Knowing, being and doing: Embedding Indigenous ways of working in city making

Cities Institute Agenda Setting

February 2024

Connection to spirit, spirituality & ancestors

Connection to body

Connection to country

Self

Connection to mind & emotions

Connection to culture

Connection to family & kinship

Connection to community

Historical determinants

Political determinants

Social determinants

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CITY WELLBEING

Background

Incorporating Aboriginal and Torres Strait Islander and non-Indigenous knowledges, research methodologies and concepts of health and wellbeing is critical to conducting research at the interface of Indigenous and Western knowledge systems, whereby new and respected knowledge can be generated for the benefit of all (Nakata, 2007). When we work at the cultural interface, different viewpoints or cultures can meet and may even overlap to create new ways of conducting research, telling stories and sharing knowledge.

Research in this space must involve Aboriginal and Torres Strait Islander peoples and communities as leaders and as active partners, and as the driving voice of decision-making.

This approach fosters community agency and empowerment, promotes cultural appropriateness, and gives ownership over health and wellbeing initiatives to the people that should benefit most. It also recognises the importance of Indigenous knowledges and perspectives, facilitating the development of research that is respectful, relevant, and sustainable.

Purpose

The purpose of this paper is to draw on lessons learnt from the development and ongoing work of the Guunu-maana (Heal) Aboriginal and Torres Strait Islander Health Program situated on Gadigal land at The George Institute for Global Health. We highlight key findings in developing Guunu-maana that can be applied more broadly in thinking about urban housing, health and city making project to illustrate the importance of governance, building trust and centring Aboriginal voices, and finish with recommendations for future enquiry.

Contents

Acknowledgement of Country

Author Standpoint

To start, we as the authors wish to identify our standpoint. This is common protocol in Aboriginal and Torres Strait Islander[1] communities, and increasingly in Indigenous research, to identify one's positionality. We draw here on standpoint theory which emphasizes the need to unpack how we construct ourselves in relation to others and how our experiences and socialisation shape how we understand and perceive the world around us (Nakata, 2007). As authors, we are working in the field of Aboriginal and Torres Strait Islander health research, which requires us to look inwards and to reflect on implications for how we interact with First Nations peoples and communities that have unique cultural histories, experiences and perspectives. By openly discussing our standpoint, we seek to show an awareness of our own cultural backgrounds, biases, and preconceptions, as well as a desire to build interpersonal trust (Wilson, 2014).

My name is Keziah Bennett-Brook, I am a Torres Strait Isander woman who grew up and continues to live on Dharawal Country. I am a mother and come from a family and community of strong matriarchs who have shaped my relationship to the world around me. I am privileged to work on Gadigal Country at The George Institute for Global Health where I am Head of the Guunu-maana (Heal) Aboriginal and Torres Strait Islander Health Program. I lead the development and implementation of Aboriginal and Torres Strait Islander health research strategy, policy, stakeholder partnerships and Indigenous research coordination within a global research institute.

My name is Jacek, I'm a non-Aboriginal, queer and non-binary person living on Gadigal land. My family and I migrated to Australia from Poland in 1991 and I grew up on Noongar land. I'm a PhD Candidate and Research Associate in the Guunu-maana (Heal) Aboriginal and Torres Strait Islander Health Program. I work with Dharawal and Bidjigal community members in La Perouse, Sydney, on housing justice in the social housing context.

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1   Throughout this paper, we use the terms Aboriginal and Torres Strait Islander, Indigenous and First Nations according to the most relevant term for the context.

Historical perceptions and assumptions

Aboriginal and Torres Strait Islander people have occupied Australia for more than 60,000 years as the oldest continuous living cultures on earth (Mawson, 2021). The richness and vast diversity of Aboriginal and Torres Strait Islander cultures in Australia is something we should all take pride in as a nation. Prior to British occupation there were many hundreds of different Indigenous groups with distinct cultures and beliefs, speaking approximately 6 to 800 different languages and dialects (Davis, 2022). Despite ongoing impacts of colonisation, Aboriginal and Torres Strait Islander peoples continue to demonstrate strength and resilience in culture by preserving and reviving many endangered languages as an example of revitalising Indigenous lifeways (Whalen et al., 2022).

Whilst we may hear the refrain that Australia is "a multicultural country" it is important to remember that we always have been.

Upon colonisation of what we now know as Australia, this land was legally deemed to be unoccupied or a Latin phrase terra nullius meaning 'no man's land'. With terra nullius as Australia's founding ideology, this has fuelled relentless misrepresentations of Aboriginal and Torres Strait Islander peoples as problematic on almost every dimension, a pattern we have seen play out in many domains including within academia (Buchan & Heath, 2006). This is not only evident within Australia, but also within other settler colonial societies where the colonial mindset consciously or unconsciously informs the writings of experts, research undertaken and implementation of policies.

From the earliest periods of colonisation, views on Aboriginal and Torres Strait Islander cultures have been based on ill-informed perceptions and assumptions, using empirical knowledge grounded in Western science (Luke et al., 2022). Inappropriate use of Western methodologies can and has undermined Indigenous Knowledges, contributing to research bias, harm to communities and the reinforcing of colonial practices (Smith, 2012).

For Aboriginal and Torres Strait Islander research to be meaningful, it must be conducted through an Indigenous research paradigm centred in Aboriginal and Torres Strait Islander ways of knowing (ontology), being (epistemology) and doing (axiology) (Martin & Mirraboopa, 2003). For too long research has been conducted on Aboriginal and Torres Strait Islander communities, often by white researchers, using western methods with little or no meaningful benefits coming back to communities.

It is essential for research conducted with Aboriginal and Torres Strait Islander peoples to be community partnered because it prevents the misinterpretation of Indigenous knowledges and gives Aboriginal and Torres Strait Islander peoples self-determination over research that is beneficial to First Nations communities (National Health and Medical Research Council, 2018). This includes understanding and centring the importance of connection to Country and relationality of families and communities, as well as understanding the holistic nature of Aboriginal and Torres Strait Islander peoples' paradigm of health, which encompasses the physical, social, emotional and spiritual wellbeing of not just an individual but of the whole community (National Health and Medical Research Council, 2018). The holistic domains that make up Aboriginal and Torres Strait Islander people are so much more than just connection to the body but also encompass connection to culture, Country, community, spirit, mind, family, kinship and community (Gee, Dudgeon, Schultz, Hart, & Kelly, 2014).

