establish a process for developing school-based anti-racism policies. We also used data collected by the project and evidence on the bilingual education issue to develop a submission on institutional racism to the recent Collins Inquiry into Indigenous education, the report of which favourably cited the following section from our submission in its concluding chapter:

The quickest and surest way to achieve change in this system is for the people most affected to take action to change it themselves, employing the full range of legal and political remedies available nationally and internationally to people whose rights are being denied. This is unlikely to occur unless the immediate and primary focus of those seeking reform is placed not on the schools, or on the children attending or not attending them, but on the parents and community leaders and organisations who have primary responsibility for the welfare and education of their children and young people. In other words, Indigenous people and their organisations must become more empowered in relation to the education system before real change will occur in this system [Boughton 1999c, cited in Northern Territory Department of Education 1999, p. 163].

The project's focus on rights and on the development of a popular political movement around rights arose directly from our understanding of the research literature on health transition. This focus should not be lost in any future work by the CRCATH's Indigenous Health and Education Research program which seeks to learn from that literature.



# The Relationship Between Education, Control and Health

Towards the end of the first year of the Systematic Review project, the principal investigator began an examination of some of the recent literature on the social determinants of health. It quickly became clear that this was as relevant to our project and program, and to the overall work of the CRCATH, as was the work of the health transitions school. The two most important features of the examination, for our purposes, were that it highlighted the role of inequality—rather than poverty—as a health determinant, and that it claimed a special importance for what it called the ‘control factor’, the capacity of people to influence their day-to-day life circumstances. These issues are canvassed in two other CRCATH papers (Boughton 2000; Devitt, Hall & Tsey 1999). What makes this work particularly interesting from an educationalist’s point of view is that the education system is clearly one of the principal institutions in which people learn to take greater control of their lives, and education is also one of the principal means by which society seeks to overcome inequality. Analysis of the 1994 National Aboriginal and Torres Strait Islander Survey (NATSIS), for example, is unequivocal about the importance of education and training in increasing people’s access to employment and income. However, there is also a major debate within Indigenous education, both in Australia and nationally, about the extent to which education itself needs to be under community control, and to what extent, if it is going to have real effects, not just for a few individuals, but for the whole community. Community control has, in the course of this project, become a contentious issue. Some Aboriginal and non-Aboriginal people argue that community-controlled organisations, and in particular the existing Aboriginal community-controlled education providers and health services, do not adequately represent the aspirations of all their community. This debate represents a potential minefield for the CRCATH’s research program, and there is an urgent need for deeper reflection and analysis of the various claims being made, the points of contradiction or difference among them, and what, if any, research questions they infer.

## Resource Allocation

Resource allocation issues and conflicts are never far below the surface in debates about Aboriginal community-controlled organisations, but what we discovered in this project was an almost total dearth of systematic studies of resource allocation within the Indigenous education sector. We have already alluded to the issue of the lack of secondary schooling outside urban areas, but there are also serious problems of resource allocation in primary and post-secondary education. While there is now no lack of government willingness to focus on improving poor Indigenous education outcomes, there is not nearly so much openness to the possibility that poor outcomes might well be the result of inequitable resource allocation decisions in the past. As the Aboriginal health sector has shown, research can provide people with vital information, both to mobilise concern within the community, and to negotiate new arrangements with government. On at least three occasions, small-scale resource-allocation studies have demonstrated this during the course of the Systematic Review. In the first instance, the inequity of distribution of funding targeted at getting Year 11 and Year 12 students mainstream industry experience was easily shown: there are low retention rates in those years, and the bulk of current Indigenous employment opportunities are in Indigenous organisations. These findings helped focus organisations, schools and policy-makers in Central Australia on the need for a more equitable strategy. In the second case, it was possible to present some estimations of the loss of investment in educational resources for Indigenous youth at a forum on secondary education held in December 1998. The loss of funding contributes to high school-drop-out rates, and the estimations provided a figure for what might be a baseline for funding of any alternatives to mainstream schooling which attempt to ‘pick up’ these school leavers (Boughton 1998a). Thirdly, because it was an issue on which community-controlled organisations were already mobilising, the question of investment generally in vocational education and training infrastructure was investigated in some detail and the results passed on to the organisations active on this issue.



