PERSPECTIVES ON A DECOLONIZING APPROACH TO RESEARCH ABOUT INDIGENOUS WOMEN'S HEALTH

The Indigenous Women's Wellness Study

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Abstract

This paper explores a decolonizing approach to research about Indigenous women's health in Australia. The paper identifies the strengths of decolonizing methodologies as a way to prioritize Indigenous values and worldviews, develop partnerships between researchers and the researched, and contribute to positive change. The authors draw on Laenui's (2000) five-step model of decolonization to describe their work in the Indigenous Women's Wellness Project in Brisbane, Queensland. They argue that Laenui's model presents a valuable framework for conducting decolonizing research projects about women's health with Australian Indigenous women. The authors demonstrate that working within a decolonizing framework offers autonomy and sustainability for women's wellness activities, while continuing to improve a community's health and wellbeing outcomes.

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Keywords

Introduction

Colonized Indigenous peoples throughout the world increasingly question the accepted paradigms of Westernized approaches to research. There are moves to dispute the authority of Westernized research paradigms and growing concerns that traditional approaches to research both contribute to the ongoing colonization of Indigenous cultures and characterize Indigenous people as the problem (Cary, 2004; Prior, 2007; Smith, 1999). There is also a need to move beyond the critique of Westernized paradigms to seeking out and drawing on approaches and processes which challenge and assist in "rebuilding Indigenous lives and communities" (Nakata, Nakata, Keech, & Bolt, 2012, p. 124).

Many scholars discuss the need for research that challenges Western research methodologies through the adoption of decolonization frameworks (Bishop, 2008; Chilisa, 2005; Cram, 2009; Sherwood, 2010; Smith, 1999; Wilson, 2008). Within the Australian health research context, increasing numbers of scholars are applying decolonization approaches in their work (see, for example, Fredericks & Adams, 2011; Fredericks, Adams, Finlay, et al., 2011; Sherwood, 2009; Sherwood & Edwards, 2006; Vickery, Faulkhead, Adams, & Clarke, 2007).

In this paper, we examine decolonization in research as it applies to Indigenous women's health in Australia. We define decolonization research methodologies and identify their value in prioritizing Indigenous worldviews and creating Indigenous-centred research practices. We work specifically with women on women's health issues and advocate for Indigenous women centred research processes in the same way as Indigenous women have in past years (Daylight & Johnstone, 1986; Fredericks, 2008; Moreton-Robinson, 2000). We also explore

models developed by others to bring new understandings to our work with women. It is in this exploration that we review Laenui's (2000) five-step model of decolonization and examine the application of this model in our work with Indigenous women in Brisbane, Australia. Our work on the Indigenous Women's Wellness Study suggests that Laenui's model is a useful framework for conducting health research with Indigenous women.

Decolonization in research

Chilisa (2012) explains that decolonization is "a process of centring the concerns and worldviews of the colonized Other so that they understand themselves through their own assumptions and perspectives" (p. 13). Chilisa describes decolonization as both "an event and a process," and explains that the method of conducting decolonizing research means that "the worldviews of those who have suffered a long history of oppression and marginalization are given space to communicate from their frames of reference" (p. 14).

Decolonization gives priority to the worldviews of the researched. At the same time, it provides a space to critically expose the ways in which the Other has been studied and theorized about. In this way, researchers engaged in decolonizing research must, at the most elemental level, embed the cultural values of the Indigenous peoples whom they seek to study within their research design. The researchers and researched thus become equal contributors to the research process (Gibbs, 2001; Fredericks, Adams, Finlay, et al., 2011; Prior, 2007). To participate in decolonizing research, researchers require a critical awareness of the inherent motivations, assumptions and values

that form the basis of their research process (Smith, 1999).

