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'Ngulluck Katitj Wah Koorl Koorliny / Us mob going along learning to research together': Drawing on action research to develop a literature review on Indigenous gendered health and wellbeing

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Keywords
action, develop, literature, ngulluck, katitj, wah, koorl, koorliny, us, mob, going, review, wellbeing, gendered, along, health, learning, indigenous, research, together, drawing

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Abstract

This paper describes the collaborative work practices of the Health and Wellbeing Node within the National Indigenous Research and Knowledges Network (NIRAKN). The authors reflect on the processes they used to research and develop a literature review. As a newly established research team, the Health and Wellbeing Node members developed a collaborative approach that was informed by Action Research practices and underpinned by Indigenous ways of working. The authors identify strong links between Action Research and Indigenous processes. They suggest that, through ongoing cycles of research and review, the NIRAKN Health and Wellbeing Node developed a culturally safe, respectful and truly
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Keywords

Action Research, Action Learning, Collaborative Relationships, Indigenous, Literature Review, NIRAKN, Pictorial Conceptual Model

Introduction

Academic research – particularly the literature review stage – tends to be a solitary task. Even in jointly-published work, in our experience the literature review tends to be coordinated and directed by a solitary researcher. From our perspective as Indigenous health researchers, the solitary approach to research brings two key problems: firstly, it sidelines Indigenous, collaborative ways of working and risks undermining the richness that collaborative practice can produce; secondly, it mirrors the approach of much research about Indigenous people – as research conducted by one group (usually a non-Indigenous group) about a different group (the Indigenous peoples being studied) – with the accompanying risk that the research outcomes reflect the perspective of the dominant group who conducted the research.

As Indigenous health researchers, we wanted to explore whether a collaborative, action-research-informed approach could be applied to writing a literature review. We worked together through the National Indigenous Research and Knowledges Network (NIRAKN), as members of the Health and Wellbeing Node, to develop a literature review. In this paper, we describe our collaborative processes and reflect on the outcomes that it produced. We argue that our work processes – collaborative practices that were informed by Action Research and underpinned by Indigenous processes – helped us to work in a truly collaborative way, establish our identity as a Health and Wellbeing Node, and provide a culturally safe working environment where all members were welcome to contribute. As a new research team,
we developed ways for working together and learning from each other. Our Action Research approach to the literature review helped us to organise collaborative relationships and conduct regular review cycles. It also helped to ensure that all members of the Health and Wellbeing Node participated, critiqued and reflected on the content and direction of the literature review. In the spirit of Action Research, Health and Wellbeing Node members became part of the research process, rather than being separate from it (Veal 2005).

What is NIRAKN?

The National Indigenous Research and Knowledges Network (NIRAKN) was established in 2013 with funding from the Australian Research Council (ARC). NIRAKN was established to develop a critical mass within Australia of Indigenous researchers who can address the needs of Indigenous people through culturally appropriate research. NIRAKN operates from the premise that Indigenous knowledge systems should inform and frame the network’s research (NIRAKN n.d.).

NIRAKN is a collaboration of 44 Australian Indigenous researchers, all at different stages of their research careers. The researchers come from 21 Australian universities and 5 partner organisations (the partner organisations are Ninti One, Waminda South Coast Women’s Health and Welfare Aboriginal Corporation, the Aboriginal and Torres Strait Islander Healing Foundation, the National Congress of Australia’s First People’s and the United Nations University). NIRAKN is supported and guided by a 10-member Advisory Board of people who are recognised as leaders and Elders within the Indigenous community.

NIRAKN operates through a hub and spokes model. The central hub has overall responsibility for administration, coordination, and capacity building. The four spokes (or nodes) develop and conduct NIRAKN’s research program. The four research nodes are (1) Indigenous Sociology and Knowledges, (2) Indigenous Health and Wellbeing, (3) Indigenous Law, and (4) Yuraki – History, Politics and Cultures. Node membership is fluid, with several
researchers belonging to multiple nodes or working across nodes on interdisciplinary research projects (NIRAKN n.d.).

