Yuwinbir – this way! Going beyond meeting points between Indigenous knowledges and health sociology

Megan Williams[a]* and Demelza Marlin[a]

[a]*Girra Maa Indigenous Health Discipline, School of Public Health, Faculty of Health, University of Technology Sydney, Ultimo, NSW, Australia*

*Megan.Williams@uts.edu.au

Yuwinbir – this way! Going beyond meeting points between Indigenous knowledges and health sociology

Development of Yuwinbir special issue

We acknowledge the Gadigal and Wangal people of the Eora Nation, Dabee people of the Wiradjuri Nation, and Wurundgeri Woi Wurrung and Bunurong Boon Wurrung peoples of the Kulin Nation, whose lands have supported the leadership of this Yuwinbir Special Issue of Health Sociology Review. We acknowledge their ancestors, spirits and knowledges, Elders of the past, and Elders of the present. We acknowledge Indigenous people who shaped each article and extend our thanks to their collaborators in exploring meeting points between health sociology and Indigenous knowledges.

While 'meeting points' is the theme of this issue, we offer a critique of it in the editorial below. We respectfully use the Wiradjuri word 'Yuwinbir' to name this special issue, signalling 'this way' (Grant and Rudder, 2010) health sociology: this is the way Indigenous authors cited here say we must go. While our editorial names some distressing knowledge and research practice traps to dismantle along the way, it also outlines the way that conscious, critically reflective enquiry about self and sovereignty could transform relationships between Indigenous people and health sociology.

The development of the Yuwinbir special issue grew from guest co-editor Megan Williams' experience as an associate editor of Health Sociology Review and related to Megan's role as Chief Investigator of the Centre for Research Excellence – Strengthening systems for InDigenous health care Equity (CRE-STRIDE). CRE-STRIDE builds on 15 years of efforts from a large number of collaborators to improve the quality of health research particularly in partnership with Aboriginal and Torres Strait Islander community-controlled health organisations.

CRE-STRIDE was established to address health inequity using Indigenous knowledges. It has Indigenous people's leadership across multi-level project governance structures. An *Indigenous Research Framework* guides community engagement in research and research on wellbeing, health systems and service quality improvement processes. Relationality and relationships are central, with supportive project structures, and an 'all teach, all learn' capacity strengthening commitment that is continuous, reciprocal and reflexive (CRE-STRIDE, 2020).

The applied health research for health equity that CRE-STRIDE progresses has much to do with health sociology. Some CRE-STRIDE collaborators are trained in social sciences and sociology and for Megan this combines with training in Indigenous knowledges and public health. Belonging to Wiradjuri and palawa peoples and with Anglo-Celtic heritage, Megan's work is multi-disciplinary across health and justice fields, focusing on the health of Aboriginal people in prison and reforms (Finlay et al., 2016; Williams, 2021a).

Co-editor Dr Demelza Marlin was in trained in sociology and developed experience in health from her research on the intersections between culture, community, sports leadership and physical activity in Aboriginal and Torres Strait Islander contexts (Marlin et al., 2020). She has also investigated the relationship between wellbeing and everyday ritual and connections to place in non-Indigenous contexts (Game et al., 2013). Demelza has Wiradjuri and Anglo-Celtic heritage. Her ancestral ties are to the Bogan River. As a result of family disconnections she has connected more deeply to culture as an adult and continues to learn.

On 'meeting points', yuwinbir!

This Yuwinbir special issue of Health Sociology Review is premised on there being constructive meeting points between health sociology and Indigenous peoples' approaches to health and health research. Through its focus on social and historical determinants of health,

health sociology can challenge the individualising focus of western biomedical models of health, which often position poor health as a function of poor personal choices (Jackson Pulver, Williams, & Fitzpatrick, 2019). Health sociology can support actions of Indigenous leaders to dismantle deficit conceptualisations of Indigenous peoples' health (Fogarty et al., 2018), and can contribute to better understandings of racism, social exclusion and system reform. Through its use of relational frameworks that understand health as an outcome of social, spiritual and environmental connection (Game & Metcalfe, 2010, 2011; Garrett, 2002), health sociology can align well with Indigenous peoples' understandings of health as holistic and embedded within kinship, community, culture, environment and spirit (Dudgeon, Milroy, & Walker, 2014; Dudgeon, Wright, & Coffin, 2010).

Identifying gaps, yuwinbir!