Decolonization requires a significant shift for researchers. As Gegeo and Watson-Gegeo (2001) explain, while many researchers base their work on interviews and observations with Indigenous peoples, and while they draw on Indigenous knowledge, they tend to work "within theoretical and methodological frameworks of Anglo-European forms of research, reasoning and interpreting" (p. 58). The result of this research is a "white" way of seeing and understanding Indigenous people that is very different from the way that Indigenous people view and understand themselves. Over time, more and more research is undertaken within the same framework, simply adding to and normalizing the "biased" research base (Gegeo & Watson-Gegeo, 2001; Chilisa, 2012).

Decolonizing methodology provides a platform from which to question and challenge the "dominant modern methods of knowing and reinforces Indigenous identity and discourse" (Habashi, 2005, p. 771). It provides for "the unmasking and deconstruction of imperialism, and its aspect of colonialism, in its old and new formation alongside a search for sovereignty; for reclamation of knowledge, language, and culture; and for the social transformation of the colonial relations between the native and the settler" (Smith, 2008, p. 117). In this way, decolonizing methodology can work through and from Indigenous standpoints and perspectives. It creates research that empowers and allows for Indigenous control and ownership (Smith, 1999). This is important in the work with Indigenous women who have been disempowered during colonization and seek to be empowered or re-empowered (Fredericks, 2010; Fredericks, Adams, Angus, & the Aboriginal and Torres Strait Islander Women's Health Strategy, 2010). Through a decolonizing methodology, the research is guided by Indigenous values, knowledge and processes within the research journey (Smith, 1999). Indigenous women can thus become

partners in the research, rather than being the researched Other.

Decolonization can be seen as a form of participatory action research that allows researchers to learn more about themselves and each other. As Williams (2001) notes, participatory action research begins with consultation and negotiation that establishes active participation through the whole research process. This is also evident in some of the action research undertaken in health (Fredericks & Adams, 2011; Fredericks, Adams, Finlay, et al., 2011). Most importantly, participatory action research allows some control and ownership over the process by those being researched (Williams, 2001). This is elemental in decolonizing research, which involves working with Indigenous peoples and being guided by an agenda that is informed by Indigenous aspirations (Cram, 2009; Fredericks, Adams, Finlay, et al., 2011; Prior, 2007).

Sherwood, Keech, Keenan, and Kelly (2011) assert that "decolonisation is a process that requires the positioning of oneself in history and the recognition of ideas and assumptions that have informed one's worldview" (p. 194). Sherwood (2009) explains that decolonization requires us

> to examine the impact colonization has upon their past and present in order to formulate a future that does not reinstate the past. To take these steps requires a balance of histories, informing our current political and social context, critical reflexive practice and open communication with Aboriginal and Torres Strait Islander peoples. (p. 24)

Within the Australian context, this means that all Australian citizens need to recognize that the problems experienced by Australian Indigenous peoples originate in the destructive impacts that colonizers thrust upon Indigenous cultural, social, economic and political systems. Colonization led to forced acculturation and destructive policies of assimilation (Purdie,

Dudgeon, & Walker, 2010). Beyond the Australian context, it is important to recognize that both Indigenous and non-Indigenous peoples have been colonized through the global colonial project (Henderson, 2000; Smith, 1999)—regardless of whether they are in Australia, Canada, the United States, New Zealand, South Africa, or many other places in the contemporary world. Thus, we are all a product of a colonial history and decolonization is a relevant process globally. This acknowledgement underpins our understanding of decolonization and, as Lowman (2007) explains, will prove "critical in moving towards new peaceful and just relationships between Settler and Indigenous peoples" (p. 2).

The context for decolonization in Australia

It has long been contended that the Indigenous peoples of Australia are the most studied, classified and counted people in Australian society (Hunter, 2001; Williams, 2001). For Indigenous Australians, the extent of their experience as "researched" is such that even the word "research" can create suspicion and a defensive reaction towards researchers (Smith, 1999). The practices of Westernized "scientific" research have repeatedly defined Indigenous Australians through a colonial lens that advocates for objective and anonymous control of human variables (Houston, 2007; Prior, 2007). This has defined Indigenous peoples as the Other and resulted in researchers gaining a position of power over both the people being studied and their research outcomes (Smith, 1999; Williams, 2001). Indigenous women have been defined as Other within the sphere of Australian women (Fredericks, Adams, & Angus, 2011).