The Guunu-maana (Heal) Aboriginal and Torres Strait Islander Health Program

The George Institute for Global Health is an independent global medical research institute with offices in Australia, China, India and the UK. The George Institute is affiliated with UNSW and has a mission to "improve the health of millions of people worldwide, particularly those living in disadvantaged circumstances, by challenging the status quo and using innovative approaches to prevent and treat non-communicable diseases and injury." Naturally, with this mission and the existence of an office within Australia, a program centred around Aboriginal and Torres Strait Islander health has emerged.

In the last ten years, the Aboriginal and Torres Strait Islander Health Program at The George Institute, now known as 'Guunu-maana (Heal)', has evolved from a handful of projects and staff to a formalised and broad-reaching program that is centred in Aboriginal and Torres Strait Islander research methodologies and practice. Today, the program continues to expand its delivery of meaningful and ethical research, with its own goal to create greater health equity for First Nations peoples and communities.

The George Institute operates on a primarily western biomedical understanding of health; unpacking this has been essential in developing an Aboriginal and Torres Strait Islander health research program. Guunu-maana (Heal) is led through Aboriginal and Torres Strait Islander ways of knowing, being and doing, generating evidence that privileges Indigenous knowledges and translates to actions that empower peoples and communities. Our commitment to research integrity is underpinned by equity, transparency and self-determination and maintains an Aboriginal and Torres Strait Islander paradigm of health and healing integrating physical, emotional, social, cultural and spiritual elements of health. We operate with the understanding that to apply equity means applying uniquely Indigenous solutions and tailored approaches to supporting Aboriginal and Torres Strait Islander peoples to thrive, rather than one-size-fits all solutions.

Guunu-maana (Heal) operates within a collective and relational team dynamic that places Aboriginal and Torres Strait Islander voices and knowledge at the centre of the research process. This space involves unpacking colonial practices that have created ongoing inequities and experiences of racism.

Within the research space, this means questioning whose knowledge counts, and by extension, research practices, program design and policy formation.

Our collective leadership is about trust, respect, accountability and responsibility in relation to oneself, to other people and to Country. Figure 1 below shows our Guunu-maana (Heal) model of working. The following concepts are not "owned" by Guunu-maana but rather draw together some best practice ways of working and concepts within Aboriginal and Torres Strait Islander knowledge systems that can be considered and reflected upon in domains beyond health research.
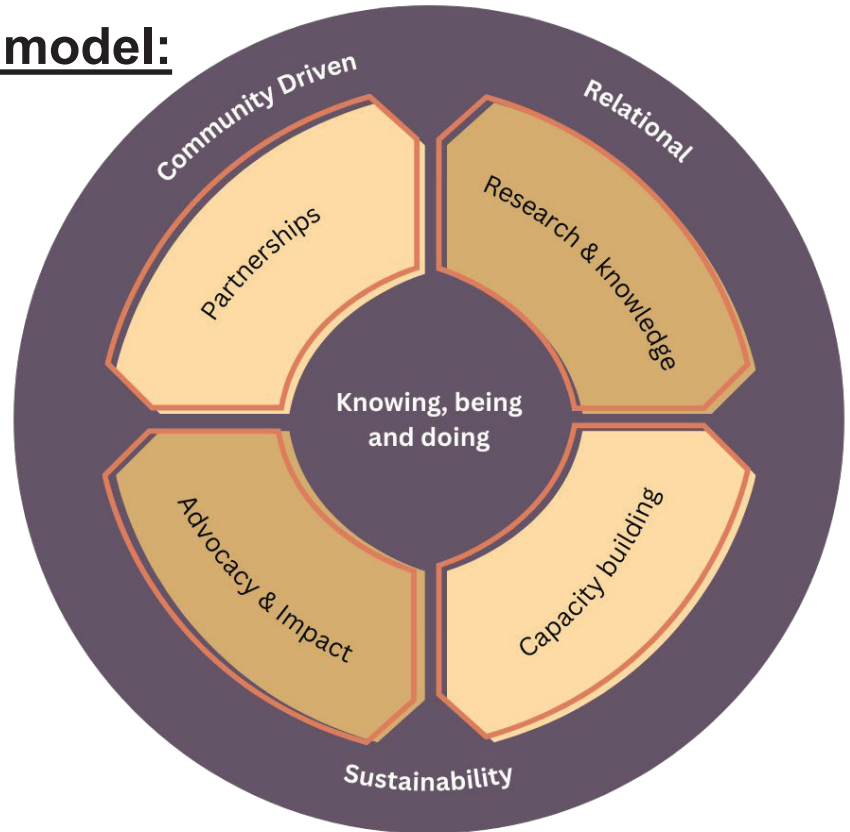
Guunu-maana model:

Figure 1.   Guunu-maana (Heal) model of working

Research and Knowledge

Guunu-maana (Heal) has research focus areas that include social and cultural determinants of health, health systems and healthcare delivery and community driven priorities. We ensure that any research methods used are for the empowerment of Aboriginal and Torres Strait Islander peoples and communities. We have a commitment to using strengths-based approaches and framing that centres Indigenous excellence, resilience and to challenge deficit focussed discourses around Aboriginal and Torres Strait Islander peoples (Bullen et al., 2023).

Guunu-maana (Heal) also contributes to thought leadership activities through posing philosophical questions around what constitutes robust evidence. Within academia, it is often randomised controlled trials that are held up as the 'gold standard' of evidence generation, however as a research design is not always appropriate or feasible within Aboriginal and Torres Strait Islander settings. Moreover, groups that are most at risk or afflicted by health disparities are often, by definition, small in number when compared to the larger, dominant society. When randomised controlled trials are approached within complex environments, it is often difficult and inappropriate to design a study that can account for all the unknown variables involved (Jacups & Bradley, 2023). Because of this, it is crucial that we develop research questions and techniques that are context specific and expand our concepts of what types of research design provide "scientific rigor".

A key area of focus and strength of Guunu-maana (Heal) is in the conduct of the research itself that privileges Aboriginal and Torres Strait Islander leadership and centres Indigenous research methods and methodologies. By conducting research that is culturally appropriate and respectful we contribute to repositioning evidence generation from being "on" Aboriginal and Torres Strait Islander people, to being led by, with and for Aboriginal and Torres Strait Islander people.

