



The South Australian
**Aboriginal Health
Research Accord
2026-2036**

Aboriginal Research the Right Way

Acknowledgement of Country

We acknowledge the Traditional Custodians of Country throughout South Australia, who never ceded sovereignty to their lands. We recognise and respect their continuing connection to land, sea and Community and acknowledge the cultural authority of Aboriginal and Torres Strait Islander people.

Recognising All Contributors

We extend our thanks and appreciation to the diverse range of people and organisations involved in the refresh of the South Australia Aboriginal Health Research Accord to take us through the next decade. This includes Elders, community members, researchers, research coordination staff, staff of Aboriginal Community Controlled Organisations, non-government and government health services, and staff from partner organisations who informed the development of the principles and the supporting resources. Many thanks!

Cultural Sensitivity Statement

This document includes names and photographs of Aboriginal and Torres Strait Islander people.

Terminology

Terminology in this document is used in accordance with the South Australian Aboriginal and Torres Strait Islander protocol guidance and reflects context specific usage (The SAHMRI Indigenous Collective, 2017).

- **Aboriginal** is used when referring to communities and contexts specific to South Australia. This reflects that the First Peoples of South Australia are Aboriginal and aligns with preferred usage within South Australian community contexts.
- **Aboriginal and Torres Strait Islander** is used when referring to individuals or populations in South Australia where this may include both Aboriginal and Torres Strait Islander people.
- **Indigenous** is used when referring to current national and international movements specifically, Indigenous knowledge systems, Indigenous methodologies, Indigenous Data Sovereignty, and Indigenous Cultural and Intellectual Property.

Copyright and Stewardship

This document is hosted by SAHMRI's Wardliparingga Aboriginal Health Equity Theme as a steward on behalf of the signatories. The content reflects a collaborative work developed in conjunction with Aboriginal Community, Leaders and partner organisations. This document builds on the work of the 2014 South Australian Aboriginal Health Research Accord and establishes the foundation for the next decade. Artwork and designs used throughout this document are subject to separate licensing arrangements and remain the property of the artist unless otherwise stated.

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The South Australian Aboriginal Health Research Accord (the Accord)

- Is an agreement on a set of evidence-based, Aboriginal Community-informed and supported principles that should routinely underpin all Aboriginal health research in South Australia.
- Is an independent, statewide resource that is co-owned by all signatories.
- Includes principles that guide research conduct by addressing cultural respect and responsiveness, research value, required processes, and translate to health benefits for Aboriginal and Torres Strait Islander people.

The Accord's value proposition to the State and to the signatories

- Community-informed and supported.
- Grounded in contemporary national and international evidence.
- An extension of the 2014 – 2025 South Australia Aboriginal Health Research Accord, supporting a future decade of research and beyond.
- Complementary to national research guidance documents.
- Represents a commitment by leading research and health entities across South Australia.

The importance of the Accord for researchers and organisations in South Australia

- Represents a responsibility and a requirement for all researchers to address all Accord principles when doing research with Aboriginal and Torres Strait Islander people and/or their data.
- An expectation that organisations embed the Accord principles into their research ecosystem and processes, so they become standard practice across South Australia.

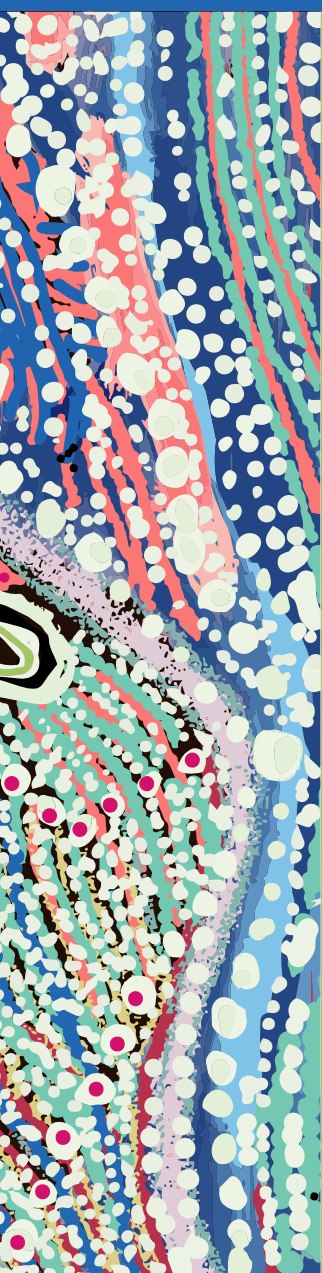
2026 Signatories



Building Strong Foundations for Future Generations

Created by Kurna, Kokatha and Narungga Artist Steven Warrior in partnership with Eastern Arrernte Artist Pat Caruso





This artwork represents the living heartbeat of Aboriginal-led health research across South Australia, a collective movement grounded in culture, Community, truth, and shared responsibility for future generations, situated on Kurna Yerta (Kurna Country) while honouring the diverse Aboriginal Nations and Traditional Custodians whose knowledge, leadership and lived experiences continue to shape Aboriginal health research across the State.

At the centre of the artwork sits a powerful gathering piece, symbolising Aboriginal Community authority, leadership, and connection. The concentric circles reflect generations of knowledge, lived experience, and cultural wisdom that continue to guide the direction of Aboriginal health research. The 10 white solid rings embracing the meeting place represent the 10 principles to come out of the stakeholder engagement. This centre is not symbolic of a single organisation or institution, but of Community itself, the rightful place where priorities are determined, voices are heard, and decisions begin.

Radiating outward from the centre are pathways and connected nodes, representing the many organisations, researchers, health systems, and Communities walking together in partnership. Each pathway signifies collaboration, co-design, and shared stewardship, reflecting the commitment of signatories to reshape systems and conduct research in ways that are culturally safe, accountable, and Community driven.

The flowing movement throughout the artwork evokes waterways, songlines, and knowledge systems, illustrating that Aboriginal knowledge is living, connected, and continuously carried across generations. The intricate dot work reflects the diversity of Communities, experiences, and stories across South Australia, while also symbolising data, communication, and the exchange of knowledge grounded in respect and reciprocity.

The branching forms extending from the central gathering place represent growth,

leadership, and intergenerational impact. They symbolise the investment in Aboriginal researchers, future leaders, and Community capability, acknowledging that the work undertaken today creates pathways for the next 10 generations.

The use of blue tones throughout the artwork reflects healing, water, and life, while the layered earth colours ground the work in Country, culture, and continuity. Contrasting vibrant pathways signify innovation, transformation, and the strength of Aboriginal people driving systems reform across sectors and across the State.

The artwork acknowledges the enduring health knowledge embedded in Kurna cultural practices, including the use of native plants such as Karra (River Red Gum), Emu Bush, Native Mint and Tea-Tree. These healing traditions reflect generations of evidence gathered through observation, practice and connection to Country, underscoring that Aboriginal knowledge systems have long informed approaches to health and wellbeing. The inclusion of these medicinal plants symbolises the relationship among cultural knowledge, healing and contemporary Aboriginal-led research.

Embedded within the artwork is the understanding that research must privilege Indigenous knowledges, uphold Indigenous Cultural and Intellectual Property (ICIP), and honour Indigenous Data Sovereignty. The visual connections illustrate that research is not isolated work; it is relational, accountable, and tied to Community outcomes and wellbeing.

This artwork honours more than ten years of work and leadership that shaped the original Accord, while looking forward toward a future where Aboriginal Communities continue to lead research priorities, influence policy and practice, and create meaningful health outcomes for Aboriginal people across South Australia.

It is a visual declaration of unity, responsibility, and hope, a commitment to doing Aboriginal health research the right way.

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Message from the Accord Aboriginal Leadership Group

'Working Together for Intergenerational Research Impact'



The Aboriginal Leadership Group presents to the state, the South Australian Aboriginal Health Research Accord 2026-2036: the 2nd Decade.

We are Aboriginal people, leaders in health research or health care; grounded in our lived experience, our Cultural authority and our enduring connections to family, Community and Country. Our leadership is collective, informed not only by our professional roles, but by our responsibilities to those who came before us and those who will follow.

The 2026 refresh of the Accord builds on the strong foundations of the inaugural South Australian Aboriginal Health Research Accord (2014-2025) that has been instrumental in changing the way research is done with Aboriginal communities in South Australia. It centres Aboriginal leadership, voice and decision-making in all aspects of research. The principles are grounded in Aboriginal ways of knowing, being and doing, and



Pictured L-R: Kelli Owen, Nikki Clinch and Tamara Mackean
Not Pictured: Michael Larkin

represent a living expression of self-determination. We acknowledge the vision of the leadership team of the original Accord (2014-2025), Professor Alex Brown, Associate Professor Kim Morey and Ms Christine Franks.

Importantly, this work recognises that meaningful change creates a ripple effect. When research is led by Aboriginal people, shaped by Community priorities and guided by cultural authority, its impact extends beyond individual projects. It strengthens trust, builds capability, reshapes systems and influences policy and practice. These ripples carry forward – supporting healthier Aboriginal communities.

Over the next decade and beyond, the implementation of the Accord principles must drive cross-sector systemic change and high-quality research while complementing national research guidance and local Community research protocols and processes. The overt support and commitment of the Accord signatories and other dedicated partners will enable the much-needed statewide system improvements.

We acknowledge the leadership of our co-chairs Associate Professor Kim Morey and Professor Odette Pearson of the Wardliparingga Aboriginal Health Equity Theme at the South Australian Health and Medical Research Institute (SAHMRI), whose commitment has guided and stewarded the Accord refresh.

This work has been completed on the lands of Kurna people, the Traditional Custodians of Adelaide and the Adelaide Plains, and we acknowledge the statewide application and recognise the many Traditional Custodians of Country across South Australia.

Together we have worked to refresh the Accord principles and supporting documents with the aim of guiding improvements in the way research is done with Aboriginal communities in South Australia. As we move into this next decade, we look forward to continuing this work, walking alongside one another, honouring our commitments and growing the ripple effect so that research not only reflects Aboriginal priorities,

but actively contributes to a stronger, healthier and self-determined future for Aboriginal communities across South Australia.

The South Australian Aboriginal Accord Refresh Leadership Group:

- Tinarra Ataata (Saunders) (Wirangu, Kokatha), *South Australian West Coast ACCHO Network*
- Nikki Clinch (Badimia Yamatji), *South Australian Aboriginal Community Controlled Organisation Network*
- Professor James Charles (Kurna), *Adelaide University*
- Karen Glover (Meintnk, Wotjobaluk), *Aboriginal Communities and Families Research Alliance, South Australian Health and Medical Research Institute*
- Michael Larkin (Kokatha), *Adelaide University*
- Professor Tamara Mackean (Waljen), *Office of the Deputy Vice Chancellor (Research), Flinders University*
- Associate Professor Kim Morey (Anmatyerre, Eastern Arrernte) (Co-Chair), *Wardliparingga, South Australian Health and Medical Research Institute & College of Health, School of Public Health, Adelaide University*
- Dr Arwen Nikolof (Narungga, Kurna), *South Australian Health and Medical Research Institute*
- Kelli Owen (Kurna, Nharungga, Ngarrindjeri), *The Australia and New Zealand Dialysis and Transplant Registry, South Australian Health and Medical Research Institute & Victoria University*
- Professor Odette Pearson (Kuku Yalanji, Torres Strait Islander) (Co-Chair), *Wardliparingga, South Australian Health and Medical Research Institute & College of Health, School of Public Health, Adelaide University*
- Kerry Rogers (Anmatyerre, Arrernte), *Aboriginal Health Council of South Australia*
- Cheyne Sullivan (Barkindji), *SA Health*

List of Acronyms

ACRONYM	MEANING
ABFABB	Aboriginal Families and Baby Bundles
ACCHO	Aboriginal Community Controlled Health Organisation
ACCO	Aboriginal Community Controlled Organisation
AHCSA	Aboriginal Health Council of South Australia
ACRA	Aboriginal Communities and Families Research Alliance
AHREC	Aboriginal Health Research Ethics Committee
AIATIS	Australian Institute of Aboriginal and Torres Strait Islander
AKction	Aboriginal Kidney Care Together - Improving Outcomes Now
ANZDATA	Australia and New Zealand Dialysis and Transplant Registry
ARIIA	Aged Care Research and Industry Innovation Australia
A2RT	AKction Reference Team
BEBOLD	Better Evidence Better Outcomes Linked Dataset
CALHN	Central Adelaide Local Health Network
CCSA	Cancer Council South Australia
CEIH	Commission on Excellence and Innovation in Health
COMPASS	Connecting Our Mob: Patient navigators As Sustainable Supports
DHW	Department for Health and Wellbeing

ACRONYM	MEANING
DHW HREC	SA Department for Health and Wellbeing Human Research Ethics Committee
HDR	Higher Degree Research
HTSA	Health Translation SA
ICIP	Indigenous Cultural and Intellectual Property
IDS	Indigenous Data Sovereignty
MRFF	Medical Research Future Fund
NHMRC	National Health and Medical Research Council
NT	Northern Territory
PHN	Adelaide Primary Health Network
RMCLHN	Riverland Murray Coorong Local Health Network
SA	South Australia
SAACCON	South Australian Aboriginal Community Controlled Organisation Network
SAHRDA	South Australian Health Research Directors Alliance
SAHMRI	South Australian Health and Medical Research Institute
SALHN	Southern Adelaide Local Health Network
SAWCAN	South Australian West Coast ACCHO Network
THRF	The Hospital Research Foundation
WCHN	Women's and Children's Health Network



The Accord Journey

An Aboriginal Health Research Accord for South Australia

Health and Medical Research has cured and prevented diseases, developed lifesaving and enhancing treatments and technologies and improved the overall quality of life and wellbeing of populations (Australian Government Department of Health, Disability and Ageing, n.d.b). However, there has been and remains an inequity in who benefits from research (Bainbridge et al., 2015). For this reason, global Indigenous populations are yet to realise the full potential of health and medical research (Australian Government Department of Health, Disability and Ageing, n.d.a; AIATSIS, 2020).

