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ABSTRACT

This paper is based on a three year longitudinal case study involving a number of Indigenous Australian communities in metropolitan, rural and remote settings. It will briefly discuss current ethical guidelines which have been developed by the National Health & Medical Research Council (NHMRC) for the conduct of research involving Indigenous Australian subjects (2003). These guidelines are in addition to the National Statement on ethical conduct in research involving humans (1999) and are aimed at incorporating values and principles of Aboriginal & Torres Strait Islander cultures in the conduct of research. In the case of Indigenous communities, research has historically been controlled and dominated by non–Indigenous researchers. In many cases, Indigenous involvement and ownership over the research activity has been minimal or nonexistent and the benefits of the research have not been shared by Indigenous participants and/or communities.

The main focus of the paper will discuss issues arising out of the research process that occurred during the longitudinal study that impacted on ethics and the research study itself. Issues such as gaining consent from multiple sites, obtaining consent from afar, the wording of consent forms, the use of passive consent and the need for ongoing consent will be addressed. Despite following ethical research guidelines and promoting best practice in research, researchers in this study encountered issues which both supported and inhibited the research process. In closing, the paper will discuss the importance of observing Indigenous protocols during the research process and the need for Indigenous cultural competency training for researchers who research in Indigenous contexts.

The terms "Indigenous Australian" and "Aboriginal" are used throughout the paper. Indigenous Australian refers to all Aboriginal and Torres Strait islander peoples of Australia. Aboriginal refers to Aboriginal people of Australia.

INTRODUCTION

Research in Indigenous Australian communities has historically been controlled and dominated by non-Indigenous researchers. (Fredericks 2007, Fredericks 2008, Greenhill & Dix 2008, Liamputtong 2008, Rigney 2006, Smith 1999). In many instances, the research methodologies used have been inappropriate and invasive, often ignoring the rights of Indigenous Australians to participate or not to participate in research (Fredericks 2008, Greenhill & Dix 2008). The Indigenous experience in research has been largely one of exploitation with little or no participation and no benefit for the Indigenous community (Fredericks 2008, Greenhill & Dix 2008, Rigney 2006). The ownership, interpretation and dissemination of research findings and data are other issues of major concern to Indigenous peoples as often this knowledge is not shared with Indigenous communities, but rather is typically stored in universities and is used by academics to pursue their academic careers (Fredericks 2008, Liamputtong 2008, Rigney 2006). As a result of these past practices in research, Indigenous Australians have become sceptical and at times, reticent towards research and researchers.

Several publications and statements regarding the conduct of research in Indigenous Australian communities began to appear in the early 1980s and early 1990s as a result of Indigenous concerns about what was happening in research, particularly in relation to cultural sensitivities, exploitation and inappropriate research methods (NHMRC 1991, Federicks 2007).

In 1991, the National Health and Medical Research Council (NHMRC) in Australia developed a set of national guidelines for the conduct of all research involving humans, animals and the environment and these were later revised in 1999 and 2007. In addition to the 1991 national guidelines, the NHMRC developed a set of interim guidelines on ethical matters in Aboriginal and Torres Strait Islander Health Research which focused on consultation, community involvement and ownership and publication of data. These guidelines were to be read in conjunction with the national statement (NHMRC 1999). This publication was revised in 2003 and retitled, "Values and Ethics: Guidelines for the Ethical Conduct in Aboriginal and Torres Strait Islander Health Research (2003).

The Australian Institute of Aboriginal and Islander Studies (AIATSIS) in 2000 also developed a set of comprehensive guidelines for the conduct of ethical research in Australian Indigenous studies. A revised edition of these guidelines in 2011 focused on Indigenous authority and ownership of traditional knowledge and the establishment of reciprocal partnerships through agreements between Indigenous people and researchers (AIATSIS 2011).

A number of government agencies and university research centres have also developed ethical research guidelines and protocols for use by researchers in conjunction with the research guidelines published by the NHMRC.