Research in this space must involve Aboriginal and Torres Strait Islander peoples and communities as leaders and as active partners, and as the driving voice of decision-making.

This approach fosters community agency and empowerment, promotes cultural appropriateness, and gives ownership over health and wellbeing initiatives to the people that should benefit most. It also recognises the importance of Indigenous knowledges and perspectives, facilitating the development of research that is respectful, relevant, and sustainable.

Importantly, we also know that incorporating Aboriginal and Torres Strait Islander and non-Indigenous knowledges, research methodologies and concepts of health and wellbeing is critical to conducting research at the interface of Indigenous and Western knowledge systems, whereby new and respected knowledge can be generated for the benefit of all (Nakata, 2007). When we work at the cultural interface, different viewpoints or cultures can meet and may even overlap to create new ways of conducting research, telling stories and sharing knowledge. Figure 2 shows Yunkaporta's (2009) conceptualisation as a boomerang matrix of cultural interface knowledge where the common ground, innovation and increased knowledge can be seen at the top of the boomerang.
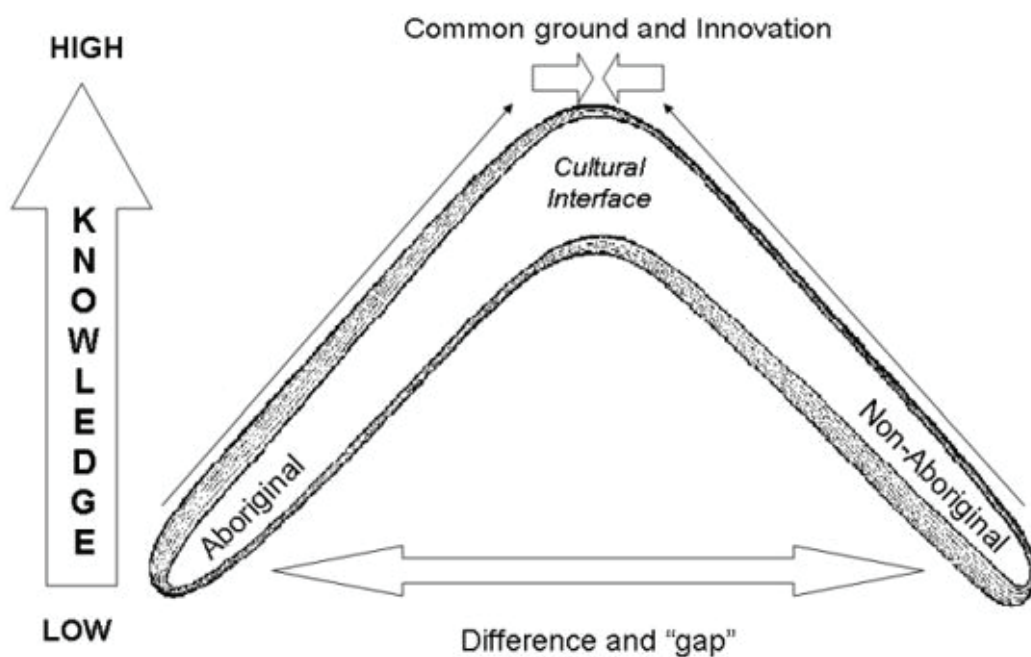

Figure 2.   Boomerang matrix of cultural interface knowledge (Yunkaporta, 2009)

Capacity Building

Guunu-maana (Heal) is committed to building the capacity of the next generation of researchers in Aboriginal and Torres Strait Islander health, both Indigenous and non-Indigenous. We do this to enable collaborative approaches to conducting high quality, ethically sound research in partnership with Aboriginal and Torres Strait Islander organisations, communities and individuals.

A fundamental principle of our approach to capacity building is reciprocity, or two-way capacity building. Part of reciprocity is learning that is mutually beneficial to both parties which contributes to developing trust, building and maintaining relationships (Wilson et al., 2020). Using this approach, we recognise the give and take relationship we each have with one another and seek to always share and learn in multiple directions. We recognise that diversity in research teams enriches the research we conduct by gaining input and ideas from diverse cultural perspectives and lived experiences, multiple levels of expertise and different but interrelated areas of interest. This is imperative to comprehensively solve problems, develop, implement, analyse and propose solutions of benefit for Aboriginal and Torres Strait Islander communities.

Partnerships

Guunu-maana (Heal) has a commitment to genuine engagement with Aboriginal and Torres Strait Islander peoples, other First Nations peoples and communities with research determined by community priorities. Partnerships play a pivotal role in our work by fostering collaborative and respectful relationships between researchers and Aboriginal and Torres Strait Islander communities, organisations and individuals. These partnerships are essential for ensuring that our research is conducted in a culturally considered manner, aligning with the unique values and perspectives of the different groups with which we partner.

We actively involve community members in the research process, whether through being involved as investigators on projects or through involvement on Aboriginal and Torres Strait Islander steering committees to provide appropriate governance and leadership. These partnerships contribute to the co-creation of knowledge, ensuring that studies are relevant, meaningful, and address the specific health needs and priorities of communities and organisations. Furthermore, partnerships build trust, addressing historical mistrust stemming from past research injustices.

Through collaborative partnerships, communities can benefit from research outcomes that are not only scientifically rigorous but also ethically sound and applicable to lived experiences.

Advocacy and Impact

Guunu-maana (Heal) works closely with our partners to amplify and share both research findings and other community priorities through utilising our expertise and global networks. By engaging with policymakers and leveraging research findings, we can advocate for and contribute to the creation of programs and policies that are evidence-based, culturally appropriate, and designed to improve the overall health and well-being of Aboriginal and Torres Strait Islander communities.

Key areas for our advocacy also include the way research is conducted, as we know that research findings are more likely to have meaningful policy and practice implications when they are rooted in the experiences

and priorities of the communities being studied. By advocating for culturally informed approaches in research and healthcare delivery, we are also contributing to the development of policies and systems that respect and address the unique cultural contexts of Aboriginal and Torres Strait Islander communities.

When we talk about creating impact, we take a step back and consider what is meant by impactful research, questioning who defines impact and how it is measured. Often in academia, impact is defined by scientific advances through papers published in high impact journals. While there is no single understanding of research impact among Aboriginal and Torres Strait Islander communities, there are some common themes. These include but are not limited to: Indigenous leadership, ownership and control at all stages (often referred to as self-determination); relationships built on respect and reciprocity; transparency; building local capacity; connection to culture and wellbeing; sustainability; and transferability of benefits.