In the Australian context, Aboriginal and Torres Strait Islander health research has predominantly been driven by researcher interest and curiosity (AIATSIS, 2020; NHMRC, 2018). The Aboriginal and Torres Strait Islander population have historically been treated as objects of research, exposed to unethical processes and practices that have resulted in harmful outcomes and often of no benefit (NHMRC, 2018).

South Australia comprises diverse Aboriginal language groups (South Australian History Hub, n.d.). In South Australia, there are over 43,000 people who identify as Aboriginal and several thousand who identify as Torres Strait Islander (ABS, 2022). The Aboriginal Community have consistently and clearly expressed over many decades that, for research to improve health and

wellbeing outcomes, it must be based on their priorities, be done with them, as opposed to on them, respect and uphold Aboriginal culture and knowledge systems, and build leadership and capability of the Aboriginal research workforce (AIATSIS, 2020; NHMRC, 2018). Following a call from Aboriginal leaders and Community members for reform in the way Aboriginal health research was conducted in South Australia, an Accord was developed, by the then newly established South Australian Health and Medical Research Institute, in 2014 (Morey et al., 2023).

The purpose of the South Australian Aboriginal Health Research Accord is to provide evidence-based and Community-informed guidance for health and medical researchers across South Australia who are conducting research with Aboriginal and Torres Strait Islander people (Morey et al., 2023). It is an agreement on foundational principles of research with Aboriginal and Torres Strait Islander people in South Australia. The principles complement international and national human health and medical research ethical guidelines and organisational and Community guidance on research. These include, those developed by the National Health and Medical Research Council (2018) and Australian Institute of Aboriginal and Torres Strait Islander Studies (2020). The Accord is now in the second decade of its journey (Figure 1).



Figure 1: Major Milestones for Implementation of the Accord

Who is the Accord for:

- Researchers
- Organisational research partners
- Academic and research institutions
- Human research ethics committees
- Funding bodies
- Aboriginal communities and organisations to use as guidance to develop research proposals and assess research proposals
- Scientific journals, including peer reviewers.

The South Australian Aboriginal Health Research Accord: the 1st Decade (2014-2025)

During 2013 and 2014, the inaugural South Australian Aboriginal Health Research Accord (Morey, 2014), was developed following a series of Community and stakeholder workshops, wide stakeholder consultation and international evidence review (Figure 2). The process was led by visionary Community and research leaders who recognised it was vital to change the way research was being undertaken across the state. On the 2nd September 2014, the Accord was signed by the Aboriginal Health Council of South Australia (AHCSA), the Council of Aboriginal Elders South Australia, Flinders University, the then University South Australia and University of Adelaide and SAHMRI. This was the first time Community driven principles had been developed in Australia to be used at a state level.

The first decade of the South Australian Aboriginal Health Research Accord (2014 – 2025) saw:

- the development of research priorities by the Aboriginal Community Controlled Health Organisation sector (King & Brown, 2015)

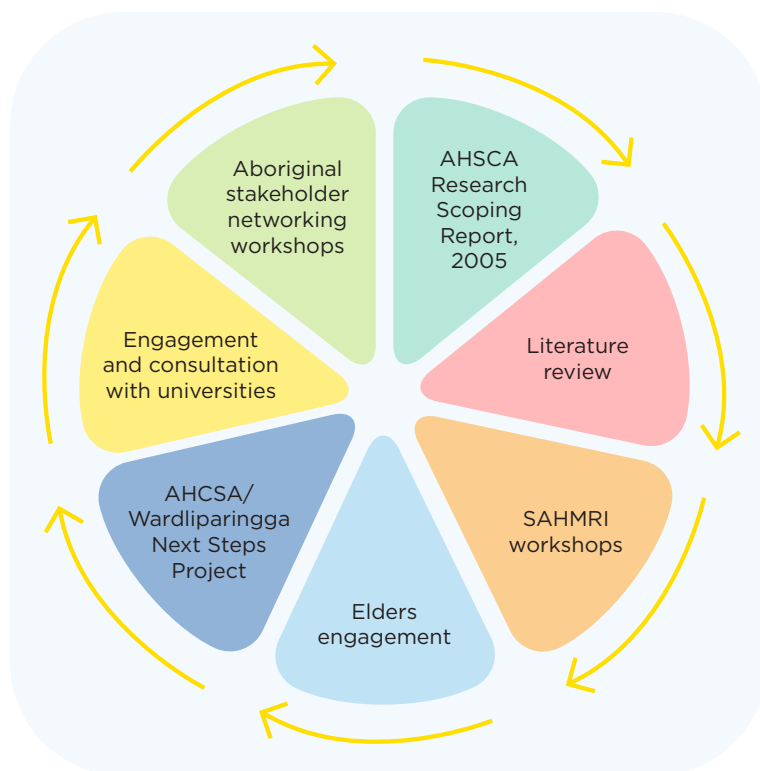


Figure 2: The Accord Development Process, 2013-14

- Statewide Aboriginal health policies developed as a result of the outcomes of Aboriginal-led research
- an increase in the number of Aboriginal lead research projects and researchers
- the emergence of new Aboriginal-led research groups and greater Aboriginal-led research
- an increase in Aboriginal Community Controlled Organisation partners in research and government partners in Aboriginal research.

During this period the Accord principles were used by research teams, researchers, students and the South Australian Aboriginal Health Research Ethics Committee (AHREC) to guide the development, ethical review and delivery of research. Twelve case studies in this document describe the application of the Accord over the past 10 years.

Image 1: Accord Signatories, 2014



Time for an Accord Refresh

In 2025, Aboriginal research leaders at SAHMRI and the SAHMRI Board determined that it was timely to support a 'refresh' of the 2014 Accord as a result of evaluation findings and organisational landscape changes.

Key findings from the evaluation include:

- The Accord has had an impact, successfully changing the way research has been undertaken in South Australia with Aboriginal people, but it could have a much greater reach if the Accord principles were embedded in statewide systems and organisations and not reliant on individual champions.
- There is a need for guidance on the implementation of the Accord principles.

Over the past decade the research landscape has seen significant changes in:

- the Australian health and medical research ethical guidance, particularly with respect to Aboriginal and Torres Strait Islander research,
- Indigenous Data Sovereignty and Indigenous Cultural and Intellectual Property rights and processes,
- Advances in data linkage, artificial intelligence, genomics and precision medicine research,
- the health and research organisational landscape in South Australia,
- and it was timely for organisations to recommit or commit for the first time to supporting and implementing the principles in an ongoing manner over the next 10 years.

These findings have directly informed the design and content of the refreshed document.

The Refresh Process

The refresh process (Figure 3) operated over a 10-month period and was led by a statewide Aboriginal Leadership Group, with SAHMRI co-chairs facilitating the process. The Leadership Group comprised Aboriginal leaders in research and health organisations across South Australia. Members were intentionally identified through their organisational roles, expertise and lived experience as Aboriginal people. They brought strong organisational leadership with the ability to influence, navigate, and embed changes within their respective institutions, while maintaining accountability and responsibility to the communities they represent.

Outcomes from each part of the process have informed the final version of the 2026 Accord.

The South Australian Aboriginal Health Research Accord: the 2nd Decade (2026-2036)

The refreshed Accord is a set of 10 principles. It works in tandem with local Community guidelines and protocols from communities across South Australia. Each Accord principle is coupled with a short descriptive statement followed by sections on why the principle is important, what has changed since 2014, suggestions on how to put the principle into practice and recommended readings. Throughout the document, the Accord case studies from 2014-2025 demonstrate how the principles have been operationalised in diverse settings.

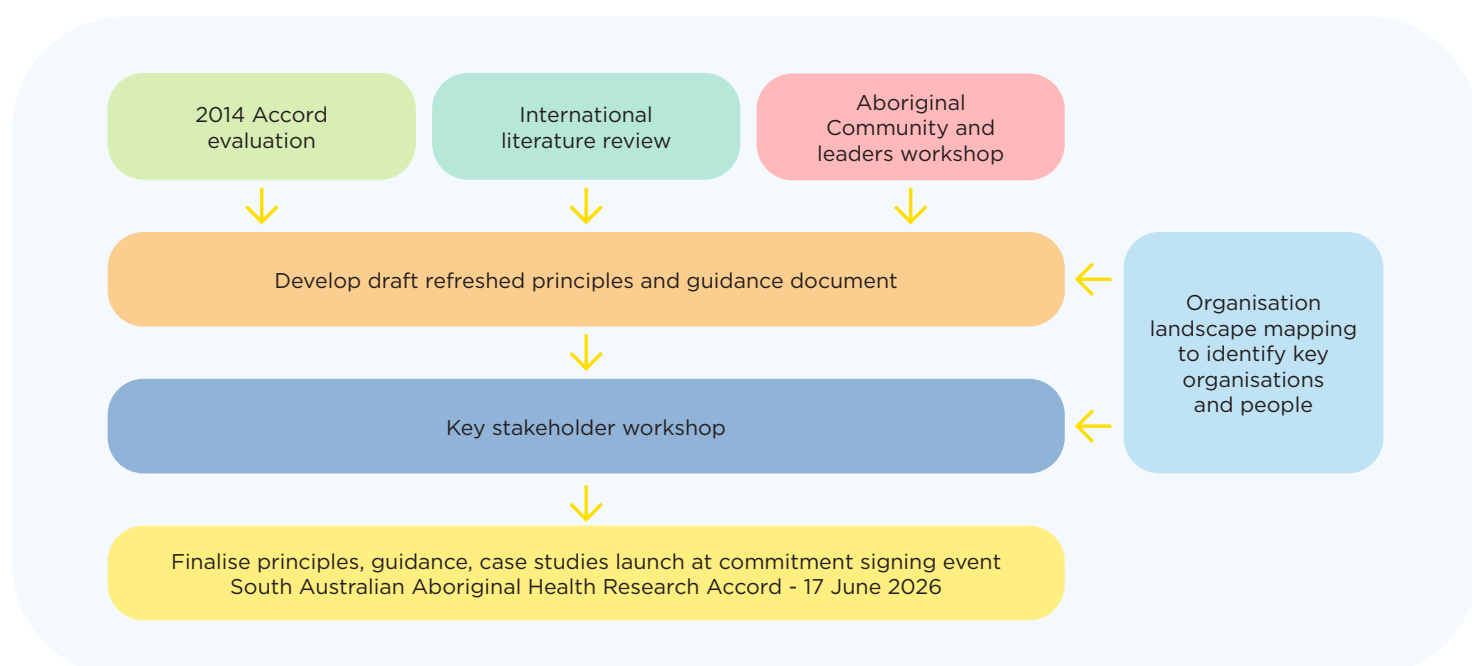


Figure 3: The Accord Refresh Process, 2026

The South Australian Aboriginal Health Research Accord Principles (2026-2036)

The ten Accord Principles are of equal importance and must be understood and applied as an interconnected framework. No single principle stands above another; rather, each reinforces and depends on the others.

1

Aboriginal Priorities

Research is based on priorities defined by Aboriginal people, communities and organisations.

2

Aboriginal Leadership and Involvement

Aboriginal people, communities and organisations govern and lead research. Aboriginal people are involved in all stages of the research process, including relationship building and engagement, conceptualisation, study design, implementation, interpretation, translation and evaluation.

3

Equitable Partnerships

Recognise and mitigate inherent power imbalances to achieve equitable partnerships and establish respectful relationships, mutual trust, and the ability to work competently across cultures.

4

Privileging Indigenous Knowledges

Respect and prioritise Indigenous knowledge, knowledge systems and the ownership and custodianship of that knowledge in research. Indigenous research methodologies are Indigenous led and non-Indigenous methods and methodological paradigms are sought to be decolonised.

5

Communication

Culturally and Community relevant communication is open, appropriately positioned, and respectful across the research process, alongside ongoing, transparent, two-way communication that incorporates a willingness to engage, listen, and learn.



6

Reciprocal Benefit

Research is a fair exchange to prevent benefits disproportionately favouring researchers and institutions. Aboriginal people, communities and organisations gain tangible benefits from research, including for their contributions, time and data.

7

Indigenous Cultural and Intellectual Property (ICIP)

Institutions and individuals respect and uphold the right of Aboriginal and Torres Strait Islander people and communities to maintain, control, protect and develop their knowledge systems and cultural expressions (cultural heritage) in Accordance with Article 31 of the United Nations Declaration on the Rights of Indigenous Peoples. Institutions must not claim rights over Indigenous Cultural and Intellectual Property.

8

Indigenous Data Sovereignty

Aboriginal and Torres Strait Islander people have the right to own, control, govern and make decisions about data relating to them, their communities, culture and Country. Be informed by the Aboriginal Community and individuals, at the outset of the research, about what is required to enable Indigenous Data Sovereignty, including the institutions' role in data stewardship, and act to achieve this.

9

Knowledge Translation

Research findings are translated into processes, practices and policies that lead to positive, sustainable, structural change that benefits the Aboriginal Community. Knowledge translation is considered throughout the research process and actively informed by Community and end-users.

10

Invest in Aboriginal Researchers

Prioritise investment in developing Aboriginal and Torres Strait Islander research leaders and culturally safe strategies that grow and retain the workforce. Articulate the roles, responsibilities and ways of working of non-Indigenous people in Aboriginal research.



Principle 1 Aboriginal Priorities

Research is based on priorities by Aboriginal people, communities and organisations.

Why is this principle important?