Over the years, Westernized research outcomes have guided policy development and an abundance of health promotion and healthcare programmes directed at Aboriginal women (Fredericks et al., 2010; Prior, 2007). Given the ongoing social, economic and health disparities suffered by Indigenous women when compared to mainstream Australian women, it is not surprising that the motives of undertaking such health research are being questioned (Prior, 2007; Williams, 2001). There have been a number of programmes directed specifically at Indigenous women in past years with varied success (Daylight & Johnstone, 1986; Fredericks, Adams, & Angus, 2011). Even research connected to the development of policy has had limited uptake. For example, the recently developed *National Aboriginal and Torres Strait Islander Women's Strategy* (Fredericks et al., 2010) has had limited uptake across the sphere of women's health and wellbeing services. Clearly, the lack of tangible change in health disparities warrants a challenge to previous colonial research methodologies by creating new decolonizing, Indigenous-centred research practices.

Working within a decolonizing framework, we recognize that Indigenous research can be about "healing and empowerment" and "the return of dignity and the restoration of sovereignty" along with "bringing former colonized communities one step further along the path to self-determination" (Kaomea, 2004, p. 43). Several researchers have shown that decolonizing research can assist in the process of learning and developing a deeper understanding of the relations between Indigenous and non-Indigenous peoples (for example, Battiste, 1995; Bishop, 2008; Cram, 2009; Rigney, 1999; Sherwood, 2009; Sherwood et al., 2011; Smith, 1999).

In spite of the increasing recognition of the value of decolonizing methodology, Indigenous cultural values continue to have little influence in shaping research methods of inquiry today (Prior, 2007). This is particularly the case in Australian health research, where Western positivist paradigms continue to dominate. Significant health disparities between Indigenous and non-Indigenous Australian women continue

to exist. Indigenous Australian women are the most socially and economically disadvantaged population group in Australia, and have the poorest health status. Most of the current information about Indigenous Australian women's health is based on statistics that describe and highlight the degree of their sicknesses and disadvantage (Australian Institute of Health and Welfare [AIHW], 2011). They do not present a picture of wellness. The statistics describe lower life expectancy; elevated mortality rate; and increased risk of cardiovascular disease, cancer, diabetes, respiratory disease and kidney disease. The statistics (AIHW, 2011) show that:

- Approximately 12% of the Indigenous population has diabetes (compared with 4% of the non-Indigenous population) (p. 5).
- In comparison to non-Indigenous Australian women, Indigenous women are twice as likely to have cardiovascular disease, 11 times more likely to get coronary heart disease, and 13 times more likely to get rheumatic fever (p. 49).
- Indigenous children aged 0–14 years die at twice the rate of non-Indigenous children and infant mortality rates are almost twice that of non-Indigenous infants (p. 5).
- Between 2004 and 2005, 66% of all Indigenous deaths were before 65 years of age, compared with 20% of non-Indigenous deaths (p. 5).

These statistics contribute to a life expectancy for Indigenous women that is 9.7 years less than that for all Australians (men and women) (AIHW, 2011, p. ix). The statistics portray poor health status and high levels of illness. Indigenous statistics are generally always measured up against non-Indigenous people. From this context they do not reflect any levels of health or wellness from the perspective of how Indigenous people understand health and wellness. From an Indigenous perspective, "wellness" is a notion that extends beyond illness and disease to include all aspects of an Indigenous woman's lived being (National Aboriginal Health Strategy Working Party, 1989). That is, one can be physically unwell and have poor health status and still be working towards wellness or have a sense of wellness (National Aboriginal Health Strategy Working Party, 1989). The statistics fail to portray this reality or Indigenous women's understandings of health and wellbeing, and Indigenous women's survival, strength and desire to bring about change (Fredericks et al., 2010).

