Reflections on 'Aboriginalising' the Research Process: 'Hunting and Gathering' as a Focus Group Methodology

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Abstract

This article describes the way a multidisciplinary research team set about 'Aboriginalising' their research processes in the initial phase of a project that aimed to develop a culturally appropriate model of care for urban Aboriginal people with diabetes. Although academic conventions and protocols tended to dominate, the project incorporated the innovative approach that the Aboriginal researchers brought to the process of recruiting and facilitating focus groups, which they likened to 'hunting and gathering'. In developing and strengthening partnerships between research institutions and Aboriginal communities, it is important that Aboriginal and non-Aboriginal researchers challenge the conventional academic models of research in ways that are culturally appropriate and informed by Aboriginal scholarship. This article illustrates the difficulties and challenges on both sides of the partnership. It concludes by outlining the key principles learnt during the first phase of the project.

Introduction

When a multidisciplinary group of researchers at the University of Melbourne was awarded a grant from the National Health and Medical Research Council (NHMRC) to look at 'Improving mainstream diabetes care for Aboriginal Australians in urban settings',[1] it was clear to the researchers that the study must embrace an Aboriginal approach to ensure that the outcomes would be culturally appropriate. The study design involved a two-phase exploratory action process. Phase 1 consisted of focus groups and one-to-one interviews with key stakeholders (community members with diabetes, service providers and policy makers) to explore the enablers and barriers for Aboriginal people with diabetes to accessing urban mainstream services; phase 2 involved developing a culturally appropriate care model for implementation and evaluation in selected primary care services. While Aboriginal community controlled health services (ACCHS) play a central role in providing best practice culturally appropriate holistic care for Aboriginal people across Australia, there is consistent evidence that a proportion of Aboriginal people use a variety of Aboriginal and mainstream primary care services (Australian Bureau of Statistics 2006; Britt et al. 2008). As we have argued elsewhere (Liaw et al. 2011), health providers and policy makers need to ensure that all sectors of service provision are able to respond appropriately to the needs of Aboriginal Australians.

This article describes the thinking, approach and methods used in phase 1 of our study to ensure that Aboriginal voices were heard in dialogue with a framework that respects and enhances the Aboriginal presence and subsequent results. This process was described by the research team as 'Aboriginalising our research'. Ideally, this would involve Aboriginal team members guiding the research process and mentoring other researchers.

In practice, however, academic conventions and protocols tended to dominate and the research process challenged the institutional norms of the university and funding body. This article is intended to serve as a good practice example for the benefit of other academic researchers, particularly those new to the field of Indigenous health. It is not intended to address the inadequacies of Western epistemology or emphasise the tensions, if any, between Western research and Aboriginal research practices. The research did not adopt Indigenous methodologies but was necessarily conducted within the constraints of Western epistemology. We argue that by Indigenising Western methodologies a culturally appropriate research approach has strengthened both our data collection and analysis.

Background

There is a large body of research relating to Australian Aboriginal people, but until the 1980s such research commonly treated Aboriginal societies as fringe dwellers to mainstream society and usually focused on the decline of Aboriginal people and their culture rather than on the nature of its survival (Berndt and Berndt 1977; Rowley 1978). Furthermore, throughout that period, Aboriginal people had been 'the objects of research and never the initiator, manager or co-investigator of research' (Rigney 2006, 32). Colonisation and the ongoing impact of oppression, marginalisation and discrimination have left Australian Aboriginal people with a deep distrust of research and researchers (Humphery 2001). Indigenous scholars recognise that research has been a tool of the colonisation process, and that it remains deeply connected to power (Smith 2008).

A workshop conducted in Victoria in 1999 to discuss research priorities and processes used a quote from one of the participants to produce a subsequent report entitled 'We don't like Research … but in Koori hands it could make a difference'[i] (VicHealth Koori Health Research and Community Development Unit 2000). This expressed a common feeling among Aboriginal people at the time, that research was a negative experience with no beneficial outcomes (VicHealth Koori Health Research and Community Development Unit 2000). During that time, Linda Tuhiwai Smith, a leading Maori theorist on 'decolonisation', also argued that Indigenous people must be included in the research because they are the 'active experts of their lived reality' (Smith 1999, 29). Stuart (1998) similarly argued that the inclusion of under-represented groups in research is vital for gaining a better understanding of their own lived reality. Principles of social justice and policies of self-determination were emerging to support the concept of Aboriginal researchers who conduct research in their own communities.

