WORKING IN PARTNERSHIP: SKILLS TRANSFER IN DEVELOPING A CROSS- CULTURAL RESEARCH TEAM

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As part of a broader study on Indigenous illegal drug use, the authors undertook skills training to increase cross-cultural mutual understanding of the often different approaches and methodologies between research and practice, as well as Aboriginal and non-Aboriginal understandings of these

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approaches. The study and the skills transfer training were part of a longer-term partnership between Winnunga Nimmityjah Aboriginal Health Service and the National Centre for Epidemiology and Population Health at The Australian National University, Canberra, Australia. The authors describe the skills transfer process involving specific training in the ethical issues relating to research generally and this particular study, research funding processes, basic epidemiological and biostatistical concepts, and aspects of interviewing and questionnaire design. They use five vignettes to illustrate how the skills transfer process fulfilled their broader aim related to the ethical conduct of research with Aboriginal and Torres Strait Islander communities.

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BACKGROUND

In 2001, a collaborative study between the National Centre for Epidemiology and Population Health (NCEPH) at The Australian National University, Canberra, Australia and the Winnunga Nimmityjah¹ Aboriginal Health Service into the needs of Indigenous illegal drug users in the Australian Capital Territory (ACT) began. Winnunga is the major provider of healthcare to Indigenous (as well as for many non-Indigenous) people in the ACT and region. Most of the ACT's population resides in its major service centre, Canberra (Australia's national capital), located some 300 km southwest of Sydney and 655 km northeast of Melbourne. Australia's Indigenous population comprises both Aboriginal and Torres Strait Islander people and is around 2.4% of the population. The ACT's population is about 310,000 people, of whom some 3600 (1.16%) identified as Aboriginal and/or Torres Strait Islander in the 2001 census (Australian Bureau of Statistics, 2002).

The study had four aims: (a) to enhance understanding of the needs of Indigenous illegal drug users in the ACT and region regarding drug treatment; (b) to develop that understanding through the expressed views of the drug users themselves; (c) to report to a range of stakeholders; and (d) to achieve a (multidirectional) skills transfer between health workers and researchers (Indigenous and non-Indigenous). This report describes how the skills transfer process met our broader aim related to the ethical conduct of research with Indigenous communities.

In Australia, there have been three broad approaches to Indigenous research. They have included:

1. Professional researchers skilled in needs assessment. For example, Hunter (1993) worked as a single investigator, or in collaboration with another medical doctor, to gather data through interviews and medical examinations of Aboriginal people in the Kimberly region of Western Australia. Importantly, his approach included a service component, providing medical care and biomedical test results as needed.

¹“Winnunga Nimmityjah” are words in the Australian Wiradjuri Aboriginal language, meaning “strong health.”

2. Professional researchers who recruited (Indigenous) peer interviewers. In 2001 (Holly & Shoobridge, 2002), using rapid situation assessment (Fitch & Stimson, 2003) 307 Indigenous injecting drug users in Adelaide, South Australia were interviewed by seven peers providing harm reduction resources and (if interviewers were licensed) clean injecting equipment.
3. Equal professional partners, that is, Aboriginal health workers. The health workers have intimate knowledge of and empathy with respondents and the researchers.

Earlier collaborations between Winnunga and NCEPH used the third approach; this study followed that tradition. The NCEPH team comprised two Indigenous and four nonIndigenous researchers. Winnunga's Chief Executive Officer and her designated staff (all Indigenous) were associate researchers. A reference group of 11 Aboriginal and Torres Strait Islander elders, community members, and representatives of Indigenous organizations from the ACT and the region, and two non-Indigenous government representatives, guided the research. Importantly, respondents at their interview could have an Aboriginal health worker from Winnunga as a support person and/or interviewer.

Our approach was in line with the Australian National Health and Medical Research Council's (NH&MRC) "Darwin Criteria" for funding research in Aboriginal and Torres Strait Islander communities: community participation, sustainability, and transferability (Research Agenda Working Group of the National Health and Medical Research Council, 2002). These criteria, developed recently (National Health and Medical Research Council, 2002), emerged after years of frustration by Indigenous people and communities over research that frequently benefited researchers and their institutions, but with no observable benefits derived by the people themselves.

We see skills transfer and capacity building as essential in action research, both to help participants develop research skills, and to help researchers gain deeper understandings of the community and its members. Indeed, our needs analysis was part of an action research cycle—first, as a prelude to action to address the problems we would undoubtedly uncover, and second, as part of the active and continually evolving longer-term collaboration between Winnunga and NCEPH, as described above. Our broad objective for the skills transfer was to break down barriers that (*can*) exist between academia and the community. This was achievable only by creating a comfortable "learning community" to facilitate multidirectional learning between and among the health workers and the NCEPH researchers. We aimed to build participants' general knowledge of the research process, and their specific knowledge of this particular study, through training in areas of direct relevance to them. While allowing for flexibility to accommodate areas of personal relevance, we placed emphasis on the background to the study, action research, ethics principles and processes, questionnaire design, and interviewing techniques. Responses by 16 Winnunga staff to a questionnaire shaped our study objectives (Tables 1 and 2). When asked how they wanted to be involved in interviews, most (63%) were happy to be a support person only. Just over one third were happy to be an interviewer only (38%), or both an interviewer and/or support person (38%). In terms of technical skills training, there was a high level of interest in a range of skills.

