**Centre for Research Excellence -   
Strengthening Indigenous Health Care Equity  
(CRE-STRIDE)**

**Indigenous Research Framework**

**Background**

CRE-STRIDE (2020-2024) is the latest phase of an applied quality improvement (QI) research collaboration in Aboriginal and Torres Strait Islander primary health care (PHC) that began almost two decades ago. It marks a seminal point in the collaboration’s history with 50% Aboriginal and Torres Strait Islander lead investigators. This document focuses on Aboriginal and Torres Strait Islander leadership and what this means for our way of working. For further information on STRIDE’s research program, please see our website (https://ucrh.edu.au/cre-stride).

Our work in the previous CRE in Integrated Quality Improvement (CRE-IQI; 2015-2019) strengthened Aboriginal and Torres Strait Islander research leadership, changing from an advisory group model to one that distributed leadership at all levels, supported by an ‘all teach, all learn’ philosophy between Indigenous and non-Indigenous collaborators. STRIDE will build on this work, committed to growing Indigenous research leadership and methodologies throughout our structures and research programs.

STRIDE is underpinned by key principles and methodologies informing our way of thinking and doing that fosters culturally safe, strengths-based and transformative primary health care research for Aboriginal and Torres Strait Islander communities. The *STRIDE Indigenous Research Framework* articulates these principles and provides guidance on how the collaboration can operationalise them. The framework was initially developed by STRIDE’s Aboriginal and Torres Strait Islander Reference Committee. It consolidates key themes from existing Indigenous research scholarship that are important to our goals and work plan. We now seek input from the broader collaboration. We expect the framework to be a **living document**; one that is regularly revised and improved as we journey along the STRIDE path together.

The STRIDE Indigenous Research Framework respectfully uses the term ‘Indigenous’ to describe our community. We recognise the diversity of cultures within the Aboriginal and Torres Strait Islander population, and the unique experiences of communities. A ‘one size fits all’ approach may not be appropriate, rather consideration of context is critical when designing and conducting research.

**CRE-STRIDE Vision & Guiding Principles**

We are all passionate about STRIDE’s vision of equitable health care for Aboriginal and Torres Strait Islander peoples. Through QI and collaborative implementation research, we are aiming to strengthen PHC and its interconnections to broader systems that impact on health and wellbeing.

Our specific strategies for achieving this vision are: i) Aboriginal and Torres Strait Islander research leadership and reciprocal learning; ii) strengthening QI processes within PHC systems and enhancing community engagement; and iii) extending QI processes and collaborations across sectors to promote holistic health outcomes recognising the importance of social and cultural determinants of health and wellbeing.

Our guiding principles of practice are:

* *To respect*: Respect the past and present experiences of Aboriginal and Torres Strait Islander people
* *To lead*: Indigenous leadership or co-leadership on all projects
* *To learn*: ‘All teach, all learn’ approach to collective capacity strengthening
* *To relate*: Collaboration and partnership
* *To share*: Research sharing and translation
* *To change*: Work alongside community and other stakeholders to generate impactful research

**Indigenous Research Methodologies**

Application of Indigenous research methodologies will support implementation of our guiding principles. We do not intend to provide a comprehensive review of the history, rationale or current application of Aboriginal and Torres Strait Islander philosophies in health research. For this, please refer to the recommended readings provided at the end (page 6). Rather, we attempt to provide in our words descriptions of key themes from this scholarship as they relate to STRIDE.

Indigenous research methodologies reference the theories and principles that Aboriginal and Torres Strait Islander people have been developing and practicing for tens of thousands of years. They are embodied in our culture that sees, knows and feels Country and connection of kin. They reflect a complex and integrated system of knowledge and beliefs. These practices and systems have sustained our culture and continue to provide resilience for our communities against challenges brought about by the impact of colonisation.

Indigenous research methodologies in a scholarly sense emerged in response to the lack of acknowledgement and engagement with Indigenous philosophies within Western research. As such, Indigenous methodologies have a decolonising intent, empowering us to represent our experiences and realities consistent with our own cultural understandings.