The Lowitja Institute is Australia's national institute for Aboriginal and Torres Strait Islander health research and has been developing resources for research impact measurement. The Lowitja Institute has created a definition of research impact specific to the Aboriginal and Torres Strait Islander health context: "Research impact is the positive and sustainable long-term benefit for Aboriginal and Torres Strait Islander peoples, beyond the realms of academia." They have developed a helpful resource for defining types of impact grouped in to six domains of health impact, knowledge impact, economic impact, social impact, environmental impact and cultural impact (The Lowitja Institute, 2019).

Supporting frameworks

The Guunu-maana (Heal) Aboriginal and Torres Strait Islander Health Program is also informed by national and international key guiding frameworks and documents which are also very useful tools to consider within other disciplines. Internationally, there are multiple frameworks that speak to the rights of Indigenous peoples globally. The United Nations Declaration of the Rights of Indigenous peoples (commonly reference as the UNDRIP) is the most comprehensive international human rights declaration which was adopted in 2007 by 144 countries to ensure protection of Indigenous rights and self-determination (United Nations, 2007).

Indigenous peoples globally welcomed the adoption of the UNDRIP in 2007, and Australia signed on from 2009. As researchers working in Indigenous health, we believe that we have a responsibility to understand and advance these rights. Some of the key articles of the UNDRIP include "Indigenous peoples have the right to be actively involved in developing and determining health, housing and other economic and social programmes affecting their communities" (Article 23: Economic and social development) and "Indigenous peoples have the right to access, without any discrimination, to all social and health services" (Article 24: Health).

Australia has also committed to the United Nations Sustainable Development Goals (SDGs), many of which are also highly relevant for Indigenous peoples globally. The importance of a rights-based approach and cultural sensitivity has been repeatedly emphasised by the United Nations Permanent Forum on Indigenous Issues (UNPFII) (United Nations, 2022). The forum has recognised that working with First Nations peoples on sustainable development demands a culturally sensitive approach, based on respect for and inclusion of Indigenous peoples' world-views, experiences, and concepts of development (United Nations, n.d.).

The World Health Organization (WHO) is also acting on social determinants of health equity for Indigenous peoples. They are considering the 'causes of the causes' of health inequities and measures to tackle social determinants of health and wellbeing (Marmot, 2016). WHO focus areas include: strengthening equity-oriented health systems through intercultural care provision; integrating human rights, equity, and intercultural approaches to guide public health policies; ensuring that communities have access to comprehensive, culturally appropriate and quality health services; and addressing linkages between climate change and health (World Health Organization, 2022).

Within an Australian context, there are several overarching health research ethics frameworks that must be adhered to. These frameworks are designed for public health research however the principles and concepts could be applied to other fields. The National Health and Medical Research Council of Australia (NHMRC) has worked closely with Aboriginal and Torres Strait Islander organisations and health leaders to develop funding criteria and ethical frameworks that guide researchers in the development and evaluation of impactful research. The NHMRC articulates six core values that underpin any research to be undertaken with Aboriginal and Torres Strait Islander peoples:

1. Spirit and integrity
2. Cultural continuity
3. Equity
4. Reciprocity
5. Respect
6. Responsibility

These values ensure that all research undertaken with Aboriginal and Torres Strait Islander peoples and communities respects the shared values of Aboriginal and Torres Strait Islander peoples; is relevant for Aboriginal and Torres Strait Islander priorities, needs and aspirations; develops long-term ethical relationships among researchers, institutions and sponsors; and develops best practice ethical standards of research.

The Australian Institute for Aboriginal and Torres Strait Islander Studies (AIATSIS) has developed a code of ethics (Australian Institute of Aboriginal and Torres Strait Islander Studies, 2020a). The code recognises that the best ethical practice involves working with Aboriginal and Torres Strait Islander peoples and communities in the design of a project, that in fact ethical practice permeates every stage of a process and should be revisited regularly (Australian Institute of Aboriginal and Torres Strait Islander Studies, 2020b). It provides in depth advice in four key phases of a project including inception, implementation, communicating and post project. The code also gives advice around Indigenous data sovereignty and governance. The code states that,

> *"Indigenous data sovereignty refers to Indigenous data that is, or should be, governed and owned by Indigenous peoples from the very creation of that data through its collection, access, analysis, interpretation, management, dissemination, potential future use and storage."*

Finally, being a research institute based within NSW and with a lot of our work happening in this region, we are also closely guided by the NSW Aboriginal Health and Medical Research Council (AHMRC) ethical guidelines (Aboriginal Health and Medical Research Council of NSW, 2020). Similar to the NHMRC core principles, the AHMRC articulates five key principles for projects which include:

1. Net Benefits for Aboriginal people and communities
2. Aboriginal Community Control of Research
3. Cultural Sensitivity
4. Reimbursement of costs
5. Enhancing Aboriginal skills and knowledge

One last key national framework is the 2020 National Agreement on Closing the Gap that includes 19 national socio-economic related targets impacting upon Aboriginal and Torres Strait Islander people (Australian Government, 2020). The agreement outlines several housing targets, example, for Aboriginal and Torres Strait Islander to secure appropriate, affordable housing according to priorities and needs (Australian Bureau of Statistics, 2021). However, we note the limitations of the agreement being implemented, with the Productivity Commission's review on the National Agreement concluding that implementation of the Priority Reforms has, "for the most part, been weak and reflects a business-as-usual approach to implementing policies and programs that affect the lives of Aboriginal and Torres Strait Islander people" (Productivity Commission, 2023).

Centring urban health equity

Aboriginal and Torres Strait Islander people have strong connections to urban and metropolitan areas. The history of forced removal and displacement of Aboriginal and Torres Strait Islander people from their traditional lands has led to the establishment of vibrant Indigenous communities in urban and metropolitan areas. Urban areas often provide better access to sporting facilities, education, health, employment, and economic opportunities and can be hubs of cultural activity, where Aboriginal and Torres Strait Islander people come together to share and celebrate culture (Brand, Bond, & Shannon, 2016). Cities also often serve as centres for political activism, advocacy, and community organising, particularly around Indigenous rights, social justice, and recognition of cultural heritage.

Aboriginal and Torres Strait Islander people primarily live in urban centres in Australia
(Brand et al., 2016).