As a research network, NIRAKN has six key aims: (1) build a strong network of Indigenous researchers; (2) support postgraduate and early-to-mid-career Indigenous researchers; (3) connect Indigenous researchers both nationally and internationally, and develop a culturally supportive and inclusive environment for multidisciplinary research; (4) develop ongoing integrated research collaborations with government, research bodies, industry, community and philanthropic organisations; (5) seek national and international recognition for Indigenous research expertise, knowledge and innovation; and (6) inform community and government policy and program delivery relating to Indigenous research agendas by utilising Indigenous knowledge and expertise (NIRAKN n.d.).

NIRAKN has an interdisciplinary focus, and its members come from a broad array of disciplines and research backgrounds. While many NIRAKN members knew each other personally before the network was formed, few of the researchers had previously worked together. Forming NIRAKN gave the network’s members an opportunity to work together under one banner and to explore new ways of working that would both progress our research agenda and allow us to explore whether we could further Indigenise our research practices.

The NIRAKN Health and Wellbeing Node

When we started to work together as NIRAKN’s Health and Wellbeing Node, we agreed that one of our focal points would be a holistic, gendered approach to health viewed through a lens of social and emotional wellbeing (NIRAKN n.d.). We were conscious of the ongoing crisis in Indigenous health, and the urgent need to develop research approaches that could lead to positive outcomes for Indigenous peoples in Australia. We agreed to focus on the strong links between gender, social and emotional wellbeing, reproductive health, and chronic diseases such as heart disease and diabetes.
In the initial stages of our work, we focused on establishing our work practices, learning about each other and developing our relationships. Our initial face-to-face meetings were full of excitement about the opportunities that the Health and Wellbeing Node presented for us. Our early meetings were also intense periods of forming relationships, engaging and yarning with each other to increase our understandings of the work ahead.

Yarning was central to our developing work practice. For us, yarning is a conversational process that takes place amongst Indigenous people and involves the telling and sharing of stories (Bessarab & Ng’andu 2010; Franks & Curr 1996; Fredericks et al. 2011). Yarning helps us visit and revisit who we are and who we are in connection with each other. It recognises our own distinct cultural heritages. It helps us acknowledge our existing relationships and create new ones. Yarning relies on cultural protocol (Bessarab & Ng’andu 2010). It is a process of communication and exchange – of linking stories and creating new conversations that are both cooperative and culturally embedded (Fredericks et al. 2011). Through yarning, we work through protocols and begin to develop both relationality with one another and accountability to one another (Martin 2008; Wilson 2008). For us as Health and Wellbeing Node members, the process of yarning helped us to build sustainable relationships as individuals and as a group of Indigenous researchers (Martin 2008; Wilson 2008). It gave us a culturally appropriate way of beginning our work together.

We agreed that our first Health and Wellbeing Node project should be inclusive. It needed to involve all members of the Node in some way and help us to develop as a cohesive research collective (Fredericks et al. 2011; Kendall et al. 2011). We also wanted to add freshness to the field and ensure that Indigenous perspectives were embedded throughout our work (Henderson 2000; Smith 1999). We were conscious that our work practices should reflect our Indigeneity and resist any temptation to be driven by forms of neo-colonialism (Bishop 2008; Chilisa 2012;
Collard & Palmer 2006; Rigney 1999; Smith 2008). We were also conscious that our first project would establish our work in future projects, and that we needed to develop a way of working that would welcome and include new members as NIRAKN develops and grows.

We agreed to begin our work program with a literature review about gendered Indigenous health and wellbeing. The literature review became a platform to both understand the field of work and develop our work practices. We worked from the understanding that our concepts of health and wellbeing were underpinned by Indigenous understandings (NAHS 1989).

