

Working Together: A journey for Involving Aboriginal and Torres Strait Islander Communities in Healthcare and Research
A Guide for Health Professionals and Researchers

Start by Creating a Culturally Safe Space

Begin interactions gently. Greet people with warmth and without urgency. Allow time to build rapport beyond the presenting health issue.

You might ask:

- “Is there anything about you that you would like me to know?”
- “Would you like to share where your mob (family/community) or Country (traditional lands and waters) is from? Respect that in some cases, a person may choose not to disclose personal or cultural information - this decision should be respected without pressure.
- “Would you like someone to be with you today?”

Culturally safe care begins with relationships. This includes listening deeply, respecting silences, and engaging beyond clinical goals. “Mawa Maur” reminds us to hold shared stories as sacred. When a person shares their experience, it is a privilege, not something to extract or analyse without their guidance.

A relaxed yarn can help the person feel at ease. Relationship-building often happens before any health issues or research work are discussed. This kind of engagement shows respect and care.

In some communities, avoiding direct eye contact is a sign of respect. Be guided by the individual’s preferences and comfort.

Many Aboriginal and Torres Strait Islander peoples have experienced harm and exclusion within health and research settings. The impacts of colonisation, intergenerational trauma, racism, and a lack of culturally appropriate care contribute to ongoing health inequity. These experiences have contributed to deep mistrust and ongoing health inequities. Providing respectful and safe care requires understanding this context.

Suggested References:

- Australian Health Practitioner Regulation Agency (Ahpra). *National Scheme’s Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020 -2025*. Canberra: Ahpra; 2020.
- Bainbridge R, McCalman J, Clifford A, Tsey K. Cultural competency in the delivery of health services for Indigenous people. *Closing the Gap Clearinghouse*; 2015.
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- Fiolet R, Woods C, Moana AH, et al. Community perspectives on delivering trauma-aware and culturally safe perinatal care for Aboriginal and Torres Strait Islander parents. *Women Birth*. 2023;36(2):e254–e262.
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Understand the Importance of Gendered Care

Many Aboriginal and Torres Strait Islander communities observe **gendered cultural practices**, often referred to as *men's business* and *women's business*. These include responsibilities, stories, ceremonies, and health matters that are gender-specific and culturally protected.

- Some women may only feel comfortable speaking to a female health professional or researcher.
- Some men may prefer to be seen by another man, especially for certain health issues.
- In some cases, male and female community members may prefer not to attend appointments together.

Ask respectfully:

- "Would you prefer to speak with a male or female health worker/researcher today?"
- "Is this something that you would like to talk about in a women's or men's space?"

If your service has access to men's groups or women's groups, let people know. These groups are safe places for cultural sharing, health education, and community support. Where possible, ask gender-specific questions privately to avoid discomfort or shame.

Suggested References:

- Clarke M, Boyle J. Antenatal care for Aboriginal and Torres Strait Islander women. *Aust Fam Physician*. 2014;43(1/2):20–24.
- Taylor K, Guerin P. *Health care and Indigenous Australians: cultural safety in practice*. 3rd ed. London: Bloomsbury Publishing; 2019.
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- Fredericks B, Adams M, Best O. Indigenous gendered health perspectives. In: Best O, Fredericks B, editors. *Yatdjuligin: Aboriginal and Torres Strait Islander Nursing and Midwifery Care*. 2nd ed. Melbourne: Cambridge University Press; 2014. p.74–86.
- Rosenhek R, Atkinson CC. Aboriginal and Torres Strait Islander peoples, gender and disaster: A commentary. *Aust J Emerg Manag*. 2024;39(3):87–93.
- Mitchell A, Rumbold A, Zizzo G. *The Aboriginal Gender Study: Reclaiming strong Aboriginal and Torres Strait Islander identities through a gender equity lens*. Adelaide: Aboriginal Health Council of South Australia; 2019.
- Reilly L, Rees S. Fatherhood in Australian Aboriginal and Torres Strait Islander communities: An examination of barriers and opportunities to strengthen the male parenting role. *Am J Mens Health*. 2018;12(4):1048–56.
- Best O, Fredericks B. *Yatdjuligin: Aboriginal and Torres Strait Islander Nursing and Midwifery Care*. 3rd ed. Melbourne: Cambridge University Press; 2021.
- Gilbert E, Walker R, Derkenne R. Perspectives of health providers about fertility issues and management among Aboriginal and Torres Strait Islander people. *BMC Health Serv Res*. 2021;21:398.

