Dr Megan Williams reported on the Lowitja Institute’s forum – Community priorities into policy (#ResearchIntoPolicy), held in Canberra on Monday May 14th, 2018, for the Croakey Conference News Service.

Croakey is a social journalism project for public health based in Australia. [http://croakey.org](http://croakey.org)
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Putting Aboriginal and Torres Strait Islander community priorities into policy: What will it take?

New reports released at a Lowitja Institute forum in Canberra challenged researchers and policymakers to better address the priorities of Aboriginal and Torres Strait Islander communities.

Dr Megan Williams, a UTS scholar of Wiradjuri descent and a Croakey contributing editor, covered the #ResearchIntoPolicy event for the Croakey Conference News Service, and in the article below sets the scene for some of the discussions.

Megan Williams writes:

“We all know, and can all feel, that data has increasing power and influence over our lives.”

That is what Professor Ian Anderson AO, a Palawa man who is Deputy Secretary for Indigenous Affairs in the Department of Prime Minister and Cabinet, recently told the Australia and New Zealand School of Government (ANZSOG) conference.

That power and influence, for Aboriginal and Torres Strait Islander people, reinforces us as “less than”, telling us we must expect to live shorter, poorer, less educated and less healthy lives than other Australians.
It’s a traumatic take-home message, a deficit discourse, and one that our children learn about at school, our university students learn about at Close the Gap Day barbeques and the general public is reminded annually by the Prime Minister’s report to Parliament.

The report’s tone suggests it’s a fait accompli that few targets have been met, and this year when the Closing the Gap Refresh was announced, I saw first-hand the cynicism that this engendered amongst non-Indigenous students and staff in a tertiary institution.

There were more than just a few subtle eye-rolls around the room. “What’s the Aboriginal community do with all the money, then?” was the sentiment, spoken and unspoken.

The real answers to this question are rarely shared, and certainly not with the same snappy info graphics that are printed about the health status of Aboriginal and Torres Strait Islander people in government reports.

The healthiness of services, policies or the evidence base is very rarely assessed.

**Transform the use of data**

In his ANZSOG speech, Anderson advocated for a transformation in how data is used to influence policy to improve Aboriginal and Torres Strait Islander people’s health.

He and other Aboriginal and Torres Strait Islander health research leaders have explained how administrative data collected by governments and health and welfare services is often incomplete, that it lacks contextual detail, and when aggregated to present national trends portrays a vastly different reality to local lives and needs.

Reports rarely include information about Aboriginal and Torres Strait Islander people who work, are connected to their community, or are healthy.

Virtually no research has been funded to identify and address lack of accountability in government and service systems.

**The National Health and Medical Research Council Guidelines** for Research Involving Aboriginal and Torres Strait Islander Peoples have provided important parameters for ethical research.

These have been enlivened by the work of the Lowitja Institute, Australia’s National Aboriginal and Torres Strait Islander Health Research Institute and its Cooperative Research Centres in Aboriginal and Torres Strait Islander health over approximately 20 years.

The CRCs and Lowitja Institute have resulted in dozens of universities, research centres and institutes, Aboriginal and Torres Strait Islander community-controlled health services and students collaborating, building capacity and developing key resources to support ethical research.

**Research leadership**

As Aboriginal and Torres Strait Islander health research leadership has grown, so too has the intolerance for the deficit discourse, or for research “on” Aboriginal and Torres Strait Islander peoples.

The NHMRC Guidelines and researchers’ association with the Lowitja Institute bring with them a responsibility to ensure research is Aboriginal and Torres Strait Islander community-driven, rather than researcher-driven.
This concept is old news in the marketing and business world. “If you want change,” they say, “First you need to ask your consumers, and secondly, you need to do what they want”.

The last decade of Closing the Gap has shown that top-down approaches to funding models, policy-making and research have not worked, but have potentially worsened an already profoundly inequitable situation. The question remains about how system-level transformation can occur.

One important step is convincing more researchers that regardless of their cultural background or discipline, Aboriginal and Torres Strait Islander research ethics, methodologies and methods are useful for everyone. They are not only for Aboriginal and Torres Strait Islander people, as their core concepts – of engagement, capacity building, social justice and prevention – are more widely applicable.