Yet, despite the possibilities for meeting points, health sociology seems limited in its critical engagement with Indigenous knowledges and in actions towards articles of the United Nations Declaration on the Rights of Indigenous Peoples (2008). While recognising efforts Indigenous peoples have made to health sociology, these are still relatively few. There are several reasons, apart from the biases of research institutions and the way they render invisible or position Indigenous people as 'other' (Nakata, 2007): Indigenous research workforces are small, and Indigenous populations often young rather than ageing; in Australia our median age is 23 compared to 38.5 in the general population (Australian Bureau of Statistics, 2018), with many in early childhood. Indigenous workforces often experience 'cultural load', with considerable effort and time spent educating and advising non-Indigenous colleagues (Diversity Council of Australia and Jumbunna, 2020) rather than leading and publishing programs of research (Bailey et al., 2020). And while guidelines for the ethical conduct of research among Indigenous peoples have been in place for decades in developed nations and should ensure Indigenous researcher leadership with community

partnerships, their chronic under-use sets off a chain of actions that perpetuate Indigenous people's exclusion from research design, data analysis, interpretation and translation (Croakey Health Media, 2016).

Gaps in research underscore and perpetuate gaps in health system design and policy. In Australia, the federal governments' billion-dollar Closing the Gap framework, developed in 2007, only began to include Aboriginal and Torres Strait Islander leaders in 2020 (Coalition of Peaks, 2020), with no concomitant research strategy yet publicised. Health economists recently reported the chronic underfunding of Aboriginal and Torres Strait Islander community-controlled health organisations compared to need (National Aboriginal Community Controlled Health Organisation and Equity Economics, 2022).

The articles in Yuwinbir point out a range of other instances where Indigenous people's voices, experiences, and perspectives have been overlooked or excluded from health research and sociology. Culbong et al. (2022), for example, conveying their Nyoongar process of research in *Building Bridges: co-designing engagement with Aboriginal Youth (Building Bridges)*, write of how sociological literature on youth excludes the voices of Aboriginal young people and does little to engage with the complexity of issues they experience. Hewitt and Walter (2022) point out in their article, *The consequences of household composition and household change for Indigenous health: evidence from eight waves of the Longitudinal Study of Indigenous Children (LSIC)*, that research on household composition and its correlation with health has been based on non-Indigenous households, which can lead to inaccurate assumptions and expectations when applied to Aboriginal and Torres Strait Islander households. Hill et al. (2022), point out in *Healing Journeys: experiences of young Aboriginal people in an urban Australian therapeutic community drug and alcohol program*, that despite the over-representation of Aboriginal and Torres Strait Islander young people in mainstream residential drug and alcohol programs, models of care

are not informed by Aboriginal and Torres Strait Islander knowledges about factors, health or healing.

The exclusion of Indigenous people's voices from research on health and health sociology points to deeper issues in the way that health knowledges are produced. As the articles in Yuwinbir suggest, western health research is often based on Eurocentric assumptions which presume that euro-american theories, concepts, and models have universal validity and can, therefore, explain (or indeed address issues within) Indigenous people's experiences of health without the input of Indigenous peoples' themselves (Nakata, 2007; Walker et al., 2014). The positioning of western knowledge systems as universally valid has resulted in the production of research frameworks and health programs that are either irrelevant or harmful to Indigenous peoples. This point is made strongly by Mohlabane (2022) who, in the article, *Unsettling knowledge boundaries: the Indigenous pitiki space for Basotho women's sexual empowerment and reproductive wellbeing*, argues that reliance on western biomedical approaches and refusal to engage with Indigenous women's knowledge about sexual and reproductive health has contributed to gross inequities for African women. Looking at this issue from the perspective of workforce development, Kerrigan et al. (2022), in their article, *Evaluation of 'Ask the Specialist': a cultural education podcast to inspire improved healthcare for Aboriginal peoples in Northern Australia*, also highlight how limited medical doctors' professional training is for understanding and working in culturally safe ways with Aboriginal patients in hospitals.

In this way, and through their unique perspectives, the articles in Yuwinbir offer a collective challenge to the coloniality of knowledge – those processes of epistemic violence, carried by European colonialism, that have delegitimated, marginalised or erased Indigenous knowledges, positioning them as invalid and backward in relation to European knowledges (see Mohlabane in this issue; see also Coburn et al., 2013, Mignolo, 2007; Smith, 2012).