Indigenous understandings of health

Decolonizing health research in Australia must be built around Indigenous views of health and wellness, which are vastly different from the dominant Western perceptions of health and illness. Westernized approaches tend to place health on a linear spectrum of illness and disease. But Indigenous Australians position health along a holistic spectrum that encompasses spiritual, intellectual, physical and emotional spaces all intertwined as one (Sherwood & Edwards, 2006). Most importantly, health for Indigenous Australians is simultaneously a collective and individual inter-generational continuum that exists in the past, present and future (Durie, 2004).

The Indigenous health and wellness worldview is in direct conflict with the health and illness worldview of Western medicine. As Sherwood and Edwards (2006) note, in light of these expansive differences it is vital that Indigenous knowledges become incorporated into the Indigenous health agenda before there can be any significant improvement in the health outcomes of Aboriginal Australians. Decolonization methodologies in health research are simply a stepping stone in this process.

A model for decolonization

Several researchers have proposed strategies for conducting decolonizing research, both in Australia and internationally (such as Fredericks, Adams, Finlay, et al., 2011; Laenui, 2000; Sherwood, 2009; Sherwood et al., 2011; Smith, 1999). In our work examining Indigenous women's perceptions of health and wellness, we drew on the five-stage model defined by Laenui (Laenui, 2000; Muller, 2007). Laenui explains decolonization as a process involving five fluid and intertwining steps: (1) rediscovery and recovery, (2) mourning, (3) dreaming, (4) commitment, and (5) action.

Step 1: Rediscovery and recovery

In this initial stage of self-discovery, the colonized recover their own identity through the reclamation of their history, culture and language (Laenui, 2000). Colonialist assertions of superiority can be questioned, and the colonized Other may define their own rules and establish what is real to them (Muller, 2007).

Step 2: Mourning

This phase refers to the expression of feelings of mourning for past assaults that were created through colonization. This phase may result in the questioning of "how it may be otherwise," which leads directly into the dreaming stage (Muller, 2007, p. 7).

Step 3: Dreaming

In this phase, the colonized Other conceptualizes new possibilities through summoning their Indigenous values, knowledge systems and histories (Laenui, 2000). This dreaming phase is incremental in creating and imagining a decolonized future (Muller, 2007). Laenui (2000) proposes that researchers can use this phase to imagine new approaches to research and adopt Indigenous methodologies

to the communities being studied. This process includes the "lived experiences, oral traditions, language, metaphorical sayings, and proverbs" of the researched communities, to provide a theoretical foundation to the research (Laenui, 2000, p. 16). Through this process, a real voice is given to the Indigenous communities being researched, allowing for maximum benefit to be gained from the research outcomes.

Step 4: Commitment

Progressing from the dreaming phase involves a definitive commitment to a direction or action. Laenui (2000) recognizes that this is the stage where researchers can become "political activists," establishing a commitment to the inclusivity of the voices of the colonized Other and conducting research that is centred in their values, worldviews and belief systems (p. 16). This commitment allows research to translate into meaningful changes in the lives of the researched.

Step 5: Action

The combination of dreaming and commitment transform into actual strategies for action and social change (Laenui, 2000). In this stage, researchers enact their commitment to research methods that are based on "empowerment, inclusivity and respect for all involved in the research process" (Laenui, 2000, p. 16). Importantly, Muller (2007) indicates that this phase calls for a pro-active response, with positive action that challenges historical injustices rather than punitive action. This pro-active response positions the researcher as an activist, allowing the process of decolonization to manifest into a greater social transformation.

Decolonizing Indigenous women's health: The Indigenous Women's Wellness Study

The Indigenous Women's Wellness Study was conducted in the Indigenous community of North Brisbane, Australia, with the specific purpose of addressing wellness from an Indigenous women's perspective. The study was led by three of this paper's authors: two Indigenous women (Melissa Walker and Bronwyn Fredericks) and one non-Indigenous woman (Debra Anderson). The project was built around Indigenous ways of working, and started with a process of consultation and discussion circles with local Indigenous women that were led by local Indigenous women Elders. This was the Indigenous component of a much larger study focusing on women in North Brisbane because the larger study failed to attract Indigenous women participants. This therefore allowed for the Indigenous women's study to thus be shaped in more culturally appropriate and responsive ways specifically for and with Indigenous women. The study was conducted through the Queensland University of Technology (QUT) and later involved Diabetes Queensland and the Institute of Health and Biomedical Innovation, who provided funding. Ethics approval for the project was granted through QUT.