Most Aboriginal and Torres Strait Islander health researchers are trained in both western sciences and Indigenous knowledges, rather than only one or the other. This results in a highly-developed, diverse skills-set among people who have the courage and impetus to innovate, and community support to do so.

This point was reinforced by Sir Professor Michael Marmot, Director of The University College London Institute of Health Equity, during his recent visit to the Central Australian Aboriginal Congress in Alice Springs.

He saw how Aboriginal and Torres Strait Islander health research and community controlled health services clearly identify and address the social determinants of health – with relevance for any nation in its efforts to reduce health inequity.

Another key area where Aboriginal and Torres Strait Islander health researchers are leading the way is research translation. The Lowitja Institute’s Knowledge Translation planning process begins before a project is fully funded or implemented. No other mainstream funding body requires, expects or stimulates this.

The recent Federal Budget included $75 million for research translation through the Medical Research Futures Fund as part of its promised $20 billion by 2020-21. None appear to be specifically allocated to Aboriginal and Torres Strait Islander health.

The biomedical, mental health, women’s health, hospital and health systems research programs prioritised will have to ensure they meet the needs and aspirations of Aboriginal and Torres Strait Islander peoples too. This is always a cause for concern, given so few non-Indigenous people are confident partnering with Aboriginal and Torres Strait Islander communities and researchers.

**Illuminating discussions**

There were some illuminating discussions around many of these concerns, questions and possibilities during the Lowitja Institute forum in Canberra.

As an alumni of the Lowitja Institute, I am active in research translation through the Sydney Partnerships for Health Education and Research Enterprise (SPHERE) Maridulu Budyari Gumal Aboriginal and Torres Strait Islander Health and Wellbeing Clinical Academic Group.

I am delighted to cover the #ResearchIntoPolicy forum for Croakey readers.
New report spotlights governments’ secrecy on Indigenous health program outcomes

Melissa Sweet writes:

Information about evaluation tenders for Aboriginal and Torres Strait Islander health programs is locked away by governments, according to a new research report.

A review of publicly advertised evaluation tenders over the past ten years found that only five percent of tender documents and 33 percent of evaluation reports were publicly available.

The report, An Evaluation Framework to Improve Aboriginal and Torres Strait Islander Health, makes sweeping recommendations to improve the transparency and accountability of evaluations, as well as the quality of tender processes.

Prepared for the Lowitja Institute by the University of Melbourne’s Margaret Kelaher, Joanne Luke, Angeline Ferdinand and Daniel Chamravi, the report is one of a number of new publications launched at a Community Priorities into Policies forum.
The report calls for tender documents, evaluation reports and responses to evaluation to be stored on a publicly accessible database, so they are accessible to the communities in which data are collected.

**Reforms needed**

It also calls for sweeping reforms to evaluation of Aboriginal and Torres Strait Islander health programs to ensure they better meet the needs of communities and follow the principles of ethical research.

The researchers said the failure to release evaluation reports was a frustration not only for evaluators, Aboriginal and Torres Strait Islander people, and program implementers – but also commissioners.

“The value of releasing evaluation reports was recognised by all parties,” the report said.

“Although decisions not to release evaluation reports are typically made by commissioning agencies, these decisions often reflect political rather than program imperatives.

“Exceptions were cases where there were concerns about the quality of the evaluation; however, this is likely to make up a small proportion of the reports that are not released.”

The researchers said the Department of the Prime Minister and Cabinet was moving to release all evaluations in either report or summary form, but that past evaluations should also be released.

“Lack of access to information about evaluations and their findings is a significant barrier to building the evidence base in Aboriginal and Torres Strait Islander health. It also prevents evidence-based priority setting and quality assurance processes around evaluation.”

**Ethical gaps**

The report noted that evaluation contracts, particularly around intellectual property, are often at odds with community expectations and ethical frameworks.

“The most important finding from this review of government tenders is that there is no consistency regarding ethics requirements for evaluations involving Aboriginal and Torres Strait Islander populations. Nor is there an ethic to give Aboriginal communities a voice in the evaluation through meaningful engagement or control of the evaluation.”