Almost ten years later, a follow-up workshop in Victoria resulted in a report entitled 'We can like Research … in Koori Hands' (Onemda VicHealth Koori Health Unit 2008). Although there is still considerable suspicion in the Koori community about research, there are increasing numbers of Koori people involved in research in Victoria, and a significant amount of Indigenous research happening across Australia. Understandably, much of this research is exploring new forms of theoretical and methodological approaches, as demonstrated by what has become known as the Indigenous Research Reform Agenda (Henry et al. 2002; Rigney 2006).Today, the Australian Aboriginal community is continuing to demand—and rightly so—the right to be consulted, involved in and, ideally, be in control of any research about them. In consultation with Aboriginal communities around Australia, the NHMRC developed ethics guidelines that require researchers to engage with Aboriginal communities before and during the research process (NHMRC 2003). At the same time, Aboriginal scholars are interrogating and adapting traditional Western research approaches, interventions and ethical standards to 'Indigenise' research practice (Eades et al. 1999; Henderson et al. 2002; Henry et al. 2002; Moreton-Robinson 2003; Rigney 2006). Our NHMRC project commenced in May 2008. While none of the six original researchers were Aboriginal, five had experience working with Aboriginal communities, and three had extensive experience in Aboriginal health research. A project reference group was established right from the start to guide the implementation of the project.

Although all on the research team recognised the need to include Aboriginal researchers on the team and Aboriginal advisers on the project's reference group, it was not until the Aboriginal research staff joined the team that the research team realised there was a need to substantially change the research process—from project development and governance, through to staff recruitment and employment, stakeholder engagement, trust development, project initiation, participant engagement, focus group organisation and facilitation, data analysis, reporting and feedback.

This article describes the Aboriginalising of the project development and initiation phase, and the exploratory phase, which involved focus group organisation and facilitation.

Project development and initiation phase

Prior to grant submission and throughout the project establishment phase, many consultations and discussions were held with the Victorian Aboriginal Community Controlled Health Organisation (VACCHO), the state-wide peak body for Aboriginal health, and the Victorian Aboriginal Health Service (VAHS), the largest Aboriginal health service in metropolitan Melbourne. A VACCHO representative was included as an Associate Investigator on the research team from the outset, and following the success of the grant submission, a formal project agreement which included reimbursement for the VACCHO representative's time, was negotiated. This was an important step in clarifying the roles and responsibilities of the researchers and their obligations to the Aboriginal community (Pyett et al. 2009).

A reference group comprising non-Aboriginal and Aboriginal key stakeholders (including consumers, government and non-government health agency representatives, health service providers)—the majority from Aboriginal communities—was also established to provide broad advice on culturally appropriate and feasible methods of engagement, data collection, communication and translation of findings into best practice for urban Aboriginal people with diabetes. Representatives of both VACCHO and VAHS were invited to join the reference group which has continued to meet regularly throughout the project. The University of Melbourne's Indigenous Employment Co-ordinator provided culturally specific advice and support to the researchers to assist with recruiting and appointing Aboriginal staff, writing and circulating job advertisements, advising potential applicants about the position description, supporting them through the application process, and participating in the job interview and selection process. This was invaluable in identifying appropriate applicants and supporting the applicants to feel culturally safe and comfortable in the university environment throughout the recruitment process.

Two Aboriginal researchers with extensive experience working in Aboriginal communities were appointed to lead the project in the exploratory phase, through community liaison, participant engagement and recruitment, organisation, conduct and facilitation of the focus groups and interviews. One was a Yorta Yorta Dja Dja Werong woman from Northern Victoria, and the other was a Yamatji man from *Moonie Mia* (Northampton), Western Australia. Neither was from the urban Aboriginal community that was the focus of the research. However, the male Aboriginal researcher had been residing in urban Melbourne for a short period, and was able to draw on his own cultural skills to develop relationships with the local Aboriginal community. The female Aboriginal researcher found it easier to establish relationships through her connections with her own people from Northern Victoria and because many families in Victoria were related to or associated with her family.

The Aboriginal researchers introduced an important discussion on the use of language, objecting to the term 'Indigenous' that had been used in advertising their positions. While the university had adopted the term 'Indigenous' to include all Aboriginal and Torres Strait Islander people, the researchers on our team preferred to call themselves Aboriginal, affirming their status as the original inhabitants of Australia. Prior to colonisation, Australian Aboriginal people did not conceive of themselves by a collective name but by local tribal names and broader group names such as the Kulin Nation. However, since the early 1970s Australia's Aboriginal population has reclaimed their Aboriginal identity with pride and use the term 'Aboriginal' for community controlled health services and in advocating for land rights, cultural heritage and social justice. The Aboriginal researchers on our team felt strong connections to their Aboriginal heritage and the leaders in their families who had instilled in them a sense of great pride in their Aboriginality.

