marra ngarrgoo, marra goorri:

The Victorian Aboriginal Health, Medical and Wellbeing Research Accord

REFLECTIVE PROCESS

VACCHO

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Contents

Introduction

Purpose:

The following introductory Reflective Process provides a meaningful opportunity to begin self-reflecting on your organisation's policies and practices in relation to Aboriginal and Torres Strait Islander peoples and research. There are 30 reflection questions that relate to the Principles of *marra ngarrgoo, marra goorri*: The Victorian Aboriginal Health, Medical and Wellbeing Research Accord (the Accord or *marra ngarrgoo, marra goorri*).

Who the Reflective Process is for

The Reflective Process can be used by:

- Health, medical and wellbeing research organisations.
- Organisations that fund research.
- Research translation centres.

Benefits of the Reflective Process

There are many benefits to taking part in the reflection process, including:

- Gaining an introduction into the practicalities of the Accord Principles.
- Understanding your Accord Principle strengths.
- Identifying where you can build capacity to implement the Accord Principles.
- Sharing your involvement in the Reflective Process with relevant stakeholders, for example, in annual reports, newsletters, website and further communications.
- Creating a baseline for implementation of the Accord Principles. This will help immensely if you later choose to sign on to the Accord and join the Accord Accreditation Scheme which will be based on the Accord Principles.

How to implement the Reflective Process

- The Reflective Process is voluntary and can be completed in your own time.
- Feel free to be honest and humble with your responses. This is not a competition!
- We recognise research organisations are diverse and have differing circumstances, therefore, some questions maybe more relevant for your organisation than others. Complete the questions that are relevant to you.
- Use the text boxes provided to record your reflection.
- If there are areas you think could be improved, consider next steps for your organisation.

- The reflection is best conducted in a group setting, such as, an existing committee, team meeting, working group or another structure that suit your local context.
- Celebrate completing the reflection!

Sharing your reflections

We would love to receive a copy of your Reflective Process. We will not be marking them or sharing them further. They will be helpful for us to understand your current capability and work with you through the Accreditation Scheme to improve. Please send to varap@vaccho.org.au.

Contact and Feedback:

This Reflective Process is newly developed. We are all learning together to understand how we can journey toward making research better. We would love to hear any feedback you have on engaging with the Reflective Process. It will help us grow a better tomorrow! Please contact: varap@vaccho.org.au.

Abbreviations, Terminology and Definitions

Abbreviations

ACCO	Aboriginal Community Controlled Organisation
VACCHO	Victorian Aboriginal Community Controlled Health Organisation

Terminology

Community	Capitalised, refers to Victorian Aboriginal and Torres Strait Islander peoples and communities.
Research Organisations	Refers to organisations that conduct health, medical or wellbeing research, including universities, TAFEs, MRIs, the Victorian Government, health policy organisations, health services and any other entities that may conduct research. This includes HRECs registered in Victoria.

Definitions

The following definitions are drawn from marra ngarrgoo, marra goorri. These definitions are provided to support interpretation of this Reflective Process. Please refer to marra ngarrgoo, marra goorri for additional terms and definitions.

Aboriginal and Torres Strait Islander Health and Wellbeing	The Accord adopts a holistic definition of Aboriginal and Torres Strait Islander health as defined by the National Aboriginal and Torres Strait Islander Community Controlled Health Organisation (NACCHO). The definition considers "Aboriginal and Torres Strait Islander health and wellbeing [to] mean not just the physical well-being of an individual but refers to the social, emotional and cultural wellbeing of the whole community in which each individual is able to achieve their full potential, thereby supporting the total wellbeing of the community[1]."
Aboriginal and Torres Strait Islander Research	Aboriginal and Torres Strait Islander research refers to Aboriginal and Torres Strait Islander health, medical and wellbeing research that is conducted by both Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander researchers. The Accord adopts the AIATSIS definition which considers Aboriginal and Torres Strait Islander health (and by extension medical and wellbeing) research to "include all research that impacts or is of particular significance to Aboriginal and Torres Strait Islander peoples, including planning, collection, analysis and dissemination of [health, medical and wellbeing] information or knowledge, in any format or medium, which is about and may affect Indigenous peoples' [health and wellbeing] either collectively and individually.[2]"
Aboriginal and Torres Strait Islander Researcher	An Aboriginal and Torres Strait Islander person who can, individually or in collaboration with other researchers (Aboriginal and Torres Strait Islander or non-Aboriginal and Torres Strait Islander), collect, organise, analyse, and interpret data and opinions to explore Aboriginal and Torres Strait Islander health, medical and wellbeing. The person does not need to be affiliated to an academic institution or research organisation or require academic qualifications. Instead, the person can be a non-academic Community member, who is interested in Aboriginal and Torres Strait Islander research and has extensive