- Aboriginal people, communities and organisations are best placed to identify priorities that reflect their needs, strengths, and aspirations within their contexts.
- Aboriginal and Torres Strait Islander people have the right to self-determination and to make and influence decisions that affect them, including decisions about research priorities, accountability, and outcomes.
- Community priorities increase the likelihood that findings will lead to meaningful policy and practice change.
- Trust is established and strengthened when communities are not only consulted but meaningfully involved in shaping the research from the outset.
- Research that does not reflect Community realities or needs, can waste time, effort, and resources.
- The risks of deficit-based approaches, inappropriate focus areas, and mistrust caused by externally driven research agendas, are reduced.
- Research that is not grounded in Community priorities risks being irrelevant, underutilised, or not translated into practice.

What has changed since 2014?

The original 'Priority' principle emphasised that research priorities should arise from and be endorsed by Aboriginal communities. However, this still allowed space for researchers to define priorities first and then seek endorsement. The refreshed principle strengthens this position by stating that research is based on priorities defined by Aboriginal people, communities and organisations. This change recognises that endorsement alone is not enough and that genuine self-determination means communities identifying and actively shaping research priorities, not just approving them.

How to put this principle into practice:

- Engage with individuals, Community groups, and organisations to understand their research priorities.
- Recognise that Aboriginal families, communities and organisations are diverse and know the contexts in which they live and operate.
- Be approachable and accessible to communities and organisations so they can collaborate on their research priority. This may require working in Community spaces and taking time to get to know the Community.
- Review existing documents that identify Community-informed priorities (e.g. Community-informed plans, reports, national health strategies) and use past research to avoid duplication, resource waste and unnecessary burden.
- Use available evidence (e.g. health status reports) to support, not define, priorities in partnership with communities and organisations.
- Seek out Aboriginal-led spaces, organisations, and networks to understand established priorities.
- Be responsive and flexible to changing Community priorities and be prepared to advocate within funding and institutional systems when priorities shift.
- Institutions, organisations and the workforce have research approaches that are culturally safe and appropriate for Aboriginal participation in research.
- Plan for ongoing and sustainable research engagement and recognise that continuity is important to communities.
- Be accountable to Community for priority driven research, including creating opportunities for Community members to monitor research progress and outcomes.
- Funding bodies and ethics committees should ensure that research proposals demonstrate how Aboriginal Community priorities have shaped the project design, aims, methods, and expected outcomes.



Recommended Reading:

Collis, F., Booth, K., Bryant, J., & Kennedy, M. (2025). Beyond ethical guidelines: upholding Aboriginal and Torres Strait Islander ethical governance in health and medical research. A scoping review. *Medical Journal of Australia*, 222, S42-S48. <https://doi.org/10.5694/mja2.52564>

Harfield, S., Pearson, O., Morey, K., Kite, E., Glover, K., Canuto, K., Streak Gomersall, J., Carter, D., Davy, C., Aromataris, E., & Braunack-Mayer, A. (2018). The Aboriginal and Torres Strait Islander quality appraisal tool: Companion document. South Australian Health and Medical Research Institute.

Kennedy, M., & Bryant, J. (2024). Ethics in Aboriginal and Torres Strait Islander health research [Discussion paper]. Lowitja Institute. https://www.lowitja.org.au/wp-content/uploads/2024/06/Lowitja-Discussion-Paper_Ethics-in-Aboriginal-and-Torres-Strait-Islander-Health-Research_2024_Final-1-1.pdf

Laycock, A., Walker, D., Harrison, N., & Brands, J. (2011). *Researching Indigenous Health: a practical guide for researchers*. The Lowitja Institute. https://www.lowitja.org.au/content/Document/Lowitja-Publishing/Researchers-Guide_O.pdf

Morey, K., Franks, C., Pearson, O., Glover, K., & Brown, A. (2023). Research According to whom? Developing a South Australian Aboriginal and Torres Strait Islander Health Research Accord. *First Nations Health and Wellbeing - The Lowitja Journal*, 1, 100003. <https://doi.org/10.1016/j.fnhli.2023.100003>

Principle 2

Aboriginal Leadership and Involvement

Aboriginal people, communities and organisations govern and lead research. Aboriginal people are involved in all stages of the research process, including relationship building and engagement, conceptualisation, study design, implementation, interpretation, translation and evaluation.

Why is this principle important?

- Research is set up for success when Aboriginal people and organisations are involved from the beginning to the end.
- With Aboriginal leadership, governance and active involvement research reflects Aboriginal ways of 'knowing, being, and doing', rather than imposing external frameworks.
- Increases cultural safety, relevance, and the likelihood that research will be accepted and used by communities.
- Reduces the risk of misinterpretation, inappropriate methods, and findings that lack meaning for Community.
- Shifts power from research being done to or on Aboriginal communities to research with Aboriginal communities.
- Aboriginal people bring essential social, relational, cultural, and historical knowledge that would otherwise be overlooked.
- Without Aboriginal leadership, governance or active involvement research can be based on assumptions that do not reflect lived experience or the local context.

What has changed since 2014?

The original 'Involvement' principle required participation and consultation, including governance structures and agreements. However, involvement could still be interpreted as being limited or advisory. The updated principle strengthens this by requiring Aboriginal leadership and governance across all stages of research. This change reflects a shift away from consultation towards shared decision-making and addresses the risk of tokenistic engagement.

How to put this principle into practice:

- Prioritise the employment and leadership of Aboriginal researchers, staff, and Community members across all stages of the research.
- Ensure individuals, communities and organisations are part of the entire research process, not only in early consultation.
- Partner with Community organisations including Aboriginal Community Controlled Organisations (ACCOs) and Aboriginal Community Controlled Health Organisations (ACCHOs).
- Work with key Aboriginal health and Community leaders to define research questions, design and approaches.
- Establish, support, and maintain Aboriginal governance structures with appropriate authority and resourcing.
- Include Aboriginal people in data collection, analysis, interpretation and dissemination.
- Recognise Aboriginal contributions through authorship, acknowledgement, and other forms of intellectual credit.
- Support pathways for upskilling, training, and professional development of Aboriginal researchers.
- Funding bodies and ethics committees should require clear evidence of Aboriginal leadership, governance, and involvement throughout the full research lifecycle.



Recommended Reading:

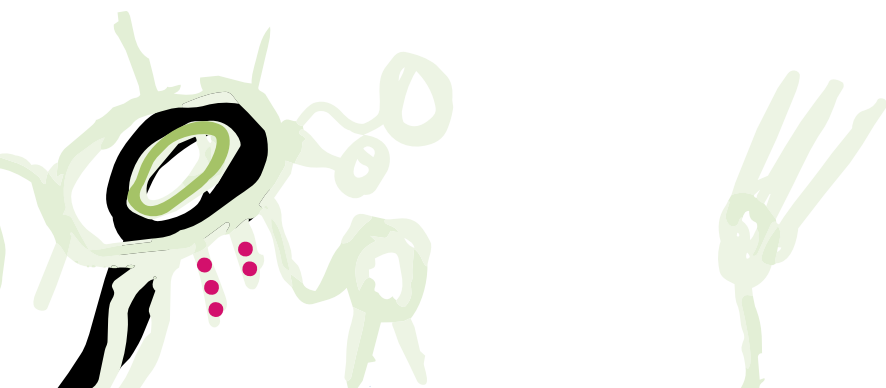
Anderson, K., Gall, A., Butler, T., Ngampromwongse, K., Hector, D., Turnbull, S., ... & Garvey, G. (2022). Development of key principles and best practices for co-design in health with First Nations Australians. *International Journal of Environmental Research and Public Health*, 20(1), 147. <http://dx.doi.org/10.3390/ijerph20010147>

Dudgeon, P., Bray, A., Darlaston-Jones, D., & Walker, R. (2020). Aboriginal participatory action research: an indigenous research methodology strengthening decolonisation and social and emotional wellbeing. Lowitja Institute. <https://doi.org/10.1111/1753-6405.12422>

Kelly, J., Owen, K., Tyrell, K., Clemente, K., Steffens, M., Sinclair, N., ... & AKtion-Aboriginal Kidney Care Together-Improving Outcomes Now project. (2024). Codesigning culturally safe oral health care with First Nations Kidney Warriors experiencing kidney disease in South Australia. *BMC oral health*, 24(1), 864. <https://doi.org/10.1186/s12903-024-04617-8>

Saunders, P., Dudgeon, P., Kennedy, M., Kong, K.M., Hughes, J.T. and Pearson, O. (2025), Indigenous Health Special Issue 2025: carving our path with spirit, strength and solidarity. *Med J Aust*, 223: 28-29. <https://doi.org/10.5694/mja2.52693>

Sharmil, H., Kelly, J., Bowden, M., Galletly, C., Cairney, I., Wilson, C., Hahn, L., Liu, D., Elliot, P., Else, J., Warrior, T., Wanganeen, T., Taylor, R., Wanganeen, F., Madrid, J., Warner, L., Brown, M., & de Crespigny, C. (2021). Participatory action research-Dadirri-Ganma, using yarning: Methodology co-design with Aboriginal community members. *International Journal for Equity in Health*, 20(1), 1-16. <https://doi.org/10.1186/s12939-021-01493-4>





Principle 3 Equitable Partnerships

Recognise and mitigate inherent power imbalances to achieve equitable partnerships, respectful relationships, mutual trust, and the ability to work competently across cultures.

Why is this principle important?

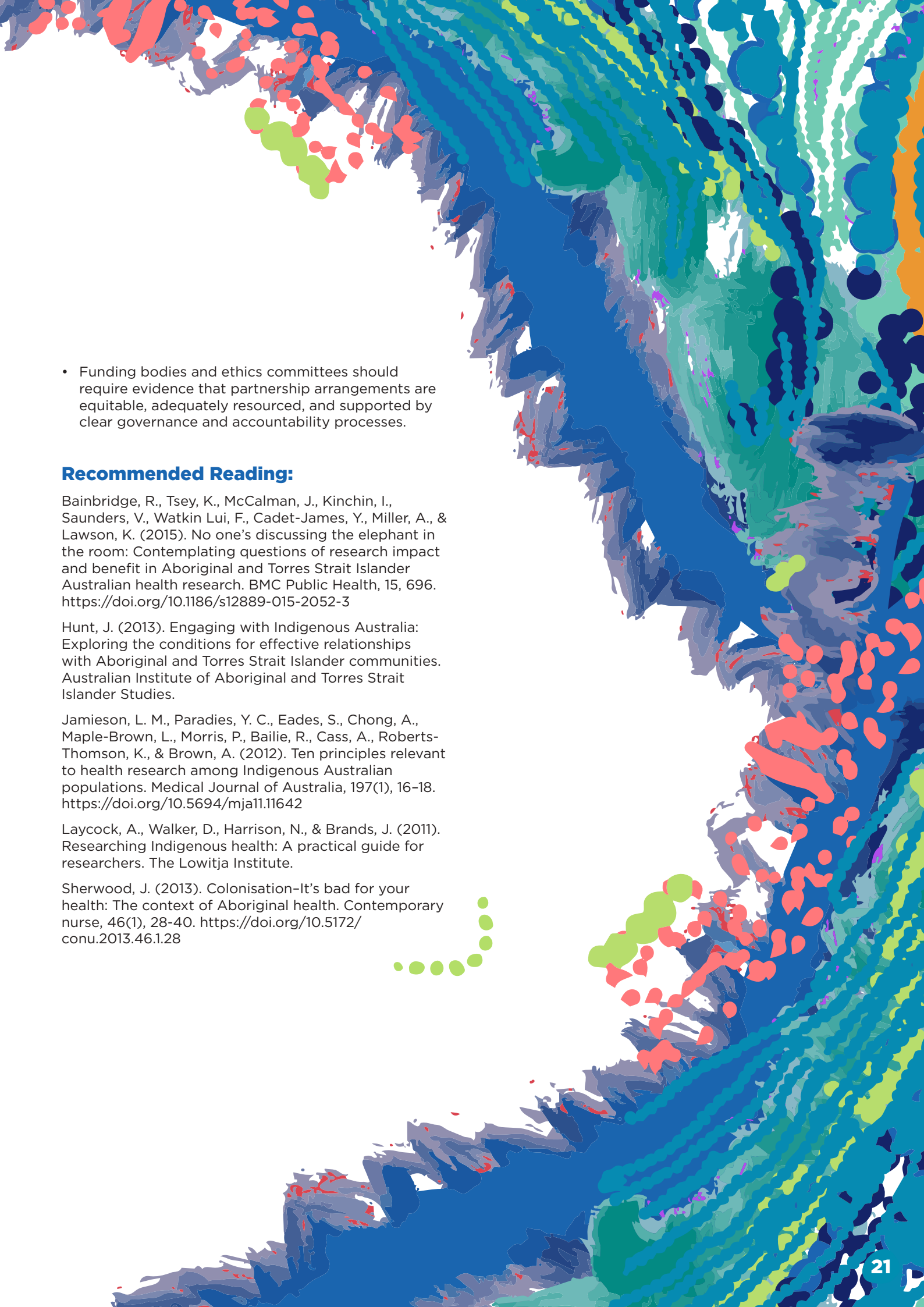
- Fundamental to transformative research.
- Aboriginal communities have genuine influence and not just advisory or one-off roles.
- Builds mutual trust and reduces the risk of disengagement or harm to relationships.
- Recognises Aboriginal knowledges, lived experience, and cultural authority as essential and not supplementary to the work.
- Improves the quality, credibility, impact, and reach of research.
- Supports long-term, sustainable and respectful relationships beyond individual projects.
- Inequitable partnerships can exclude Aboriginal communities from decision-making and reinforce power imbalances in research.
- Unequal relationships can result in tokenistic engagement, where input is sought and credited but not acted on.

What has changed since 2014?

The original 'Partnership' principle acknowledged mutual trust, intercultural partnerships, and Aboriginal leadership in decision-making. The refreshed principle makes power imbalances within partnerships more explicit and positions inequity as something that must be actively recognised and addressed. This shift ensures that partnerships are not only collaborative in principle, but equitable in practice, with clear attention to how power, responsibility, and benefit are distributed throughout the research process.