The project initially sought to explore what Indigenous women recognize as wellness and wellbeing, and what they wanted to have in an Indigenous Women's Wellness Program. We were a group of Indigenous and non-Indigenous women who were committed to working through Indigenous women's processes in the Indigenous community of North Brisbane. We drew on the process of yarning—a conversational process involving the telling and sharing of stories that takes place naturally amongst Indigenous women and men (Bessarab & Ng'andu, 2010; Fredericks, Adams, Finlay, et al., 2011). Yarning gathers information and creates conversations that are culturally ascribed and cooperative.

Yarns follow language protocols and result in the acquisition of new meaning (Bessarab & Ng'andu, 2010). We drew upon the work of Bessarab and Ng'andu (2010), who describe all the different forms of yarning along with the different meanings and intentions behind each type of yarning. Bessarab and Ng'andu (2010) were the first scholars to do this in such depth and while the terms "yarn" and "yarning" are used by Indigenous people daily, a yarn is more than simply pleasantries in casual conversation or a light correspondence between people (Fredericks, Adams, Finlay, et al., 2011).

The yarns were led by local Indigenous women Elders and the Indigenous researchers (Melissa Walker and Bronwyn Fredericks). Melissa Walker later commenced her PhD work in this area and is fully immersed within the life of the North Brisbane Indigenous community. The Elders talked about how local Indigenous women in the past had done business together, had gatherings, been physically and socially connected together and reaffirmed spiritual connections through ceremony on Country. Indigenous women have done this for thousands of years, including in areas like Brisbane that are now heavily urbanized and big cities. Indigenous women acknowledged that, in a city like Brisbane, it is hard for Indigenous women to gather because they live in different suburbs, some have jobs and many have large family responsibilities. They talked about issues associated with gaining government support for gatherings, projects, research, and mobility problems such as public transport. We worked out with women how we could address this in order to undertake the project and for future projects and programmes.

The concepts of decolonizing and Laenui's (2000) model were raised by Bronwyn Fredericks, also an Indigenous researcher with a solid research base and history of community activism in Indigenous women's health and issues. As we understood it from talking collectively about decolonizing methodology, it has the capacity to underpin the research and bring

the values and belief systems of Indigenous women to the centre. Indigenous women could be researchers, participants, community members, Elders, mothers, daughters, sisters, or children, along with drivers to halls for the meetings, the pick-up folks to bring food, and more. Indigenous women could be involved in every aspect of this research.

Indigenous women took on key roles in every stage of the research. The project built effective health care and health promotion that was delivered in *their* way. It was owned by the Indigenous women and opposed outside Westernized programmes that historically have been delivered through a Westernized lens. We anticipated that this type of programme may accomplish significant and tangible changes in the health and wellbeing of Indigenous women, when so many previous programmes have failed. In talking about Laenui's (2000) model and decolonization we decided to bring it into the research project in the same way we had brought other useful models, theories and methods and ways of doing things into the project, study and community.

In our work on the Indigenous Women's Wellness Study, we moved through the steps of Laenui's (2000) model of decolonization.

Steps 1 & 2: Rediscovery, recovery and mourning

The first phase of consultation and discussion groups with local Indigenous women led to the clear desire of the participants to take action and advocate for change within their community. They demonstrated their understanding of Indigenous health statistics, and why the statistics were the way they were. They also demonstrated that they understood the impacts of colonization on their lives. In these discussions, women were visibly upset about what has happened and what continues to happen. The Elder women shared stories of growing up and what life was like for them as young women. They expressed grief and loss for the way of

life that their ancestors had lived. The women collectively expressed their understanding that they can't go back to ancestral ways of living. Instead, they can go forward in a different way. In this conversation, the women moved through the **rediscovery** and **recovery** and **mourning** steps defined by Laenui (Laenui, 2000; Muller, 2007).