Listen Deeply with Dadirri

Dadirri is a deep, inner listening practice rooted in the cultures of the Ngan'gikurunggurr and Ngen'giwumirri peoples. It teaches presence, patience, and listening without interruption - even within silence. Similarly, **Ngara Ngara**, a principle from the Yerin Dilly Bag Model, means "to listen deeply" in the spaces between words.

These ways of listening:

- Pausing before responding.
- Letting the person speak without interruption.
- Accepting silence without needing to fill it.
- Holding space for emotions or story.

"Ngara Ngara" and "Dadirri" align with trauma-informed and patient-centred care. They create space for a deeper form of connection through respectful silence, stillness, and reflection.

Suggested References:

- Ungunmerr-Baumann MR. Dadirri: An Indigenous place-based research methodology. *Anticolonial Research Library* [Internet]. 2022 [cited 2024 May 5]. Available from: <https://findanexpert.unimelb.edu.au/scholarlywork/1903324-dadirri-an-indigenous-place-based-research-methodology>
- West R, Stewart L, Foster K, Usher K. Through a critical lens: Indigenist research and the Dadirri method. *Qual Health Res*. 2012;22(11):1582–90.
- Holmes T. Learning circles, underpinned by Dadirri. *Field Methods*. 2024;36(3):266–73.
- McDermott D, Sjoberg D. Dadirri: Culturally safe healthcare through listening deeply. *Int J Crit Indig Stud*. 2016;9(1):1–14.
- Miriam Rose Foundation. Dadirri – Inner Deep Listening and Quiet Still Awareness. Available from: <https://www.miriamrosefoundation.org.au>

Use Yarning as a Communication Style

Yarning is a method of conversation. It is a respectful, informal way of connecting that allows both the participant and health professional or researcher to build trust and share stories and information.

A yarn:

- Can be used to explore health topics in a culturally appropriate way.
- Allows time to build understanding slowly.
- Makes space for humour, truth-telling, and emotional safety.

In clinical settings, yarning can also follow a structured format (such as clinical or research yarning), which supports shared decision-making while respecting cultural ways of communicating.

Suggested References:

- Burke AW, Welch S, Power T, Lucas C, Moles RJ. Clinical yarning with Aboriginal and/or Torres Strait Islander peoples: A systematic scoping review of its use and impacts. *Syst Rev*. 2022;11(1):129.
- Lin I, Flanagan W, Green C, Lowell A, et al. Clinical yarning education: development and evaluation of an Aboriginal health communication training program. *BMC Med Educ*. 2023;23(1):1.
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Respect Kinship and Community Roles

In many Aboriginal and Torres Strait Islander communities, **kinship systems** form the foundation of identity, authority, and caregiving roles. These systems guide who speaks for whom, who makes decisions, and how knowledge and responsibilities are shared.

In health and research settings, this means:

- Health decisions are often shared with family or community.
- Elders may have a guiding role in a person's health journey.
- In some situations, carers or younger family members may speak on behalf of an Elder or patient, based on cultural expectations.
- Respect that decision-making is often communal, not individual.

Cultural safety includes recognising and working within these community structures.

“Wingara”, meaning to reflect and consider, reminds us to notice who holds cultural authority and ensure that voice is honoured in decisions that affect health and wellbeing.