The exploratory phase

The aim of the exploratory phase was to gain an understanding of the barriers and facilitators for Aboriginal people with diabetes accessing urban general practice and primary health care services.

Focus group discussions and semi-structured interviews with key stakeholders were chosen as the method of data collection. Qualitative research methods were considered the most appropriate approach for Aboriginal research because participatory action encourages involvement in research and emphasises the relocation of power from the researcher(s) to the people being researched (Walter 2006). Qualitative research is also useful in exploring people's understanding, concerns, experiences, attitudes and beliefs about an issue (Denzin and Lincoln 2008). Since the 1940s and 1950s, focus groups have become a popular means in qualitative research to achieve these goals (Stewart et al. 2006).

The research team obtained approval from the University of Melbourne Human Research Ethics Committee and through VACCHO's research ethics review process. Using a sampling frame that demonstrated a breadth of representation across settings and groups, six focus groups and five interviews were conducted with key stakeholders to provide insights into different aspects of effective diabetes care. These stakeholders included:

- Aboriginal diabetic patients who are mainly managed by mainstream general practitioners;
- Aboriginal diabetic patients who are mainly managed at Aboriginal health services;
- Aboriginal diabetic patients who are mainly managed at hospitals;
- Aboriginal health service providers;
- non-Aboriginal health service providers; and
- policy-makers from key organisations, including government and non-government health agencies.

The initial intention was to keep the composition of each of the six focus groups as homogenous as possible in terms of where patients access services, and also to keep patients, service providers and policy makers in separate groups to ensure relationships within each group are balanced.. However, while it was possible to conduct separate focus groups with patients, service providers and policy makers, it was almost impossible to separate the patients, as Aboriginal people access a variety of services simultaneously according to need.

Many brainstorming sessions occurred within the team before commencing participant recruitment for the project. It was clear to the research team that respect, culturally appropriate processes and relationships, and ensuring that everyone was given a chance to have a say were very important. Following Koori researcher Esme Saunders' advice, we saw the need to 'embed the research process into the accepted Community lifestyle and rhythms' (Saunders 2001, 9) The Aboriginal researchers advised other members of the team about the 'tips and traps' to be adhered to and the need for caution in moving forward in order to achieve the best outcomes for the study. One was able to draw on her many years of experience working with disadvantaged Aboriginal families in Victoria and throughout Australia, whilst the other was able to draw on his experience living and working with Aboriginal communities in the Northern Territory and Western Australia. The researchers brought a cultural approach to the exploratory phase by naming it a 'hunting and gathering' exercise, respecting these terms as they referred to ritual and custom, as well as food collection, in traditional Aboriginal society.

The hunting process

The hunting process involved the Aboriginal researchers using their community knowledge of cultural protocols to make connections, their personal and professional contacts to seek out Aboriginal people who have diabetes, and their understanding of the time needed to build relationships of mutual trust. It also involved mapping and contacting the relevant Aboriginal and non-Aboriginal professional groups, organisations, health services and professional contacts across metropolitan Melbourne. A number of non-Aboriginal health service providers with long established records working locally in Aboriginal communities were identified during the hunting process and invited to participate in one of the focus groups. Standard ethical recruitment protocols were followed.

The Aboriginal researchers worked closely with Aboriginal workers employed within the health system, such as Koori hospital liaison officers, Aboriginal health workers and nurses, to distribute invitations to Aboriginal people with diabetes who could be potential participants. Once informed consent was obtained, the Aboriginal researchers contacted participants and negotiated the date and time for focus group discussions.

Traditionally, Aboriginal people have a very clear oral history and connection with their own 'mob' or tribe. Upon meeting another Aboriginal person away from the individual's homeland, they will always engage in the *'Who's this one?'* ritual. No business will be attended to until these questions are answered: 'Who is your family?', 'Where do you come from?' and 'What are your names?'. Aboriginal people are cautious about trusting one another until such connections are made. Being keenly aware of this unique ritual, which is important for keeping alive the oral histories of families and communities, the two Aboriginal researchers spent many hours on the phone and visiting organisations to make personal connections with potential participants.