Contributions of Indigenous knowledges, yuwinbir!

However, the articles in Yuwinbir do more than critique existing research frameworks or identify absences and gaps. They also demonstrate different models of Indigenous research leadership or partnership, and show how Indigenous standpoints and models of health can be used to decolonise and extend existing sociological approaches to health to create more effective, self-determined research.

For example, Hewitt and Walter demonstrate how an Indigenous standpoint can be used to better analyse the effects of household composition on Indigenous women's and children's health. Culbong et al., and Hill et al., show how Aboriginal people's understandings of health and healing can be used to create more appropriate models of care and engagement for Aboriginal and Torres Strait Islander youth. Mohlabane offers the *pikiti* space as an alternative to western models of sexual and reproductive health, highlighting the way in which women's health can be understood as encompassing much more than physical wellbeing. And finally, Kerrigan et al. show how engagement with the expertise of Aboriginal Elders can prompt critical reflection on practice for western-trained doctors and create opportunities for new learnings and professional growth.

Pushing beyond meeting points, yuwinbir!

This special issue pushes us, then, to think beyond meeting points. So too does David Singh, a director of the Institute for Collaborative Race Research, in his reflections on 'interest convergence' (2020, p. 146), a concept in critical race theory (Delgado & Stefanic, 2017). Interest convergence suggests that when dominant social groups believe they can benefit from change, then action is more likely occur. For decades Indigenous people have tried convincingly to offer our cultures as solutions to global health, social and climate justice issues (Jackson Pulver et al., 2019); and indeed, the Yuwinbir special issue was inspired by

Aboriginal Elders and leaders on Gadigal Country who ask us to hone our skills to work in unity with others.

However, Elders also expect us to go further – to strengthen our cultures, to cite and seek human rights, develop practical anti-racism strategies, and plan carefully the upskilling of next generations of knowledge holders (Williams, 2021b). The articles in Yuwinbir affirm that Indigenous knowledges are far from lost. They remain with the Country and the people they belong to. Singh (2020, p. 146) warns us not to "borrow from theorisations elsewhere to understand race in this place"; the same applies to developments in health sociology regarding Indigenous peoples.

Singh (2020, p. 150) instead names a 'sovereign divergence' recognising that omitted from critical race theory (and sociology) "is the significance of Indigeneity and decisive role played by Indigenous sovereignty". Further, Singh explains,

> Race theory in its broadest sense, from critical race theory to the sociology of race, cannot conceive of [Indigenous peoples'] sovereignty much less fail to capture it, and even when reminded that it is a suppressed feature of the social formation, struggles to find a place for it when further reminded that equality is not the endgame of a forcibly dispossessed First Nations Peoples. (Singh, 2020, p. 150)

Perhaps Yuwinbir is one step toward sovereign divergence, or at least an assertion of sovereignty, and in several ways. Firstly, in its themes of equity and yuwinbir – the direction for health sociology to go in. Secondly, the process of the special issue, self-determined by Aboriginal people, with Aboriginal and/or Torres Strait Islander reviewers for all articles. Thirdly, the articles embodying Indigenous peoples' knowledges, practices and cultures in research governance, design, data collection, analysis and communication. What is more, the

articles explain the intersection or meeting points between Indigenous and other (dominant) knowledge systems in ways that allow them to be manifested further and utilised by others.

Where to from here health sociology? Yuwinbir!

The challenge ahead for health sociologists is to engage with Indigenous people – Elders, leaders, organisations, community members – about our knowledges about health. But engagement with Indigenous peoples' knowledges has to be more than an extraction of content from Indigenous people that converges with, makes sense, or fits in to existing health research. It must involve relationships, community partnerships, a commitment to resource sharing, data sovereignty and Indigenous intellectual and cultural property rights (Australian Institute Aboriginal and Torres Strait Islander Studies, 2020a; Riley, 2021; Walker et al., 2010).

When non-Indigenous peoples ask, 'But what else can I do? How can I start to decolonise my practice? How can I contribute to change?', the direction from Aboriginal and Torres Strait Islander Elders and leaders is consistent: learn about, respect and promote our rights and cultural protocols; learn about how we do things in our communities; build relationships with us; and work on yourself – understand who you are, how you got here and what you bring into these relationship (Behrendt 2022; Riley, 2021; Dudgeon et al., 2010). Further, be responsive to our local cultures, demographics, priorities, needs, rights and aspirations (Indigenous Allied Health Association, 2019).