Seventy-nine percent of Aboriginal and Torres Strait Islander people live in non-remote areas (Australian Institute of Health and Welfare, 2015). Over a third of Aboriginal and Torres Strait Islander people (40.8%) live in major cities, and 24.8% in inner regional areas (Australian Bureau of Statistics, 2023). However, there is a pervasive, stereotypical imaginary of Aboriginal and Torres Strait Islander people living primarily in rural and remote areas, or 'in the bush' or the 'outback' (Behrendt, 2006; Brand et al., 2016; Fredericks, 2013).

Historically, Aboriginal and Torres Strait Islander people have been actively excluded from urban spaces. Movement of Aboriginal and Torres Strait Islander people was controlled in town areas through mapped prohibited areas, boundary posts, curfews, and policing (Aboriginal Legal Service NSW/ACT, 2023; Porter, Johnson, & Jackson, 2018; Schafer, 2012). Aboriginal and Torres Strait Islander people were moved to reserves or missions on the outskirts of towns (Australian Museum, 2021). These processes of segregation and assimilation diminished Aboriginal and Torres Strait Islander people's opportunities for engagement in social and economic life, greatly impacting on health and wellbeing.

It is well-established that Aboriginal and Torres Strait Islander people experience poorer health than non-Aboriginal people as a direct result of ongoing colonisation and subsequent processes of segregation and assimilation (Sherwood, 2013). Aboriginal and Torres Strait Islander people in urban areas are no exception. There is a health gap between Aboriginal and Torres Strait Islander people and non-Aboriginal people which is attributable in large part to those living in non-remote Australia (Eades et al., 2010). There is a notable lack of research into the health of urban Aboriginal and Torres Strait Islander people, partly because of unavailable data (Eades et al., 2010). Similarly, housing research relating to Aboriginal and Torres Strait Islander people primarily focuses on rural and remote areas, continuing the gap in understanding the unique needs of Australia's First Peoples (Long, Memmot, & Seelig, 2007).

Aboriginal and Torres Strait Islander people are rarely prioritised nor included in decision-making in the development of public infrastructure, town planning, urban design and housing in urban areas (Behrendt, 2006; Butler, McGrath, Biurra-Hoy, & Brooker, 2023; Porter, 2017). While there is a positive increase of involvement in resource management, eco-tourism and green space landscaping projects, there is a stark lack of direct involvement of Aboriginal and Torres Strait Islander people in urban planning (Behrendt, 2006; Porter, 2017). This stems from the systemic exclusion as well as the prevailing colonial myth of them/us[2] as rural and remote dwellers, rather than engaged, active and valued citizens of urban areas and cities.

Considering the health impacts of colonisation, and Aboriginal and Torres Strait Islander people's continued exclusion from the urban imaginary and, subsequently, from urban design and housing research, it is vital for them/us to be at the centre of projects that directly affect their/our lives. While Aboriginal and Torres Strait Islander people are excluded from decision-making and authority in urban design and housing, the health gap will remain.

Sovereignty and governance

Aboriginal and Torres Strait Islander people being at the centre of urban design and housing projects is about sovereignty and self-determination. Indigenous sovereignty is about the spiritual, cultural and ancestral connection Aboriginal and Torres Strait Islander peoples have as custodians of the land now known as Australia, since time immemorial (Cromb, 2019). Aboriginal and Torres Strait Islander peoples are sovereign, with cultures, languages, customs and belief systems that exist beyond the confines of the colonial system of Australia. It is important to not conflate the western legal understanding of state sovereignty, referring to the authority to govern, as opposed to an Indigenous definition of sovereignty as the ancestral tie to Country. Self-determination is the right of Aboriginal and Torres Strait Islander peoples to control and choose in how they/we live, according to their/our values and beliefs, and be part of decisions that impact them/us (National Health and Medical Research Council, 2018).

An Aboriginal and Torres Strait Islander governance structure in projects actively supports self-determination. Governance is about Aboriginal and Torres Strait Islander people having authority and control over decisions. It means the appropriate Aboriginal and Torres Strait Islander people are directly informing, guiding and/or overseeing a project, from conception to conclusion, not simply at the consultation stage. With a robust governance structure, Aboriginal and Torres Strait Islander people's lived experiences and values and belief systems are prioritised. Governance can take many shapes and forms.

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2   The use of the pronouns their/our, them/us is used so Aboriginal and Torres Strait Islander and non-Aboriginal readers may be addressed

Representatives of an Aboriginal community-controlled organsiation can lead or partner in a project, with direct decision-making and authority to control project processes (Aboriginal Health and Medical Research Council of NSW, 2020). Often this is demonstrated through a support letter from an Aboriginal organisation that demonstrates support for a project and an understanding of their role, obligations and responsibilities within a project. Projects can establish a reference group or advisory committee with appropriate and relevant representation from the Aboriginal community that is directly impacted (Aboriginal Health and Medical Research Council of NSW, 2020). Aboriginal and Torres Strait Islander reference groups or advisory committees must include people with a stake in the area, community, lived experience and/or topic of the project and ideally be supported by a Terms of Reference (Aboriginal Health and Medical Research Council of NSW, 2020).

There are several examples of frameworks and guides in the urban design space that discuss the importance of self-determination and governance. However, it is unclear how planners and designers enact these concepts meaningfully, and how they are being held accountable.

"Just because planning has noticed Indigenous peoples and has been required – or in some cases voluntarily willing – to bring Indigenous interests to the planning table, the politics of recognition do not automatically guarantee the unfolding of a more socially just and culturally aware planning approach. It most certainly does not herald a decolonization of planning"
(Porter, 2017, p. 21)

The Connecting with Country Framework is an important and useful guide for designers, planners and governments to work with Aboriginal people on built environment projects, and ensure Country is at the forefront of design in the urban context (Government Architecture New South Wales, 2023). Designed in partnership with Aboriginal individuals, Aboriginal Land Councils and an Aboriginal advisory panel, the framework practices what it preaches, with appropriate governance embedded in its development. The Department of Planning, Industry and Environment's Practice Note on Engaging with Aboriginal communities is similarly useful for non-Aboriginal urban designers to consider inclusion of Aboriginal people in their projects (NSW Government, 2021). These documents and frameworks presume a non-Aboriginal audience who are wishing to consider Aboriginal and Torres Strait Islander people in the urban planning process. It is unclear what occurs in practice, however; how are Aboriginal and Torres Strait Islander peoples are centred and are appropriate governance structures established in urban planning? Do these ways of working apply only in nature-based projects, perpetuating a stereotypical imaginary of Aboriginal and Torres Strait Islander people, or do they extend to all urban projects where Aboriginal and Torres Strait Islander people live?