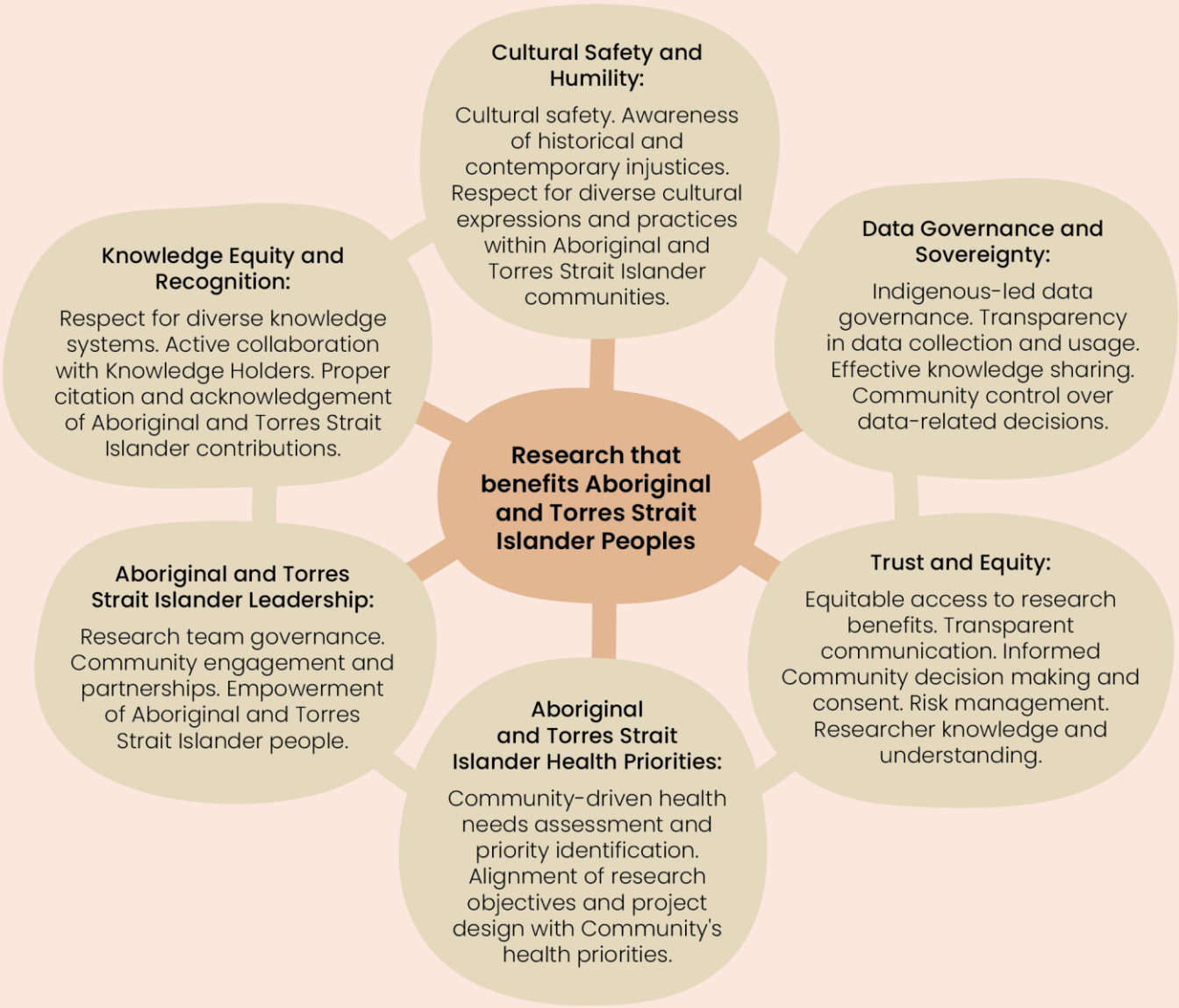
[1] National Aboriginal and Torres Strait Islander Community Controlled Health Organisation. "Aboriginal and Torres Strait Islander Community Controlled Health Organisations (ACCHOS)"

[2] AIATSIS. 2020. AIATSIS Code of Ethics.

	practical work and/or lived experience and knowledge. This definition therefore includes Knowledge Holders, Community and peer researchers, respectively being people who maintain and often reclaim Traditional Knowledge and those who have lived experience in the subject area, who take part in directing and conducting research, thereby empowering these Community members to identify as researchers.
Accord Accreditation Scheme	One of the Implementation Actions under marra *ngarrgoo, marra goorri*, that seeks to instigate institutional reform. Under the Accreditation Scheme, Research Organisations will work towards aligning their research practices to the 6 Accreditation Standards (aligned with the 6 Accord Principles outlined in detail below).