These recent research guidelines have signaled changes to practices in Indigenous research and a shift towards Indigenous ownership and control over research via reciprocal and partnership agreements with researchers (Fredericks 2008, Humphery 2001, Rigney 2006,). In fact, there is a growing number of Indigenous academics and activists who are now participating in research and guiding research practices, methodologies and are strongly advocating the principles of Indigenous self determination, ownership and control over research (Fredericks 2008, Nakata 2007, Rigney 2006). For example, Rigney (2006), an Indigenous academic, presents an 'Indigenist' research methodology as a means of addressing past research practices and a move forward to shift research principles and practices that reflect Indigenous autonomy and self determination in research. "What is central to Indigenist research is that Indigenous Australian ideals, values and philosophies are the core research agenda even if there is a difference about what constitutes such values and ideals" (Rigney, 2006, p. 41).

Other Indigenous peoples from countries such as Canada, New Zealand and the United States have also experienced similar research practices in the past and are now also strongly advocating for ownership, control access and possession over research (Liamputtong 2008,Schnarch 2004, Smith, 1999).

The move to a 'redistribution of power" and 'methodological reforms in Indigenous research may result in some non-Indigenous researchers viewing these changes as a 'threat to their academic freedom" and as a consequence, maybe unwilling to compromise and or, may no longer wish to be involved in Indigenous research (Schnarch, 2004, Rigney 2006).

It is therefore clear that there is a need for Indigenous communities and researchers to reach agreed understandings of these new approaches in Indigenous research before any research takes place and throughout the research process itself. Rigney(2006, p.42) claims that, " maintaining Indigenous political integrity throughout the whole research process is vital to self-determination" and that "mutual respect and power sharing in methodological negotiation and collaboration is essential." Hence, Rigney believes that non-Indigenous researchers can play a role in Indigenist research but it must be based on a relationship that supports Indigenist principles, trust and cooperation. While the rhetoric points to changes in Indigenous research practice, authors such as Humphery (2001,p. 201) questions whether these reforms are at times 'exaggerated' and/or 'masked' by the broader research community, as some research processes are still controlled and maintained by non-Indigenous researchers today.

In drawing upon some of these recent changes in Indigenous research practices, this chapter will make reference to a three year longitudinal case study involving a number of Indigenous Australian communities in metropolitan, rural and remote settings. It will highlight and discuss issues arising out of the study that impacted on ethics and the research study itself. Issues such as gaining consent from multiple sites, obtaining consent from afar, the wording of consent forms, the use of passive consent and the need for ongoing consent will be addressed. Despite following ethical research guidelines, researchers in this study encountered factors which both supported and inhibited the research process. At times, the researchers felt that some of the changes which supported Indigenous control over the research process had gone too far and was jeopardising the research project. In closing, this chapter will discuss strategies to support this new approach to Indigenous research and will advocate the requirement for Indigenous cultural competency training for all researchers who research in Indigenous contexts.

This chapter will begin by briefly discussing the history of research practices in Indigenous Australian communities and will present the major national ethical research guidelines currently in use for the conduct of research involving Indigenous Australians.

HISTORY OF RESEARCH PRACTICES IN INDIGENOUS AUSTRALIAN COMMUNITIES

It is well documented that previous research methodologies and practices on Indigenous issues which have been carried out by non-Indigenous researchers have been inappropriate, unacceptable, devious, culturally insensitive and in many instances harmful to Indigenous individuals and communities (Cruse, 2001; Fredericks 2008, Greenhill & Dix 2008, Taylor & Ward, 2001, Smith 1999). Melville and Rankine (2000) affirm that research in Indigenous contexts raises sensitive issues, due to its history and some current practices. The collection of data, data analysis and interpretation of data by non-Indigenous researchers has also raised issues concerning the application of ethnocentric research models which are "neo-colonial and paternalistic" in nature and of little benefit or are detrimental to those being

researched (Foley, 2000, Nakata 1998b). As a result, research for Indigenous people is often "inextricably linked to European imperialism and colonialism," a term taken to mean the "continued construction of Indigenous people as the problem" (Smith, 1999, p.1)

The above authors have also been scathing of past practices of researchers, who often treated Indigenous communities as 'field laboratories'. Manderson , Kelaher, Williams & Shannon (1998) sum up the views of all these authors when they contend that, "Indigenous perceptions of Australian research practice have emphasised their subject status, in which academics have been seen to descend on a community, gain peremptory permission to conduct their work, collect their data (biological or social) and leave, with little or no feedback to the community and no lasting benefits to it" (p.2).