**Using Action Research to inform our work**

Our literature review project involved building relationships between Indigenous researchers who had not worked together previously, and were newly linked through the establishment of NIRAKN. We learned to work together through cycles of questioning, planning, implementing, adjusting, reflecting, analysing and synthesising – working as a team, rather than as autonomous individuals (Bruce, Flynn & Stagg-Petersen 2011; Reason & Bradbury 2008a). We ensured that our work processes were underpinned by Indigenous perspectives (Bessarab & Ng’andu 2010; Collard & Harben 2010; Martin 2008). We then reflected on our practices and outcomes to ensure that we were learning to work with each other in a good way.

Action Research provides a useful theoretical base for reflecting on and understanding our practices as health researchers. Action Research can be seen as a practice for the systematic development of knowledge that differs from the traditional academic research model because it has different purposes, different relationships and different ways of conceiving knowledge in relation to practice (Reason & Bradbury 2008b). Action Research involves repetition of processes, where researchers and practitioners work together through cycles of activities that include problem diagnosis, action intervention and reflective learning (Avison et al 1999). For us as members of the NIRAKN Health and Wellbeing Node, an Action
Research approach involved embracing a participatory process. We developed practical knowing and sought to engender action and reflection, combined with theory and practice, in order to develop practical solutions that would allow for the flourishing of individuals and their communities (Reason & Bradbury 2008b). Moreover, Action Research enabled the flow of action and inquiry within our work. It supported vigorous debate about the choices we made throughout the research process, about our different intellectual perspectives and about our different practical approaches to health and wellbeing (Bryant 1996; Glesne 1999; Reason & Bradbury 2008a). The diversity of our Health and Wellbeing Node researchers – with varying levels of research experience, different skills and abilities, and varying Indigenous standpoints and perspectives – added depth and vigour to our work (Cram 2009; Dulwich Centre 1995).

We know from the work of Rigney (1999) that, in order for Indigenous research to make a difference, it needs to be grounded within the political reality of Indigenous people’s lives. As researchers, it was important for us to work together in ways that would empower each researcher individually and empower the Health and Wellbeing Node as a whole. All Health and Wellbeing Node members have the right to claim and reclaim Indigenous values and to articulate what they mean for us (Cram 2009; Dulwich Centre 1995; Rigney 1999; Smith 1999).

Stringer’s (1996, p. 7) work is important for us as Indigenous researchers; he proposes that ‘those who have previously been designated as “subjects” should participate directly in research processes and that those processes should be applied in ways that benefit all participants directly’. The Health and Wellbeing Node members agreed that Stringer’s work had direct application to all of our work – including the work within our Node and our work with Indigenous peoples more widely. In this instance, Action Research begins by working with a group, community or organisation to define the problems, situations and issues that are relevant; it then involves the group, community or organisation in the process of working towards change and finding solutions or answers (Glesne 1999; Stringer 1996). For the Health and Wellbeing
Node, this underscored our commitment to work as a collect to define the issues we would address, develop our work processes and conduct the research. The Action Research enabled us to break away from traditional conceptions of a literature review and work within an Indigenous framework.

The Action Research perspective encouraged us to continually make choices and challenge them, to critically examine our choices and to clearly articulate our arguments to the Node’s members (Reason & Bradbury 2008a). Each cycle of our Action Research process added to our emerging theories (Avison et.al 1999) – both about the literature we were reading and, perhaps more importantly, about the collaborative working relationships we were establishing. Collaboration is a necessary part of accumulating knowledge in Action Research (Denis & Lomas 2003). The discussion of Bruce, Flynn and Petersen-Stagg (2011, p. 451), who suggest that ‘part of the knowledge creation is focused on the nature of collaboration itself’ was particularly relevant to our work. We were conscious that we were enacting the collaborative practices of Action Research, illustrated in Figure 1 (Reason & Bradley 2008b).
Developing teamwork, collaborative relationships and Action Learning