The Accord Principles

The six Accord Principles are interrelated and connected and underpin research that provides benefit for Aboriginal and Torres Strait Islander peoples.



The sections below provide a detailed explanation of each of the six Principles of *marra ngarrgoo, marra goorri*. We hope this will help in providing clarity when answering the questions in the following section of this document.

Principle 1: Aboriginal and Torres Strait Islander Leadership

Ethical Aboriginal and Torres Strait Islander health, medical and wellbeing research prioritises research which is initiated, led, co-led and governed by Aboriginal and Torres Strait Islander peoples.

Summary:
Aboriginal and Torres Strait Islander leadership must be embedded at every level of health, medical and wellbeing research. This includes leadership in decision-making, research design, governance, implementation, communication and translation of findings.

Upholding Community leadership is not just a matter of consultation; it is a commitment to ensuring that research is driven by Aboriginal and Torres Strait Islander people and Community priorities, informed by cultural governance, and is accountable to the people it impacts.

Genuine leadership strengthens ethical practice by shifting power into the hands of Aboriginal and Torres Strait Islander communities and organisations. It creates space for Aboriginal and Torres Strait Islander expertise, both lived and professional, to guide research in ways that uphold sovereignty, self-determination and cultural integrity.

Aboriginal and Torres Strait Islander leadership is not symbolic. It requires genuine partnerships, clear decision-making structures, deep listening and meaningful investment. Non-Indigenous researchers and institutions must reflect on their role in supporting true Aboriginal and Torres Strait Islander leadership through transfer of control, resource sharing, respectful collaboration, and accountability to Indigenous-led processes.

Key components of this Principle include:

- Research team governance.
- Community engagement and partnerships.
- Self-determination of Aboriginal and Torres Strait Islander people.

Principle 2: Trust and Equity

Ethical Aboriginal and Torres Strait Islander health, medical and wellbeing research seeks the trust of Aboriginal and Torres Strait Islander communities by implementing fair, transparent and forthright research processes that benefit Community and researchers equitably.

Summary:

Trust is essential for meaningful collaboration, particularly when research involves Aboriginal and Torres Strait Islander communities. To ensure the success of any research initiative, it is crucial that Aboriginal and Torres Strait Islander communities feel confident that the research is being conducted in a way that is just, respectful, and responsive to their needs and values. This requires the creation of research frameworks that are not only transparent but also equitable; ensuring that all parties, particularly the Communities involved, have an equal stake in the research process and its outcomes.

Research processes should guarantee that Aboriginal and Torres Strait Islander communities are respected partners in the research journey, from initial planning to final reporting. This includes addressing historical imbalances and ensuring that the benefits of research are shared equitably, whether that be through the dissemination of knowledge, resources, or opportunities for Community development. Furthermore, it means ensuring that Community involvement in research is genuinely valued and recognised as a critical component of its success.

By focusing on trust and equity, this Principle aims to dismantle traditional power imbalances and foster long-term, positive relationships between researchers and Aboriginal and Torres Strait Islander communities. Strong relationships, built on mutual respect and shared goals, ensure that research contributes to Community wellbeing and delivers positive, sustainable outcomes for future generations.

Key components of this Principle include:

- Equitable access to research benefit.
- Transparent communication.
- Informed Community decision making and consent, risk management.
- Researcher knowledge and understanding.

Principle 3: Aboriginal and Torres Strait Islander Health Priorities

Ethical Aboriginal and Torres Strait Islander health, medical and wellbeing research addresses research and health priorities identified by Aboriginal and Torres Strait Islander organisations, Communities and Knowledge Holders to benefit the health of Aboriginal and Torres Strait Islander peoples.