Steps 3 & 4: Dreaming and commitment

The Indigenous women involved in this study moved beyond mourning as they began to talk about what might be possible. They asked what would make for a better world for themselves and those that follow. They asked what they really mean by wellness. They talked about wanting to reinvigorate Indigenous women's ways and the processes of Indigenous women gathering together.

From this conversation, the women began to express a desire for a large gathering of Indigenous women in their region of North Brisbane. They developed the idea for a one-day event with a focus on health, wellbeing and wellness (rather than the usual focus on sickness and ill-health). Together, they developed plans for an "Indigenous Women's Wellness Summit"—a one-day event to celebrate "wellness." Their vision was for a summit that would be grounded in Indigenous women's values, knowledge and ways of doing Indigenous women's business. They recognized their vision as a challenge to the Westernized focus on women's health issues as a scale of disease and illness. This vision parallels Laenui's (2000) stage of **dreaming**.

The dreaming transformed into **commitment** as the research participants turned their vision of "how things could be" into a physical commitment to action. Through their commitment to the Indigenous Women's Wellness Summit, both the researchers and the research participants became activists for their community, allowing the greatest possible social

transformation in the wellness of Indigenous women within this community. These **dreaming** and **commitment** phases (Laenui, 2000) were about imagining and creating a future different from the present one and gaining momentum amongst others to join in with the activities.

To develop the Indigenous Women's Wellness Summit, several Indigenous women in the community and the QUT-based researchers worked with Bunyabilla Inc. Aboriginal and Torres Strait Islander Corporation to apply for funding (through the Queensland Health Smoke-free Support Program, Diabetes Australia Queensland, QUT and Central Queensland University). Bunyabilla Inc. is a non-profit Aboriginal and Torres Strait Islander community controlled organization based in North Brisbane that delivers a range of community programmes. Bunyabilla applied for the funds, which allowed the summit to sit outside of the ongoing university-based research project. Although the summit grew out of the larger research project, it was owned by the local community and developed in partnership.

Step 5: Action

The North Brisbane Indigenous Women's Wellness Summit was held on 9 March 2012 at the Strathpine Community Centre, a large community centre in the outer suburbs of North Brisbane. The date was deliberately chosen to coincide with International Women's Day, which aspires to recognize all women. The event celebrated wellness by empowering Indigenous women and providing health information in an inviting and culturally safe, women-only environment. All of the stall holders (including government and non-government organizations), health practitioners, community health workers, speakers, caterers and cleaners were women.

Indigenous women who participated in the summit reported that the activities were beneficial in contributing to their understanding of wellness. The Indigenous women who attended the summit welcomed the knowledge of health professionals, particularly as they were given an opportunity to participate in an environment that enabled true learning and Indigenous interactions.

Laenui's (2000) model of decolonization within the Indigenous Women's Wellness Study allowed all of the women in this project flexibility to move and be creative while providing a structure to move with and within. It offered a framework for Indigenous women to reflect on the past, present and future and to understand the dynamism of Indigenous traditions within an urban environment. Indigenous women within this process were able to exercise some traditional practices and uphold their responsibilities as Indigenous women. Young women were part of this process and were able to learn by being immersed within the process with Elders and older women family members. This was shaped by Indigenous womanhood and centred Indigenous women in learning from one another too.