While we were focused on producing a literature review (a document designed to assist researchers and influence decision makers) our Action Research cycle helped us to build our collaborative relationships in order to produce the end product (Avison et.al 1999). We developed a cyclical approach to communication that helped to establish the Health and Wellbeing Node as a team, build our collaborative relationships, and support an Action Learning approach to the work. We adapted Bruce, Flynn and Stagg-Petersen’s (2011, p.440) Collaborative Action Research Relationships, Processes and Outcomes Model to help us reflect on our communication cycle and work practices. Figure 2 illustrates our adaption of their model and reflects the cycles, communication channels and outcomes within our work.
The first box in Figure 2 (Action Research Relationship Influence) describes the leadership roles and relationships in our literature review project. Our Team Leader facilitated the work and communicated with both the Research Officer and the NIRAKN Health and Wellbeing Node members. A critical part of our successful work was a Team Leader who was enthusiastic and organised, was an effective communicator and whose inquiry led to more questions amongst team members (Bruce, Flynn & Stagg-Petersen 2011). The Research Officer was a second key influence on the work, with responsibilities such as correspondence with the Team Leader and the NIRAKN Health and Wellbeing Node, administration support, compilation of the literature review, presentation of the literature review at face-to-face team meetings, and editing and proof reading. The NIRAKN Health and Wellbeing Node members also influenced the project; they analysed, questioned, reviewed and reflected on the document, and their collective input guided its development. Their collaborative enquiry facilitated deeper understanding (Bruce, Flynn & Stagg-Petersen 2011) of gendered Indigenous health and wellbeing issues within the Australian health system.

The second box in Figure 2 (Action Research Processes) identifies the Action Research processes that we used: questioning, planning, implementing, adjusting, reflecting, analysing and synthesising (Bruce, Flynn & Stagg-Petersen 2011; Reason & Bradbury 2008a). In practice, these processes included communication to Health and Wellbeing Node members via update emails, weekly meetings between the Team Leader and Research Officer, face-to-face meetings with all team members to review the draft document, incorporating team members’ contributions into the document, distributing the draft document for review, and developing ways to finalise the document and submit it for publication. The team found it particularly helpful to interrogate the literature through
pictorial conceptual models; these conceptual models were incorporated into the final literature review.

The third box in Figure 2 (Project/Collaborative Team Outcome) defines the outcomes experienced by our Health and Wellbeing Node members (Bruce, Flynn & Stagg-Petersen 2011). Our Action Research processes helped to manage one of the major challenges that the Health and Wellbeing Node experienced: our geographical separation. Health and Wellbeing Node members are based in Brisbane, Sydney, Perth, Hobart, Canberra, Cairns, Rockhampton, Wollongong and other places. While regular email communication was useful for administrative details and document reviews, our face-to-face meetings helped to facilitate our key outcomes. The face-to-face meetings produced rich feedback, aided capacity building and inspired our collaboration. The value of the face-to-face meetings was particularly noticeable in our development of the pictorial conceptual models.

**Indigenous processes**

Before beginning this work, we were aware of the strong links between Indigenous processes and Action Research. For example, Indigenous processes such as yarning (Bessarab & Ng’andu 2010; Palmer & Collard 2001), upholding respectful conventions and relationality (Martin 2008) and the sharing of conversation and food (Fredericks et al 2014) strongly support the Action Research processes. Under the canopy of Indigenous practices, we developed our broader processes of Action Research. The triad of collaboration achieved between the Team Leader, NIRAKN Health and Wellbeing Node members, and the Research Officer was the driving force behind our Action Research process (Bruce, Flynn & Staff-Petersen 2011). Our Indigenous approach to Action Research provided a culturally safe environment in which to develop the project and learn about our work practices (Fredericks et al 2014).

**Capacity building**

Our work processes also involved a conscious effort towards capacity building for all members of the Health and Wellbeing Node. We looked for ways to support members to flourish as
researchers, through their collaboration on the literature review. All members were able to contribute, dialogue, reflect and ask questions. Each member was able to develop and increase their research capacity, and therefore grow their capacity as an individual and as a team member.