In other words, before you make plans for action and change, commit to a sustained process of critical reflection. Consider your own positionality; make your disciplinary and professional practice the subject of inquiry; analyse the broader cultural, social, political and economic environments in which you live, and consider how they shape structured relations

of advantage and disadvantage today (Australian Institute for Aboriginal and Torres Strait Islander Studies, 2020b; Dudgeon et al., 2010; Riley, 2021; Walker et al., 2010).

We are told that these prompts for critical self-enquiry are essential for the creation of "new knowledges and processes and improved social justice outcomes for Aboriginal people" (Walker et al., 2010, p. 207). That is why they are included in the critical reflection frameworks now widely understood as necessary for the development of culturally competent practice when working with Aboriginal and Torres Strait Islander peoples (Downing et al., 2011; Dudgeon et al., 2010; Nilson, 2017; Sjoberg & McDermott, 2016; Walker et al., 2014). They are also embedded in the professional learning guidelines for health care practitioners (Australian Health Practitioner Regulation Agency (AHPRA) & National Boards, 2020) and researchers working with Aboriginal and Torres Strait Islander peoples (Australian Institute of Aboriginal and Torres Strait Islander Studies, 2020b). Why not have a similar framework for health sociology based on these critical actions of listening, reflecting and learning?

The Indigenous voices recorded in the Yuwinbir articles can be a starting point for that process of listening, reflection and learning. As a collection, they are offered in the spirit of what Yuwaalaraay author and performer, Nardi Simpson (2021), describes as a speak/listen trade. As she explains, when a speak/listen trade takes place on Country and when we can speak directly to one another, the words tumble between us and conversations become what is needed, rather than what is sought. We grow wiser and more compassionate as a result of our exchange. However, when we cannot meet face-to-face, when we have to share our words in writing, things can get more complicated (Simpson, 2021). For the future reader of her words, Simpson offers this note of guidance, which we, in turn, extend to you:

> Your role, future listener, in our speak/listen trade, is personal, silent, reflective. It is hard these days to be this way, but I think it is a good way to be. You get so much from approaching words, thoughts, ideas, in this way. (Simpson, 2021)

Conclusion

There might be issues with positionality and power in most of the research teams who contributed to Yuwinbir – likely a function of research funding, administration and timing. The articles don't represent diversity enough, remembering there are 5000 Indigenous nations globally. Yet they still all differentially explore and highlight how power can and does lie with Indigenous people and knowledges, and how Indigenous people so actively and openly share these. The Yuwinbir articles exist despite Indigenous people having fewer or lower western education qualifications than others. What is more, they are brilliantly underscored by a compelling energy – with Indigenous community members in much more influential roles in the research than academics. This is a model of partnership health sociology can and should take into the future – yuwinbir, this way!

Acknowledgments

We would like to thank all the authors included in this issue. They are from Wiradjuri, Nyoongar, Larrakia, Tiwi, Yolgnu, palawa/pairrebenne nations from this land now known as Australia, and Neo Mohlabane is a Basotho woman from Lesotho. We acknowledge the support of authorship team members from a range of non-Indigenous cultures.

We would also like to thank the reviewers of these articles, all of whom were Aboriginal and Torres Strait Islander people with mixed roles in research and community health service delivery. We acknowledge contributions of other colleagues who also provided reviews, guidance and feedback about producing Yuwinbir.

And lastly, we would like to acknowledge Health Sociology Review and thank Editors-in-Chief, Karen Willis and Sarah MacLean for their support.

References

Australian Bureau of Statistics. (2018). *Estimates of Aboriginal and Torres Strait Islander Australians*. Reference period June 2016. https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/estimates-aboriginal-and-torres-strait-islander-australians/jun-2016

Australian Health Practitioner Regulation Agency (AHPRA) & National Boards. (2020). *The National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025*. https://www.ahpra.gov.au/About-Ahpra/Aboriginal-and-Torres-Strait-Islander-Health-Strategy.aspx

Australian Institute of Aboriginal and Torres Strait Islander Studies (2020a). *The AIATSIS Code of Ethics for Aboriginal and Torres Strait Islander Research*. AIATSIS. https://aiatsis.gov.au/sites/default/files/2020-10/aiatsis-code-ethics.pdf