Summary:

Ethical Aboriginal and Torres Strait Islander health, medical, and wellbeing research must be driven by the health priorities identified by Aboriginal and Torres Strait Islander peoples, Communities, and Knowledge Holders. This Principle ensures that research efforts are responsive to the needs and aspirations of Aboriginal and Torres Strait Islander peoples and align with the health issues and challenges Community have identified as most pressing.

For research to be truly beneficial, it must address the priorities that are shaped by the lived experiences of Aboriginal and Torres Strait Islander communities. Communities are best positioned to identify the health, medical and wellbeing issues that require attention and action specific to their context.

Importantly, this Principle emphasises the centrality of Aboriginal and Torres Strait Islander leadership in defining the direction of health research. Health priorities should not be dictated by external entities or institutions, but instead should be based on the voices, experiences, and wisdom of the Communities themselves. Research that is developed in alignment with these priorities is more likely to lead to tangible, culturally appropriate solutions and outcomes that truly benefit Aboriginal and Torres Strait Islander peoples.

This Principle also acknowledges the diverse and dynamic nature of health needs within Aboriginal and Torres Strait Islander communities. Therefore, research must be adaptable, context-specific, and respectful of the cultural and social factors that shape health and wellbeing.

Key components of this Principle include:

- Community-driven health needs assessment and priority identification.
- Alignment of research objectives and project design with the identified health priorities of Communities.

Principle 4: Cultural Safety and Humility

Ethical Aboriginal and Torres Strait Islander health, medical and wellbeing research acknowledges the traumatic history of colonialism and racism on Aboriginal and Torres Strait Islander communities, recognises the richness and diversity of Aboriginal and Torres Strait Islander cultures, the intersection of Aboriginal and Torres Strait Islander identities and respects Aboriginal and Torres Strait Islander lore and cultural practices.

Summary:

Ethical research is grounded in cultural safety and humility. Cultural safety requires that research practices create an environment where Aboriginal and Torres Strait Islander peoples feel respected, supported, and free from discrimination or harm. It is essential that research environments, processes, and interactions are designed with awareness to the cultural context of the Communities involved, ensuring that Aboriginal and Torres Strait Islander beliefs, traditions, and practices are upheld and celebrated throughout the research journey.

Cultural humility goes beyond a superficial understanding of Culture—it requires ongoing reflection, self-awareness, and the willingness to learn from Aboriginal and Torres Strait Islander peoples. Researchers must actively engage with and learn from Communities, recognising their expertise and respecting cultural knowledge. This ongoing process of cultural humility fosters an environment of mutual respect, where knowledge is shared in a way that acknowledges the lived experiences and perspectives of Aboriginal and Torres Strait Islander peoples.

This Principle also calls for a commitment to challenging colonial legacies and power imbalances that have historically marginalised Aboriginal and Torres Strait Islander communities in research. By fostering cultural safety and humility, researchers can help to rebuild trust, create safer spaces for collaboration, and ensure that research is conducted in ways that are genuinely beneficial and respectful of Aboriginal and Torres Strait Islander peoples.

Key components of this Principle include:

- Cultural safety.
- Awareness of historical and contemporary injustices.
- Respect for diverse cultural expressions and practices within Aboriginal and Torres Strait Islander communities.

Principle 5: Knowledge Equity and Recognition

Ethical Aboriginal and Torres Strait Islander health, medical and wellbeing research promotes equity of knowledge by recognising Aboriginal and Torres Strait Islander people and Knowledge Holders, respecting Community ways of knowing, being and doing, promoting Aboriginal and Torres Strait Islander research, engagement, translation, interpretation and evaluation methods, adopting strength based approaches wherever possible, and appropriately citing Knowledge Holders' contributions to the research output.

Summary:

Ethical research should promote knowledge equity by recognising and valuing Aboriginal and Torres Strait Islander ways of knowing, being, and doing. This Principle ensures that Aboriginal and Torres Strait Islander peoples, Knowledge Holders, and cultural knowledge are given rightful recognition and respect within the research process.

Knowledge equity acknowledges the intellectual and cultural contributions of Aboriginal and Torres Strait Islander peoples, emphasising that knowledge systems are not only valid but integral to advancing health and wellbeing research. Aboriginal and Torres Strait Islander knowledge systems are diverse and sophisticated, shaped by generations of lived experience and cultural understanding. Researchers must engage with and align their processes with these knowledge systems, ensuring that they are recognised in research methods, interpretation, translation, and evaluation.