Indigenous women were able to focus on themselves in the steps and in the planning and participating in the Indigenous Women's Wellness Summit. They could consider all aspects of their health and wellbeing: the emotional, social, physical, sexual, intellectual, spiritual and cultural factors. The women were able to focus on the continuous essence of who they are as Indigenous women: as individuals, and who they are in relation to other Indigenous women within the process. The individual, collective and inter-dependence aspects of Indigenous community were committed to and enacted. Throughout the project's entirety Indigenous women cried, laughed, talked, dreamed and sang. Despite some women becoming unwell and others moving away, the commitment remained. The spirits of Indigenous women were uplifted and we could visibly see in some women how happy the day made them. In others we could see how the day offered them extra strength on the inside in order to be stronger on the outside and within the wider community.

We documented the thoughts of women throughout the day. Women also had the opportunity to talk about what they felt and thought in terms of health and wellbeing and the summit at discussion tables set up within the summit. An Elders table was a pivotal point within the community centre and it was the Elders who assisted in debriefing and providing valuable feedback on the day. When the Elders told us they were happy with the summit, happy with our work and happy with the process, we were happy.

From our perspective we could see the process of working through the steps, culminating in the Indigenous Women's Wellness Summit, offered a centredness to Indigenous women. It provided a culturally engaging space that allowed for Indigenous knowledge, experience and ways of being in the world to be exercised and to be in the position of dominance. Moreover, it offered a resistance to Anglo-Australian health practices that tend to dominate all health spaces including Indigenous health services and clinics. On the day of the summit, Indigenous women were the subjects of their own experience and the centre of their lives (Asante, 1991). Indigenous women were in control of their process and their day about themselves.

Conclusion

This research reveals that Laenui's (2000) model for decolonizing research can provide a framework for Indigenous researchers to apply when working with Indigenous women about women's health. Through the process of rediscovery, recovery and mourning, the women defined their own rules and established the real meaning of "wellness" for them. Through dreaming and commitment, they developed their plans for the Indigenous Women's Wellness Summit, which they then translated into action. The project revealed a plethora of "dreams," which include potential future summits around working with

women of all ages in their community to realize the dream of seeing "well" Indigenous women as the norm.

The summit embraced Indigenous women's wellness and demonstrated values that are conducive to Indigenous individual and collective wellbeing—including sharing, giving, reciprocity, respect and active engagement with other Indigenous women. It was the first event of its kind in Brisbane, and grew out of a broader research programme. It demonstrates the value of flexibility in research—as the broader research was able to shift and accommodate the needs expressed by the Indigenous community.

The decolonizing methodology used in this study allowed the combination of dreaming and commitment to bring about a strategy for action and social change (Laenui, 2000). This allowed the researchers to enact their commitment to research based on "empowerment, inclusivity and respect for all involved in the research process" (Laenui, 2000, p. 16). It became a form of pro-active action that positioned the researchers as activists and allowed the process of decolonization to manifest into a greater social transformation.

While a couple of women who were involved have been ill or moved away and one Elder has passed on, the commitment and action established through this project continue. This demonstrates that the process doesn't rest with a handful of individuals but with a collective of committed Indigenous women across the community. The researchers continue to work with the Bunyabilla Indigenous Corporation Inc. to support the Indigenous women of North Brisbane to gather within a wellness framework and reach their dreams. Thus the summits have continued and work continues. Several other agencies are using the model for gatherings within the community and on specific health issues or with different groups; for example, children and mothers and parenting.

With the Indigenous Elder women we sought to provide autonomy and sustainability for women's wellness activities, and to improve the

community's health and wellbeing outcomes. It also provides a platform for working towards independent funding options. We recognize that much of this rests on Indigenous women's agency and capacity within the community. We know that since we started the work one of the Elders has passed away and another Elder, Aunty Honor Cleary, has been awarded an honorary doctorate. She and the other Elder women continue to push for ongoing activities to improve women's health and wellbeing and the community's health and wellbeing. We acknowledge that Bunyabilla Inc. and other organizations have now sourced further government funding to support their work with Elders, both women and men. We are proud of our contributions for the collective that is community. The work continues to adopt a decolonizing framework to prioritize the values and worldviews of Indigenous people. We understand that decolonization for the most part in this context is concerned with Indigenous women, men and children, and Indigenous sovereignty in all of its forms.

Acknowledgements

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