## Issues in Aboriginal Health Worker Education

It is highly unlikely that any research project will reveal issues on which the community itself has not already spent considerable time and resources, and Aboriginal health worker education and training represents one of the most important practical and immediate issues in education from the point of view of Aboriginal health. We made a number of attempts during the project to connect with existing concerns about Aboriginal health worker education, with some limited success. In the first instance, Central Australian Aboriginal Congress (CAAC) sought our help to facilitate a workshop to identify what options they had for dealing with the increasing complexity of vocational education and training registration and accreditation procedures. This produced a temporary solution in the form of greater collaboration between IAD, which had the expertise to deal with the complexity, and CAAC, which was the actual provider. We then attempted to seek a longer-term solution through establishing a Rural Health Support Education and Training Program (RHSET)–funded investigation and evaluation of current regional and Northern Territory arrangements for Aboriginal health worker education and training. This attempt was unsuccessful, in part, because a national inquiry was announced at the same time. On a smaller scale, discussions with the Director of Nursing at Alice Springs Hospital have helped formulate a new employment strategy to attract more Aboriginal school leavers into the health workforce: we were able to provide advice to Department of Education, Training and Youth Affairs (DETYA) and Northern Territory Department of Education programs. More recently, the project has agreed to assist with an evaluation of Central Australian Remote Health Training Unit (CARHTU), a new cross-sector organisation for providing post-basic Aboriginal health worker education and training within the workplace (Boughton et al. 2000). While this is not the place to canvass in detail issues in Aboriginal health worker education and training, this area will prove to be one of the most important points at which the concerns of the health and education sectors meet. It thus provides a practical issue for building alliances and strengthening cross-sector collaboration through evaluation and research.





# Conclusion

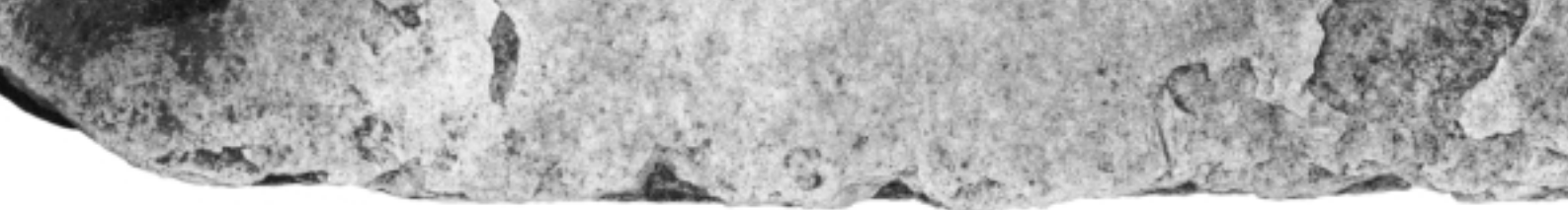
Nineteen years have elapsed since I first began undertaking community-based research in Central Australia. In that time, a generation has grown up and passed through the education system. Despite major advances in policy in Indigenous affairs at a national, state and territory level, there has been no significant reduction over this period in the inequality that exists between Indigenous and non-Indigenous peoples living in this region. It is highly unlikely, given this trend, that the current focus by national and territory administrations on the need to improve Indigenous education outcomes will have any lasting effect, unless it is accompanied by community-driven efforts to alter the basic balance of political and economic power in the region. As the Royal Commission into Aboriginal Deaths in Custody made absolutely clear, this will only happen to the extent that the Indigenous population, via its own leadership in its own community-controlled organisations, is able to take power—to get its hands on the levers which determine who gains and who loses from the resource allocation decisions which determine regional development.

Aboriginal people cannot wait for another one or two generations to ‘get an education’, because the education that is required to take power is not the education that those in power provide. The education that brings power is the education that is gained in the struggle itself, in social action. The achievement of ‘real health outcomes’, therefore, requires the allocation of more resources to the development of people’s capacity to take power, including their capacity to take power in relation to the education system. One way to do this that we have learnt from this project, is to place people who have well-developed research skills into the community—people who, regardless of whether they are Indigenous or non-Indigenous, have the capacity to build good relationships with the community-controlled organisations. Such relationships will allow these people to provide *critical* advice based on an understanding of what the best national and international research has to offer on how to negotiate power-sharing arrangements with government.