How to put this principle into practice:

- Support Aboriginal organisations and Community groups to lead research by working in genuine partnership to build capacity and provide the support required to align with their priorities, resources and workloads.
- Establish clear and shared decision-making processes, including how decisions and disagreements will be managed.
- Build formal alliances that actively work together to achieve shared goals.
- Use formal agreements to document roles, responsibilities, expectations, and decision-making authority.
- Let ACCHOs/ACCOs guide how partnerships should work and respect their governance, protocols and ways of working.
- Maintain regular, transparent communication and share information in accessible and timely ways.
- Be accountable to partner organisations and communities through ongoing updates and opportunities to review and influence progress.
- Allocate funding to partner organisations and Community groups and provide fair compensation for all contributions.
- Properly compensate those involved in research, for their time, noting that 'in-kind' contributions are not appropriate, especially when considering power imbalances. This includes recognising that individuals may lose income or place additional burden on their workplace when contributing to research.
- Recognise all contributions of organisations and Community groups in research outputs, including co-authorship and acknowledgements.
- Support two-way learning by valuing and integrating Aboriginal knowledge systems.
- Reflect on and address cultural safety at both an individual and institutional level, including behaviours, environments, and systems that may impact partnerships.
- Allow time for relationship building and genuine partnerships in project timelines and resourcing.
- Plan for ongoing, sustainable relationships beyond individual projects, rather than ending engagement when funding ceases.

- 
- Funding bodies and ethics committees should require evidence that partnership arrangements are equitable, adequately resourced, and supported by clear governance and accountability processes.

Recommended Reading:

Bainbridge, R., Tsey, K., McCalman, J., Kinchin, I., Saunders, V., Watkin Lui, F., Cadet-James, Y., Miller, A., & Lawson, K. (2015). No one's discussing the elephant in the room: Contemplating questions of research impact and benefit in Aboriginal and Torres Strait Islander Australian health research. *BMC Public Health*, 15, 696. <https://doi.org/10.1186/s12889-015-2052-3>

Hunt, J. (2013). Engaging with Indigenous Australia: Exploring the conditions for effective relationships with Aboriginal and Torres Strait Islander communities. *Australian Institute of Aboriginal and Torres Strait Islander Studies*.

Jamieson, L. M., Paradies, Y. C., Eades, S., Chong, A., Maple-Brown, L., Morris, P., Bailie, R., Cass, A., Roberts-Thomson, K., & Brown, A. (2012). Ten principles relevant to health research among Indigenous Australian populations. *Medical Journal of Australia*, 197(1), 16-18. <https://doi.org/10.5694/mja11.11642>

Laycock, A., Walker, D., Harrison, N., & Brands, J. (2011). *Researching Indigenous health: A practical guide for researchers*. The Lowitja Institute.

Sherwood, J. (2013). Colonisation—It's bad for your health: The context of Aboriginal health. *Contemporary nurse*, 46(1), 28-40. <https://doi.org/10.5172/conu.2013.46.1.28>



Principle 4 Privileging Indigenous Knowledges

Respect and prioritise Indigenous knowledge, knowledge systems and the ownership and custodianship of that knowledge in research. Indigenous research methodologies are Indigenous led and non-Indigenous methods and methodological paradigms are sought to be decolonised.

Why is this principle important?

- Aboriginal knowledge systems are essential to understanding Aboriginal ways of 'knowing, being, and doing'.
- Privileges Indigenous knowledges which recognises and respects cultural, relational, place-based, and spiritual dimensions within the research.
- Recognises Aboriginal knowledge as valid and authoritative, with its own protocols, governance, and boundaries.
- Prevents the appropriation, misinterpretation, or decontextualisation of cultural knowledge.
- Strengthens methodological integrity by appropriately integrating Indigenous and non-Indigenous approaches where relevant.
- Aboriginal knowledge can explain dimensions of health, wellbeing, and healing that dominant frameworks miss.
- Research that relies only on non-Indigenous frameworks risks producing incomplete, misleading, or culturally unsafe findings.

What has changed since 2014?

The original 'Respect' principle focused on recognising and protecting Aboriginal knowledge and adapting methods where appropriate. The refreshed principle goes further by requiring active privileging of Indigenous knowledge systems and methodologies. This makes the expectation clearer that Indigenous knowledge is not supplementary to Aboriginal health research, but central.

How to put this principle into practice:

- Use Indigenous research frameworks, methodologies, and methods where available (e.g., yarning, storytelling, narrative approaches) to centre Indigenous perspectives in data collection and interpretation.
- Indigenous methodologies are led by Aboriginal and Torres Strait Islander researchers or governance structures.
- Design research approaches in genuine partnership with Aboriginal communities, recognising and embedding their intellectual contributions from the outset.
- As a means of decolonising, critically reflect on and adapt dominant research methods to ensure they are culturally appropriate and do not override or diminish Indigenous ways of knowing, being, and doing.
- Recognise that Aboriginal knowledge is place-based and context-specific and ensure it is interpreted and applied within the appropriate cultural and Community context.
- Respect cultural authority and knowledge boundaries, including distinctions between public and private knowledge, and seek guidance on what can and cannot be shared.
- Establish ongoing 'check-in' points with communities and knowledge holders to confirm how knowledge is being interpreted, used, and represented.
- Aboriginal and Torres Strait Islander people have control over how their knowledge is accessed, used, stored, and shared, including through appropriate governance and data sovereignty practices and principles.
- Actively prevent the misinterpretation, decontextualisation, or appropriation of Indigenous knowledge.

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- Recognise contributions, including co-authorship, acknowledgement, and other forms of intellectual credit.
 - Funding bodies and ethics committees should require evidence that Indigenous knowledges are being privileged appropriately, with Indigenous-led methodologies, governance, and knowledge protections clearly described.

Recommended Reading:

Drummond, A. (2020). Embodied Indigenous knowledges protecting and privileging Indigenous peoples' ways of knowing, being and doing in undergraduate nursing education. *The Australian journal of indigenous education*, 49(2), 127-134. <https://doi.org/10.1017/jie.2020.16>

Kennedy, M., Maddox, R., Booth, K., Maidment, S., Chamberlain, C., & Bessarab, D. (2022). Decolonising qualitative research with respectful, reciprocal, and responsible research practice: A narrative review of the application of yarning method in qualitative Aboriginal and Torres Strait Islander health research. *International Journal for Equity in Health*, 21(1), 134. <https://doi.org/10.1186/s12939-022-01738-w>

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. <https://doi.org/10.1080/14443050309387838>

Moreton-Robinson, A. (2017). Relationality: A key presupposition of an Indigenous social research paradigm. *Sources and methods in Indigenous studies* (Routledge guides to using historical sources), 69-77.

Rigney, L.-I. (1999). Internationalization of an Indigenous anticolonial cultural critique of research methodologies. *Wicazo Sa Review*, 14(2), 109-121.

Principle 5 Communication

Culturally and Community relevant communication is open, appropriately positioned, and respectful across the research process, alongside ongoing, transparent, two-way communication that incorporates a willingness to engage, listen, and learn.

Why is this principle important?

- Open, respectful, and ongoing two-way communication builds trust and shared understanding.
- Communities understand the purpose, risks, and benefits of research and can influence how it is carried out.
- Active listening and closing feedback loops demonstrate that Community input is valued and acted upon.
- When input cannot be acted upon, explain why in a transparent and respectful way.
- Culturally appropriate communication reduces the risk of harm and misinterpretation.
- Supports two-way learning between researchers and communities.
- Strengthens transparency, accountability, and accessibility of information.
- Poor or one-way communication can lead to misunderstanding, mistrust, and disengagement.

What has changed since 2014?

The original 'Communication' principle highlighted the importance of culturally appropriate communication and allowing time and space for understanding Aboriginal communication styles. The updated version expands on this by emphasising ongoing, two-way, and transparent communication across the full research lifecycle. It also strengthens expectations around feedback, accountability, and clarity.

How to put this principle into practice:

- Develop and implement a communication plan for the project with input and endorsement from Aboriginal governance and leaders to ensure it reflects Community preferences and protocols.
- Engage in ongoing, two-way communication throughout the entire research process, not just at key milestones or reporting points.
- Create clear and accessible project information (e.g. plain language summaries) so communities understand the purpose, processes, risks, and benefits of the research.
- Use a range of communication methods (e.g. face-to-face, yarning, visual, audio, written, digital) to suit different audiences and preferences.
- Avoid jargon, technical language, and acronyms, and ensure communication is culturally appropriate and easy to understand.
- Actively listen to Community input and feedback, and demonstrate how it has informed decisions, research design, and implementation.
- Close feedback loops by reporting back on what was heard, what has changed as a result, and where input could not be incorporated, clearly explaining why.
- Maintain regular contact and be approachable and available to communities throughout the research, rather than relying on one-off engagement.
- Be transparent about project changes, challenges, delays, or limitations, and communicate these openly and respectfully.

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- Provide timely, culturally appropriate updates and final outputs to communities, including outcomes and impacts of the research.
 - Communication processes support accountability to communities, not just funders or institutions.
 - Funding bodies and ethics committees should expect clear communication plans that demonstrate how information will be shared, feedback will be returned, and Community accessibility will be maintained throughout the research.

Recommended Reading:

Australian Institute of Aboriginal and Torres Strait Islander Studies. (2020). AIATSIS code of ethics for Aboriginal and Torres Strait Islander research. AIATSIS.

D'Antoine, H., Bessarab, D., Lehmann, D., Dowling, C., Bond, C., Eades, A., ... & Abbott, P. (2019). A collaborative yarn on qualitative health research with Aboriginal communities. *Australia Indigenous HealthBulletin*.

Laycock, A., Walker, D., Harrison, N., & Brands, J. (2011). *Researching Indigenous health: A practical guide for researchers*. The Lowitja Institute.

Lowitja Institute. (n.d.). Research & knowledge translation. Lowitja Institute. <https://www.lowitja.org.au/research/>

National Health and Medical Research Council. (2018). *Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and communities: Guidelines for researchers and stakeholders*

Principle 6

Reciprocal Benefit

Research is a fair exchange to prevent benefits disproportionately favouring researchers and institutions. Aboriginal people, communities and organisations gain tangible benefits from research, including for their contributions, time and data.

Why is this principle important?

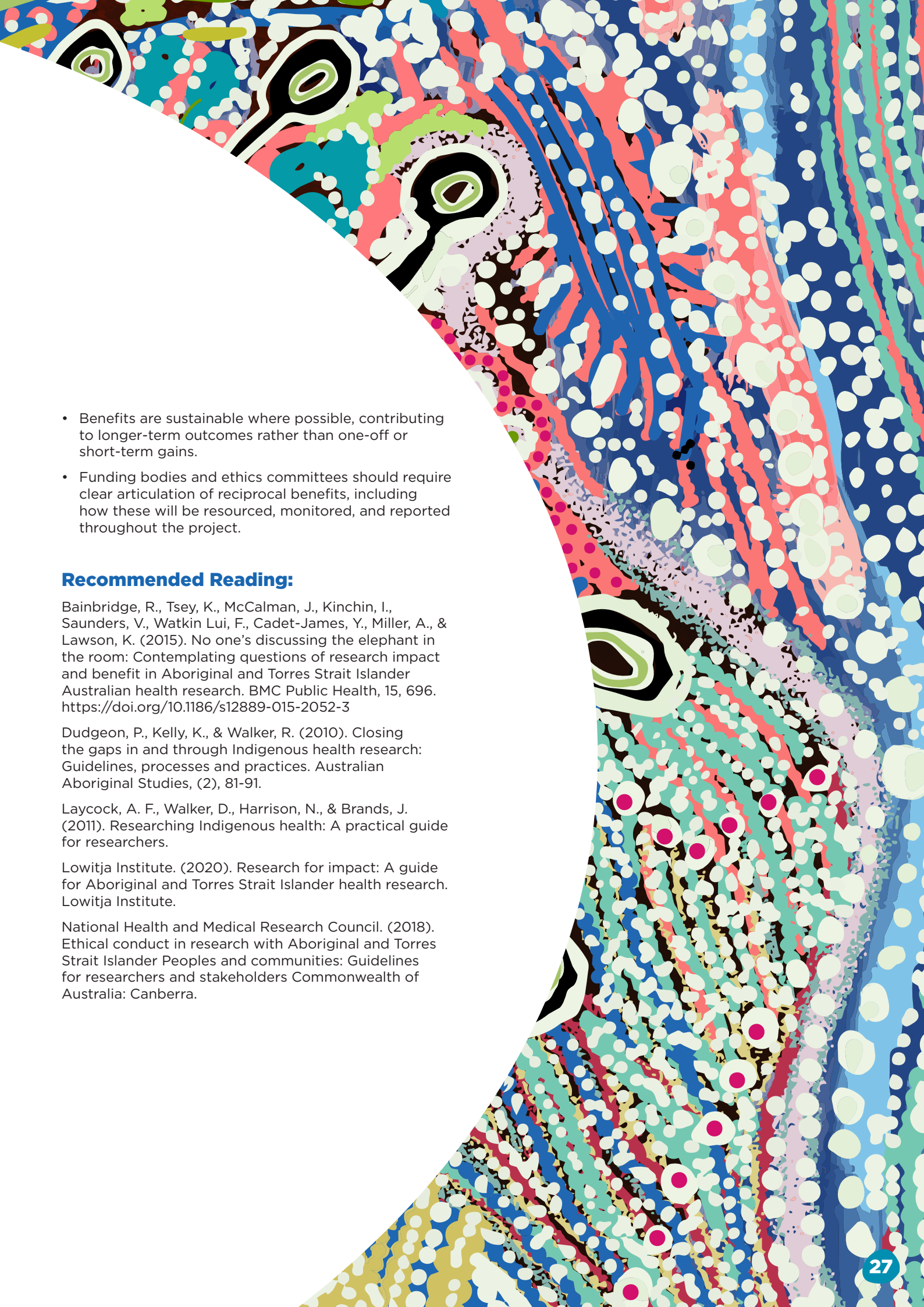
- Research returns value to Aboriginal communities, not just extracts knowledge or benefits the researcher or institution conducting the research.
- Recognises the time, expertise, and lived experience contributed by Community members.
- Acknowledges that researchers and institutions benefit through funding, publications, career progression, two-way learning and professional reputation.
- Research delivers tangible benefits during the research process such as skills, resources, employment, or strengthened capacity for Aboriginal communities.
- Strengthens relationships and willingness to participate in future research.
- Improves fairness, accountability, and ethical integrity.
- Aligns research with Community-defined value and benefit.
- Without intentional reciprocity, benefits can disproportionately favour researchers and institutions.