The report also found that, although there were some positive examples, accepted principles for working with Aboriginal and Torres Strait Islander people are not widely or consistently integrated into programs, tender documents or program evaluations.

For example, principles of holistic concept of health, partnerships and shared responsibility, cultural respect, engagement, capacity building, accountability and governance were not well integrated into evaluations.

“It was not uncommon for a program to stipulate that its outcomes were related to holistic health but then have indicators that were largely biomedical,” the researchers reported.

The report proposes a framework for the evaluation of policies, programs and services for Aboriginal and Torres Strait Islander peoples, noting that the lack of a coherent framework has meant “a reduction in the quantity, quality, scope and use of available evidence”.
While efforts were underway to improve evaluation processes, the researchers said it was recognised that systemic change was required.

They called for tender processes to support evaluation proposals that are most likely to benefit Aboriginal and Torres Strait Islander people, and for evaluation contracts and agreements to be consistent with principles for working with Aboriginal and Torres Strait Islander people and ethical frameworks.

A directory of current evaluations should be developed, and training should be provided to specifically support Aboriginal and Torres Strait Islander leadership in evaluation, the researchers said.

The report gives several examples of positive approaches to evaluation, but notes that “the most constant criticism from Aboriginal and Torres Strait Islander communities about evaluation and other types of research is that the findings are not translated into action and thus not of benefit to communities”.

For example, many of the issues examined in the Royal Commission into the Protection and Detention of Children in the Northern Territory arose from unaddressed recommendations in the 2007 Little Children are Sacred report and the 1991 report of the Royal Commission on Aboriginal Deaths in Custody.
#ResearchIntoPolicy – expert reflections and challenges from the field

The wide-ranging harms of the deficit discourse that so often dominates public debate, research, practice and policy about Aboriginal and Torres Strait Islander health was highlighted in a report released by the Lowitja Institute.

The Institute’s Community Priorities into Policy forum, held at the National Museum of Australia in Canberra, also brought the launch of a report calling for more accountable, transparent and ethical evaluation of Indigenous health programs.

Discussions at the Forum also provided a perfect opportunity for some football metaphors, reports UTS scholar and Croakey contributing editor Dr Megan Williams.
Megan Williams writes:

“Research translation is a transaction” was one of the first comments made to me by Lowitja Institute CEO Romlie Mokak at the #ResearchIntoPolicy Forum.

I felt like it was a phrase I’d been hoping for, to help progress my own thinking and writing about research translation for my justice health research role in Maridulu Budyari Gumal, the Sydney Partnerships for Health, Education and Research Enterprise (SPHERE).

The Forum aligns with a wider movement to ensure more effective translation of research findings into practice and policy; in Aboriginal and Torres Strait Islander health, this movement is informed by our experience of successes and missed opportunities in the past and our critical reflection on the great opportunity there is to improve practice and policy.

Mokak would have seen in his 30-plus years in health and social services the cycle of research into reports onto bookshelves into bins.

Whilst policy may generally reflect gaps identified through research, and provide good frameworks for service delivery based on research findings, there are common barriers to connecting research and policy into action – whether this be service delivery or ‘practice’, community development, education or other types of social change.

These barriers include lack of resourcing, limits to collaboration in real-world settings, almost no evaluation, and no recourse by communities or representative bodies when policies are not met.

Unless, that is, considerable effort is made to change these dynamics. This can and does happen.

But the effort requires resourcing and strategising, and raising the expectations and demands on all of the players involved in policy, research and service delivery. We often hear of government departments being silos; policy, research and service delivery suffer this too.

**Learning from the football field**

That is why Mokak’s use of the word transaction was appealing. It asserts action, and action across fields or players.

And, at the risk of getting stuck in a football analogy, there have to be solid goals, clear rules and a good post-game analysis.

Fans help too – people willing to champion the cause and get excited. This is not golf, with an individual trying to place a tiny ball in a far-off hole over a mown landscape – but a team effort.

#ResearchIntoPolicy requires a team with a diverse skill set. Researchers often do like communicating, but not always, and not necessarily the type of communications that will convey straightforward messages to the public or the policy makers.