Moves towards regional Aboriginal self-government have been a subject of discussion in Central Australia since at least 1988, when a conference to discuss this issue was held at Yirara College under the auspices of the Northern Territory land councils and the Australian National University’s North Australia Research Unit. As I argued in another CRCATH occasional paper (Boughton 1999b), debates about how to improve Aboriginal education almost never intersect with these larger issues, and yet, unless they do, educationalists are abandoning to non-Aboriginal education systems and decision-makers the most important ground in any educational theory, the issue of ‘education for what’. Indigenous people have rejected over many decades the notion that education, for them, means what non-Aboriginal education systems have offered them. In its worst form, this was assimilation, an educationally driven form of genocide. In its contemporary liberal form, non-Aboriginal education systems still only offer limited opportunities for building human capital, in a mistaken belief that this will arrest and reverse the long-term population and economic trends which have left the majority of Aboriginal people increasingly marginalised in the newly globalised Australian labour markets (Boughton 1998b; Taylor & Altman 1998). As more and more health researchers raise their voices in alarm at the effects of globalisation on the health of the poor throughout the world (Werner 1999), it is irresponsible to suggest that gradual inclusion in ‘mainstream’ educational strategies, which are themselves in the grip of globalisation, is the only solution. On the contrary, the education needed to produce a real health transition in Indigenous society is an education communities themselves control, geared to helping them organise themselves to meet their own regionally determined social, cultural and economic development aspirations.

Comments and correspondence to:

Bob Boughton PhD  
43 Giles Street  
Alice Springs NT 0870  
Phone (08) 89531668  
Fax (08) 89529368  
Email [durn@ozemail.com.au](mailto:durn@ozemail.com.au)



# Appendix. Key Events in the Regional Capacity-Building Process

Month/Year	Networking, consultation and capacity-building activity
September 1995	Tsey, Caldwell, Gray and others raised education–health links in papers to Aboriginal Health Transitions Conference, Darwin (Robinson 1995).
January–February 1996	Central Australian Aboriginal Congress (CAAC) and Institute for Aboriginal Development (IAD) responding to community concerns in Central Australia over Year 12 completion rates, lobbied for a Commonwealth inquiry, while Principal Investigator (Tsey) undertook consultations with IAD, Yipirinya School and Batchelor Institute of Indigenous Tertiary Education about their participation in CRCATH.
March 1996–June 1997	Tsey undertook further consultations and interviews re priority research areas and a possible role for the CRCATH to work with organisations and communities to improve Aboriginal education outcomes (Tsey 1999).
July 1997	CRCATH officially opened, agreement signed with the Commonwealth including education as a major research program area.
September 1997	Indigenous Health and Education Research program reference group formed; CRCATH Board approved the program’s proposal for a systematic review to focus research.
November–December 1997	Program research fellows commenced work. Initial contacts made with Australian Institute for Aboriginal and Torres Strait Islander Studies (AIATSIS), Centre for Aboriginal Economic Policy Research (Australian National University) (CAEPR) and National Centre for Epidemiology and Population Health (NCEPH) staff while in Canberra.
February 1998	Detour Program evaluation completed for Tangentyere Council. First meeting with Jack Caldwell at the Health Transitions Centre, Canberra. Work on a collaborative project with the Federation of Independent Aboriginal Education Providers (FIAEP). Meeting with Assistant Secretary, Department of Education, Training and Youth Affairs (DETYA) Indigenous Education Branch. Meeting with Central Australian Aboriginal Media Association management. Presentation to Central Australian campus staff of Batchelor Institute.