What has changed since 2014?

The original principle 'Reciprocity' focused primarily on ensuring research delivers tangible benefits to Aboriginal communities as defined by those communities. The refreshed principle expands on this to recognise that multiple parties benefit from research, including researchers and institutions, and therefore requires a more transparent and equitable distribution of those benefits. This refresh also addresses the imbalance where communities may contribute significant time, knowledge, and expertise but may not receive proportional benefit.

How to put this principle into practice:

- Work in genuine partnership with Aboriginal communities and leaders to define what meaningful benefit looks like, ensuring this is Community-determined rather than researcher-defined.
- Identify and agree on reciprocal benefits at the outset of the project, including during grant development and ethics processes, and clearly document these.
- Allocate appropriate resources and budget to deliver agreed benefits, recognising the value of Community knowledge, time, and expertise.
- Provide benefits throughout the research process (e.g. employment, training, skills development, access to data, strengthening local capacity), not only at project completion.
- Recognise and make transparent the benefits gained by researchers and institutions (e.g. funding, publications, career progression) and actively work to balance these with Community benefit.
- Benefits are proportionate to the level of Community contribution, input, and impact.
- Regularly review and report on agreed benefits with Community partners, maintaining accountability for delivering on commitments.
- Respond and adapt if Community-defined benefits change over time and adjust plans and resources accordingly.
- Evaluate and document the actual benefits delivered to communities and share these outcomes in accessible ways.

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- Benefits are sustainable where possible, contributing to longer-term outcomes rather than one-off or short-term gains.
 - Funding bodies and ethics committees should require clear articulation of reciprocal benefits, including how these will be resourced, monitored, and reported throughout the project.

Recommended Reading:

Bainbridge, R., Tsey, K., McCalman, J., Kinchin, I., Saunders, V., Watkin Lui, F., Cadet-James, Y., Miller, A., & Lawson, K. (2015). No one's discussing the elephant in the room: Contemplating questions of research impact and benefit in Aboriginal and Torres Strait Islander Australian health research. *BMC Public Health*, 15, 696. <https://doi.org/10.1186/s12889-015-2052-3>

Dudgeon, P., Kelly, K., & Walker, R. (2010). Closing the gaps in and through Indigenous health research: Guidelines, processes and practices. *Australian Aboriginal Studies*, (2), 81-91.

Laycock, A. F., Walker, D., Harrison, N., & Brands, J. (2011). *Researching Indigenous health: A practical guide for researchers*.

Lowitja Institute. (2020). *Research for impact: A guide for Aboriginal and Torres Strait Islander health research*. Lowitja Institute.

National Health and Medical Research Council. (2018). *Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and communities: Guidelines for researchers and stakeholders*. Commonwealth of Australia: Canberra.

Principle 7

Indigenous Cultural and Intellectual Property (ICIP)

Institutions and individuals respect and uphold the right of Aboriginal and Torres Strait Islander people and communities to maintain, control, protect and develop their knowledge systems and cultural expressions (cultural heritage) in Accordance with Article 31 of the United Nations Declaration on the Rights of Indigenous Peoples. Institutions must not claim any Indigenous Cultural and Intellectual Property.

Why is this principle important?

- Cultural knowledge, stories, language, and heritage belong to the individuals and communities who hold them.
- Safeguards against unauthorised use, extraction, and commodification of cultural knowledge.
- Supports 'good faith' negotiation, informed consent, and respect for cultural authority.
- Benefits are shared appropriately when cultural knowledge is used.
- Upholds both moral and legal rights, including collective ownership and custodianship.
- Reinforces trust and accountability in research relationships.
- Distinguishes between ICIP and shared intellectual property and knowledge generated through the research.
- Without clear protection, cultural knowledge can be misused, misrepresented, or shared without permission.

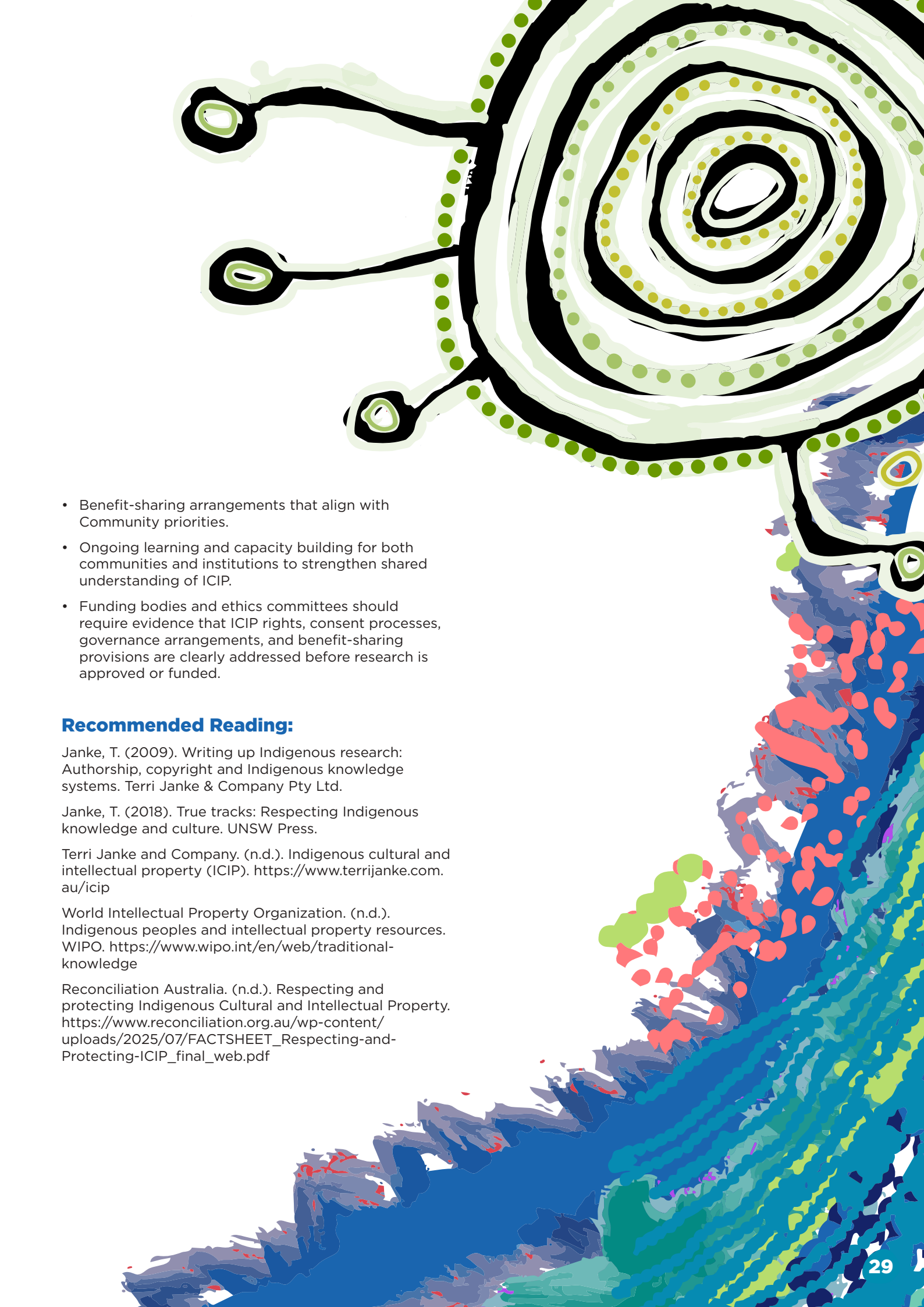
What has changed since 2014?

The original 'Ownership' principle focused on acknowledging and protecting Aboriginal intellectual property. The refreshed principle moves beyond ownership alone to reflect the broader and now more established Indigenous Cultural and Intellectual Property (ICIP) framework, which recognises cultural authority, ongoing control, consent, attribution, confidentiality, and benefit-sharing. This updated framing aligns more closely with current ICIP thinking and practice, including the work of Terri Janke and

others, and reflects the growing recognition that cultural knowledge is not simply something to be owned, but something that must be governed through clear protocols, respectful decision-making, and negotiated arrangements grounded in both cultural and legal considerations.

How to put this principle into practice:

- Establish institutional policies and legal frameworks that recognise and protect Aboriginal peoples' ICIP rights.
- Access to independent legal advice and support for Aboriginal people and communities is provided.
- Partner with Aboriginal people to co-develop Community-led agreements that define how cultural knowledge and intellectual property will be accessed, used, shared and appropriately acknowledged in line with Community priorities and protocols.
- Engagement processes involve transparent, meaningful and good faith negotiations.
- Clear provisions for Community-decision making, free, prior and informed consent, and culturally appropriate processes for access to and use of knowledge and materials including how outcomes and benefits are shared.
- Clear distinction between pre-existing cultural knowledge and knowledge generated through the research, and agreement on rights and responsibilities for both.
- Formal ICIP arrangements within formal agreements and contracts that uphold Aboriginal and Torres Strait Islander governance and recognise both collective and individual rights.

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- Benefit-sharing arrangements that align with Community priorities.
 - Ongoing learning and capacity building for both communities and institutions to strengthen shared understanding of ICIP.
 - Funding bodies and ethics committees should require evidence that ICIP rights, consent processes, governance arrangements, and benefit-sharing provisions are clearly addressed before research is approved or funded.

Recommended Reading:

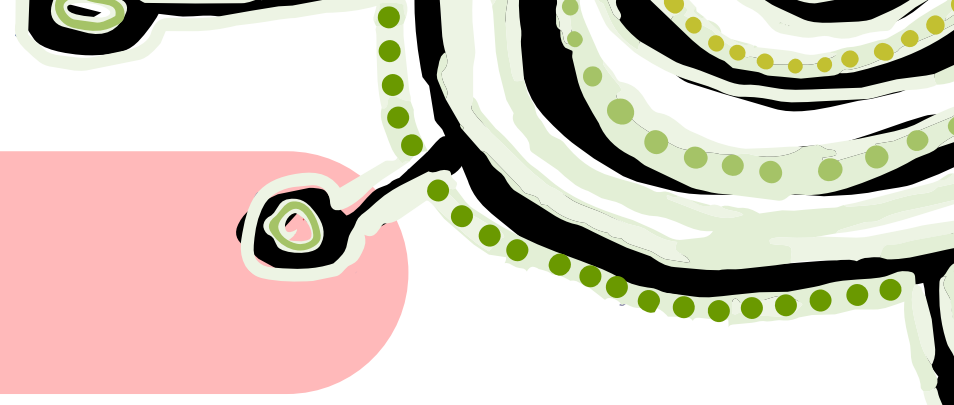
Janke, T. (2009). Writing up Indigenous research: Authorship, copyright and Indigenous knowledge systems. Terri Janke & Company Pty Ltd.

Janke, T. (2018). True tracks: Respecting Indigenous knowledge and culture. UNSW Press.

Terri Janke and Company. (n.d.). Indigenous cultural and intellectual property (ICIP). <https://www.terrijanke.com.au/icip>

World Intellectual Property Organization. (n.d.). Indigenous peoples and intellectual property resources. WIPO. <https://www.wipo.int/en/web/traditional-knowledge>

Reconciliation Australia. (n.d.). Respecting and protecting Indigenous Cultural and Intellectual Property. https://www.reconciliation.org.au/wp-content/uploads/2025/07/FACTSHEET_Respecting-and-Protecting-ICIP_final_web.pdf



Principle 8 Indigenous Data Sovereignty

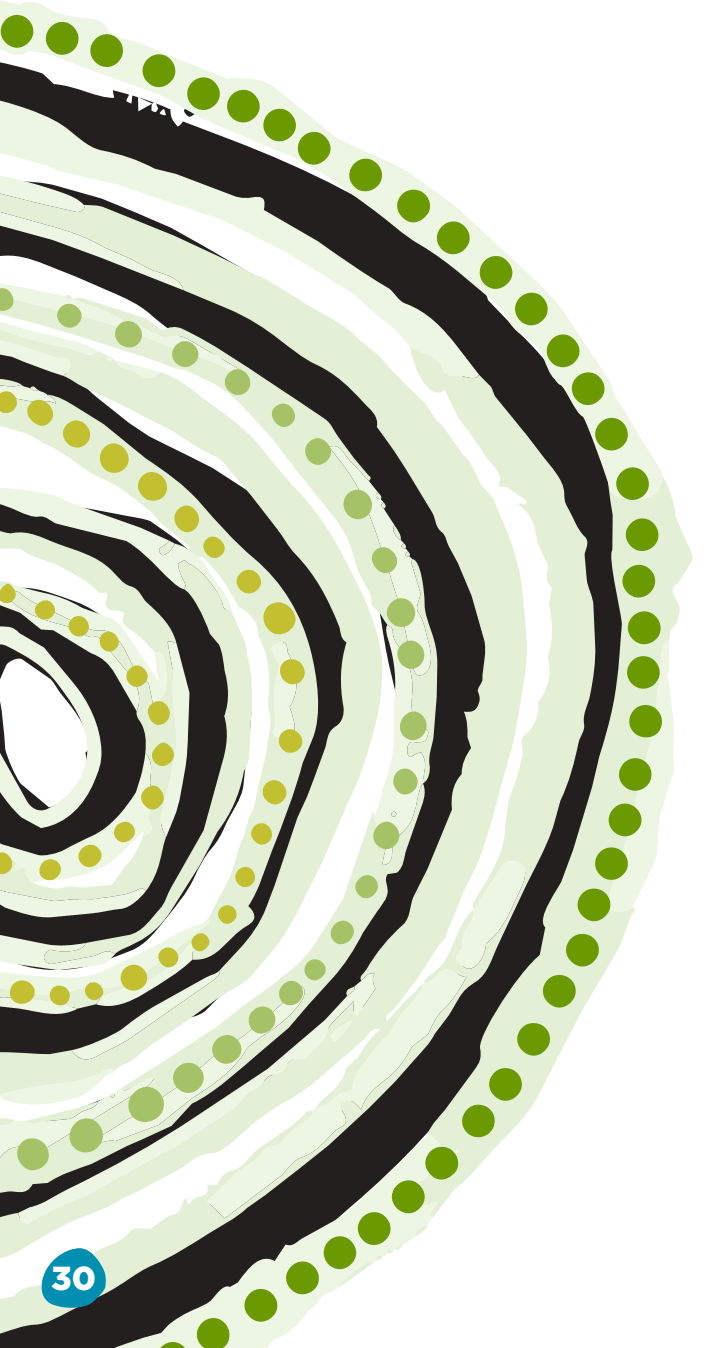
Aboriginal and Torres Strait Islander people have the right to own, control, govern and make decisions about data relating to them, their communities, culture and Country. Be informed by Aboriginal people, communities and organisations, at the outset of the research, about what is required to enable Indigenous Data Sovereignty, including the institutions' role in data stewardship, and act to achieve this.