Suggested References:

- Lowell A, Kildea S, Liddle M, Cox B, Paterson B, Reeve D. Supporting Aboriginal knowledge and practice in health care: Lessons from a qualitative evaluation of the Strong Women, Strong Babies, Strong Culture Program. *BMC Pregnancy Childbirth*. 2015;15:19.
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Be Flexible Around Cultural Obligations

Aboriginal and Torres Strait Islander peoples often have **cultural responsibilities** that can impact their ability to attend appointments or participate in ongoing care or research. These include:

- *Sorry Business* (mourning rituals and funeral responsibilities)
- Cultural ceremony
- Family or community gatherings
- Temporary travel for caring roles

If a client misses an appointment, avoid judgement. Ask if they would like to reschedule and offer support. Flexibility is part of culturally safe care.

The principle of “**Bulbanga**” speaks to maintaining long-term relationships with communities, not just within a single consultation or project, but through sustained, respectful engagement that continues beyond appointments or research timelines.

Suggested References:

- Davy C, Kite E, Sivak L, Brown A, Ahmat T. Towards the development of a wellbeing model for Aboriginal and Torres Strait Islander peoples living with chronic disease. *BMC Health Serv Res.* 2017;17:658.
- Kerrigan V, Lewis N, Cass A, Hefler M, Lee A. “How can I do more?” Cultural awareness training for hospital-based healthcare providers working with high Aboriginal caseloads. *BMC Med Educ.* 2020;20:420.
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- Dickson M. “My work? Well, I live it and breathe it”: The seamless connect between professional and cultural obligations for Aboriginal health workers. *BMC Health Serv Res.* 2020;20:118.
- Massi L, Lewis C, Stewart S, Jans D, et al. Looking after bubba for all our mob: Aboriginal and Torres Strait Islander community experiences of stillbirth. *Front Public Health.* 2024;12:1385125.

Check for Understanding with Respect

Clear communication is important to culturally safe care. Many Aboriginal and Torres Strait Islander peoples have experienced miscommunication or harm in health settings due to complex language, jargon, or rushed explanations.

To support understanding:

- Use plain, everyday language.
- Share one idea at a time.
- Pause regularly to check for understanding as you go.
 - Ask, “How does that sound to you?”
 - Would you like me to explain that differently?

Visuals, diagrams, or drawing ideas together can help clarify information. This helps prevent miscommunication and builds trust, especially for those with previous negative experiences in health settings.

Suggested References:

- Rheault H, Coyer F, Jones L, Bonner A. Examining the chronic disease health literacy of First Nations Australians: A mixed methods study. *BMC Health Serv Res.* 2020;20(1):1130.
- Jennings W, Bond C, Hill PS. The power of talk and power in talk: A systematic review of Indigenous narratives of culturally safe healthcare communication. *Aust J Prim Health.* 2018;24(2):109–119.
- Dalach P, Savarirayan R, Baynam G. “This is my boy’s health! Talk straight to me!” Perspectives on culturally safe care among Aboriginal and Torres Strait Islander patients of clinical genetics services. *Int J Equity Health.* 2021;20(1):103.
- Nash D, Stothers K, Frith J, et al. Exploring communication challenges and support needs in Aboriginal primary healthcare: A qualitative study. *BMC Health Serv Res.* 2023;23(1):1247.

Support Language and Communication Preferences

Language is deeply connected to a person's identity, cultural safety, and wellbeing. Aboriginal and Torres Strait Islander peoples may feel more comfortable speaking in their first language rather than in English. Creating a culturally safe space includes respecting and supporting this choice.

To support language needs:

- Begin by gently checking language preference
 - Would you feel more comfortable yarning in your first language today?
- Offer interpreter support early, particularly for sensitive discussions such as consent, mental health, or care planning or complex discussions.
- Offer a trained Aboriginal language interpreter where available.
 - Avoid relying on family members to interpret sensitive matters unless requested by the client.