Australian Institute of Aboriginal and Torres Strait Islander Studies (2020b). *A guide to applying the Code of Ethics for Aboriginal and Torres Strait Islander Research*. AIATSIS. https://aiatsis.gov.au/sites/default/files/2020-10/aiatsis-guide-applying-code-ethics_0.pdf

Bailey, J., Blignault, I., Carriage, C., Demassi, K., Joseph, T., … Williams, M. (2020). *We are working for our people: Growing and strengthening the Aboriginal and Torres Strait Islander health workforce.* Lowitja Institute. https://www.lowitja.org.au/cotent/Image/Career_Pathways_Report_Working_for_Our_People_2020.pdf

Behrendt L. (2022, April 8th). Interview with Distinguished Professor Aileen Moreton-Robinson for the All About Women Festival [radio broadcast]. In *Speaking Out*. ABC. https://www.abc.net.au/radio/programs/speakingout/speaking-out/13824980

Calma, T., Dudgeon, P., & Bray, A. (2017). Aboriginal and Torres Strait Islander Social and Emotional Wellbeing and Mental Health. *Australian Psychologist*, *52*(4), 255-260. https://doi.org/10.1111/ap.12299

Centre for Research Excellence – Strengthening Indigenous Health Care Equity. (2020). *Indigenous Research Framework*. https://ucrh.edu.au/wp-content/uploads/2020/06/2020May_STRIDE_IndigenousResearchFW.pdf

Coalition of Peaks. (2020). *New national agreement on Closing the Gap*. https://coalitionofpeaks.org.au/new-national-agreement-on-closing-the-gap/

Coburn, E., Moreton-Robinson, A., Sefa Dei, G., & Stewart-Harawira, M. (2013). Unspeakable Things: Indigenous Research and Social Science. *Socio*, *2*, 331-348. https://doi.org/10.4000/socio.524

Croakey Health Media. (2016). *Courage, honest, celebration and imagination – and other ethics for Indigenous health research*. https://www.croakey.org/courage-honesty-celebration-and-imagination-and-other-ethics-for-indigenous-health-research/

Culbong et al

Delgado, S. J. & Stefancic, J. (2017). *Critical Race Theory: An Introduction* (3rd ed.). NYU Press. CITY

Diversity Council Australia and Jumbunna Institute. (2020). *Gari Yala (Speak the truth): Centreing the work experiences of Aboriginal and/or Torres Strait Islander Australians*. Diversity Council Australia and Jumbunna Institute. https://www.dca.org.au/research/project/gari-yala-speak-truth-centreing-experiences-aboriginal-andor-torres-strait-islander

Dudgeon, P., Milroy, H., & Walker, R. (Eds.). (2014). *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practices*. Australian Government. CITY

Dudgeon, P., Wright, M., & Coffin, J. (2010). Talking it and Walking it: Cultural Competence. *Journal of Australian Indigenous Issues*, *13*(3), 29-44.

Equity Economics. (2022). *Measuring the gap in health expenditure: Aboriginal and Torres Strait Islander Australians. National Aboriginal Community Controlled Health Organisation*. https://www.naccho.org.au/app/uploads/2022/05/NACCHO-and-Equity-Economics-Report-Measuring-the-Gap-in-Health-Expenditure_FINAL.pdf

Finlay, S., Williams, M., Sweet, M., McInerney, M. & Ward, M. (2016). *#JustJustice: Tackling the over-incarceration of Aboriginal and Torres Strait Islander peoples* (2nd ed.). Croakey Health Media. CITY https://www.croakey.org/wp-content/uploads/2021/07/JustJustice_eVersion_2ndEdition_2.0.pdf

Fogarty, W., Bulloch, H., McDonnell, S. & Davis, M. (2018). *Deficit discourse and Indigenous health*. Lowitja Institute. https://www.lowitja.org.au/sites/default/files/docs/deficit-discourse.pdf

Game, A. & Metcalfe, A. (2010). Hospitality: How woundedness heals. *Journal of Spirituality in Mental Health*, *12*(1), 25-42. https://doi.org/10.1080/19349630903495533

Game, A. & Metcalfe, A. (2011). My corner of the world: Bachelard and Bondi Beach. *Emotion, Space & Society*, *4*(1), 42-50. https://doi.org/10.1016/j.emospa.2010.10.002

Game, A., Metcalfe, A. & Marlin, D. (2013). *On Bondi Beach*. Arcadia Press.CITY

Garrett, G. (2002). Spirituality and healing in the sociology of chronic illness. *Health Sociology Review*, *11*(1-2), 61-69.