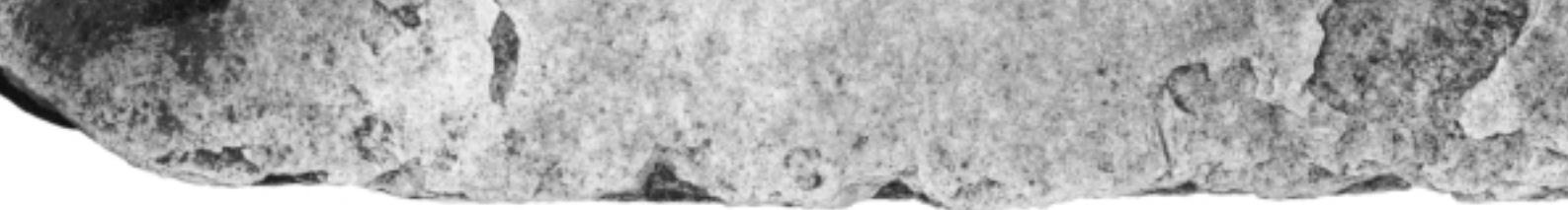
March 1998	<p>Negotiations with local office of DETYA re funding for regional vocational education and training study.</p> <p>Presentation to Northern Territory University's (NTU) Faculty of Education staff.</p> <p>Negotiations with Northern Territory Department of Education (NTDE) to gain access to their database of department-approved research projects.</p>
April 1998	Seven research project proposals forwarded to CRCATH Board.
May 1998	Completed collaborative project with FIAEP and National Centre for Vocational Education Research (NCVER) (Boughton 1998b) .
June 1998	<p>Further meetings in Canberra with Health Transitions Centre, NCEPH, AIATSIS and DETYA Indigenous Education Branch re collaborative arrangements.</p> <p>Presentation to Combined Aboriginal Education Providers Professional Development Forum.</p> <p>Facilitated workshop for CAAC and IAD on Aboriginal health worker education.</p> <p>Rural Health Support Education and Training Program (RHSET) application completed for further study of Aboriginal health worker education needs (unsuccessful).</p> <p>Project workshop held in Darwin with core partners and stakeholders to review program strategic priorities and project proposals to date.</p>
July 1998	<p>Helped initiate Central Australian Combined Education Unions Committee on Indigenous Education, with delegates from National Tertiary Education Union (NTEU), Australian Education Union (AEU), Liquor Hospitality and Miscellaneous Workers Union (LHMWU) and Commonwealth Public Sector Union (CPSU).</p> <p>Presentation to IAD Management Training Program students on National Aboriginal and Torres Strait Islander Education Policy.</p>
August 1998	<p>Assisted Indigenous Education Council Northern Territory (IECNT) project officer to review monitoring arrangements for Indigenous education agreements.</p> <p>Worked with local Aboriginal education leaders to draft proposals for reform of Aboriginal education.</p> <p>Presentation to Batchelor Institute's men's literacy class.</p> <p>Distributed briefing paper to local organisations on Vocational Education and Training (VET) in Schools program.</p> <p>Presented Indigenous Health and Education Research program's reference group with proposal for workshop to develop quantitative health transitions study design.</p> <p>Worked with IAD staff to develop their research project proposal: An Aboriginal Framework of Practice.</p> <p>Initial discussions with Central Australian Remote Health Training Unit (CARHTU) reviewer regarding an evaluation project for CARHTU's new program.</p>

September 1998	Presentation to IECNT Parent Awareness Forum.
October 1998	Principal investigator proposed we should begin to document and analyse our networking and consultations seen as a capacity-building activity in itself and as a model for the CRCATH's research processes. Further work on IAD project proposal. Discussions began with Yipirinya School about undertaking their own research project, as per original agreement.
November 1998	Draft discussion papers reviewing current research circulated to reference group, core partners and Aboriginal organisations for comment. CRCATH Board extended Systematic Review project to two years.
December 1998	Presentation to and participation in regional forum on Indigenous secondary education, involving government education and health officials, and community organisations (Vadiveloo 1999). Attended meeting between FIAEP and DETYA in Canberra re funding formulas for independent community-controlled education providers under Indigenous Education Strategic Initiatives Program (IESIP). Assisted bilingual schools staff and local Aboriginal organisations to network and organise their response to proposed closure of bilingual education program by NTDE.
January 1999	Continued assistance to bilingual schools. Presentation to Yirara College staff, discussions re possible collaboration on research project. Discussions with IAD management re options for reforming Indigenous secondary education provision in the Northern Territory.
February 1999	Further discussion with Yipirinya School re project. Assistance to 'Charcoal Lane' project workshop, on Aboriginal health managers (Wakerman et al. 1999) . IAD's Aboriginal Framework for Practice project began (Maidment et al. 1999).