Why is this principle important?

- Aboriginal people have the right to own, control, and make decisions about data relating to them.
- Data includes quantitative, qualitative, administrative, linkage, genomic, biological, Community generated data, stories, and artifacts. Data sovereignty includes data use derived from both primary and secondary collection. Supports self-determination across the full data lifecycle.
- Data is managed respectfully and in culturally appropriate ways.
- Strengthens accountability and ensures data use aligns with Community priorities and benefits.
- Without Aboriginal governance, data can be misinterpreted, misused, or applied in ways that may cause harm and/or produce no benefit.
- Data collected about Aboriginal people has historically been used to reinforce deficit narratives and external control doing harm rather than good.
- Prevents inappropriate secondary use of data and loss of control over data.

What has changed since 2014?

The original 'Control' principle focused on respectful handling of research materials by researchers. The updated principle expands this to Indigenous Data Sovereignty across the entire data lifecycle. Whilst touched on briefly in the original Accord, the refreshed principles explicitly recognises the importance of self-determination and Community control, with additional detail on governance, consent, and authority over its use, storage, and interpretation.



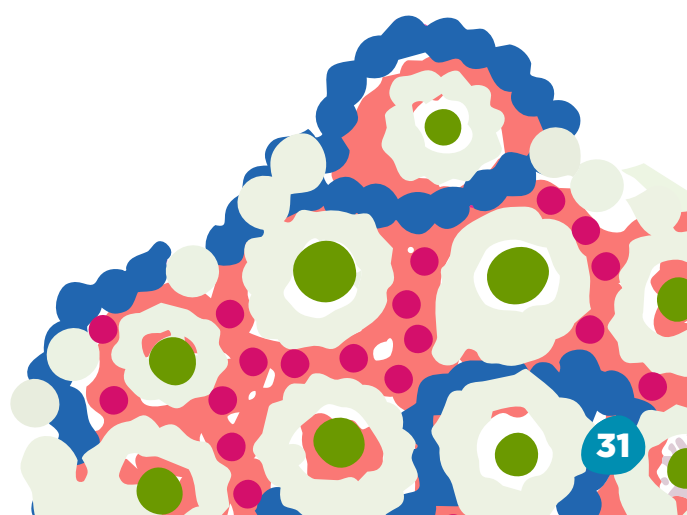


How to put this principle into practice:

- Implement clear institutional policies, frameworks and procedures that recognise the authority of Aboriginal people over their data and how it is managed.
- Partner with communities to co-design governance agreements that uphold their data rights across the full data lifecycle (collection, storage, access, use, interpretation, repatriation and sharing or returning to communities).
- Ethical consent processes that uphold self-determination and Community control, with clear protocols for opt-out models, ongoing data collection, and secondary data use.
- Robust frameworks, processes and Indigenous-led governance for Clinical Quality Registries and secondary data use to ensure that Indigenous Data Sovereignty is upheld over how opt-out data is accessed and used.
- Community members and/or organisations inform how data are collected, managed, accessed, stored, used and repatriated.
- Aboriginal led governance committees with authority to oversee research processes and decision making.
- Investment in capacity building, infrastructure, and skills development of individuals, in research and within Aboriginal communities and organisations to support data management, analysis, and use in line with Community priorities.
- Provisions to address emerging areas such as Artificial Intelligence, digital technologies, genomics and other evolving data practices.
- Funding bodies and ethics committees should require clear evidence of Indigenous Data Sovereignty arrangements, including governance, consent, access, and secondary use protections, before approving or funding research.

Recommended Reading:

- Carroll, S. R., Garba, I., Figueroa-Rodríguez, O. L., Holbrook, J., Lovett, R., Materechera, S., ... & Hudson, M. (2020). The CARE Principles for Indigenous Data Governance. *Data Science Journal*, 19(43), 1-12. <https://doi.org/10.5334/dsj-2020-043>
- Collis, F., Booth, K., Bryant, J., Chamberlain, C., Hughes, J. T., Griffiths, K., ... & Kennedy, M. (2025). Aboriginal and Torres Strait Islander researchers' voices on the rights to sovereignty and self-determination in the field of health and medical research. *First Nations Health and Wellbeing-The Lowitja Journal*, 3, 100094.
- Lovett, R., Lee, V., Kukutai, T., Cormack, D., Rainie, S. C., & Walker, J. (2019). Good data practices for Indigenous data sovereignty and governance. *Good data*, 1, 26-36.
- Maia nayri Wingara Indigenous Data Sovereignty Collective. (2024). Taking control of our data: A discussion paper on Indigenous data governance for Aboriginal and Torres Strait Islander people and communities. Lowitja Institute. <https://doi.org/10.48455/rtdv-7782>
- Walter, M., & Suina, M. (2019). Indigenous data, indigenous methodologies and indigenous data sovereignty. *International Journal of Social Research Methodology*, 22(3), 233-243. <https://doi.org/10.1080/13645579.2018.1531228>



Principle 9

Knowledge Translation

Research findings are translated into processes, practices and policies that lead to positive, sustainable, structural change for the Aboriginal Community. Knowledge translation is considered throughout the research process and actively informed by Community and end-users.

Why is this principle important?

- Knowledge generated through research leads to real and practical improvements in Aboriginal people's lives, not just publications or reports.
- There is an abundance of research on Aboriginal people, but this has not consistently translated into improved outcomes.
- Supports accountability for delivering tangible outcomes that communities can see, use, and benefit from.
- Aligns research with Community expectations and priorities.
- Research is undertaken for the right reasons, with Community priorities, voices, and wellbeing at the centre.
- Without a focus on translation, research findings often remain unused, resulting in failure to influence changes in outcomes.

What has changed since 2014?

The original 'Knowledge Translation and Exchange' principle focused on sharing findings and promoting uptake into policy and practice. The refreshed principle shifts the focus to demonstrable Community benefit and requires research to produce tangible improvements in people's lives. It makes outcome, implementation, and impact more explicit.

How to put this principle into practice:

- Work with Community members to define intended outcomes and impacts of the project from the outset.
- Identify who is responsible for implementing findings into policy and practice.
- Engage end-users, policy actors and decision-makers early and throughout the project.
- Plan for implementation, including identifying barriers and enablers.
- Establish governance structures which engage policy and practice stakeholders, to inform, plan and implement translational activities.
- Implement strategies (e.g. advocacy, partnerships) to support uptake of findings.
- Monitor and evaluate the impact of research beyond publications.
- Ensure findings are communicated in accessible ways that support adoption into practice and decision-making.
- Funding bodies and ethics committees should require clear knowledge translation plans that identify intended outcomes, implementation pathways, and responsibility for action.



Recommended Reading:

Bridge, C., & West, M. (2024). The Aboriginal standards for the conduct of research: Changing the paradigm at Telethon Kids Institute. Talking Heads Seminar Series, 5.

Brinckley, M. M., Bourke, S., Lui, F. W., Maddox, R., Malamoo, L., McGrath, C., & Lovett, R. (2024). Scoping review of knowledge translation in Aboriginal and Torres Strait Islander research contexts in Australia. *First Nations Health and Wellbeing-The Lowitja Journal*, 2, 100024. <https://doi.org/10.1016/j.fnhli.2024.100024>

Harfield, S., Pearson, O., Morey, K., Kite, E., Glover, K., Canuto, K., Streak Gomersall, J., Carter, D., Davy, C., Aromataris, E., & Braunack-Mayer, A. (2018). The Aboriginal and Torres Strait Islander Quality Appraisal Tool: Companion document. South Australian Health and Medical Research Institute.

Lowitja Institute. (n.d.). Research & Knowledge Translation. Lowitja Institute. <https://www.lowitja.org.au/research/>

Thomson, N. (2012). Translational research and the Australian indigenous HealthInfoNet. *health*, 7, 211



Principle 10 Invest in Aboriginal Researchers

Prioritise investment in developing Aboriginal and Torres Strait Islander research leaders and culturally safe strategies that grow and retain the workforce. Articulate the roles, responsibilities and ways of working of non-Indigenous people in Aboriginal research.

Why is this principle important?

- Investing in Aboriginal researchers and Aboriginal leadership builds a sustainable research workforce that can shape, lead, and carry research forward over time.
- Aboriginal researcher involvement strengthens self-determination by Aboriginal people, have authority in decisions that affect them, their organisations, communities, families, and subsequent outcomes.
- Research is more culturally safe, relevant, and credible when Aboriginal people are supported to lead and influence it across the whole research process.
- Aboriginal researchers bring lived experience, cultural knowledge, and Community connection that improve research quality, relevance, and impact.
- Supporting Aboriginal researchers can reduce the burden placed on a small number of people and prevent burnout, isolation, and the concentration of responsibility and accountability in one individual.
- Continuity relies on building collective leadership and succession pathways, so the research and research support does not stop when one person leaves.
- Aboriginal researchers are foundational to achieving the principles in a genuine and sustained way.
- Without intentional investment, Aboriginal people remain underrepresented in research leadership, and the research sector continues to rely on non-Indigenous control and expertise.

What has changed since 2014?

This is a new principle that did not feature in the inaugural Accord. While it implied the importance of Aboriginal involvement across several principles, it did not directly address the need for sustained investment



in an Aboriginal and Torres Strait Islander research workforce. The addition of this principle recognises that implementing the Accord depends on building, supporting, and resourcing Aboriginal researchers and research leaders. It also makes clear that this is not optional or incidental, but foundational to doing research with Aboriginal people.

How to put this principle into practice:

- Clear pathways into research careers for Aboriginal people, including education and micro-credential options.
 - Employment and leadership development of Aboriginal researchers are core requirements in funding and project design.
 - Ensure workforce development initiatives have governance, leadership, and are evaluated.
 - Research careers are understood and promoted within communities in accessible and relevant ways.
 - Training, courses and schemes to attract and support Aboriginal and Torres Strait Islander students. Note that mentoring can be viewed as hierarchical.
 - Invest in recruitment, training, and retention of Aboriginal students and researchers.
 - Culturally safe workplaces, systems, and networks.
 - Aboriginal Leadership across Aboriginal research projects.
 - Hands-on learning, mentoring alternatives, and career progression opportunities.
 - Valuing cultural knowledge and lived experience alongside formal qualifications.
 - Succession planning into workforce and leadership models.
- Funding bodies and ethics committees should require evidence of Aboriginal workforce development, leadership pathways, and resourcing for retention as part of project approval.