Grant, S. & Rudder, J. (2010). *A new Wiradjuri dictionary*. Restoration House.CITY

Belinda Hewitt & Maggie Walter (2021) The consequences of household composition and household change for Indigenous health: evidence from eight waves of the Longitudinal Study of Indigenous Children (LSIC), Health Sociology Review, DOI: 10.1080/14461242.2020.1865184

Hill et al

Indigenous Allied

Jackson Pulver, L., Williams, M., & Fitzpatrick, S. (2019). Social determinants of Australia's First Peoples' health: A multi-level empowerment perspective. In P. Liamputtong (Ed.), *Social Determinants of Health*, (pp. 175-214). Oxford University Press. CITY

Vicki Kerrigan, Stuart Yiwarr McGrath, Rarrtjiwuy Melanie Herdman, Pirrawayingi Puruntatameri, Bilawara Lee, Alan Cass, Anna P. Ralph & Marita Hefler (2022) Evaluation of 'Ask the Specialist': a cultural education podcast to inspire improved healthcare for Aboriginal peoples in Northern Australia, Health Sociology Review, DOI: 10.1080/14461242.2022.2055484

Marlin, D., Apoifis, A., & Bennie, A. (2020). *Aboriginal Sports Coaches, Community and Culture*. Springer Press. CITY

Mignolo, W. D. (2007). Coloniality of power and de-colonial thinking. *Cultural Studies*, *21*(2-3), 155–167. doi:10.1080/09502380601162498.

Neo Mohlabane (2022) Unsettling knowledge boundaries: the Indigenous *pitiki* space for Basotho women's sexual empowerment and reproductive well-being, Health Sociology Review, DOI: 10.1080/14461242.2022.2079092

NACCHO. (2011). *Constitution for the National Aboriginal Community Controlled Health Organisation*. CITY https://www.naccho.org.au

Nakata, M. (2007). *Discipling the savages, savaging the disciplines* (1st ed.). Aboriginal Studies Press. CITY

National Health and Medical Research Council. (2018). *Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and communities: Guidelines for researchers and stakeholders*. Commonwealth of Australia. CITY https://www.nhmrc.gov.au/aboutus/resources/ethical-conduct-research-aboriginal-and-torres-strait-islander-peoples-andcommunities

Nilson, C. (2017). A Journey Towards Cultural Competence: The Role of Researcher Reflexivity in Indigenous Research. *Journal of Transcultural Nursing*, *28*(2), 119-127.

Riley, L. (2021). Community-led research through an Aboriginal lens. In V. Rawlings, J. Flexner & L. Riley (Eds.), *Community-Led Research*: *Walking New Pathways Together*, The University of Sydney Press. CITY

Simpson, N. (2021). Gifts across space and time. *Griffith Review 71: Remaking the Balance*. Jan.

Singh, D. (2020). Racial complaint and sovereign divergence: the case of Australia's first Indigenous ophthalmologist. *Australian Journal of Indigenous Education, 49*, 145–152. https://doi.org/10.1017/jie.2020.17

Sjoberg, D. & McDermott, D. (2016). The deconstruction exercise: An assessment tool for enhancing critical thinking in cultural safety education. *International Journal of Critical Indigenous Issues, 9*(1), 28-48.

Smith, L. T. (2012). *Decolonising methodologies: Research and Indigenous people*. (2nd ed.). Zed Books. CITY

United Nations. (2008). *Declaration on the Rights of Indigenous Peoples*. www.un.org/esa/socdev/unpfii/documents/DRIPS_en.pdf

Walker, R., Schultz, C. & Sonn, C. (2014). Cultural Competence – Transforming policy, services, programs and practices. In P. Dudgeon, H. Milroy, & R. Walker (Eds.), *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice* (2nd ed.) (pp.195-200). Commonwealth of Australia.

Williams, M. (2021a, May 19). *Health sector urged to life game on prison health*. Croakey Health Media. https://www.croakey.org/health-sector-urged-to-lift-game-on-prison-health/

Williams, M. (Ed.). (2021b). *Profiling excellence: Indigenous knowledge translation.* Lowitja Institute. CITYhttps://www.croakey.org/wp-content/uploads/2021/08/LowitjaKT_Report_final_2.pdf