Considerable discussion went into achieving the best possible outcomes. We wanted to ensure that all Winnunga staff wanting to participate could do so. Equally, it was important not to remove a large section of Winnunga's workforce from its core activity of providing health services to the local Indigenous community. Consequently, sessions were held on three alternate days, Monday, Wednesday, and Friday, each of a half day's

Table 1. How Winnunga Staff Wanted to Be Involved in Interviews (n = 16)

<i>Involvement</i>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>	<i>No response</i>
Support person only	10	2	1	3
Interviewer only	6	3	1	6
Interviewer and/or support person	6	4	0	6

Table 2. Areas of Interest in Technical Skills Training by Winnunga Staff (n = 16)

<i>Areas of training</i>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>	<i>No response</i>
Research planning	8	3	2	3
Questionnaire design	7	4	4	1
Basic statistics	9	4	0	3
Computer programs for statistical analysis	7	5	2	2
Qualitative data techniques	7	5	1	3
Computer programs for analyzing qualitative data	6	4	2	4

duration, starting with lunch. All sessions were held at NCEPH, allowing Winnunga staff to extricate themselves from the workplace. Two cohorts were trained at about one-month intervals. In summary, the training covered:

- Overview of ANU ethics approval process (provided by ANU Human Research Ethics Committee Chair)
- Overview of NH&MRC Committee and subcommittee structures (to provide an understanding of the structural and political contexts underpinning research funding)
- Basic epidemiological and biostatistical concepts
- Interview techniques and questionnaire design (leading to modifications of the questionnaire to sensitize wording and include questions on culture)
- Mental Health First Aid training (provided by the ANU Centre for Mental Health Research, covering issues such as suicidal thoughts and behavior, acute stress reactions, panic attacks, and acute psychotic behavior) (Kitchener & Jorm, 2002)
- Sexual abuse in Indigenous communities training (provided by Aboriginal health workers from ACT Rape Crisis Centre, emphasizing the importance of acknowledging a person's experiences and accepting that person's story as immutably true).

Seemingly small actions and gestures were critical to success, creating a culturally safe, professional, and relaxed environment so necessary to adult learning. Behind the scenes, NCEPH staff made sure the visitors felt welcome, taking care of hospitality and refreshments, ushering participants, taking messages, and generally ensuring things ran smoothly. Fourteen people participated, 10 in the first cohort and 4 in the second. Participants' feedback was overwhelmingly positive, as illustrated below:

"[I] still need more training and talking but it has been absolutely wonderful to have participated in this training. It has opened my eyes. I feel energized and enthused."

"Thank you for sharing your training skills. I am looking forward to working with you during the interviews."

"Very comprehensive, covered everything I wanted to know. Very interesting. Covered six weeks work in three half-days!!"

"Thank you. Training was very informative and rewarding."

Shortly afterward, NCEPH staff received a home-baked cake and card with the following accolade: "It's the best training we've ever received. It really broke down the barriers [between the community and the academic institution]."

The training is best assessed, however, by its impact on the interviewees. During 2002–2003, the collaboration resulted in 95 interviews of Aboriginal and Torres Strait Islander illegal drug users from the ACT and region. Thirty-seven interviews (39%) had a Winnunga interviewer present; 30 interviews (31%) took place at a location other than Winnunga (in other words, with no Winnunga interviewer present), and 28 interviewees (29%) did not want a support person (regardless of interview venue). Nevertheless, all 95 interviews had at least one Indigenous interviewer or support person present. Respondents could talk openly with an independent person; therefore, we are confident that most respondents actually benefited from the process because they knew that their stories would be taken seriously, and would contribute toward a greater community benefit. A Winnunga interviewer brought a valuable dimension to the process, an inherent trust between them and the respondent. Given the importance of certain gender-related sensitivities for Indigenous people, having a pool of six male Winnunga interviewers was also helpful, as all the NCEPH researchers were female.

The following vignettes illustrate the benefits, and indeed the ethical imperative, of having Winnunga interviewers in such sensitive situations. (To maintain confidentiality, respondents are identified as an Australian native flower and the Winnunga researchers as "Winnunga1," "Winnunga2," etc. NCEPH researchers are identified by their initials.) Vignette one illustrates the rapport and understanding that the skills training developed between the interviewers.