Our knowledge systems are holistic and relational. Our health encompasses our relationship to Country, culture, spirituality, community and family. With this relationality comes responsibility, reciprocity and respect. We have a responsibility to look after Country and each other . As such, social processes and relationships are of utmost importance and this extends to research conduct. It requires Indigenous/non-Indigenous researchers to locate themselves within the community context: building relationships and immersing research inquiries within culture and Country, thereby critically re-evaluating and re-orienting their own viewpoints steeped within their own culture, knowledge and position.

Descriptions of Indigenous methodologies differ based on cultural and geographical context and experiences of the Indigenous theorist. While there are differing descriptions, there is a common essence to Indigenous research methodologies. STRIDE’s Aboriginal and Torres Strait Islander Reference Committee discussed key elements based on our experiences and how they relate to the STRIDE program of work. This is described below in our words and as a re-interpretation of our logo (page 3).

**CRE-STRIDE Indigenous Research Framework**

This framework will guide STRIDE’s research processes and includes a matrix of strategies on how the collaboration can implement STRIDE’s guiding principles at an individual, project, collaboration and broader research system level (e.g., influencing research funding bodies). We hope that our non-Indigenous allies can lead on the application of this framework, both in their own work and by influencing colleagues around them to adopt similar approaches. It is expected that this framework and matrix will evolve over time with input from STRIDE collaborators and will form the basis of regular reflection, evaluation and continuous improvement.

1. **Indigenous relationality**

As discussed above, our health and wellbeing encompasses Country, culture, spirituality, community and family. Land is central to our being, we understand and relate to each other by knowing where we come from and, from that, our kinship ties. Indigenous relationality, as described in Indigenous research paradigms, is around us every day. We see it in song, ceremony, throughout our daily lives. It has been intellectualised for academia, but we actually live and feel it. When we think about health and wellbeing, it is not compartmentalised into separate systems (for example, education, legal, health); rather it is a fluid and organic process that connects all elements (both human and non-human).

**CRE-STRIDE Indigenous research framework**



With this relationality comes responsibility, reciprocity and respect. We are obligated to look after Country and kin. In STRIDE, ‘thinking relationally’ means factoring in these multiple elements into research processes and understanding that Western bio-medical ‘gold standards’ of research evidence alone may not necessarily provide solutions required to address health issues. To strengthen systems for health care equity, we must build relationships with community and work with multi-disciplinary and inter-sectoral teams to tailor solutions to context.

1. **Indigenous research leadership**

Distributed leadership mirrors traditional forms of Aboriginal and Torres Strait Islander leadership that is shared amongst people with differing responsibilities. Leaders are recognised based on their knowledge, reputation, personal qualities and ability to look after others (family, Country, systems of law).

Involving Aboriginal and Torres Strait Islander people in STRIDE research will empower and generate leadership at different levels. *Communities* provide leadership through research agenda setting and guiding methodological approaches. *Aboriginal and Torres Strait Islander researchers* provide leadership by sharing knowledge and understanding of Indigenous culture and contexts and facilitating relationships. *Non-indigenous researchers* provide leadership by being allies, adopting new ways of thinking, critically reflecting on their own positionality and broadening their perspectives on the way knowledge can be generated and viewed. Shared leadership means working alongside each other, requiring respect, responsibility and reciprocity. STRIDE’s Indigenous research leadership is not about ‘taking over’ or duplicating roles, rather it will guide a changing narrative so that Indigenous methodologies, community needs, priorities, and culture are at the center of health research, designed to include and deliver benefit to Indigenous peoples.

1. **Indigenous knowledge and sovereignty**

Engaging communities in research and QI processes is a foundational process in the work of STRIDE. It is also central to an Indigenous approach of locating research within community: respecting and listening to community; involving and learning from them throughout the research process; and reciprocal sharing of knowledge for benefit of community health. It ensures relevancy and accuracy of research; that we are addressing what the community sees as priorities in a way that they understand and own.