Speak clearly and at a measured pace. Allow time for interpretation, understanding, and reflection. Silence may be part of respectful communication.

By checking language needs at the beginning of the appointment and making space for culturally appropriate communication, health professionals and researchers can show respect and support client safety. Interpreters should be briefed beforehand to ensure safe communication.

Suggested References:

- Kerrigan V, McGrath SY, Majoni SW, Walker M, Ralph AP. "The talking bit of medicine, that's the most important bit": Doctors and Aboriginal interpreters collaborate to transform culturally competent hospital care. *Int J Equity Health*. 2021;20:218.
- Ralph AP, Lowell A, Murphy J, Dias T, Butler D. Low uptake of Aboriginal interpreters in healthcare: Exploration of current use in Australia's Northern Territory. *BMC Health Serv Res*. 2017;17(1):700.
- Mithen V, Kerrigan V, Dhurrkay G, et al. Aboriginal patient and interpreter perspectives on the delivery of culturally safe hospital-based care. *Health Promot J Austr*. 2021;32(4):631–638.
- Kerrigan V, McGrath SY, Doig C, et al. Evaluating the impact of 'Ask the Specialist Plus': a training program for improving cultural safety and communication. *BMC Health Serv Res*. 2024;24(1):565.

Work with Aboriginal Health Workers and Liaison Officers

Aboriginal Health Workers (AHWs), Aboriginal Liaison Officers (ALOs), and Cultural Navigators play a key role in delivering culturally safe care. They are not just intermediaries, they are cultural leaders who:

- Support patients to understand and engage in their care.
- Support research participants to understand the research question, methodology and procedures.
- Offer guidance to health professionals and researchers on cultural practices.
- Build trust with community.

Respect the authority of Aboriginal staff in their roles. They hold deep community trust and cultural knowledge. Ask if the patient or participant would like an Aboriginal staff member present and, where possible, introduce them to the local AHW or ALO team.

Suggested References:

- Kerrigan V, McGrath SY, Baker RD, Burrunali J, et al. "If they help us, we can help them": First Nations Peoples identify intercultural health communication problems and solutions in hospital in Northern Australia. *J Racial Ethn Health Disparities*. 2024. [Epub ahead of print]
- Oribin J, Fatima Y, Seaton C, Solomon S, Nancarrow S. Discharge against medical advice in rural and remote emergency departments: Views of healthcare providers. *Rural Remote Health*. 2024;24(1):7051.
- Cochrane F, Singleton-Bray J, Canendo W, et al. "I can't stress how important it is": Indigenous Health Liaison Officers' insights into working with speech-language pathologists and Aboriginal clients. *Int J Speech Lang Pathol*. 2024;26(1):48–59.
- Gwynne K, McCowat J, Lincoln M. Working with Aboriginal health workers to deliver culturally appropriate healthcare in mainstream services: A literature review. *Aust Health Rev*. 2019;43(6):663–670.

Support Community-Based Pathways

Community-based support plays a central role in Aboriginal and Torres Strait Islander health and healing. Many communities host:

- Men's groups and women's groups
- Elders' circles
- Cultural healing programs

These safe spaces support physical, emotional, and spiritual wellbeing. They also support cultural identity, intergenerational knowledge-sharing, and community connection.

Health professionals and researchers should:

- Ask the local Aboriginal Medical Service (AMS) or Aboriginal Health Unit about available groups.
- Offer patients or participants the opportunity to connect with these services.

Supporting these pathways highlights cultural respect and strengthens engagement in care and research.

Suggested References:

- Dudgeon P, Bray A, Blustein S. Connection to community: The role of culturally safe, community-based healing and truth-telling for Aboriginal and Torres Strait Islander people. *Aust Indig Ment Health Suicide Prev Clearinghouse*. 2022. Available from: <https://nacchocommunique.com/wp-content/uploads/2022/04/PAPER-AIHW-Connection-to-Community-2022.pdf>
- Cox T, Mond J, Hoang H. "We're also healers": Elders leading the way in Aboriginal community healing. *Aust J Prim Health*. 2022;28(6):562–569.
- Hornby-Turner YC, Russell SG, Quigley R. Safeguarding against dementia in Aboriginal and Torres Strait Islander communities: The role of culturally safe community engagement. *Methods Protoc*. 2023;6(5):103.