Acacia With PD and Winnunga1

Like many respondents, Acacia was a member of the Stolen Generations² (Australian Human Rights and Equal Opportunity Commission, 1997). He had suffered lifelong abuse and had some mental health problems and severe drug use problems. He made it clear that he trusted Winnunga1 and Winnunga Health Service implicitly. PD, having minimal experience with Indigenous drug users, although considerable experience with non-Indigenous drug users and non-drug using Indigenous people, sensed Acacia's vulnerability and knew the interview could reopen old memories and did not

²The term *Stolen Generations* is used to describe sections of the Australian Indigenous population, mainly with non-Indigenous ancestry, who were removed from their families as children from the early 19th century until well into the 1970s, and sent to institutions or adopted into non-Indigenous families, as a result of government policies.

want to unwittingly cause him any more pain. Having been through the training together, PD and Winnunga1 already had a rapport before interviews commenced. PD was able to check with Winnunga1 during the interview to make sure Acacia was OK. The interview was successful in a few ways: Acacia trusted the process and provided detailed information; he also referred his brother and other family members for interviews.

Vignette two demonstrates the competence and confidence that less experienced NCEPH researchers gained through having trained Winnunga interviewers present.

Banksia With JG, CC, and Winnunga2

Banksia had a traumatic history and a myriad of current problems. The support of Winnunga2, whose primary role was to look after Banksia's well-being, was invaluable, as he was able to oversee the interview process and how it was affecting Banksia. Because Winnunga2 had done the training, he had a strong sense of how long interviews would take and what questions were coming up, so he was able to keep a close eye on how Banksia was coping. Winnunga2's presence in the interview was comforting, both for Banksia and for the NCEPH researchers, who were still at an early stage in their research careers. It is highly likely that without Winnunga2, Banksia's interview would not have been completed.

Before the interview phase commenced, the Reference Group reminded us of the respondents' vulnerability, with one member saying, "We know drug users are vulnerable. We know that Indigenous people are vulnerable. So follow up!!!" We established a protocol whereby on the day after each interview, NCEPH researchers checked with Winnunga interviewers to ensure respondents suffered no recurring distress. Winnunga interviewers provided access to immediate medical support, if necessary, as was the case with Hakea in vignette three.

Hakea With PD and Winnunga3

Hakea, a male respondent, had a history of sexual abuse and was showing symptoms consistent with reliving that history during the interview. Hakea began having chest pains, which became very distressing for everyone present. As the interview was held on-site at Winnunga Health Service where Winnunga3 had access to the full complement of health professionals, it was possible to arrange for Hakea to see a physician immediately. In addition, as NCEPH researchers were all female, having Winnunga3 (a male support person) available, particularly where personal sexual abuse stories were being retold, made it considerably less painful for Hakea.

Because of their extensive community links, Winnunga interviewers could access potential respondents who may not have otherwise been accessible, as shown in vignette four.

Boronia, Dryandra, Melaleuca, Waratah with PD, CC, and Winnunga4, -5, and -6

Four young men were prepared to be interviewed only as a group and made it quite clear they would not be interviewed separately. If there had not been an adequate number of Winnunga support persons available, the opportunity for four interviews would have been lost. Winnunga4, -5, and -6 were support persons and interviewers. Logistically, handling multiple responses to all the questions would have been extremely difficult if the three Winnunga staff members had not had the training that gave them the insights necessary to know what stresses the interview might place on individuals, particularly young drug users.

In some cases, Winnunga interviewers made initial contact with potential respondents with whom they would later have a future ongoing professional relationship, enabling those necessary connections, as illustrated by Daisy in vignette five.

Daisy With PD and Winnunga7

Daisy was a new Winnunga client. Winnunga7, a member of Winnunga's Social and Emotional Well-Being Team, would ultimately be Daisy's case manager. Because she was Daisy's support person during the interview, Winnunga7 was able to learn about the issues affecting Daisy, thus establishing good rapport for their future therapeutic relationship.

DISCUSSION

The success of the training was evident in both obvious and subtle ways. We found that an approach that invited a transfer of knowledge and skills among and between *all* members of a larger "learning community" created a sense of ownership and respect among all involved. Trust was built. Relationships were nurtured and established. While personal relationships already existed between many of the participants, an important outcome was that relationships were strengthened and extended to stronger institutional relationships. These, we are confident, will continue despite future personnel changes at NCEPH and Winnunga. The training increased the skills base of both NCEPH and Winnunga staff. Moreover, it was comforting for NCEPH researchers to have a Winnunga person present in interviews when difficulties arose. Skills transfer was not merely unidirectional, but multidirectional, and learning was further increased through postinterview information sharing and debriefing.

Setting up such a complex learning environment is no simple task and requires commitment and dedication from all involved. Resource and budget implications—staff time, back-filling of staff members, ensuring follow-up of respondents, coordination between agencies, etc.—must be taken into account in designing this sort of action research. Returns on this investment are, however, enormous in terms of benefits to respondents and their families, staff satisfaction, and the community as a whole.

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