Capacity is defined as the ‘ability of individuals, organisations or systems to perform appropriate functions effectively, efficiently and sustainably’ (Milen 2001, p. 1). Building capacity is a continuing dynamic process that is linked to performance and can be viewed as a vehicle for individuals, teams, organisations or systems to accomplish objectives (Milen 2001). Just as capacity is a dynamic process of continual renewal, capacity building is also a continual process of improvement within a team, organisation or system (Milen 2001). Capacity building strengthens existing capabilities and builds on what already exists within the group (Milen 2001). It is an integrated and holistic process that strengthens individuals, teams, organisations and systems from within. This is quite different from the traditional, segregated process of addressing problems or issues (Milen 2001). Our focus on capacity building as we developed our literature review helped to establish and strengthen our Health and Wellbeing Node team. It also helped to develop capacity that will ultimately flow back to the members’ organisations, communities and other work collaborations.

The processes of developing the literature review

Initial meeting between Research Officer and Team Leader

Our literature review project began with the appointment of a Research Officer as part of the triad of collaborative relationships. The Team Leader and Research Officer set the direction of the project in their first meeting. They scheduled weekly meetings throughout the project and agreed to a dual process that would involve the literature review as a concrete outcome while also reflecting on and synthesising our approach to Indigenous Action Research (informed by Bruce, Flynn & Stagg-Petersen 2011).
Compiling the literature

The Research Officer conducted database searches with a range of relevant terms, including ‘gendered health’, ‘health’, ‘Aboriginal’, ‘Aboriginal and Torres Strait Islander’, ‘Indigenous’, ‘Australia’, ‘cultural training’, ‘colonisation’, ‘racism’, ‘systemic racism’, ‘women’s health’, ‘men’s health’, ‘male health’, and ‘ACCHS’. Relevant databases included the Australian Indigenous HealthInfoNet, the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS), and government websites including The Australian Institute of Health and Welfare and Discover It! The Research Officer also explored relevant grey literature such as technical reports, conference papers, theses, bibliographies, government reports and documents not published commercially. More than 120 documents were accessed and processed by the Research Officer.

Developing pictorial conceptual models

As the literature review progressed, we realised that gendered Indigenous health needed to be contextualised in contemporary Australian society relative to the complex historical factors that formed the relationships between Indigenous and non-Indigenous peoples (Attwood 2005; Dudgeon et al. 2014; Miliwanga & Clapham 2012). The team created pictorial conceptual models from the literature to express the past, present and future in relation to colonisation and its ongoing impacts.

Pictorial conceptual models are used extensively for synthesising and communicating ecosystem science. They were pioneered by collaborating scientific organisations in Australia and the United States in the late 1990s (DEHP 2012). Pictorial conceptual models offer valuable and powerful ways to synthesise and communicate complex concepts to diverse audiences (DEHP 2012). Generally, the models are used to exemplify the real world in a variety of ways including through numerical models, tables, box and arrow diagrams, conceptual models and pictorial conceptual models (DEHP 2012). They are simplified, abstract depictions of reality that provide a general overview of complex processes or systems (Fischenich 2008). Pictorial conceptual models can capture and
integrate relevant information into an engaging diagrammatic form (DEHP 2012). As such, they provide an alternative way of communicating about complex concepts.

When conceptual diagrams are used to depict specific processes, deeper meaning can be added to diagrams by replacing labelled boxes with pictures (DEHP 2012). Conceptual pictorial models can be developed using literature reviews and synthesis workshops (DEHP 2012). Ongoing iterative peer review is important when producing the draft model, particularly if the model is breaking new ground and/or the content is diverse (DEHP 2012).

Figure 3 outlines the steps we used to develop our pictorial conceptual models (adapted from DEHP 2012, p. 32). In ecosystem science, pictorial conceptual models are typically first developed by articulating their intended purpose to develop and identify a
clear set of outputs and outcomes (DEHP 2012). In our project, we adapted these processes to inform our development of a pictorial conceptual model illustrating the experiences of Indigenous Australians since colonisation. We developed the models from the literature in an effort to convey the impact of the past and its cumulative effect on Indigenous peoples today.