Aboriginal and Torres Strait Islander health research is supported by well-established and respected bodies that hold researchers accountable. Self-determination underpins Aboriginal and Torres Strait Islander health research projects and is supported by the Aboriginal Health and Medical Research Council, and multiple ethical practice guidelines and tools (Aboriginal Health and Medical Research Council of NSW, 2020; Harfield et al., 2018; National Health and Medical Research Council, 2018). Urban planners and designers, particularly non-Indigenous people, would benefit from practicing in a meaningful, ethical and Aboriginal community-controlled way. Capacity building non-Indigenous people's understanding of how to work in this way is an essential part of the way forward to ensure equity in urban planning.

In practice case study:

Housing, home and health research project. Governance, partnership and reciprocity in a housing research project in the urban social housing context

Housing, home and health: Social housing and Aboriginal and Torres Strait Islander people in urban New South Wales is a PhD research project guided by Dharawal and Bidjigal community members from La Perouse in South-East Sydney. The project explores meanings of home and desired outcomes of Aboriginal and Torres Strait Islander people living in social housing in South-East Sydney, and aims to develop a resource, such as a map or information booklet for tenants to use when navigating housing services. The PhD Candidate, Jacek Anderst, is a non-Aboriginal person with a strong relationship with Aboriginal community members at La Perouse, having worked alongside community members since 2019 on a broader housing research project, *Healthy Housing.*

Grounding the PhD project is a robust Aboriginal and Torres Strait Islander governance structure, made up of people in the local urban community, as well as in healthcare and research. This governance structure is the bedrock of the project. It is dependent on meaningful relationships, ample time, trust and flexibility.

First and foremost, the project is governed by Aboriginal community members, local Dharawal and Bidjigal women with strong ties to the area and community where the research takes place. They are busy women with many roles in the community – Bidjigal and Dharawal women, Aboriginal Health Workers, mums, grandmothers and Aunties. They advocate for their community and understand the housing issues from first-hand experience in social housing and through the experiences of their patients at the La Perouse Aboriginal Community Health Centre. Their ideas about what is best has driven the project since inception, through ongoing informal dialogue between the PhD Candidate and community members.

Months prior to project establishment, the PhD Candidate asked Aboriginal community members about their priorities relating to housing and health. These formative conversations led to the research aims and are continually discussed throughout the research journey. Respect, community benefit, community control of research and reciprocity are always front of mind. No research or project should be conducted with Aboriginal communities without multiple, ongoing conversations about what is most important for the community. This is not only respectful but is a core principle relating to reciprocity and Aboriginal community control of research, where Aboriginal people are fully informed of and have inherent rights to make decisions on projects that impact their communities. For the PhD, decisions are made with the direct guidance of Dharawal and Bidjigal people, rather than the PhD Candidate making decisions for the community. Listening and reflexivity and strong relationships and trust between the researcher and communities, are crucial for the success of the work. The lived experiences of Aboriginal and Torres Strait Islander people, particularly Dharawal and Bidjigal people, are centred, and this privileging of lived experience is how any real benefits may arise from the project.

The project is also governed by Aboriginal and Torres Strait Islander researchers through the supervisory team, the Guunu-maana (Heal) Aboriginal and Torres Strait Islander Health Program team at The George Institute for Global Health, and three external Aboriginal mentors. The PhD Candidate meets with each group separately and regularly, guided by their experience and knowledge. An Engagement Terms of Reference outlines each person's roles and responsibilities within the governance structure.

Figure 3. Housing, home and health Aboriginal and Torres Strait Islander governance structure

Conclusion

For Aboriginal and Torres Strait Islander research to be meaningful, it must be conducted through an Indigenous research paradigm centred in Aboriginal and Torres Strait Islander ways of knowing (ontology), being (epistemology) and doing (axiology) (Martin & Mirraboopa, 2003). It is often within process, rather than the subject matter, that the most effective questions can be asked and solutions can be found.

Briefing notes

Considerations

Aboriginal and Torres Strait Islander people primarily live in urban centres in Australia. Seventy-nine percent of Aboriginal and Torres Strait Islander people live in non-remote areas (Australian Institute of Health and Welfare, 2015). Over a third of Aboriginal and Torres Strait Islander people (40.8%) live in major cities, and 24.8% in inner regional areas (Australian Bureau of Statistics, 2023).

It is well-established that Aboriginal and Torres Strait Islander people experience poorer health than non-Aboriginal people as a direct result of ongoing colonisation and subsequent processes of segregation and assimilation.

Aboriginal and Torres Strait Islander people are rarely prioritised nor included in decision-making in the development of public infrastructure, town planning, urban design and housing in urban areas. Governance is about Aboriginal and Torres Strait Islander people having authority and control over decisions.

Often in academia, impact is defined by scientific advances through papers published in high impact journals. While there is no single understanding of research impact among Aboriginal and Torres Strait Islander communities, there are some common themes. These include but are not limited to: Indigenous leadership, ownership and control at all stages (often referred to as self-determination); relationships built on respect and reciprocity; transparency; building local capacity; connection to culture and wellbeing; sustainability; and transferability of benefits.

Inappropriate use of Western methodologies can and has undermined Indigenous Knowledges, contributing to research bias, harm to communities and the reinforcing of colonial practices.

Incorporating Aboriginal and Torres Strait Islander and non-Indigenous knowledges, research methodologies and concepts of health and wellbeing is critical to conducting research at the interface of Indigenous and Western knowledge systems.

It is essential for research conducted with Aboriginal and Torres Strait Islander peoples to be community partnered because it prevents the misinterpretation of Indigenous knowledges and gives Aboriginal and Torres Strait Islander peoples self-determination over research that is beneficial to First Nations communities (National Health and Medical Research Council, 2018).

The holistic domains that make up Aboriginal and Torres Strait Islander people are so much more than just connection to the body but also encompass connection to culture, Country, community, spirit, mind, family, kinship and community (Gee, Dudgeon, Schultz, Hart, & Kelly, 2014).