In STRIDE, we are centering Indigenous knowledge in our research processes. As part of this, we have responsibility to ensure appropriate forms of data collection, use and reporting (Indigenous data sovereignty). This means: acknowledging research data belongs to community; disrupting deficit discourses; giving data back in accessible forms (as advised by community); and strengthening capacity of community and their health services to act as data custodians. In this way, community is empowered to use their data for their own planning, implementation and monitoring of health and wellbeing issues and for setting research agendas (data self-determination).

1. **‘All teach, all learn’ capacity strengthening**

‘Reciprocal learning’ reflects the bringing together of different worldviews in a collaborative way, through knowledge sharing, mutual support, trust, respect and openness to each other’s perspectives.

STRIDE’s ‘all teach, all learn’ approach consists of: mutual learning and valuing of different knowledge systems (Indigenous and non-Indigenous) and different perspectives (researcher, health service provider, community member); co-leadership, power sharing and facilitating relationships underpinned by trust and respect. Designed as a continual process of reflection and review, it requires an ability to consider self in relation to others and engage in dialogue through constructive learning conversations. As relationality and connectedness is central to our way of life, a particular focus of STRIDE’s capacity strengthening program is how we action inter-sectoral research to address social and cultural determinants of health.

**Working together to implement STRIDE’s Indigenous Research Framework**

STRIDE provides an impetus and opportunity to rethink how we approach QI and health systems research. With COVID-19, we have recently seen how systems have quickly adapted to emerging priorities. We ourselves have changed the way we are currently conducting research. We can and should use this experience to continue to think about innovation in relation to Indigenous research. Indigenous methodologies can work alongside Western research methods. Some suggestions about how to do research better together are provided in the matrix overpage (page 5). We invite further ideas from the collaboration and expect this matrix to evolve based on continuous reflection and improvement. In the foreseeable future, we need to consider how these strategies can be operationalised within the current COVID-19 restrictions.

This framework reflects the principles of STRIDE’s other key methodologies. It embraces *Systems Thinking* (i.e., thinking more holistically about health and intersectoral systems) and *Participatory Action Research* (involving community and other stakeholders in developing context specific strategies to achieve positive change). Application of the framework will support research that is community-based and addresses research priorities and needs of Aboriginal and Torres Strait Islander communities in a way that engenders community self-determination. It will help ensure that our research is of high quality and value, is impactful and leads to long-term trusting relationships and partnerships.

At the core of STRIDE is *Continuous Quality Improvement* of systems to reach health care equity. Likewise, CQI is embedded in this framework. The matrix strategies can be considered as *evalution* *indicators*, from which measures can be derived. Data collection can occur continually through STRIDE’s evaluation and presented to the collaboration for analysis, reflection and discussion on further adjustments at each bi-annual meeting.

| CRE-STRIDE level | Indigenous relationality | Indigenous leadership | Indigenous knowledge & sovereignty | All teach, all learn capacity strengthening |
| --- | --- | --- | --- | --- |
| Individual | Take time to establish relationships with community and stakeholders.  Think holistically, be a ‘boundary spanner’, look for expertise in other sectors to inform your work. | Keep an open mind, make efforts to understand and respect Indigenous perspectives.  Look to provide opportunities to grow Indigenous research leadership.  Build confidence in students & early career researchers through supportive mentorship. | Seek out and incorporate Indigenous input on issues. If unsure where to start, ask a colleague.  Critically reflect on your current practice and viewpoints and how this relates to Indigenous knowledge systems. | Seek out Indigenous/non-Indigenous reciprocal learning relationships with researchers or policy/service provider partners. |
| Program/ Project | Assessment of projects against existing tools related to Indigenous health research: [Quality Assessment Tool for Indigenous Health Research](https://bmcmedresmethodol.biomedcentral.com/articles/10.1186/s12874-020-00959-3); [Research for Impact Tool](https://www.frontiersin.org/articles/10.3389/fpubh.2016.00160/full); [CONSIDER statement](https://bmcmedresmethodol.biomedcentral.com/articles/10.1186/s12874-019-0815-8) (full references in recommended reading section).  Establish multi-disciplinary teams to incorporate consideration of broader social & cultural determinants into research. | Establish Indigenous co-leadership arrangements of programs/projects. | Have project discussions early on (at project concept) with community/ health services to incorporate their perspectives on research questions and appropriate methodology, e.g., storytelling. (RCTs may not be the best approach!)  Develop research agreements with communities /health services about cultural intellectual property & data. | Cultivate community/health staff research participation through provision of development opportunities across all phases of the research project. |
| Collaboration | Design & deliver a masterclass on skills for inter-sectoral research.  Embed cultural competencies within capacity strengthening activities. | Use of the Indigenous reference committee as a strategic advisory group for program/project issues. | Offer masterclass on Indigenous data sovereignty.  Ensure research translation processes/ products are appropriate for community & health service staff. | Regular discussions about implementation of this framework, engendering a process of reflection and continuous improvement.  Offer workshops to community/health service collaborators to demystify research and assist them to set their own research agenda and effectively engage in research.  Engage policy makers to promote research knowledge translation |
| External | Advocate policy-makers and program managers to work outside of silos. Lead by example! | Advocate funding bodies to recognise value of Indigenous investigators irrespective of academic metrics. | Collectively promote and advocate Indigenous rights & perspectives with community and other like-minded CREs | Continue to broaden the collaboration by inviting policy people, other health services, and people representing other sectors. |