Relationship building was extremely time consuming because many Aboriginal people still distrust contemporary research practices, even when it is conducted by Aboriginal researchers, and may be unsure of what participation will mean for themselves and their communities. Taking into consideration the diversity of Aboriginal people's history, experience and culture, the two Aboriginal researchers made concerted efforts to build rapport through connections to family and country, recognising that many members of their community live with the fear of shame on many different levels. The non-Aboriginal researchers in the team recognised the importance of allowing time to establish connections and form relationships, even though this did not always align with the project timeline.

Planning the gathering

The gathering of information for the study commenced once connections were made and relationships formed. The researchers demonstrated their respect for all participants by making every possible effort to meet their needs for timing, availability and costs associated with attending focus groups or interviews. Interviews were arranged for participants who could not make the scheduled time for a focus group.

Planning the focus groups was a two-way learning process for the research team. An experienced qualitative researcher on the team met with the Aboriginal researchers to exchange ideas about the format and content of the focus groups with Aboriginal people with diabetes. One of the Aboriginal researchers had already developed a detailed plan adopting an approach which she felt would be respectful to Aboriginal participants and effective in gathering information. She planned to use visual aids including questions written on posters to be pinned up around the room, and a PowerPoint presentation with an explanation of the project and each of the questions on a separate slide. She felt that Aboriginal people are a very 'visual' people and would respond to these aids, which would also counteract the rather sterile and formal academic environment. Participants would see the questions on the posters before the focus group commenced and would have time to reflect on and chew over the questions. The transparency of the research process would also allay suspicion as there would be no surprises for participants once the focus group commenced. From a conventional academic perspective, the non-Aboriginal researcher had three concerns: that some Aboriginal participants would have limited literacy (Bortoli and Cresswell 2004) and may feel ashamed if they could not read the posters and slides; that revealing all the questions before the focus group commenced might lead to valuable information being exchanged between participants in casual conversations that would not be recorded as data; and that the PowerPoint presentation would take double the time that had been approved by the university ethics committee. Animated discussions between the researchers ensued and each felt challenged by the other's point of view.

Following advice proposed by the Cooperative Research Centre for Aboriginal Health (Laycock et al. 2009), the project co-ordinator decided to follow the Aboriginal researchers' plans for the first focus group. To comply with the timeframe approved by the ethics committee, participants were told that the focus group itself would last for about an hour, at which point they would be free to leave or to stay longer.

Extensive preparation was needed for the visual aids and setting up the room for the first focus group. The PowerPoint presentation was more successful than the posters in attracting and retaining participants' interest.

However, the first focus group went for two and a half hours, the facilitator frequently interspersed comments and anecdotes from her own experience, and the discussion often drifted off track. She felt that the importance of engaging people who had been silenced so often and for so long outweighed the possibility that such sharing of stories might influence participants' responses or bias the findings. The project co-ordinator and the two Aboriginal researchers subsequently discussed how the process should be modified and shortened for subsequent focus groups without compromising the gathering.

The Aboriginal researchers were very attentive to detail in organising the gathering, making every effort to ensure that participants arrived safely and without unnecessary hassles. Very clear directions were given to participants on how to arrive at the venue of the focus groups or interviews. Reimbursements for travel (taxi vouchers or fixed-amount petrol vouchers) as well as for participation (store gift cards) were offered. At least one of the Aboriginal researchers stood outside the university building to greet participants as they arrived and to provide taxi vouchers when needed. Greeting people at the front door made participants feel immediately valued and welcomed, and therefore less likely to feel intimidated, self-conscious or uncomfortable in the university environment. Light refreshments or lunch were always provided before the start of the focus groups to allow participants to be introduced to one another and to the researchers, and to go through the '*Who's this one*?' ritual. Recognising that many of the participants would know one another or be related in some way, the researchers understood that the focus groups were also a sort of 'social get-together' and participants were not hurried and were encouraged to stay and yarn even after the focus groups had ended.

Facilitating the gatherings

The two Aboriginal researchers took turns to facilitate the six focus groups. Each developed their own approach to engaging with the participants, determined in part by their personal histories, experiences and generational perspectives. Their approach was very respectful, always allowing the Aboriginal people time to have their say, even on occasions when they had gone off track and talked about personal issues not related to the questions. They recognised that Aboriginal people often have complex lives and have to juggle many issues happening at the same time, and that Aboriginal people often felt isolated and would seize opportunities to have a yarn about themselves in a culturally safe environment. The Aboriginal researchers' primary concern was to ensure that Aboriginal participants felt sufficiently comfortable and confident to voice their opinions and express their concerns. They knew that sharing stories facilitated trust and mutual understanding. The PowerPoint presentations followed a set question schedule to guide discussion. Leaving the question on the screen often helped participants to clarify what they were being asked and to provide more relevant answers.