Co-Design and Community Leadership

Whenever possible, work with local Aboriginal health teams, Elders, and community groups to strengthen culturally safe communication and practice. Respect the knowledge already held within community. Co-designed care plans, yarning circles, and community-led models can help ensure health services and research work are meaningful and relevant to address current concerns and community priorities.

The words **Waranara** (to look for the right path) and **Burbangana** (to help lift up) remind us that care and research should be based on respect, trust and shared responsibility. This means taking the time to ask permission, listen carefully and work in ways that reflect what matters most to the community.

Suggested References:

- Butler T, Gall A, Garvey G, Ngampromwongse K, Hector D, Turnbull S, et al. A comprehensive review of optimal approaches to co-design in health with First Nations Australians. *Int J Environ Res Public Health*. 2022;19(23):16166.
- Ishaque S, Ela O, Rissel C, Canuto K, Hall K, Bidargaddi N, et al. Cultural adaptation of an Aboriginal and Torres Strait Islanders maternal and child mHealth intervention: Protocol for a co-design and adaptation research study. *JMIR Res Protoc*. 2025;14(1):e53748.
- Fono M, Rambaldini B, Christie V, Gwynne K. Co-designing health policy with Aboriginal and Torres Strait Islander peoples: A protocol. *Public Health Res Pract*. 2024;34(3):1–8.

Always seek guidance from local Aboriginal community leaders.

Words to Know and Use with Care

Term	Meaning
Mob	A person's extended family or community group.
Dadirri	Inner, respectful, quiet listening. A form of deep cultural respect.
Ngara Ngara	Listening deeply — even to silence — with full presence and respect.
Yarning	Two-way conversation that builds connection and trust.
Country	A person's spiritual and cultural home. Includes land, waters, ancestors.
Sorry Business	Mourning and ceremony after a death. May last for days or weeks.
Kinship	Cultural system of family roles, responsibilities, and obligations.
Men's/Women's Business	Culturally specific practices, responsibilities, and roles.
Ngurra	Home or place of belonging. A source of strength and safety.
Yindyamarra (Wiradjuri)	Acting with gentleness, respect, and honour.
Wingara	To reflect and consider power, voice, and cultural authority in decision-making.
Mawa Maur	Sharing stories is sacred. Listening to lived experience is a privilege.
Bulbanga	Responsibility to maintain long-term engagement with communities.
Waranara	To actively look for the right path — to seek ethical and respectful ways forward.
Burbangana	To help lift up — to support others in culturally respectful ways.

Key Support Services for Health Professionals

National Contacts

Organisation	Description / Service	Contact
NACCHO – National Aboriginal Community Controlled Health Organisation	Peak body representing Aboriginal Community Controlled Health Services across Australia. Provides health resources, workforce support, and policy advice.	Email: www.naccho.org.au Ph: (02) 6246 9300
13YARN	A 24/7 Aboriginal-led crisis support line staffed by trained Aboriginal and Torres Strait Islander people.	Email: www.13yarn.org.au Ph: 13 92 76
The Healing Foundation	National organisation supporting trauma-aware healing programs for Stolen Generations and their families.	Email: www.healingfoundation.org.au
National Indigenous Postvention Service (NIPS)	Culturally responsive grief and loss counselling, especially after suicide or critical loss in community.	Email: www.nips.org.au Ph:1800 805 801

References

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- Australian Health Practitioner Regulation Agency (Ahpra). *National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020–2025*. Canberra: Ahpra; 2020.
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Support Community-Based Pathways

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