Then there’s the mid-fielder public servants who are in play too, moving around a lot and going between policy writers, executives, administration and researchers. The community don’t have a coordinating, refereeing or commentary role; unless packed into the scrum, they’re out cold and can trail for the season.

Fortunately, a “better luck next time” mantra is rarely used among researchers I’m around. I am connected with the Lowitja Institute through its earlier Cooperative Research Centre for Aboriginal Health in 2007, and instead have mostly heard from colleagues that “we can do better”.

This is on two counts – “we will do better next time, learning the lessons of the past”, and “we already offer something better”.
I touched on this “Aboriginal researchers offer something better” theme in my preview article for the #ResearchIntoPolicy Forum. The ethical principles, capacity building commitments and partnerships between communities, service providers and policy makers are, dare I say it, our ‘norm’.

But more policy impact is always desired. Not just more impact of research into policy, but also more impact of policy to improve health and wellbeing, and therefore policy into research – to assess the effectiveness and improve accountability of policy to achieve what it says it will achieve.

Beyond the disconnect

The question of “Where is the disconnect?” (between research, policy and practice) came up at the Forum in all three presentations, as well as Mokak’s introduction and conclusion, and Rapporteur Geoffrey Richardson’s critical contribution.

And Richardson would well know – he describes himself as a lifetime public servant and has engaged in some of the most challenging policy and program situations any in the room would have experienced. His insights and summary were superb – as described further below.

A presentation by the University of Melbourne’s Professor Margaret Kelaher, launching An Evaluation Framework to Improve Aboriginal and Torres Strait Islander Health with Joanne Luke, Angeline Ferdinand and Daniel Chamravi, outlined several disconnects.

These included: lack of transparency, with only five percent of tender documents and 33 percent of evaluation reports being publically available; ethical principles of programs not being effectively conveyed or reflected in the way evaluation is undertaken by researches external to the local context; and reports making unrealistic recommendations for the future.

The report calls for tender documents, evaluation reports and responses to evaluation to be stored on a publicly accessible database, and for capacity building, including for researchers and community members to co-design and be partners in evaluation.

It also recommends evaluations reporting against a set of nationally recognised ethical principles relevant to Aboriginal and Torres Strait Islander peoples.
These things can all come together well. The presentation made in the evaluation session by Fran Eades, Noongar woman from the great southern region of WA, highlighted how partnerships enable these principles to be realised.

Eades has worked in health care for over 30 years, including in clinical practice, community service and research. She is instrumental in encouraging Aboriginal and Torres Strait Islander community members to participate in and lead research, overcoming its moniker as “a dirty word”.

She now has a role with Derbarl Yerrigan Health Service Aboriginal Corporation, which is a case study in the Developing Evaluation Frameworks report. Eades described how evaluation has been embedded in a heart health program operating since 2008, as a partnership between the National Heart Foundation, Curtin University and the Royal Perth Hospital and Derbarl Yerrigan.

She said: “That program has just gone from strength to strength but right at the outset, the importance of evaluating what’s done was really important and it’s ongoing.”

For Eades, participation in the Lowitja-funded Evaluation Framework project was also valuable, and the University of Melbourne team “reinforced that we are on track”.

This strengthened their confidence in their program, “having set up this program at a community-controlled health organisation, somewhere where it is very familiar for people and where a lot of our people feel comfortable, engagement levels have just been fantastic”, compared to the lower levels of engagement in mainstream hospital and health service settings in the past.

Also, Eades said: “It has reinforced to us the importance of continuing to evaluate the impact of that program for the community because we know how important cardiac rehab programs are.”

This is a useful model to carry forward in the design and delivery of health services, showing how large mainstream services can work effectively with Aboriginal and Torres Strait Islander community-controlled services to improve their accessibility and cultural sensitivity and meet the needs of local populations. This is something mainstream services often find challenging.

And interestingly, while the new report focuses on evaluation, it also provides unique case studies and important insights for health planning in the future.

Forums like these also have spin-offs. I listened in on a chance meeting between Margaret Kelaher from the University of Melbourne and Grant Frost from the Department of Prime Minster and Cabinet.