In many instances, research has resulted in the appropriation of Indigenous knowledge using methodologies and procedures that many people consider to be culturally insensitive and inappropriate. Previous practices have often excluded Indigenous participation and ownership of the research which, in many cases, has resulted today in Indigenous people being wary of proposed research projects. Taylor and Ward (2001) state that, "it is fair to say in the past that there has been suspicion of and even hostility expressed by Indigenous Australians towards some anthropological and archaeological research ideas and practice. Some suspicion continues today" (p.16).

As a result of experiences such as those outlined above, many Indigenous people have become reluctant to support or participate in proposed research activities. Research for many Indigenous Australians is another form of dispossession because of the appropriation and custodianship of their knowledge by non-Indigenous researchers and institutions that are not accessible to them. The methods used by researchers who conduct research in Indigenous contexts should take account of the principles and values of Indigenous Australian culture and be informed by Indigenous interpretations of advantages, the potential to cause harm and issues concerning intellectual property rights and confidentiality.

RESEARCH GUIDELINES

Research ethics in Australia is guided by the National NHMRC's National Statement on Ethical Conduct in Research Involving Humans (2007). Among the NHMRC's values and principles of ethical conduct is the protection of the welfare and the rights of participants in research. "The ethical and legal responsibilities which researchers have towards participants in research reflect basic ethical values of integrity, respective for persons, beneficence and justice" (2002, p.11).

In addition to the National Statement, research in Indigenous contexts has been also guided by supplementary guidelines that have been produced by the NHMRC in 1991 and 2003. The more recent publication, "Values and Ethics: Guidelines for ethical conduct of research in Aboriginal and Torres Strait Islander Health Research " (2003) outlines six core values which are considered to be important to Aboriginal and Torres Strait Islander people: Reciprocity, Respect, Equality, Responsibility, Survival and Protection and Spirit and Integrity.

While these guidelines outline major principles and values of ethical research in Indigenous Australian contexts, they do not completely capture the changes in research methodologies, Indigenous control and ownership over research that have been strongly advocated by a number of Indigenous academics including Rigney (2006), Nakata (1998b) , and Fredericks (2008).

A number of agencies such as AIATSIS, Aboriginal Health Councils and federal and state Departments of Health have developed their own sets of guidelines for research that they sponsor or if the research concerns the clients they serve (AIATSIS 2011, Frederick s2007). These guidelines are used in conjunction with the NHMRC's national guidelines. The guidelines developed by AIATSIS comprise 14 principles of ethical research and are covered under the broad categories of "Rights, respect and recognition; Negotiation, consultation, agreement and mutual understanding: Participation, collaboration and partnership and, benefits, outcomes and giving back" (AIATSIS 2011, pp. 2-10).

PROCESS FOR ETHIC APPROVALS

Research involving humans and animals requires approval from research ethics committees prior to the commencement of the research activity. Ethics committees have been established in universities and in a number of government and non government departments. The NHMRC guidelines are used to assess all proposed research activities involving animals and human beings.