This Principle also champions strength-based approaches, which focus on the resilience, capabilities, and expertise within Aboriginal and Torres Strait Islander communities. These approaches work to uplift, rather than undermine, Aboriginal and Torres Strait Islander ways of life, ensuring that research reflects the strengths and aspirations of Communities rather than framing us solely in terms of deficits. Furthermore, the contributions of Knowledge Holders must be properly acknowledged, with their intellectual property and cultural knowledge treated with the utmost respect and appropriately cited in research outputs.

Key components of this Principle include:

- Respect for diverse knowledge systems
- Active collaboration with Knowledge Holders
- Proper citation and acknowledgment of Aboriginal and Torres Strait Islander contributions.

Principle 6: Data Governance and Sovereignty

Ethical Aboriginal and Torres Strait Islander health, medical and wellbeing research recognises Aboriginal and Torres Strait Islander data and knowledge ownerships and sovereignties and seeks to protect Aboriginal and Torres Strait Islander health data, knowledges, practices, and knowledge systems using Aboriginal and Torres Strait Islander governance mechanisms.

Summary:

Ethical research acknowledges the fundamental rights of Aboriginal and Torres Strait Islander peoples to own, control, and govern data and knowledge. This Principle upholds the sovereignty of Aboriginal and Torres Strait Islander communities over their health data, cultural knowledges, and practices, ensuring that these are protected, respected, and managed in accordance with Aboriginal and Torres Strait Islander governance mechanisms.

Data governance and sovereignty are central to addressing historical injustices and protecting the rights of Aboriginal and Torres Strait Islander peoples in research. Aboriginal and Torres Strait Islander communities have long been subjected to the exploitation of knowledge and data without proper consent, compensation, or recognition. This Principle seeks to ensure that Aboriginal and Torres Strait Islander peoples regain control over their information, enabling Community to make decisions about how their data is collected, used, shared, and stored.

Effective data governance requires the establishment of systems that recognise the unique cultural, legal, and ethical considerations involved in managing Aboriginal and Torres Strait Islander health data. These systems must be developed in collaboration with Communities, following Community governance frameworks, and respecting cultural protocols related to data ownership and access. Aboriginal and Torres Strait Islander governance mechanisms should be central to decision-making about data management, ensuring the sovereignty of the Communities involved.

This Principle also emphasises the need for transparency, accountability, and ethical practice in the handling of Aboriginal and Torres Strait Islander data, particularly in terms of privacy, confidentiality, and the long-term storage and use of health data. By promoting strong data governance structures and upholding Indigenous data sovereignty, researchers can foster trust, respect, and ensure that Aboriginal and Torres Strait Islander peoples have control over the ongoing use and interpretation of Community data and knowledges.

Key components of this Principle include:

- Indigenous-led data governance, transparency in data collection and usage, effective knowledge sharing and Community control over data-related decisions.

Reflective Questions

Question	Reflection	Next steps for your organisation
1. Within your organisation, how are Aboriginal and Torres Strait Islander staff represented in research leadership roles?	Click or tap here to enter text.	Click or tap here to enter text.
2. What strategies does your organisation have for appointment of Aboriginal and Torres Strait Islander research leadership?	Click or tap here to enter text.	Click or tap here to enter text.
3. How does your organisation's research governance include Aboriginal and Torres Strait Islander representation?	Click or tap here to enter text.	Click or tap here to enter text.
4. How do your research strategies relay the need for Aboriginal and Torres Strait Islander stakeholders to be involved in oversight of key stages of research impacting Aboriginal and Torres Strait Islander peoples? For example: conception, design, implementation and translation.	Click or tap here to enter text.	Click or tap here to enter text.

5. How does your organisation ensure that research engagements/communications with Aboriginal and Torres Strait Islander people and organisations provide benefit and avoid adding to cultural load (*please also refer to the definition of 'Colonial Load' published by Weenthunga Health Network*)?	Click or tap here to enter text.	Click or tap here to enter text.
6. How does your organisation promote research pathways for prospective Aboriginal and Torres Strait Islander students, researchers or Community members?	Click or tap here to enter text.	Click or tap here to enter text.
7. How are Aboriginal and Torres Strait Islander researchers and graduate researchers provided culturally appropriate professional development and mentoring?	Click or tap here to enter text.	Click or tap here to enter text.
8. How does your organisation assess the benefit to Aboriginal and Torres Strait Islander peoples from research?	Click or tap here to enter text.	Click or tap here to enter text.