One participant did not have diabetes and so did not fit the eligibility criteria. He was invited by another participant who misunderstood the eligibility criteria and thought his vast experience with the community will benefit the focus group. The Aboriginal researchers realised the importance of being as inclusive as possible to avoid any Aboriginal people feeling they had been left out, and so this participant was invited to continue in the focus group discussion despite not having diabetes. He was able to contribute valuable information from his own experiences with the community.

Discussion

The Aboriginal researchers' cultural knowledge and the time they committed to relationship-building enabled the 'hunting' of and connecting with a wide range of Aboriginal and non-Aboriginal people who could provide valuable information for the 'gathering' of data in the focus group discussions.

While the Aboriginal researchers introduced a culturally appropriate approach to 'hunting and gathering' for the focus groups, this challenged conventional academic methods and the ethics protocol that had been approved for the study. With hindsight, we have learned that Aboriginal involvement in the project planning process would have improved the methodology and informed the ethics application.

The project team would also have benefited from formal cross-cultural training prior to starting the research. The detailed planning of the focus groups involved far more time and finance than the project timeline and budget allowed.

Had we been advised by an Aboriginal person skilled in community development and research procedures and protocols prior to submitting the project for funding, we may have been better able to plan a culturally appropriate methodology which accommodated both the time and budgetary requirements. For example, the project budgeted for one Aboriginal researcher or two half-time positions, but we could have requested funding for two full-time positions. We could also have requested ethics approval for a longer time for the focus groups to allow for the social get-together and yarning that was important for the participants. Additional funding to cover Aboriginal participants' travel costs and to provide food at all focus group and reference group meetings could also have been included in the budget. Current funding arrangements for academic research present particular challenges for the planning phase of Aboriginal projects. Funding is usually available only for specific projects, the application process is lengthy, and the outcomes are uncertain. Early consultation with Aboriginal organisations is an ethical requirement (NHMRC 2003), but can lead to expectations that the researchers are unable to fulfil. It is also difficult for university researchers to include Aboriginal project workers in research planning unless they are already members of staff at the university. It is clear that funding is needed to support Aboriginal research staff in ongoing positions.

Although recruitment through personal networks may have biased the sample for this study, we recognise that the history of Aboriginal people's exclusion from mainstream society and their consequent lack of trust and confidence mean that without personal contact it is unlikely that many participants would have agreed to contribute to the research. Without the time spent on relationship-building and the respectful hospitality offered at the focus groups, the second phase of this project would not have been informed by the richness of the knowledge and experiences the participants shared in the first phase.

The Aboriginal researchers became personally involved while facilitating the focus group discussions when they shared experiences and history with participants which, by conventional academic standards, may have biased data collection. This tension between participation and facilitation, between empathy and detachment, is a real phenomenon, raising some interesting issues and conundrums. It is both a strength and weakness. Informed by feminist research practice, Moreton-Robinson also shared information about her life and experiences that were relevant to her research topic (Moreton-Robinson 2003). Feminists have long recognised the imbalance of power between researcher and participant and have attempted to minimise their power by sharing information during focus groups and interviews (Moreton-Robinson 2003; Oakley 1981). Similarly, the Aboriginal researchers in our project were committed to empowering the research participants, and felt that sharing stories was one way of equalising the process by demonstrating empathy and understanding.

Following standard Western academic convention, a focus group facilitator would normally play a minimal part in proceedings to avoid distracting the group or influencing participants' views and opinions during discussion (Powell and Single 1996). However, as Aboriginal scholars have pointed out, Eurocentric constructs and ways of knowing are embodied in Western research practice (Walter 2005). The Aboriginal researchers were aware that the participants would probably feel intimidated in an academic environment. Viewing the prescribed research process for the focus groups through an Aboriginal lens led the Aboriginal researchers to initiate change and modify their approach in ways that they felt would enable the Aboriginal participants to speak more freely and thus to privilege the Aboriginal voice (Walter 2005). The research team was informed by a positive Indigenous community development model which incorporates what Burchill (2004) has called 'yarning up'. 'Yarning up relates to "yarning for outcomes" rather than speaking down to Indigenous people. Yarning down is an indication that the outsider knows best or takes control of the outcomes for Indigenous people' (Burchill, 2004) The two Aboriginal researchers' approach to facilitating the focus groups enriched the 'gathering' of information by giving the participants a sense of purpose and a sense of community in a culturally safe environment.