Aboriginal and Torres Strait Islander people have also become increasingly involved in research as researchers and have set up their own Aboriginal Health Research Ethics Committees (AHREC) to oversee the approval of research applications. New measures introduced under these guidelines require consultation with and approval of the proposed research activity by appropriate Indigenous leaders (Fredericks 2007, Social Policy Research Centre (SPRC) 2008)

While there has been a shift in the principles and values that guide Indigenous research and support Indigenous self determination, ownership and control over research, these new understandings and practices will require the development of strong partnerships, collaboration , consultation and observance of cultural protocols between researchers and the Indigenous community. The implementation process of these principles is still undergoing a transitional phase with the intention of control of Indigenous related research ultimately resting with the Indigenous community. Researchers and Indigenous communities alike are sometimes apprehensive about one another's intention regarding the research process as a result of these introduced guidelines and negative research experiences of the past. "Unless clear protocols are in place and clearly communicated to Indigenous people, researchers are likely to be regarded as 'just another white-fella mob coming to steal our stories" (SPRC, 2008, p.2).

To highlight some of these tensions and changes to research practices, examples from a three year longitudinal research case study involving a number of Indigenous Australian communities in metropolitan, regional and remote settings will be discussed.

A CASE STUDY

The research study examined effective practices in teaching Indigenous children with Conductive Hearing Loss (CHL) and involved a number of schools in metropolitan, regional and remote locations in Western Australia. The schools were selected from the state's three educational providers and each was characterised by high Aboriginal enrolment numbers. The main participants in the research were teachers and Aboriginal students, although some non-Aboriginal students were indirectly involved as classroom members. The research team was comprised of university staff members, including the author of this chapter.

Consultation

The research project used in this case study overlapped the NHMRC's 1991 and 2003 guidelines for the ethical conduct in Aboriginal and Torres Strait Islander Health Research. The 1991 guidelines covered

three broad categories: Consultation, Community involvement and Ownership and publication of data. In following the 'consultation' guidelines, the research team were required to consult widely with stakeholders at several levels including state and local health authorities and with Aboriginal & Torres Strait Islander controlled health services (NHMRC, 1991, p. 6)

Consultation with relevant stakeholder groups and participants was given high importance by the research team and this aspect was duly carried out during all stages of the CHL research project (Gower, 2012). Examples of consultation by the research team are described throughout the chapter below.

MULTIPLE ETHICS CLEARANCE

The level of ethics approval required for a research project is dependent on the nature of the study and the number of stakeholders who are associated with the research activity. The CHL research project required more than one ethics clearance because it involved education and health matters concerning Aboriginal children. Although the research study did not involve any medical testing of participants, Aboriginal students who had conductive hearing loss had to be identified by the school nurse and/or medical records.

A research ethics application for the CHL Project was submitted to the University's Ethics Committee and approval was confirmed a month later. In seeking further ethics approval that was required for the project, the CHL research team consulted with representatives from the WA Aboriginal Health & Information Ethics Committee (WAAHIEC), a body located within the WA Health Department of WA and, with local Aboriginal Medical Services in each of three regions under study. The WAAHIEC had advised researchers that ethics clearance was also required from local Aboriginal Medical Services that were involved in the study. This resulted in the CHL research team encountering lengthy delays in obtaining clearances from local Aboriginal Medical Services in all three regional areas and from WAAHIEC, despite the research study being principally educational in nature and not specifically health orientated.

Delays in obtaining ethic approvals should always be anticipated by researchers, and especially when more than one ethics approval is required. The CHL research team were mindful and respectful of this situation but were not expecting the process to take almost one year. The delays were caused by changes to the membership of WAAHIEC, the postponement of scheduled meetings at the state and local AMS level, the lack of clarity as to who in the AMS had the responsibility or authority to give approval, and the misplacement of consent forms and other supporting documentation as a result of the changeover in committee membership (Gower 2012). In one case, the application form was passed to a medical doctor by an AMS Chairperson for approval and the form was neglected for months. This happened twice in the one AMS office and only on the third approach was approval given. Of special note is the acknowledgement by the health service providers that obtaining medical ethical clearance involves a very complex process (Gower 2012).

The ensuing delays in obtaining consent from WAAHIEC caused the CHL Project Leader to seriously consider abandoning the research study. Despite addressing all the requirements that were listed in the ethics application form and personally discussing the project with personnel from WAAHIEC and the various AMSs, further delays continued (Gower, 2012).