9. How does your organisation work towards eliminating any negative impact of your research for Aboriginal and Torres Strait Islander peoples?	Click or tap here to enter text.	Click or tap here to enter text.
10. How are partnerships fostered in meaningful and mutually beneficial ways with Aboriginal and Torres Strait Islander communities and organisations involved in the research process?	Click or tap here to enter text.	Click or tap here to enter text.
11. For the main human research ethics committee your organisation engages with, what processes are applied to review ethics applications that impact Aboriginal and Torres Strait Islander people?	Click or tap here to enter text.	Click or tap here to enter text.
12. For the main human research ethics committee your organisation engages with, how is the cultural safety of the committee evaluated?	Click or tap here to enter text.	Click or tap here to enter text.

13. What processes are in place in your organisation to manage and respond to identified risks, feedback or complaints from Aboriginal and Torres Strait Islander peoples involved in research?	Click or tap here to enter text.	Click or tap here to enter text.
14. How does your organisation ensure that agreements between Communities and researchers are fair and beneficial to Communities and clear about your intentions, methods and outcomes?	Click or tap here to enter text.	Click or tap here to enter text.
15. What co-design research strategies does your organisation have in relation to Aboriginal and Torres Strait Islander research?	Click or tap here to enter text.	Click or tap here to enter text.
16. How does your organisation identify research priorities? Are Aboriginal and Torres Strait Islander people involved in this process?	Click or tap here to enter text.	Click or tap here to enter text.

17. What steps is your organisation taking to align your Aboriginal and Torres Strait Islander research objectives with Community-driven health and wellbeing goals, outcomes and aspirations?	Click or tap here to enter text.	Click or tap here to enter text.
18. What relationships and processes are in place in your organisation to include localised health research priorities identified by Aboriginal and Torres Strait Islander peoples?	Click or tap here to enter text.	Click or tap here to enter text.
19. How is cultural safety embedded within your organisation's policies and strategies? How is the staff/researcher's understanding of ethical Aboriginal and Torres Strait Islander research and cultural awareness assessed? What processes exist for regular assessment and reflection on the cultural safety of the research activities?	Click or tap here to enter text.	Click or tap here to enter text.
20. How does your organisation provide for flexibility of research timelines, deadlines and milestones to account for unforeseen Community priorities and Community business?	Click or tap here to enter text.	Click or tap here to enter text.

21. How are researchers and graduate researchers provided professional development in how to apply Aboriginal and Torres Strait Islander ethics guidelines?	Click or tap here to enter text.	Click or tap here to enter text.
22. How are researchers and graduate researchers provided professional development in application of Indigenous and decolonising research methodologies? (For instance: Indigenous standpoint theory, insider-outsider theory, strengths and deficit approaches, Indigenous research paradigms, critical theories, Indigenous intellectual and cultural property, Indigenous data governance and sovereignty, the CONSIDER statement, and critical allyship)	Click or tap here to enter text.	Click or tap here to enter text.
23. In what ways does your organisation ensure that the contribution of Aboriginal and Torres Strait Islander people and Knowledge Holders are appropriately acknowledged and cited in research outputs?	Click or tap here to enter text.	Click or tap here to enter text.

24. What steps has your organisation taken to ensure that Aboriginal and Torres Strait Islander people, including Knowledge Holders, are adequately compensated for their borrowed knowledge and contributions to the research process?	Click or tap here to enter text.	Click or tap here to enter text.
25. How does you organisation develop long-lasting strategic research partnerships with Aboriginal organisations (ACCOs, Traditional Owner Groups etc.) or Communities that foster resource sharing and bolstering of research capacity?	Click or tap here to enter text.	Click or tap here to enter text.
26. If your organisation conducts clinical trials, how are Aboriginal and Torres Strait Islander peoples provided culturally safe engagement with the trials?	Click or tap here to enter text.	Click or tap here to enter text.
27. What strategies does your organisation have to safeguard Indigenous Cultural and Intellectual Property in research?	Click or tap here to enter text.	Click or tap here to enter text.

28. What policies and processes does your organisation have in place for Indigenous Data Governance and Sovereignty in research?	Click or tap here to enter text.	Click or tap here to enter text.
29. What are some of the mechanisms you have in place to engage Aboriginal and Torres Strait Islander communities in all stages of data governance, from collection to storage and use?	Click or tap here to enter text.	Click or tap here to enter text.
30. How has your or your organisation's research ensured that Aboriginal and Torres Strait Islander peoples retain ownership and control over their health data?	Click or tap here to enter text.	Click or tap here to enter text.