March 1999	<p>Assisted formation of Uruna Potara Homelands Education Committee to develop outstation school, inaugural meeting, 10 March 1999.</p> <p>Presentation to Batchelor Institute staff professional development seminar.</p> <p>Initiated discussion with Menzies School of Health Research (MSHR) nutrition study researchers re including examination of education effects.</p> <p>Research fellow and local Aboriginal community-controlled organisations invited by the then Northern Territory Regional Director, Education and Health, to join an advisory committee on Indigenous secondary education.</p> <p>Contract finalised with Alan Gray to complete study of National Aboriginal and Torres Strait Islander Survey (NATSIS) data.</p>
April 1999	<p>Presentation to Northern Territory Indigenous Educators Association workshop.</p> <p>Facilitated NTEU invitation to local Aboriginal education lecturer to attend national Indigenous education unionists forum.</p> <p>Letter to Aboriginal Medical Services Alliances Northern Territory (AMSANT) offering briefing on work to date.</p> <p>Completed submission to Collins Inquiry into Indigenous Education in the Northern Territory (Boughton 1999c).</p>
May 1999	<p>Initial discussions with Alice Springs Hospital Director of Nursing re the hospital's employment strategy, possibility of using VET in Schools program.</p> <p>Further discussions with principal investigator re networking and capacity-building aspects of Systematic Review. Concept proposal completed for CRCATH Board, 'Towards More Effective Regional Indigenous Leadership in Educational Decision-Making in Central Australia: An Action Research Project', designed to continue the review.</p> <p>Discussion with CAAC Director re project and proposed study by Alan Gray.</p> <p>Completion of work on second collaborative project with FIAEP and NCVER (Durnan &amp; Boughton 1999).</p>
June 1999	<p>Completed application, at ATSIC's request, to tender with local Aboriginal educators for project to develop a submission to Human Rights and Equal Opportunity Commission (HREOC) Inquiry into Remote Schooling.</p> <p>Worked with Alan Gray on NATSIS data, including presentation to seminar for CRCATH core partners and interested organisations, met with the then Regional Director, Education and Health.</p> <p>Initiated discussions with NTDE's health and education officer re Territory Health Services (THS)/NTDE collaborative work in schools, need for protocols, local service agreements.</p> <p>Assisted IAD, Yipirinya School and Irrkerlantye Centre staff to draw up a list of proposals to put to NTDE, based on decisions of the 1 December 1998 secondary education forum; these were then circulated for endorsement to all local Aboriginal organisations.</p>

July 1999	Ran professional development seminar for IAD staff with IAD research team on CRCATH research work. Australian College of Education sought advice re proposed national Indigenous Education Forum.
August 1999	Commonwealth Second Year review of CRCATH presentations, Darwin. Presentation to Senate Inquiry into Indigenous Education (Hansard, 6 August 1999). Northern Territory Regional Director, Education and Health's, advisory committee accepted Aboriginal organisations proposal re terms of reference, based on proposals developed at June meeting (see above). First combined Aboriginal organisations meeting on Indigenous secondary schooling held at Yipirinya School. Presentation to CAAC's continuing medical education workshop.
September 1999	Final Systematic Review strategic workshop with reference group members and other stakeholders.
October 1999	First results in from questionnaire re education, part of THS's health, housing and infrastructure study; invited by Yuendumu Council to discuss follow-up study. Collins Inquiry report published (Northern Territory Department of Education 1999), recommending major restructuring of existing advice mechanisms to increase Aboriginal community control in education, and emphasising connections between education and health.
November 1999	Indigenous Education Forum, Alice Springs; Commonwealth Minister cited health transitions research in opening address, citing our evidence to the Senate inquiry. Submission to DETYA Review of Indigenous Education Direct Assistance Program. Briefing paper prepared for Combined Aboriginal Organisations Forum on Collins Review (Boughton 1999a).