Recommended Reading:

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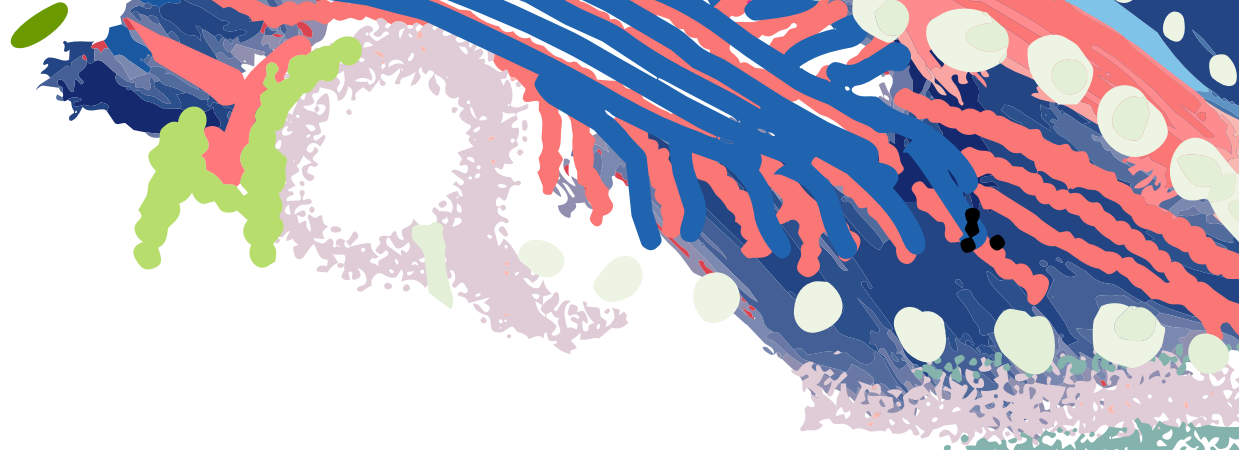
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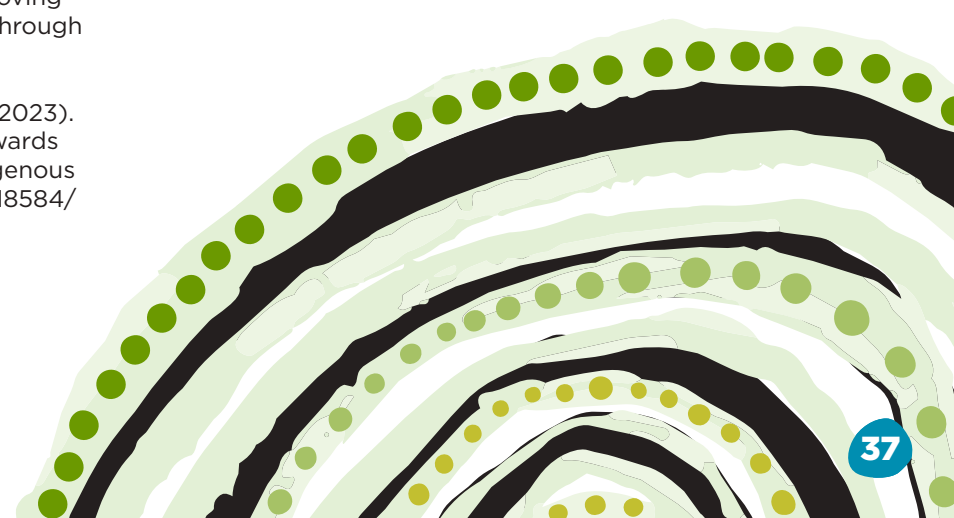
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Case Studies

Aboriginal Families and Baby Bundles (ABFABB) Research Project

Karen Glover | Co-Leader | ACRA | Womens and Kids | SAHMRI

The Aboriginal Families and Baby Bundles (ABFABB) research project was a five-year project developed through the Aboriginal Families and Community Research Alliance (ACRA) to support healthy weight gain for 195 Aboriginal mothers and their babies during pregnancy and up to 12 months after birth. It responded to Community-identified priorities in maternal and infant health, with Aboriginal people involved from the outset in consultation, project design, and funding applications.

The Accord principles were applied through strong partnership, cultural governance, and careful knowledge sharing. An Aboriginal Reference Group provided cultural oversight through clear Terms of Reference, while Community members, Aboriginal investigators, researchers, and health service organisations worked together with a shared understanding of roles and strengths. Non-Aboriginal researchers were required to demonstrate cultural competence and a commitment to research that does not harm

Aboriginal people. Throughout the project there was a willingness to listen, learn, and seek advice across the research team, investigator team, health service staff, and participants. Communication was further strengthened through induction and education sessions. Cultural information shared during yarning was checked with the knowledge holder before being recorded, and it was omitted if the person did not want it included. Progress and learnings were also presented at ACRA Community accountability forums, and feedback from communities informed next steps. This approach ensured the project remained culturally respectful, Community-informed, and practically useful. Learnings from the project also informed other initiatives, including the implementation of the Omega 3 Test and Treat project.

Key takeaways: early Aboriginal involvement, clear governance, and respectful handling of knowledge strengthen both research quality and Community trust.

Aboriginal Kidney Care Together – Improving Outcomes Now (AKction) Project

Dr Kim O'Donnell | Co-Leader | Adelaide University
Professor Janet Kelly | Co-Leader | Adelaide University

The Aboriginal Kidney Care Together – Improving Outcomes Now (AKction) project is a seven-year participatory action research grant funded by the Medical Research Future Fund (MRFF) and the National Health and Medical Research Council (NHMRC). It aims to decolonise research approaches and improve kidney care experiences and outcomes with and for Aboriginal and Torres Strait Islander people.

The Accord is operationalised through Aboriginal-led governance and a shared working framework. The project is co-led by Aboriginal and non-Aboriginal researchers and includes Aboriginal people with lived experience of kidney disease as key team members. The AKction Reference Team (A2RT), made up of Kidney Warriors (Aboriginal people with lived experience of kidney disease) and Aboriginal Elders, and the project is guided by a Working Together Agreement (developed by A2RT) that shapes all aspects of the work. Four nested sub-studies focus on Indigenous Governance,

Peer Support, Kidney Journey Mapping, and Cultural Safety. Students were also invited into the project to learn culturally safe research practice, with the Accord used as a practical framework: they had to map their work against each principle, and that response formed part of supervision, ethics applications, and formal assessment.

This structured approach strengthened accountability, trust, and learning across the research team. It also built capability among undergraduate and postgraduate students to work in culturally safe, respectful, and responsive ways.

Key takeaways: embedding the Accord principles into governance, supervision, and assessment makes culturally respectful research a practical expectation, not an optional extra.

COMPASS (Connecting Our Mob: Patient Navigators as Sustainable Supports) Project

Kelli Owen | Lead Investigator | ANZDATA | SAHMRI

The Connecting Our Mob: Patient Navigators as Sustainable Supports (COMPASS) project was established in response to major inequities Aboriginal and Torres Strait Islander people face in accessing culturally safe kidney care and transplantation. Aboriginal Community members with lived experience of kidney disease, working as Patient Navigators in South Australia and the Northern Territory, identified the need to expand existing discrete programs and link them with the transplant hospital to create a more coordinated and culturally safe transplantation pathway for Aboriginal patients and families.

The project was grounded in Aboriginal leadership from the outset. Led by Kelli Owen, a Kaurna, Nharungga and Ngarrindjeri woman and kidney transplant recipient, the investigator team also included the Patient Navigators and was supported by an experienced team of Aboriginal and non-Indigenous researchers and clinicians.

The project worked closely with an existing Indigenous Reference Group at the transplant hospital, supported by the Patient Navigator Coordinator. Several project

team members were also members of the group, creating a strong feedback loop between the project, Community, and hospital governance. The project used yarning, kidney journey mapping, and participatory action research to understand patient experiences, navigator workloads, and health system enablers and barriers, and developed communication protocols including mob-only 'blak spaces' for culturally safe discussion. The project was supported by kidney care teams within SA Health, NT Health, and Purple House, with staff routinely seeking cultural advice from the Aboriginal 'Kidney Dream' Team.

The project improved patient journeys, strengthened family involvement, and supported more culturally safe care across Port Augusta, Adelaide, Alice Springs, and Darwin. A successful business case also secured ongoing funding for patient navigator roles beyond the grant period.

Key takeaways: lived experience leadership, strong governance structures, and culturally grounded methods can improve access to care and produce sustainable change in health systems.



Patpangka ngaturna-itya – for (our) babies in the South

Tamara Mackean | Flinders University

Aboriginal Community Elders raised concerns with a trusted Aboriginal researcher at Flinders University that child protection services in health at the Southern Adelaide Local Health Network (SALHN) needed to be examined as a starting point for improving family experiences and wellbeing outcomes across the region. The Elders supported the development of a successful Medical Research Future Fund (MRFF) grant application, which enabled the project to be undertaken in partnership with SALHN.

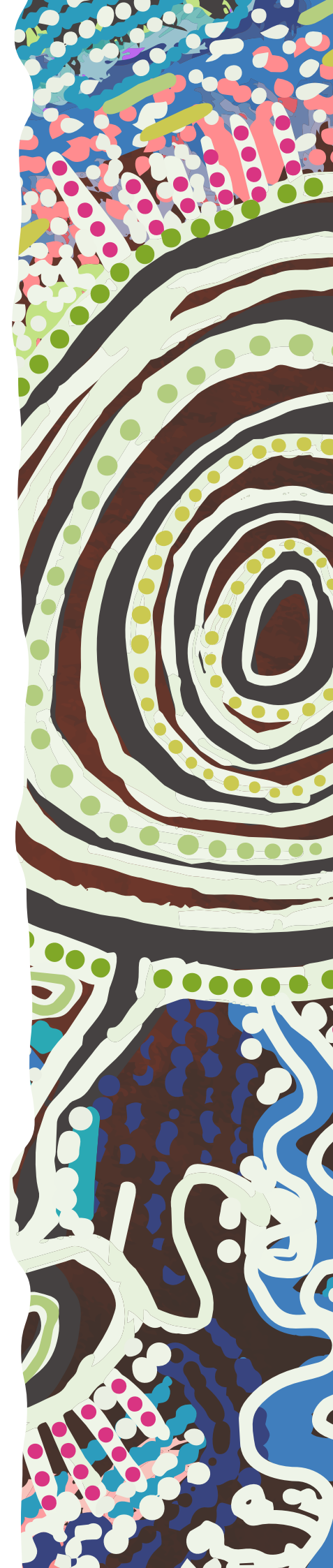
This led to the establishment of the Southern Adelaide Elders and Community Advisory Group, which played a major role in establishing and overseeing the project, including governance over the use and interpretation of different sources of data. The group made it clear that context mattered in this very sensitive area, where people's living reality would be reflected in the data. Trust, honesty, and respect were central to the relationship, and Elders were recognised for their lived experience and wisdom.

Terms of Reference for the group were drafted collaboratively and reviewed annually, clearly defining the approach, accountability, and benefits of involvement. The research team worked through the ethics process and the delivery of the project with the Advisory Group being pivotal at every step. While the project involved challenges, delays, and frustrations, open and frank discussion created space for honest reflection and allowed the project to be conducted in culturally informed ways. This included the procurement of artwork to give the project a visual identity in the Community, participant recruitment through the Community networks of Advisory Group members, sharing preliminary findings to ensure appropriate interpretation by the researchers, and using multiple data sources to gather a comprehensive picture of a complex phenomenon.

The Elders supported multiple data sources for the project, including the Better Evidence Better Outcomes Linked Dataset (BEBOLD), journey mapping of risk assessment and response in antenatal care, and yarning with both providers and receivers of care. The researchers presented the data visually with graphs, textually with quotes, and verbally with storytelling.

Robust, non-tokenistic discussions and knowledge sharing have positioned this project to consider and address child safety challenges in an informed and evidence-based manner.

Key takeaways: strong Elder governance and multiple ways of knowing help research remain grounded in lived reality and Community context.



Your Journey Project

*Associate Professor Courtney Ryder | Discipline Lead, Trauma and Injury;
Co-Leader | Flinders University*

Georga Sallows | Research Officer | Flinders University

Patrick Sharpe | CEO | E.M.U Consultancy

The wider Your Journey Project Investigators

The Your Journey project focuses on reducing out-of-pocket healthcare expenditure for Aboriginal people travelling from the remote Far West of South Australia to Adelaide. It responds to the financial burden of travel, care navigation, and service access faced by people living in remote communities.

From the outset, the project was shaped by Aboriginal governance, leadership, and Community control. Strong partnerships with Community organisations in Ceduna and surrounding regions ensured the research reflected local priorities and lived experience. Aboriginal co-researchers and Community members were involved across design, data collection, interpretation, and translation, using culturally safe methods such as yarning and co-design. The project also prioritised reciprocity

and tangible benefit by translating findings into the Your Journey digital resource, which was co-designed with Community to provide practical information on travel, accommodation, and support services. Ongoing feedback from Community has helped keep the resource relevant, responsive, and useful for decision-making, while supporting Community agency over healthcare choices. Data sovereignty, ethical governance, and long-term relationship building underpin the work. This approach means the project does not just describe a problem but creates a practical resource that people can use.

Key takeaways: when Community priorities shape both the research and the output, the results are more useful, practical, and sustainable.

SAACCON – Developing a Service Model for Aboriginal Female Victims of Crime

Sage Young | Executive Director | Operational Services | SAACCON

The South Australian Aboriginal Community Controlled Organisation Network (SAACCON) undertook a major project for the Attorney-General's Department in South Australia to develop a service model for Aboriginal female victims of crime. The project was grounded in the realities of working within the Aboriginal Community sector and the need for culturally appropriate responses to a sensitive issue.

The project lead reflected that the project naturally aligned with many of the Accord's principles in both approach and delivery. This

case study shows how Aboriginal Community Controlled Organisations apply many of the outlined principles as part of everyday practice, and how the Accord can help formalise and strengthen that work across sectors.

Key takeaways: the Accord can strengthen and formalise practice that is already embedded in Aboriginal Community Controlled Organisations, while also providing a clear, consistent framework to guide how research is approached.

Aged Care Research and Industry Innovation Australia (ARIIA)

Rebecca Bilton | Research and Strategy Manager | ARIIA | Flinders University

ARIIA's Aboriginal and Torres Strait Islander program, including its Aboriginal and Torres Strait Islander Governance Group, was established in October 2024. During program development, ARIIA sought best-practice approaches to ensure respectful engagement with Aboriginal and Torres Strait Islander people, particularly in relation to cultural authority, intellectual property, and Indigenous data sovereignty.

The South Australian Aboriginal Health Research Accord provided a foundational framework for this work. Its principles informed how the

program was designed and operationalised, including the importance of governance, cultural respect, and protecting Indigenous rights in research and engagement. The program also reflects a deliberate effort to embed the Accord not only in project activities, but in organisational structures and decision-making. This shows the Accord can guide program design as well as individual projects.

Key takeaways: the Accord is useful not only for individual projects, but also for shaping organisational structures and processes.

SAHMRI Legal Team

As members of the South Australian Health and Medical Research Institute (SAHMRI) Legal team, we work daily with parties across Australia on a range of written agreements. These include research contracts, multi-institutional agreements, service agreements, material transfer agreements, collaborative agreements, and licence agreements. Our role is to ensure that research at SAHMRI is undertaken in accordance with legal, governance, and ethical obligations.

We have worked closely with Wardliparingga team leaders, Professor Odette Pearson and Associate Professor Kim Morey, to ensure that the South Australian Aboriginal Health Research Accord principles are reflected in our legal drafting and negotiations, particularly where Aboriginal and Torres Strait Islander people and communities are involved in, or may benefit from, the research.