This outcome meant that the research team could observe and collect educational data in schools where consent had been given but the students with CHL could not be identified. This situation resulted in confusion for one teacher who was involved in the CHL study as she did not clearly understand what data collecting was ethically permissible under this arrangement. The Project Director confirmed with the school that students with CHL could not be identified until medical

ethics clearance had been received, but as the project had been cleared by a university ethics committee, it was permissible for the research team to continue with classroom observations (Gower, 2012).

The level of ethics approval required under these circumstances presents a 'grey' area for researchers and this matter requires further consideration by respective ethics committees. The level of ethics approval which applied to the CHL Project and the subsequent delays in approving ethics clearances raises the question of what level is appropriate, especially when the research activity was educational and not medical in nature and secondly, when consent had been obtained from parents whose children were involved in the study .

The requirement of consulting and applying for ethics approval from various Aboriginal stakeholder groups is not in question here as this condition serves to protect and also involve Indigenous participants during the research process and importantly, ensures Indigenous ownership and control over research. The process of approving ethics within the health system needs to be examined and streamlined to assist managers and those responsible for dealing with ethics applications to make decisions within reasonable timelines. This process, however, should not in any way ignore established ethical guidelines which have been produced by the NHMRC and/or specific requests made by Indigenous communities which relate to the research activity.

Consent:

One of the major requirements in ethical practice is gaining informed consent from participants who are involved in the research study. This requirement informs the participant of the nature of the study, the obligations of the researcher in protecting the identity of the participant, and the option to participate or not to participate in the study.

A requirement of the university's Research Ethics Committee was that the information on the consent form had to be clear to parents and teachers and that each consent form had to be signed individually by each participant. The Committee at the time provided a template to assist in the drafting of relevant consent forms that were to be used in the CHL project. The first form that was drafted for the project was considered to be too long and ambiguous by the research team and several revisions were made. For example, the language used and the length of the form were adjusted and simplified so that parents and/or caregivers could easily understand the purpose of the study and the involvement of their child(ren).

A senior officer from one of the education systems also reinforced the importance of obtaining written consent from parents and care givers prior to commencing the research activity by stressing that under no circumstances could a school or community member give consent on the behalf of the group. It was agreed that schools participating in the CHL project would be required to implement an appropriate process to obtain consent from parents and/or caregivers (Gower 2012). Under the Privacy Act (1988), the research team could not carry out this task. It was recommended that Aboriginal and Islander Education Officers (AIEOs) and Aboriginal Teacher Assistants (ATAs) in respective schools be assigned to carry out this task on the behalf of the research team. The method used to send forms to parents was through a combination of school newsletters and the use of AIEOs and ATAs. It was the school's responsibility to send and receive forms.

The research team provided additional notes for the AIEOs and ATAs that they could refer to when speaking to parents and/or caregivers. For example, what to tell parents; what steps are involved in this particular research process, the degree of confidentiality, their right to not consent, the option to withdraw consent at any time and, the implications of agreeing to participate.

Personal contact is always considered better as many Aboriginal parents prefer oral rather than written communication. This form of communication also allows the informant to gauge whether or not the conversation about the research project and the various processes, including their rights, are clearly understood.

However, if the consent forms are being explained to parents by a non –researcher such as the AIEOs and ATAs who, for example, carried out this role in the CHL project, instances of miscommunications may arise with the informer giving incorrect information about the research project. This outcome raises ethical issues as parents may have come to a different decision if accurate research information had been provided. This scenario happened in one school that participated in the study when an ATA who incorrectly informed parents that the CHL research project involved the testing of hearing of their child(ren). This mistake came to the attention of a research team member following a visit to the school and after having had a discussion with the ATA. This matter was quickly rectified with a follow up visit to parents by the ATA and an opportunity to reconfirm their previous decision (Gower, 2012).