The Health and Wellbeing Node team developed four pictorial conceptual models during the literature review project. We developed the models collaboratively through email conversations and face-to-face meetings. At each stage of the process, Health and Wellbeing Node members reflected on the models’ content, relevance and accuracy. The members questioned, adjusted, analysed and reflected on the development of the models through the information synthesis process (Bruce, Flynn & Stagg-Petersen 2011; DEHP 2012). Figures 4 and 5 show some of this work.

![Figure 4](image)

*Figure 4 One of the draft pictorial conceptual models arising from the literature and discussion*
Collaborating on the literature review

Our final literature review emerged through a process of team collaboration and vigorous conversation. At the same time, our Health and Wellbeing Node grew as a team through the cyclical nature of our Action Research. Our work practices encouraged collaboration, communication, participation, critiquing and accountability. We continued our dialogue through telephone meetings and ongoing exchanges to continue the work at hand. Communication enabled us to keep the Action Research work happening (Wadsworth 1993).
Tay and Hase (2010) argue that researchers should not be frightened of the conflict and ambiguity that can occur during Action Research; instead, researchers should recognise the opportunity for learning within these situations. It is often within states of instability that questions lead to deeper learning (Tay & Hase 2010). We were conscious of this through our literature review project: our Action Research processes helped us to move through times when we were unsure about the outcomes and our work practices. Through the uncertainty and questioning, we emerged as stronger researchers and a cohesive team. Figures 6 and 7 show some of the NIRAKN Health and Wellbeing Node members collaborating on the literature review project.

![Figure 6 Some of the NIRAKN Health and Wellbeing Node members working on the literature review: yarning, reviewing sections of the document, collaborating, participating, critiquing and reaching agreement](image-url)
Figure 7 Professors Dawn Bessarab and Kathleen Clapham reviewing the work at hand, sharing thoughts and ideas on the collective document

Project/collaborative team outcomes

At the end of the literature review project, the Health and Wellbeing Node members all reflected on our outcomes and processes. Members reported that they experienced increased research capacity, stretched thinking, increased team participation skills and transformational thinking. They also cultivated an ability to ‘see’ the development processes required for creating pictorial conceptual models. A common theme from Health and Wellbeing Node members was their experience of deep learning.

Our literature review is in the final stage of review before being prepared for publication. Through the project, our Health and Wellbeing Node members have developed as a collective. Working within the cultural safety of Indigenous processes and protocols, members developed greater unity and respect as the project advanced. We see the development of the NIRAKN Health and Wellbeing Node as a journey, rather than a destination. We will
continue to develop our skills in forming a cohesive team, informed by Indigenous processes and Action Research practices. The literature review project provided us with a concrete outcome and an opportunity to develop our work capacity.

Figure 8 NIRAKN Health and Wellbeing Node Members Mick Adams, Dawn Bessarb, Bronwyn Fredericks, Kathleen Clapham (Back), Len Collard, Debbie Duthie, Claire Anderson (Front)

Conclusion

The NIRAKN Health and Wellbeing Node members used an Action Research approach informed by Indigenous process to develop our research capacity and work towards the concrete outcome of a literature review. Our project helped to build the capacity of our individual researchers and our Health and Wellbeing Node team. We learned to work together in a positive way, using Action Research processes that were underpinned by Indigenous processes and protocols. Our Action Research approach led us to use pictorial conceptual models to understand
our work and place it within its historical context. Pictorial conceptual models gave us a cycle of collaboration, expert input and synthesis of information in a way that demonstrated capacity building in action. For the members of the NIRAKN Health and Wellbeing Node, the literature review project provided a new learning experience that involved cycles of questioning, planning, implementing, adjusting, reflecting, analysing and synthesising information in a new form of expression and communication. The content and direction of the literature review was developed through collaborative relationships that expressed Indigenous perspectives. In addition, the Health and Wellbeing Node members were involved in the process of learning how to work together and how to use pictorial conceptual models to support our research development. Action Research practices, underpinned by Indigenous processes, provide a useful platform for developing collaborative working relationships and reflecting on the learning opportunities that emerge from intense discussion and debate.

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References