Our work has focused particularly on principles relating to Indigenous Data Governance and Sovereignty, and Indigenous Cultural and Intellectual Property (ICIP). Referencing the

Accord within agreements is a powerful way to ensure that Indigenous rights remain central to all parties' considerations.

Western approaches to intellectual property are typically based on individual ownership rights. In contrast, ICIP recognises collective, Community-based rights. While this distinction can require explanation for collaborators unfamiliar with ICIP, we have found that most are willing to learn and adopt culturally appropriate approaches to intellectual property and data sovereignty.

Given the structure of intellectual property rights under current Australian law, it is important to embed contractual protections based on the Accord principles to reflect Indigenous Community-based ownership. This approach benefits all involved.

Key takeaways: legal teams have responsibilities to uphold Aboriginal peoples' rights to Indigenous Cultural and Intellectual Property (ICIP) and Indigenous Data Sovereignty. The Accord is a tool to enable this.

Aboriginal Health Research Ethics Committee (AHREC)

Professor Odette Pearson | Co-Chair | AHREC

Michael Larkin | Co-Chair | AHREC

The South Australian Aboriginal Health Research Ethics Committee (AHREC) is an NHMRC-approved Human Research Ethics Committee and a subcommittee of the Aboriginal Health Council of South Australia (AHCSA), the peak body for Aboriginal Community Controlled Health Organisations in the state. AHCSA also provides secretariat support to the Committee. AHREC plays a central role in ensuring that research involving Aboriginal people in South Australia is conducted ethically, respectfully, and in ways that deliver meaningful benefit to communities.

AHREC reviews research in accordance with the National Statement on Ethical Conduct in Human Research and the Ethical Conduct in Research with Aboriginal and Torres Strait Islander Peoples and Communities guidelines. In addition to these national standards, AHREC routinely applies the principles of the South Australian Aboriginal Health Research Accord in its review of research applications relating to the health and wellbeing of Aboriginal people in South Australia. The principles of the South Australian Aboriginal Health Research Accord are embedded throughout the review process, with many of these principles addressed directly within the AHREC application requirements.

In reviewing each application, the Committee considers:

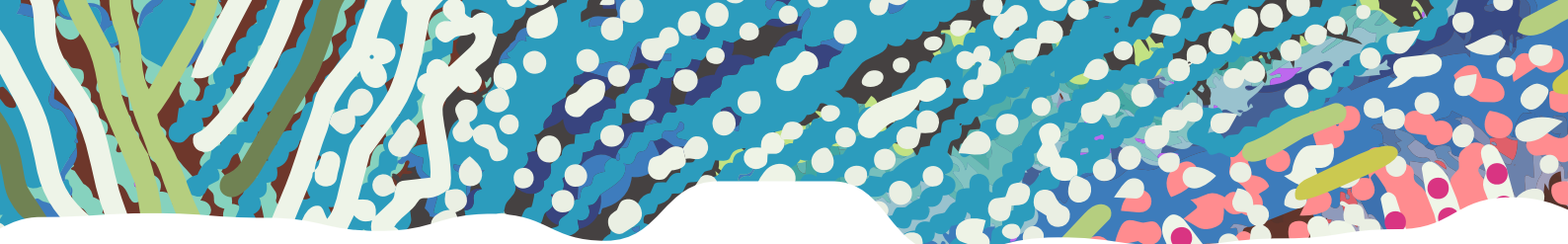
- whether the project reflects Priorities identified by Aboriginal people and communities in South Australia;
- Aboriginal people's roles in research governance, leadership and Involvement across the research process, including in what capacity and how Aboriginal peoples' contributions will be recognised;
- if and how training and capability building of Aboriginal people will occur as part of the research;
- based on the research location, focus and scope, whether Partnerships are being

established for maximum implementation and translation of findings;

- a particular focus on the quality, cultural safety and Respect demonstrated within the research methods;
- how the Aboriginal Community will benefit from the research and who has been involved in defining this benefit, reflecting principles of Reciprocity;
- the protection of Indigenous Cultural and Intellectual Property (ICIP) and Ownership residing with the Aboriginal Community;
- the operationalisation of Indigenous Data Sovereignty (IDS) principles, including who owns the data, who is the custodian of the data, how it may be accessible to the Aboriginal Community, and ensuring data will be managed appropriately from a cultural perspective, reflecting principles of Control;
- the importance of culturally appropriate Communication throughout the research process; and
- whether Knowledge translation and exchange is planned and embedded to support translation of research findings into policy, practice and Community benefit.

AHREC reflects a longstanding Aboriginal-led approach to ethical review in South Australia. Through its work with Aboriginal communities, researchers, the health sector and other ethics committees, AHREC supports the practical application of the South Australian Aboriginal Health Research Accord principles across the research process, while promoting research that contributes positively to Aboriginal health and wellbeing outcomes.

Key takeaways: embedding the Accord principles within ethics processes ensures accountability from the outset, strengthens cultural safety and governance, and supports research that delivers meaningful Community benefit.



Wardliparingga Aboriginal Health Equity, SAHMRI - Driving Organisational-Wide Change (2014 - 2015)

Professor Odette Pearson | Co-theme Lead | Wardliparingga | SAHMRI

Associate Professor Kim Morey | Co-theme Lead | Wardliparingga | SAHMRI

Professor Alex Brown | Australian National University | The Kids Research Institute Australia

Wardliparingga Aboriginal Health Equity theme was established at the beginning of the South Australian Health and Medical Research Institute (SAHMRI) in 2012. SAHMRI leaders invested in and supported Aboriginal research leads to building an institutional and workforce culture to conduct Aboriginal research in ways that met the expectations of the Aboriginal Community. The Accord Principles developed in 2014 were a vision of the inaugural Wardliparingga Theme Leader Professor Alex Brown (2012 -2022) and have characterised and underpinned 'Wardliparingga's Ways of Working'. This is part of our story.

Wardliparingga's program of research was founded on Aboriginal Community priorities and informed by a Research Governance Council that included the then Council of South Australian Elders. Foundational work with Aboriginal communities across South Australia, Elders groups and Aboriginal Community Controlled Health Organisations involved identifying key Community public health priorities and then working in partnership with organisations and Community groups to address these priorities through research.

Establishing a Wardliparingga Aboriginal workforce was paramount to the implementation of the Accord principles, along with Aboriginal governance groups who were actively involved across the research life cycle, including: informing research questions and methods development; which communities to engage with, when and how; respectful ways to collect, manage and store data through, for example, informing consent criteria, and co-authorship. Having Aboriginal workforce and governance has enabled the adaption and adoption of research methods that privilege Aboriginal ways of knowing, being and doing.

The SAHMRI Indigenous Collective established in 2014, has been instrumental in setting institutional policy and strategy, including, for example, SAHMRI's Cultural Protocols Guidance, Aboriginal and Torres Strait Islander Workforce Strategy, advocating for and informing SAHMRI's reconciliation action plan, and SAHMRI's remote area working policy.

Aboriginal data in Aboriginal Hands was clearly articulated by the Aboriginal Community and colleagues in our foundational years. This led to the disaggregated analysis and reporting of administrative health and social data to Aboriginal Community groups and organisations to inform their health initiatives and advocacy. Aboriginal leadership in SAHMRI has informed the way SAHMRI legal and finance teams

have constructed and negotiated formal and informal collaborative partnership agreements with other organisations to ensure Indigenous Data Sovereignty and Indigenous Cultural and Intellectual Property are appropriately addressed legally binding documents. This approach has influenced partner legal processes in both South Australia and interstate.

Knowledge translation has been a core focus of Wardliparingga over the decade, having generated and used research evidence when leading the development of statewide Aboriginal health policies in cancer, diabetes, heart & stroke, models of care (SA Prisoner Health, Well Women's, Diabetes Foot Care) and workforce training (Masterclasses in Aboriginal Health Research and Evaluation, Staying Strong, Diabetes Workforce Training, Walking Together in Aged Care). Tangible health and social Community benefit reported by individuals in research, such as, having accessed health checks for the first time, being linked with referral services, learning new knowledge and developing additional skills to better care for people. Longer term benefits, more difficult to measure and attribute to our research, remain to be seen.

At its core, with limited dedicate funding, through its program of work, Wardliparingga has had a commitment to Aboriginal researcher capability building. This has included developing Aboriginal research leadership within workforce, creating leadership pathways within the institution, cohort development programs, secondments, weekly scientific seminars, high school STEM placement programs, internships, mentoring and scholarships.

Over the decade our understanding of the Accord principles and how to implement them has matured. We are looking forward to continuing this growth over the next decade by doing research with the Aboriginal community and all partners to see measurable, positive progress in health and wellbeing, linked to our collective efforts in doing Aboriginal Health Research the Right Way.

Key takeaways: The Accord principles can be embedded in individual research projects, across a program of research and at the institutional level. Implementation of the Accord principles may differ across research depending on local contexts, resources, knowledge and protocols. Understanding and implementation of the Accord principles evolve over time.



Applying the Accord in Higher Degree Research

Dr Arwen Nikolof | PhD | University of Adelaide and ACRA

Dr José Estevez | PhD | Flinders University and Wardliparingga

Dr Katharine Brown (nee McBride) | PhD | University of South Australia

Dr Leda Sivak | PhD | University of Adelaide

Professor Tina Brodie | PhD | University of Adelaide

Across multiple Higher Degree Research (HDR) projects in South Australia, the South Australian Aboriginal Health Research Accord has been used as a practical framework to guide culturally respectful, accountable, and Community-informed research. The Accord has supported both Aboriginal and non-Aboriginal researchers to undertake work that is grounded in Community priorities and focused on meaningful outcomes.

Researchers described using the Accord throughout their PhD programs as more than an ethics reference point. It helped them think through how to conduct research respectfully, remain accountable to Community, work in intercultural partnership, and avoid deficit-based framing, as well as critically examine power dynamics within research processes.

“The Accord reflects how our communities want research to be done... for me, using the Accord meant being accountable to Community, respecting Community research priorities and relationships, and making sure the research benefits Aboriginal mothers and families while giving voice to their experiences.”
– Dr Arwen Nikolof

In some projects, the Accord was used as the foundation for an Aboriginal women’s governance group, and in others it helped researchers navigate tensions between academic conventions and culturally appropriate approaches.

“I used the Accord as the foundation to conceptualise and undertake the program... working in intercultural partnership with an Aboriginal women’s governance group... with Aboriginal women at the centre of the research process, working in Aboriginal ways, centred around Aboriginal knowledges, and delivering tangible benefits.” – Dr Katharine Brown

“It also made me more aware of the tension between standard epidemiological language, such as ‘risk factors’ and ‘predictors’, and the need to avoid deficit-based framing... the Accord gave me a framework to keep coming back to.” – Dr José Estevez

One researcher described the Accord as a practical guide for doing Aboriginal health research respectfully, rather than something to mention only in an ethics application.

“I used the Accord during my PhD as a practical guide for thinking through how to conduct Aboriginal health research respectfully, rather than just as something to reference in an ethics application.” – Dr José Estevez

The Accord also supported deeper consideration of how power operates within research relationships. This included attention to the principles of respect and communication, and how these are enacted in practice, such as recognising different approaches to time, relationships, and accountability, and the ways researchers can consciously shift power towards participants and communities.

“Using the Accord meant remaining accountable to Community across all stages of the research, and thinking carefully about how respect and communication are enacted in practice, including how power is shared within research relationships.”
– Dr Leda Sivak

“I utilised the Accord throughout my PhD program of work to support me to undertake research ‘the right way’... enabling the principles to be embedded throughout the research process... and remain culturally grounded in Aboriginal and Torres Strait Islander ways of Knowing, Being and Doing.” – Professor Tina Brodie

Embedding the Accord within HDR programs strengthens accountability, supports culturally safe practice, and contributes to building a research workforce better equipped to work in partnership with Aboriginal and Torres Strait Islander communities.

Key takeaways: The Accord functions as a practical, ongoing framework in HDR research, guiding culturally safe approaches, decision-making, and relationships rather than serving only as an ethics requirement.

Acknowledgements

Aboriginal Leaders and Community Contributors

- Tinarra Ataata (Saunders) (Wirangu, Kokatha), *SAWCAN*
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- Aboriginal Health Council of South Australia (AHCSA)
- Adelaide University
- Office of the Vice Chancellor
- College of Health
- Adelaide Primary Health Network (PHN)
- Anglicare SA
- Bellberry
- Cancer Council SA (CCSA)
- Flinders University
 - Office of the Deputy Vice Chancellor
 - College of Medicine and Public Health
 - College of Health and Enablement
- Heart Foundation
- Health Translation SA
- SA Health
 - Aboriginal Health Branch
 - Central Adelaide Local Health Network (CALHN)
 - Commission on Excellence and Innovation in Health (CEIH)

- Department for Health and Wellbeing (DHW)
- Preventive Health SA
- Riverland Murray Coorong Local Health Network (RMCLHN)
- SA Ambulance
- SA Department for Health and Wellbeing Human Research Ethics Committee (DHW HREC)
- SA Pharmacy
- Southern Adelaide Local Health Network (SALHN)
- Women's and Children's Health Network (WCHN)
- South Australian Aboriginal Community Controlled Organisation Network (SAACCON)
- South Australian Health and Medical Research Institute (SAHMRI)
 - Aboriginal Families and Community Research Alliance (ACRA)
 - Australia and New Zealand Dialysis and Transplant Registry (ANZDATA)
 - Health Translation SA (HTSA)
 - Wardliparingga Aboriginal Health Equity Theme
- South Australian West Coast ACCHO Network (SAWCAN)
- South Australian Health Research Directors Alliance (SAHRDA)
- The Hospital Research Foundation (THRF)
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*Members that also contributed as workshop facilitators