They both had questions about how researchers and policy makers can work better together, how researchers and evaluators can make clearer messages for policy makers, and what policy makers need to support their work.

The other spin-off from the forum was helping identify core disconnects – the underlying factors in why “billions of dollars has been spent and nothing is improving”, as said by presenter Scott Gorringe from organisation Murri Matters.

As explored in the Deficit Discourse reports and presentation, there is a sense that Aboriginal and Torres Strait Islander ways of doing research and service delivery are not trusted, are invisible or seen as “less than” and are therefore not invested in.

But forums like this, and the efforts of the Lowitja Institute, including through their book Changing the Narrative, have been instrumental in challenging the discourse thus far.
Focus on strengths

Strengths-based approaches are an essential part of changing the narrative from a deficit discourse.

But a focus on strengths also brings with it risks, as was explored by presenters of the Deficit Discourse project funded by the Lowitja Institute – Dr Hannah Bulloch, Research Fellow at the Australian National University’s National Centre for Indigenous Studies (NCIS) and Scott Gorringe from Murri Matters.

Risks are not often mentioned with strengths-based approaches to improving health. But, a focus on strengths can distract from addressing underlying social inequality and structural determinants that produce poor health.

As well, strengths-based approaches can put too much responsibility onto individuals and communities to themselves fix health issues that are social or structural in origin, with a sense of blame arising when this does not occur.

Interestingly, despite strengths-based approaches being advocated for decades, the theoretical and research base is lacking.

The joint Lowitja and NCIS publication, *Deficit Discourse and Strengths-based Approaches*, released at the Forum together with another new report, *Deficit Discourse and Indigenous Health*, provide key contributions to framing a way forward, to guide policy makers, as well as researchers and service providers.

But, as recognised at the forum, this is not a given.

Deficits and negatives have a particular power in Australia, in which the history of the country prior to 1788 remains relatively hidden; invisibility and denial produce a toxic discourse and effect on health.
Even talking about it is disheartening; as experienced Aboriginal and Torres Strait Islander health and social scientists, program managers and service providers, we desire progress.

But it is the people who don’t have the lived-experience of invisibility and marginalisation we have to reach, and teach.

In going about our work, presenter Scott Gorringe challenged us to develop a better understanding of “the dance of power”.

He asked: Where do we give our power away? Where do we assume or take power? How conscious are we of it? How can we become more conscious?

Hence my remembering of Romlie Mokak’s opening remark to me that morning – that research translation is a transaction.

Research translation fits within a broader umbrella of knowledge exchange, and exchange itself denotes transaction.

But there is something more to the “action” word in transaction that I feel more of a sense of power from.
It might sound business-like too, or managerial or shrewd, but perhaps more of that power, in my small justice-health research and policy advocacy domain anyway, might help make progress.

In this interview, Scott Gorringe describes his work supporting and challenging people to see their unconscious biases.

He has witnessed profound transformations and improvements in the way Aboriginal and Torres Strait Islander people are understood, respected and trusted – and even describes this highly-sensitive process as “fun”, because of the positive gains people make in their relationship to themselves and others.

Strength through humility

The underlying tone of strength through humility continued into the presentation by Professor Kerry Arabena about service integration to improve Aboriginal and Torres Strait Islander early childhood development.

Arabena, Chair of Indigenous Health and Director of the Indigenous Health Equity Unit at the University of Melbourne and a descendant of the Meriam people of the Torres Strait, drew on her long history working among Aboriginal and Torres Strait Islander services and communities, and demonstrated how relationships are key to breaking down silos.

Picking up on the theme of deficit discourse, Arabena also warned against labelling service users.

In designing strategies for promoting service integration, Arabena reflected briefly on her experience as a blood-borne virus educator two decades ago and the more common use of peer research then.

Peer-research about blood-borne viruses is supported by a vast evidence base but is relatively scarce in Indigenous health research, with the Indigenous health research standpoint being more about more overarching co-creation and community-driven approaches more generally, and peer-research arguably being understood as a specific data collection method.
The conversation below between Indu Balachandran from the National Centre for Indigenous Excellence in Redfern, NSW, and Arabena, demonstrates how peer research generates greater engagement of community members in services, as well as better identification of needs and solutions, and more immediate responses to needs.