Some schools however, opted to send the consent forms home with students for parents to read and sign. This arrangement proved to be unsuccessful at one particular school as only three forms had been returned despite the form being sent home twice. The project manager recommended to the school principal the use of AIEOs or ATAs to explain the form to the parents and for the parents to sign off appropriately in order to expedite this process. In one case, a school used the telephone to discuss and obtain verbal consent from parents who had low literacy levels. The school then signed on behalf of parents who had given their verbal consent. The research team did not favour this approach in obtaining consent but the failure of all other avenues due to parental illiteracy, and their ready accession to the project when it was explained verbally to them, confirmed this as an acceptable strategy for obtaining informed consent (Gower, 2012).

A more serious breach to the ethics process involving the absence of written consent came to the notice of the research team when they discovered that some teachers were allowing them to conduct research activities in their classrooms despite not receiving official approval from parents. These inappropriate actions required vigilance on the part of the researchers. At times, students for whom consent had not been obtained would be in classes where research was occurring and the teacher would give approval for video- or audio-recording to take place. Following the first recording event, the researchers realised they would have to be strict regarding student inclusion because teachers were liberal in their inclusion of students who did not have consent. The research team strictly enforced the practice that no video or audio recording would take place without the official receipt of consent forms (Gower 2012).

In some cases where the research team had travelled long distances only to find out that consent forms had not been received for all students concerned, the research team would observe classroom lessons and only use the data if consent was later given.

ONGOING INFORMED CONSENT

Given the three year duration of the study and that issues had arisen in the consent process, the importance of developing relationships and winning trust among parents whose child(ren) were involved in the study was considered to be important by the research team. It was also considered important to inform and remind parents and caregivers of the research project and of their rights in relation to giving and also withdrawing consent at any time. To this end, the CHL Project Leader

designated this role to an Aboriginal person who was also a member of the research team. The team member assigned to this role would often meet parents and care givers at school and speak to them about the CHL Project and their understanding of it. Although many of the parents were interested and supported the study, they did not have a clear understanding of its major purpose, that is, to introduce CHL teaching strategies via classroom teachers and evaluate their effectiveness. The understanding of many parents was that the research team was there to conduct hearing tests with their children as this activity was conducted regularly by the school nurse. This understanding was corrected when the responsible research team member met and spoke to parents and/or caregivers during each visit.

USE OF PASSIVE CONSENT

The use of 'passive' or negative' consent in the research process is usually discouraged by Research Ethic Committees and is only approved under special conditions and circumstances. Fletcher & Hunter (2003, p.216), define passive consent as a procedure that,

typically inform parents of the researcher's intent to collect data from all children in a given location (e.g., school) and describe the project to the parents. Parents are requested to contact the researcher or return the form if they do not wish to have their children participate in the project.

This description of passive research is sometimes applied in an educational context, as it was on one occasion in the CHL project. While the research team had used 'active' consent procedures or procedures requiring written permission by parents or caregivers for their child to participate in study, passive consent was used for a specific purpose. The research team successfully applied to the University Ethics Committee to use 'passive consent' forms for the purposes of sending out to non-participating Aboriginal & non-Aboriginal students who may be included in the process of videotaping and/or audio taping of classroom interactions.

The University's Ethics Committee approved the use of negative consent on the condition that the forms were to be mailed out to each parent/caregiver, and a reply paid envelope be included for the return of the form to the school. Under the provisions of the Privacy Act (1988), each school had to address each letter to respective families and receive the replies. This process could not be carried out by the research team or by the University. The research team leader reported that when data recording was underway in all districts, no non-Indigenous parent had refused permission for incidental recording of their children who were in classes involved in the study (Gower, 2012).