Research in this space must involve Aboriginal and Torres Strait Islander peoples and communities as leaders and as active partners, and as the driving voice of decision-making.

A fundamental principle for capacity building is reciprocity, or two-way capacity building.

Diversity in research teams enriches the research.

Through collaborative partnerships, communities can benefit from research outcomes that are not only scientifically rigorous but also ethically sound and applicable to lived experiences.

Research findings are more likely to have meaningful policy and practice implications when they are rooted in the experiences and priorities of the communities being studied

There are a number of national and international key guiding frameworks and documents which are also very useful tools to consider within other disciplines.

Receommendations

It is often within process, rather than the subject matter, that the most effective questions can be asked, and solutions can be found.

Partner with communities on all projects, as appropriate and relevant to Aboriginal and Torres Strait Islander peoples, in order to prevent the misinterpretation of Indigenous knowledges, and to enable Aboriginal and Torres Strait Islander self-determination.

Rather than a one-size-fits all solutions, recognise that unique Indigenous solutions and tailored approaches will support Aboriginal and Torres Strait Islander peoples to thrive.

Use strengths-based approaches and framing that centres Indigenous excellence, resilience and to challenge deficit focussed discourses around Aboriginal and Torres Strait Islander peoples.

Invest time and resources into two way capacity building, both for Aboriginal and Torres Strait Islander peoples, and non-Indigenous peoples.

Privilege Aboriginal and Torres Strait Islander leadership and centre the use of Indigenous research methods and methodologies.

Reposition evidence generation from being "on" Aboriginal and Torres Strait Islander people, to being led by, with and for Aboriginal and Torres Strait Islander people.

Involve Aboriginal and Torres Strait Islander peoples and communities as leaders and as active partners at all stages of a project (not just at the start) and as the driving voice of decision-making.

Commit to appropriate resourcing and governance in implementation of housing and urban planning.

Participate in ongoing critical reflection of yourself, those around you and the systems within which you operate.

Recognise that an equity approach is useful however can and often unconsciously assumes that Aboriginal and Torres Strait Islander people are seeking the same rights and have the same challenges as other minority groups. Reclamation of land, identity, language and culture requires uniquely Indigenous solutions.

References

Aboriginal Health and Medical Research Council of NSW. (2020). *AH&MRC Ethical Guidelines: Key Principles (2020) V2.0* Retrieved from Surry Hills, Sydney: https://www.ahmrc.org.au/publication/ahmrc-guidelines-for-research-into-aboriginal-health-2020/

Aboriginal Legal Service NSW/ACT. (2023). Redfern in the 1960s. Retrieved from https://www.alsnswact.org.au/arbitrary_curfews_and_discrimination

Australian Bureau of Statistics. (2021). *Closing the gap target – Appropriately sized housing - persons. Housing Statistics for Aboriginal and/or Torres Strait Islander Peoples, 2021.* Retrieved from: https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/housing-statistics-aboriginal-and-torres-strait-islander-peoples/2021/Closing%20the%20Gap%20target%20-%20Appropriately%20sized%20housing%20-%20Persons.xlsx

Australian Bureau of Statistics. (2023). *Estimates of Aboriginal and Torres Strait Islander Australians*. Retrieved from https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/estimates-aboriginal-and-torres-strait-islander-australians/30-june-2021#remoteness-areas

Australian Government. (2020). *National Agreement on Closing the Gap*. Canberra: Partnership Agreement on Closing the Gap Retrieved from https://www.closingthegap.gov.au/sites/default/files/2021-03/national-agreement-ctg-mar-21_0.pdf

Australian Institute of Aboriginal and Torres Strait Islander Studies. (2020a). *AIATSIS Code of Ethics for Aboriginal and Torres Strait Islander Research*. Canberra: Australian Institute of Aboriginal and Torres Strait Islander Studies.

Australian Institute of Aboriginal and Torres Strait Islander Studies. (2020b). *A Guide to applying The AIATSIS Code of Ethics for Aboriginal and Torres Strait Islander Research*. Retrieved from https://aiatsis.gov.au/sites/default/files/2020-10/aiatsis-guide-applying-code-ethics_0.pdf

Australian Institute of Health and Welfare. (2015). *The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples 2015*. (Cat. no. IHW 147.). Canberra: Australian Institute of Health and Welfare

Australian Museum. (2021). Missions, reserves and stations. Retrieved from https://australian.museum/learn/first-nations/unsettled/surviving-genocide/missions-reserves-stations/

Behrendt, L. (2006). The Urban Aboriginal Landscape. Retrieved from https://www.westernsydney.edu.au/__data/assets/pdf_file/0007/6928/Behrendt_Final.pdf

Brand, E., Bond, C., & Shannon, C. (2016). *Indigenous in the city: Urban Indigenous populations in local and global contexts*. Retrieved from https://poche.centre.uq.edu.au/files/609/Indigenous-in-the-city%281%29.pdf

Buchan, B., & Heath, M. (2006). Savagery and civilization: From terra nullius to the 'tide of history'. *Ethnicities, 6*(1), 5-26. doi:10.1177/1468796806061077

Bullen, J., Hill-Wall, T., Anderson, K., Brown, A., Bracknell, C., Newnham, E. A., . . . Waters, L. (2023). From Deficit to Strength-Based Aboriginal Health Research-Moving toward Flourishing. *International journal of environmental research and public health, 20*(7), 5395. doi:10.3390/ijerph20075395

Butler, K. K., Heather , McGrath, S., Biurra-Hoy, I., & Brooker, C. K., Raymond. (2023). *Partnering with First Nations communities in City and Regional Planning*. Retrieved from https://greatercities.au/sites/default/files/2023-07/Partnering%20with%20First%20Nations%20communities%20on%20City%20and%20Regional%20Planning_July2023.pdf

Cromb, N. (2019). Sovereignty....but what model? Retrieved from https://indigenousx.com.au/sovereignty-but-what-model/

Davis, S. (2022). Aboriginal English. Retrieved from https://aiatsis.gov.au/blog/aboriginal-english#:~:text=When%20colonisation%20began%2C%20it's%20estimated,Strait%20Islander%20Studies%2C%201994

Eades, S. J., Taylor, B., Bailey, S., Williamson, A. B., Craig, J. C., & Redman, S. (2010). The health of urban Aboriginal people: insufficient data to close the gap. *Med J Aust, 193*(9), 521-524. doi:10.5694/j.1326-5377.2010.tb04036.x

Fredericks, B. (2013). 'We don't leave our identities at the city limits': Aboriginal and Torres Strait Islander people living in urban localities. *Australian Aboriginal studies* (1), 4-16.