**Recommended readings**

Chilisa B. Indigenous Research Methodologies: SAGE Publications (2019).

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Gerlach, A. (2018). Thinking and Researching Relationally: Enacting Decolonizing Methodologies With an Indigenous Early Childhood Program in Canada. International Journal of Qualitative Methods. https://doi.org/10.1177/1609406918776075.

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Harfield, S., Pearson, O., Morey, K., Kite, E., Canuto, K., Glover, K. et al. (2020) Assessing the quality of health research from an Indigenous perspective: the Aboriginal and Torres Strait Islander quality appraisal tool. BMC Medical Research Methodology. 20:79. doi:10.1186/s12874-020-00959-3.

Huria, T., Palmer, S.C., Pitama, S., Beckert, L., Lacey, C., Ewen, S., Smith, L.T. (2019) Consolidated criteria for strengthening reporting of health research involving indigenous peoples: the CONSIDER statement. BMC Medical Research Methodology. 19:173. doi:10.1186/s12874-019-0815-8.

Martin K. Ways of knowing, being and doing: A theoretical framework and methods for indigenous and indigenist re‐search. (2003) 27(76):203-14. doi: 10.1080/14443050309387838.

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Tsey, K., Lawson, K., Kinchin, I., Bainbridge, R., McCalman, J., Watkin, F., Cadet-James, Y., Rossetto, A. (2016) Evaluating Research Impact: The Development of a Research for Impact Tool. Frontiers in Public Health. 4. doi:10.3389/fpubh.2016.00160.

Walker, M., Fredericks, B., Mills, K., Anderson, D. (2013). Perspectives on a decolonizing approach to research about Indigenous women’s health AlterNative: An International Journal of Indigenous Peoples, 9, 204–216.

Walter, M & Suina, M (2019) Indigenous data, indigenous methodologies and indigenous data sovereignty, International Journal of Social Research Methodology, 22:3, 233-243, DOI: 10.1080/13645579.2018.1531228

Wilson, S. (2008). Research is ceremony: Indigenous research methods. Halifax, Canada: Fernwood.

**Acknowledgements**

Thank you to the STRIDE Indigenous Reference Committee for early discussions leading to this framework. We acknowledge our CRE colleagues for enabling a safe place for all to openly discuss cross-cultural understanding and ways of working. We look forward to further conversations (and shaking up systems!) over the course of STRIDE.

**Live document version updates**

May 2020

After our first STRIDE gathering, following recommendations were made:

* ‘two-way learning/mentorship’ has been changed to ‘reciprocal learning’ built on trust and respect to further reflect the equal value of the knowledge and skills everyone brings to the collaboration;
* the continuous quality improvement process embedded into the framework’s implementation has been made explicit; and
* additional ideas have been added to the matrix, for example, use of existing tools to guide research development (e.g., Research for Impact Tool and the CONSIDER statement).