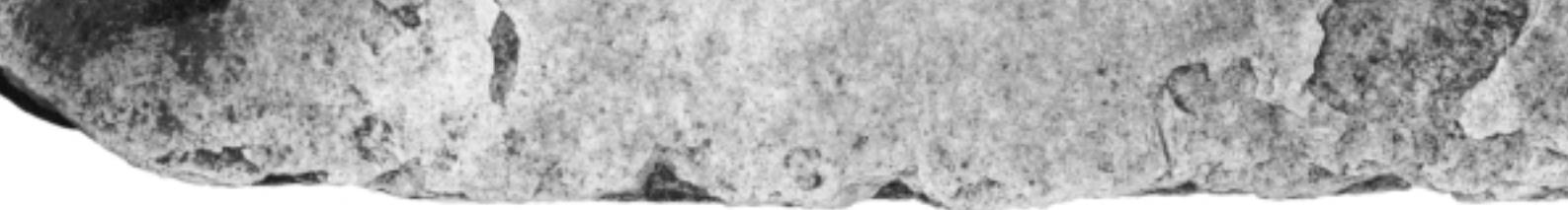






# Endnotes

1. Some of the early part of this story, in a health context, is told in Nathan (1983) by an anthropologist who worked with Central Australian Aboriginal Congress. See Wilkins (1992) for an account by a linguist working at Yipirinya who helped develop the first CAO research policy. Some of the early research policies are held in the Institute for Aboriginal Development library. A meeting in Alice Springs in 1986 codified guidelines for NHMRC researchers. These developments influenced early negotiations between the Menzies School of Health Research and local Aboriginal organisations over the establishment of the CRCATH.
2. For a detailed discussion of these ideas in relation to education, see McDermott (1995).
3. Feminist post-structuralist theory mounts a similar critique of the patriarchal basis of much academic research, and the knowledge it has produced, e.g. Weedon (1987).
4. Throughout the paper, I use ‘we’ because my work was located within a research team that included Dr Komla Tsey, the program leader, and a reference group consisting mainly of senior Aboriginal health administrators and educationalists. Beyond this, many Aboriginal and non-Aboriginal people working in local organisations contributed many hours to the work, as demonstrated in the timeline in the Appendix.
5. The Institute for Aboriginal Development’s leadership development program was developed by Alice Springs’ Combined Aboriginal Organisations in the same period as the research policies referred to in the introduction, and included a focus on increasing Aboriginal control of research (Boughton 1992; Crough, Howitt & Pritchard 1989; Howitt, Crough & Pritchard 1990).
6. ‘Conscientization is an ongoing process by which a learner moves toward critical consciousness . . . This process is the heart of liberatory education . . . Conscientization means breaking through prevailing mythologies to reach new levels of awareness—in particular, awareness of oppression, being an “object” in a world where only “subjects” have power. The process of conscientization involves identifying contradictions in experience through dialogue and becoming a ‘subject’ with other oppressed subjects—that is, becoming part of the process of changing the world’ (Heaney n.d.).
7. At the time of final editing (March 2001), only one of these projects has received CRCATH support, and is nearing completion (Maidment, et al. 1999).
8. This terminology derives from the French sociologist of education, Pierre Bourdieu (Bourdieu 1990).
9. The data collected on which we can draw to describe and analyse this includes summary population statistics, by administrative region, for the whole Northern Territory, which is the form in which populations are understood for administrative purposes. But it also includes other, more ‘personalised’ data, such as the network of personal, family and professional contacts which the participants in the research process construct from their own experience.
10. Once again, there are a number of ways in which such information is ‘known’. We know the agencies and institutions, but we also now have personal experience of, and contacts within, those agencies, which is another way of knowing this segment of the social field. Each way of knowing has its own value for future community-controlled research, and neither is reducible to the other. Most importantly, this project has facilitated a process by which local Aboriginal education leaders and activists have come to know some agencies more deeply through participation in meetings with these agencies which we have convened or attended during the study.

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11. One specific example during the course of this project was the use made of the project resources to assist a campaign to defend bilingual education.
  12. As Schwab showed, it also valorises i.e. recognises as valuable, the pre-existing cultural capital which students from the dominant society bring with them.
  13. 'Community capacity consists of a number of distinct elements that determine a community's ability to prevent disease and promote health: skills and knowledge, leadership, sense of efficacy, trusting relationships and a culture of learning. Community capacity overlaps with, but also extends the notion of "social capital". These sorts of capacity exist in an innate way within all communities, but are never fully realized . . . Building community capacity may be an especially cost-effective means for a health-oriented organization to achieve its mission' (Easterling, et al. 1998).
  14. Such as the work of Horton, already mentioned, or of Saul Alinsky.
  15. As a James Thurber character commented, 'I'm still poor, but I've got a much bigger vocabulary.'
  16. A similar point has been made by the Aboriginal community-controlled health organisations (ACCHOs), according to the Aboriginal Medical Services research fellow's unpublished report of the December 1997 workshop which outlined the CRCATH's Resources and Health Services Research program: 'After more than 20 years of ACCHOs activity in various parts of the country there is a pressing need to comprehensively document their emergence, development, successes, failures and contemporary role.' However, this has not to date resulted in a CRCATH research project to undertake this work.
  17. At the time of publication, a project had just been completed in Alice Springs (Central Australian Aboriginal Congress & Bob Boughton 2001) to investigate options for improving secondary Indigenous students' participation and outcomes, including the option of establishing an independent Aboriginal community-controlled high school. Significantly, the project is managed by the local Aboriginal medical service, Central Australian Aboriginal Congress, whose involvement resulted directly from its work on education–health links through the CRCATH's Indigenous Health and Education Research program.





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