It tells the story of service integration to improve early childhood health and wellbeing, particularly by supporting parents.

Recognising research leadership

The themes of humility, strengthening parents and addressing determinants of health also rang through in the announcement of the 2018 Research Leadership Award winner.

This Award occurs through a Cranlana Programme and Lowitja Institute partnership, and went to Associate Professor Ray Lovett, NHMRC Research Fellow and Aboriginal and Torres Strait Islander Health Epidemiology head from ANU College of Health and Medicine, and a Wongaibon man.

Although Lovett could not join the Forum in person, he expressed his gratitude through a video presentation and highlighted the contribution of many community members and organisations to his research, to whom he said the award also belonged.
Taking research to the next stage

Forum rapporteur Geoff Richardson was well-known to several in the room, including Lowitja Institute leaders.

He admitted he had to look up the word “rapporteur” to see what it meant, but even if he wasn’t so comfortable with term at first, he showed great skill in not only summarising what speakers had said, but also applying his own experience into clear instructions for us on how and who to be, “to take us to the next stage”.

This experience as a listener of being trusted, respected and invested in with knowledge from Elders puts me in my place as a younger researcher in the most instructive way, helps me know my role, reminds me that many Elders and leaders are tuned in, and know and sense what is required.

I certainly need that – especially when talking about deficit discourse.

The deficit discourse is an everyday experience – the assumption that my Aboriginal family and culture is a taker not a giver, is needy not needed, is a cost not a benefit.
Richardson reminded us that deficit discourse is “a mindset embedded in a power dynamic” and that it “keeps us in a service delivery paradigm” where our First Peoples are problems to be fixed, to be developed.

He had witnessed how terms such as “normalisation” and “advancement” set western society as the benchmark to which Aboriginal and Torres Strait Islander people should aspire, and this is despite grave concerns too for the health and wellbeing of western society.

Thankfully Richardson encouraged us that there are relatively simple strategies for changing the narrative from deficits: “We must avoid prescribing solutions,” not going to communities with programs in mind and asking if they want them. This is about ensuring “communities decide for themselves”, otherwise “this is part of the deficit mindset, even though it might be well-intentioned”.

Richardson expressed concern at the rhetoric of whole-of-government, coordinated care, rather than cooperation being invested in, including better understanding the inter-dependencies that occur in systems.

He encouraged us to “treat communities like a system and take interconnected parts and the relationships, and understand the strengths, weaknesses, opportunities, threats”. On this, he said for Aboriginal and Torres Strait Islander people, the phrase “it takes a whole village to raise a child is ‘literal’” and everyone in the village has a role.

In a genuine tone, Richardson expressed some concern at sounding controversial, I think because he wanted us as an audience to understand, rather than feel alienated.

But he sincerely worries, that “If an Aboriginal service delivers a service in a passive way, the result is passivity”.

He has seen the benefits of genuine community-control and family-control and the agency people display when they are self-determining needs and solutions. He warned us against “carrying the can for racism” by not pursuing self-determination, and by enabling silos and the status quo.

Richardson urged us to use the wonderful relationships we have in our lives, and encouraged people in the room to keep discussing “how can we apply these learnings into real life?”

He wants us to go the distance – change the discourse – and push for viable place-based approaches that aren’t program-centric but are about people, to take us to the next stage.

Watch the interview below
Tweet reporting

Giulia Veronica @G_Vron · May 13
#ResearchIntoPolicy forum underway in Canberra @LowitjaInstitut @RACGP

Romlie Mokak introduces the event

Lowitja Institute @LowitjaInstitut · May 13
@LowitjaInstitut CEO @RMokak highlights the importance of impact for Aboriginal & Torres Strait Islander health research as we start the conversations at #ResearchIntoPolicy

Megan Williams @MegBastard · May 13
87% @LowitjaInstitut projects have #INDIGENOUS leaders essential for #researchtranslation #ResearchIntoPolicy @CroakeyNews @IndigenousXLLtd @WePublicHealth