Gee, G., Dudgeon, P., Schultz, C., Hart, A., & Kelly, K. (2014). *Aboriginal and Torres Strait Islander social and emotional wellbeing, In Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice (2nd edition)*. Canberra: Department of The Prime Minister and Cabinet.

Government Architecture New South Wales. (2023). *Connecting with Country Framework*. Government Architecture New South Wales Retrieved from https://www.governmentarchitect.nsw.gov.au/resources/ga/media/files/ga/case-studies/connecting-with-country-framework.pdf

Harfield, S., Pearson, O., Morey, K., Kite, E., Canuto, K., Glover, K., . . . Braunack-Mayer, A. (2018). *The Aboriginal and Torres Strait Islander Quality Appraisal Tool: Companion Document*. South Australian Health and Medical Research Institute. Adelaide, South Australia.

Jacups, S. P., & Bradley, C. (2023). Is the evidence-based medicine movement counter-productive: are randomised controlled trials the best approach to establish evidence in complex healthcare situations? *Public Health Research & Practice, 33*(1). doi:10.17061/phrp3312303

Long, S., Memmot, P., & Seelig, T. (2007). *An audit and review of Australian Indigenous housing research* Retrieved from Melbourne:

Luke, J., Verbunt, E., Zhang, A., Bamblett, M., Johnson, G., Salamone, C., . . . Jones, A. (2022). Questioning the ethics of evidence-based practice for Indigenous health and social settings in Australia. *BMJ global health, 7*(6), e009167. doi:10.1136/bmjgh-2022-009167

L. Malcolm (Producer). (2016, 3 September 2016). *Health inequality and the causes of the causes* [Retrieved from https://www.abc.net.au/listen/programs/boyerlectures/boyer-lecture-health-inequality-and-the-causes-of-the-causes/7763106

Martin, K., & Mirraboopa, B. (2003). Ways of knowing, being and doing: A theoretical framework and methods for indigenous and indigenist re-search. *Journal of Australian studies, 27*(76), 203-214. doi:10.1080/14443050309387838

Mawson, S. (2021). The Deep Past of Pre-Colonial Australia. *The Historical journal, 64*(5), 1477-1499. doi:10.1017/S0018246X20000369

Nakata, M. (2007). the Cultural Interface. *The Australian journal of indigenous education, 36*(Supplementary), 7-14. doi:10.1017/S1326011100004646

National Health and Medical Research Council. (2018). *Keeping Research on Track II: A companion document to Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and communities: Guidelines for researchers and stakeholders* Canberra: Commonwealth of Australia Retrieved from www.nhmrc.gov.au/guidelines-publications/ind3

NSW Government. (2021). *Practice Note on Engaging with Aboriginal communities* Retrieved from https://www.energy.nsw.gov.au/sites/default/files/2022-08/SIA-Aboriginal-Engagement-Practice-Note.pdf

Porter, L. (2017). *Planning for coexistence? : recognizing Indigenous rights through land-use planning in Canada and Australia*. New York: Routledge Taylor & Francis Group.

Porter, L., Johnson, L., & Jackson, S. (2018). Indigenous communities are reworking urban planning, but planners need to accept their history. Retrieved from https://theconversation.com/indigenous-communities-are-reworking-urban-planning-but-planners-need-to-accept-their-history-92351

Productivity Commission. (2023). *Review of the National Agreement on Closing the Gap, Draft Report*. Canberra: Australian Government Retrieved from https://www.pc.gov.au/inquiries/current/closing-the-gap-review/draft

Schafer, T. (2012). Aboriginal boundary posts. Retrieved from https://www.slq.qld.gov.au/blog/aboriginal-boundary-posts

Sherwood, J. (2013). Colonisation - It's bad for your health: The context of Aboriginal health. *Contemp Nurse, 46*(1), 28-40. doi:10.5172/conu.2013.46.1.28

Smith, L. T. (2012). *Decolonizing Methodologies: Research and Indigenous Peoples* (2nd ed.). London: Zed Books.

The Lowitja Institute. (2019). *Research & Knowledge Translation: Types of Research Impact and Examples*. Retrieved from https://www.lowitja.org.au/content/Document/Types%20of%20Research%20Impact%20and%20Examples_Lowitja%20Institute_RKT_Project%20Grant%20Round_Content%20for%20Comms_V4_0.pdf

United Nations. (2007). *United Nations Declaration on the Rights of Indigenous Peoples*. Retrieved from https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP_E_web.pdf

United Nations. (2022). Permanent Forum. *Indigenous Peoples.*

United Nations. (n.d.). Indigenous Peoples and the MDGs. *Social Inclusion.* Retrieved from https://social.desa.un.org/issues/indigenous-peoples/indigenous-peoples-and-the-mdgs

Whalen, D. H., Lewis, M. E., Gillson, S., McBeath, B., Alexander, B., & Nyhan, K. (2022). Health effects of Indigenous language use and revitalization: a realist review. *International journal for equity in health, 21*(1), 1-169. doi:10.1186/s12939-022-01782-6

Wilson, A. (2014). Addressing Uncomfortable Issues: Reflexivity as a Tool for Culturally Safe Practice in Aboriginal and Torres Strait Islander Health. *Aust. J. indig. Educ, 43*(2), 218-230. doi:10.1017/jie.2014.24

Wilson, A., Kelly, J., Jones, M., O'Donnell, K., Wilson, S., Tonkin, E., & Magarey, A. (2020). Working together in Aboriginal health: a framework to guide health professional practice. *BMC health services research, 20*(1), 601-601. doi:10.1186/s12913-020-05462-5

World Health Organization. (2022). Indigenous peoples and tackling health inequities: WHO side event at the 21st session of the UN Permanent Forum on Indigenous Issues. Retrieved from https://www.who.int/news-room/events/detail/2022/05/03/default-calendar/indigenous-peoples-and-tackling-health-inequities--who-side-event-at-the-2022-session-of-the-un-permanent-forum-on-indigenous-issues

Yunkaporta, T. (2009). *Aboriginal pedagogies at the cultural interface.* James Cook University, Retrieved from http://eprints.jcu.edu.au/10974

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