The use of negative consent is a matter which has to be carefully considered by Ethics Committees who are responsible for approving such applications. It provides for a convenient and quick method for researchers to obtain 'consent' and there is no need to follow up on outstanding responses. This method of obtaining consent does not provide confirmation that the parent/caregiver has received the form and/or fully understood the meaning of the request. Given that the CHL research team experienced misunderstandings from Aboriginal parents/caregivers and also from AIEOs/ATAs who were distributing and explaining these forms, this method should be used sparingly, if at all, in Aboriginal contexts or when dealing with parents who speak English as a second or third language. There was the potential for misunderstanding among some, if not many, of the recipients of the letters seeking negative consent, particularly those whose command of written English was limited.

OBSERVING INDIGENOUS PROTOCOLS

With new models of Indigenous research being established by the NHMRC (2003), AIATSIS (2011), Aboriginal and islander Health Councils (Fredericks, 2008) and those being advocated by Indigenous

academics such as Rigney (2006), Fredericks (2008) and Nakata (2007), it will become extremely important for researchers to observe Indigenous values and ways of doing things. Changes in ethical approval processes which support Indigenous ownership and control over research, appropriate levels of consultation, reciprocal agreements regarding the outcomes of the research, data collection and the discussion and dissemination of research findings needs to be understood by researchers and become intrinsic in research practice in Indigenous contexts.

THE NEED FOR INDIGENOUS CULTURAL COMPETENCY TRAINING FOR RESEARCHERS

The importance of building relationships, showing respect and demonstrating cultural sensitivity and competence are very important aspects when engaging in cross cultural research (Liamputtong 2008, Greenhill and Dix 2008). Demonstrating cultural sensitivity is about understanding another person's culture, beliefs and values and applying these understandings in practical situations (Liamputtong, 2008). In the light of previous research practices that have been experienced by Indigenous Australians and the need for all current and future research to adopt principles of Indigenous self determination, these factors become paramount to the success of Indigenous research activities. As many non Indigenous researchers are still actively involved in and will continue to be involved in Indigenous research, the need for cultural competence training should become a necessary requirement for all researchers. Cultural competence is defined as:

The awareness, knowledge, understanding and sensitivity to other cultures combined with a proficiency to interact appropriately with people from those cultures in a way that is congruent with the behaviour and expectations that members of a distinctive culture recognise as appropriate among themselves. Cultural competence includes having an awareness of one's own culture in order to understand its cultural limitations as well as being open to cultural differences, cultural integrity and the ability to use cultural resources (Universities Australia, 2011, p. 48).

Cultural Competence embraces a number of key concepts including Cultural Awareness, Cultural Safety; Cultural Security and Cultural Respect. Cultural competence builds on the attributes of awareness, knowledge, understanding, sensitivity, interaction, proficiency and skill to interact and communicate effectively with Indigenous Australians (Thomson, 2005, p.3-6). These qualities in turn will greatly assist individuals to contribute to and serve Indigenous communities effectively so that differences and diversity are respected and valued.

Cultural competence training and subsequent understandings is a mechanism which researchers can apply in accepting and supporting the new methodologies and principles for conducting research in Indigenous contexts outlined by Rigney (2006), Nakata (1998b), Fredericks (2008) and the NHMRC (2003).

CONCLUSION

The landscape of Indigenous research in Australia is changing in response to poor research practices of the past by non Indigenous researchers and with the implementation of new research guidelines which are based on principles of self determination, Indigenous ownership and control over research. The understanding and implementation of these changes will require further discussion and clarification between researchers, participants and the Indigenous community to achieve examples of best practice in Indigenous research and a smooth transition to the new guidelines. This requirement has been highlighted by incidents from a case study which demonstrated the need for shorter timeframes for

approving ethics applications and for all participants who are involved in research to be clear of their role and responsibilities in all research matters, and especially those that relate to informed consent. The evidence from that case study illustrates the need for researchers to be quite clear of appropriate ethical procedures and the dangers arising from misunderstanding of those procedures by participants in the research process. Establishing clear guidelines and protocols prior to and during the research activity will assist both researchers and the indigenous community to facilitate ethical research and achieve best practice in Indigenous research. Indigenous cultural competence training and associated understandings is necessary for all researchers so that they can expedite this process and support self determination, control over and participation in research.

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