Megan Williams @MegBastard · May 13
"Respect for the future of our children is why we're here today" discussing #ResearchIntoPolicy with examples coming up from 3 projects @LowitjaInstitut @nma #Canberra @CroakeyNews

Megan Williams @MegBastard · May 13
"Research translation is a transaction" @LowitjaInstitut CEO @RMokak As a dedicated researcher I am here to hear more, especially for #ResearchIntoPolicy Forum today @nma #Canberra @CroakeyNews @sphcmunsW @JumbunnaMedia

You can track Croakey's coverage of the conference here.
Professor Margaret Kelaher and Ms Fran Eades

Megan Williams @MegBastard · May 13

"Program evaluation vital to policy and program planning but #indigenous people often dissatisfied with quality" #reviews done showing #moreneeded for #ResearchIntoPolicy that are #ethical #sensitive #Timely @LowitjaInstitut @unimelb #ResearchIntoPolicy

Liz Callaghan @PCACEO · May 13

Margaret Kelaher & Fran Eades @unimelb presenting research on evaluation & engaging Aboriginal & Torres Strait Islander communities.... strong recommendations that must be taken up #ResearchIntoPolicy

Lowitja Institute @LowitjaInstitut · May 13

Aboriginal & Torres Strait Islander leadership is vital at all levels of policy & program development, implementation & evaluation - Margaret Kelaher @unimelb #ResearchIntoPolicy
You can track Croakey’s coverage of the conference here.

Dr Hannah Bulloch and Mr Scott Gorringe

Simon Rosenberg @simon_rosenberg · May 13
How to co-create power? A key challenge for policy-makers from Scott Gorringe @Lowitjainstitut #ResearchIntoPolicy Forum. #RedfernStatement

Deficit discourse and Indigenous health; reframing discourse and strength-based approaches
Hannah Bulloch and Scott Gorringe

Megan Williams @MegBastard
"Genuine power sharing takes courage" Fran Eades and Scott Gorringe sharing much experience @Lowitjainstitut #ResearchIntoPolicy forum #partnerships #ethics #beyondconsultation cc @IndigenousXLtd TY

Megan Williams @MegBastard · May 13
“Need research by bus, with us and not for us, or to us” “But doing with needs us to shift the power dynamic. Do we take power away unknowingly? Knowingly? Or give it away?” Scott Gorringe @Lowitjainstitut #ResearchIntoPolicy forum and reports launch @CroakeyNews
You can track Croakey’s coverage of the conference here.

#ResearchIntoPolicy – expert reflections and challenges from the field

Megan Williams @MegBastard · May 13
*The Dance of Power* power must r can be cocreated consciously but we’re in trouble if it’s unconscious plus if we take it or give it away unconsciously. Key is to be conscious + ask “what would I do next time?” Scott Gorringe
#ResearchIntoPolicy @Lowitjainstitut @CroakeyNews

Aileen Collier liked

Liz Gallaghan @PCACEO · May 13
Scott Gorringe explains the ‘dance of power’- when we do it unconsciously thats when its a problem. “How can we co-create the power?”
#ResearchIntoPolicy

CREIndigenousAlcohol and 1 other liked

Megan Williams @MegBastard · May 13
*Genuine power sharing takes courage* Fran Eades and Scott Gorringe sharing much experience @Lowitjainstitut #ResearchIntoPolicy forum #partnerships #ethics beyonddisclosure cc @IndigenousXLab TY

Liz Gallaghan @PCACEO · May 13
Scott Gorringe challenges us all to consider when we’re working/researching /evaluating in Aboriginal and Torres Strait Islanders space ask yourself are you doing to or for? And ask yourself how to move to the with #ResearchIntoPolicy @Lowitjainstitut

debbie fearon liked

Megan Williams @MegBastard · May 13
Supporting #INDIGENOUS people to move forward needs no rescuing but respect *“Have you got the courage to see what your assumptions are?”* Scott Gorringe @Lowitjainstitut #ResearchIntoPolicy @UQ_News

Chris Bourke @chrisbourne · May 13
Hearing about strengths based approaches vs deficit discourse at #ResearchIntoPolicy @Lowitjainstitut
You can track Croakey's coverage of the conference here.