There is a long history of debate about the extent to which a focus group facilitator and the 'group effect' influence individual participants' views and opinions (Powell and Single 1996). These concerns become more apparent in focus groups moderated by Aboriginal facilitators with Aboriginal participants because the facilitators 'walk in the same shoes' as the people they are researching, and because their worldviews have been shaped by their lived experiences as Aboriginal people growing up and living within Aboriginal society (Edwards and Sherwood 2006).

Willis and colleagues have outlined the potential benefits of rigorous analysis of interaction between participants—including the researchers—during focus group discussions, to explore personal ideas, views, values, beliefs and attitudes. (Willis et al. 2009).

The experience we had with our focus groups being facilitated by our two Aboriginal researchers supports their view, and we would consider including such analysis in a similar context in future. Although both Aboriginal researchers in this project were committed to maintaining a rigorous approach to the research, they also brought their cultural knowledge to bear in thinking critically about the research process, the relationships and the quality of richness of the data collection and analysis. Like eminent Aboriginal scholar Aileen Moreton-Robinson, they felt accountable to their 'community of origin and other Indigenous communities' while recognising the need to 'conform to certain procedures and protocols of academic research' (Moreton-Robinson 2003,). They brought their shared understanding of people's experiences into their facilitation of the focus groups which assisted in promoting an informed debate and providing culturally relevant information (Mooney 2002; Moreton-Robinson 2003). The discussions went beyond diabetes management to the way Aboriginal people had been and are still being treated at mainstream services. These stories were about lived disadvantage, racism and marginalisation. The strength of the interaction was in the sharing of lived experiences in a very open and honest way.

Following Indigenous academic Lester-Irabinna Rigney (2006), the approach taken by the Aboriginal researchers was informed by the principles of resistance, political integrity and privileging Indigenous voices. Our project adhered to these principles through the following practices. The first is *respect* for each other, for our participants and for developing trust in all our research relationships. Within our project team we have listened to and learned from each other, our reference group and our participants. Through this respectful engagement we have developed stronger partnerships which will enable our research to lead to better outcomes for Aboriginal people. The second is the *meaningful involvement of Aboriginal researchers* in the design and conduct of the research and in the analysis of the results. Without the cultural knowledge, wisdom and experience that the Aboriginal researchers brought to the project, it is unlikely that we would have engaged so well and so quickly with the Aboriginal community or obtained the trust of the participants who so generously shared their stories in the focus groups and interviews. The third practice is that of *flexibility*, which presents a significant challenge to researchers trained to follow rigid protocols and timelines. Flexibility with regard to timelines, research methods and approach have been essential to the success of the first phase of this project, and we will carry these principles forward as we embark on the implementation of our culturally appropriate care model in general practice and primary care settings.

Conclusion

In contrast to the long history of distrust and suspicion with which Aboriginal people have regarded research practices, contemporary Aboriginal Australians' increasing involvement in research is disrupting conventional approaches to research and leading to more culturally appropriate, ethical and relevant research and outcomes that benefit Aboriginal people. Indigenous scholars and advocacy organisations call for partnerships between the diverse Indigenous communities, Aboriginal community controlled health organisations, research organisations and researchers (Smith 2008; Watson et al. 2010). In developing and strengthening these partnerships, it is important that Aboriginal and non-Aboriginal researchers challenge the Western model of research in ways that are culturally appropriate and informed by Aboriginal scholarship. This article demonstrates the difficulties and challenges on both sides of the partnership. It is clear that the Western model of research is firmly entrenched in academic institutions and this makes it particularly difficult for Aboriginal researchers to challenge the research process when they are included on a project only after funding and ethics approval have been obtained. Nevertheless, we believe the cultural aspects of 'hunting and gathering' as a focus group methodology privileged the Aboriginal voice, enriched our study and informed the development of a culturally appropriate care model for Aboriginal people with diabetes.

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Acknowledgments

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[i] In this paper, we use the term Aboriginal or Indigenous to refer to the Aboriginal and Torres Strait Islander population of Australia. Mainstream is used to refer to non-Aboriginal services, organisations, practitioners and communities.

[2] While many Aboriginal people refer to themselves by the name of their tribal group, Koori is the term used to refer to the broad population of Aboriginal people in south-eastern Australia.