#ResearchIntoPolicy – expert reflections and challenges from the field

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**Professor Kerry Arabena**

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**Giulia Veronica @G_Vron · May 13**

@ArabenaKerry talking about healing power and balanced relationships in regional integration of early childhood programs #ResearchIntoPolicy

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**Indu Balachandran @indu_rb · May 13**

Early childhood interventions most powerful for whole of life impact and empowered parents are the key, says Kerry Arabena #ResearchIntoPolicy

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**Megan Williams @MegBastard · May 13**

Hearing from Prof Kerry Arabena about sharing power in research #ResearchIntoPolicy @LowitjInstitute Aboriginal and Torres Strait Islander families first1000daysostralia.org.au

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**Simon Rosenberg @simon_rosenberg · May 13**

@ArabenaKerry talks about how families can become commodities to services. Need genuine #Selfdetermination to underpin family engagement with service system. @LowitjInstitute #ResearchIntoPolicy

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**Giulia Veronica @G_Vron · May 13**

Action for us to think about from @ArabenaKerry ‘don’t give people an identity; talk about their experiences’ #ResearchIntoPolicy

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**Simon Rosenberg @simon_rosenberg · May 13**

Policy makers and services need to acknowledge people’s experiences, not give them an identity. Labelling someone ‘vulnerable’ is unhelpful, denies strengths, and undercuts #Selfdetermination says @ArabenaKerry at @LowitjInstitute #ResearchIntoPolicy
Discussions and feedback

**Lowitja Institute @LowitjaInstitute • May 13**
Questions & discussion led by Geoff Richardson about Aboriginal & Torres Strait Islander health research & about translating the evidence into policy
#ResearchIntoPolicy

**Giulia Veronica @G_Vron • May 13**
Great sessions this morning! Look forward to reading the reports in more detail @LowitjaInstitute @RACGP #ResearchIntoPolicy

**Lowitja Institute @LowitjaInstitute**
Thanks so much for joining the #ResearchIntoPolicy conversation at the @Emma in Canberra & online. Reports & info are available here: lowitja.org.au/community-pri… & we look forward to continuing these important discussions for Aboriginal & Torres Strait Islander health & research.

**Liz Callaghan @PCACEO • May 13**
@ArabenaKerry thanking @LowitjaInstitute for their leadership in research, “their leadership has been exemplary” 👍 Agree @RMckay well done!
#ResearchIntoPolicy

**Chris Bourke @chrisbourke • May 13**
Congratulations to @LowitjaInstitute for an excellent #ResearchIntoPolicy seminar today.
You can track Croakey’s coverage of the conference here.

#ResearchIntoPolicy – expert reflections and challenges from the field

• Further reading – The Croakey Conference News Service report from #ResearchTranslation17

Warm thanks to all tweeps

The Twitter analytics can be seen below, and the Twitter transcript is here.

The #researchintopolicy Influencers

<table>
<thead>
<tr>
<th>Top 10 by Mentions</th>
<th>Top 10 by Tweets</th>
<th>Top 10 by SymplurRank</th>
</tr>
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<tbody>
<tr>
<td>@Lowijilnstitut 660</td>
<td>@croakeyblog 61</td>
<td>@Lowijilnstitut</td>
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<tr>
<td>@MegBastard 301</td>
<td>@WePublicHealth 330</td>
<td>@unimelb</td>
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<td>@Lowijilnstitut 49</td>
<td>@UNQ_News</td>
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<td>@RMockak 33</td>
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<td>@blinckandurumtane 32</td>
<td>@symplur</td>
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<td>@rma 42</td>
<td>@JasonAsher 19</td>
<td>@RMockak</td>
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</tbody>
</table>

The Numbers

- 5.415M Impressions
- 913 Retweets
- 233 Participants
- 10 #ResearchTranslation17 Mentions
- 25 #ResearchTranslation17 Tweets

#researchintopolicy Participants

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Croakey Conference News Service

• Reporting by Dr Megan Williams
• Editing by Melissa Sweet
• Layout and design by Mitchell Ward