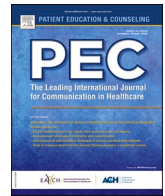


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Finding Your Way – A shared decision making resource developed by and for Aboriginal people in Australia: Perceived acceptability, usability, and feasibility

Tara Dimopoulos-Bick^{a,*}, David Follent^a, Catherine Kostovski^a, Val Middleton^a, Cory Paulson^b, Stewart Sutherland^c, Melissa Cawley^d, Marsha Files^e, Sue Follent^f, Regina Osten^a, Lyndal Trevena^g

^a Agency for Clinical Innovation, NSW, Australia

^b Royal Flying Doctor Service, South Eastern Section, NSW, Australia

^c College of Health and Medicine, Australian National University, Canberra, Australia

^d South Eastern Sydney Local Health District, NSW, Australia

^e Katungul Aboriginal Corporation Regional Health and Community Services, NSW, Australia

^f NSW, Australia

^g School of Public Health, University of Sydney, NSW, Australia

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ABSTRACT

Background: Finding Your Way is a culturally adapted shared decision making (SDM) resource for Aboriginal (First Nations) people of Australia. It integrates the Eight Ways of Aboriginal Learning (8 Ways) and was created by Aboriginal health workers and community members in New South Wales (NSW), Australia.

Objective: To explore the perceived acceptability, usability, and feasibility of Finding Your Way as a SDM resource for Aboriginal people making health and wellbeing decisions.

Methods: The web-based resources were disseminated using social media, professional networks, publications, and the 'Koori grapevine'. Thirteen 'champions' also promoted the resources. An online questionnaire was available on the website for three months. Framework analysis determined early indications of its acceptability, usability, and feasibility. Web and social media analytics were also analysed. Partnership with and leadership by Aboriginal people was integrated at all phases of the project.

Results: The main landing page was accessed 5219 times by 4259 users. 132 users completed the questionnaire. The non-linear and visual aspects of the resources 'speak to mob' and identified with Aboriginal culture. The inclusion of social and emotional well-being, and the holistic approach were well received by the small number of users who opted to provide feedback. They suggested that non-digital formats and guidance on the resources are required to support use in clinical practice.

Conclusion: The 8 Ways enabled the development of a culturally safe SDM resource for Aboriginal people, which was well received by users who took the time to provide feedback after a brief dissemination process. Additional accessible formats, practice guides and training are required to support uptake in clinical practice.

Practice implications: Finding Your Way could be used to help improve experiences, health literacy, decision making quality and outcomes of healthcare for Aboriginal Australians.

1. Introduction

Shared decision making (SDM) is a process where consumers and healthcare providers make informed and preference-based health decisions together [1–3]. SDM frameworks and tools have been shown to

facilitate this process [4,5]. The Australian National Safety and Quality Healthcare Standards (NSQHS) [6] and the Charter of Healthcare Rights [7] embody the principles of SDM within healthcare as key to the delivery of person centred care for all Australians. For Aboriginal and Torres Strait Islander people (hereafter respectfully referred to as

* Correspondence to: Locked Bag 2030, St Leonards, NSW, Australia.

E-mail address: tara.dimopoulosbick@health.nsw.gov.au (T. Dimopoulos-Bick).

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Box 1
Overview of the five semi-structured yarning sessions.

Knowledge sharing and deep listening	Deconstruct and reconstruct	Reconstruct, deconstruct and story sharing	Deconstruct and reconstruct	Finalise together
Two-way knowledge sharing	Yarning	Yarning	Yarning	Yarning
<ul style="list-style-type: none"> What is shared decision making and different tools for yarning about health decisions? 	<ul style="list-style-type: none"> What do you think and feel about the resources? What do you like or not like about the resources? What would you change and why? 	<ul style="list-style-type: none"> What do you like or not like about the new model? What would you change and why? How would we describe the different parts of the model to others? 	<ul style="list-style-type: none"> What do you like or not like about the question prompt? What change would you make and why? How would we describe the question-prompt to others? 	<ul style="list-style-type: none"> Have we created resources that could be useful for making decisions about health, including COVID-19 vaccines? How would we describe the resources to others?
165 Aboriginal community members from across NSW	16 Aboriginal community members from across NSW	12 Aboriginal community members from across NSW	12 Aboriginal community members from across NSW	11 Aboriginal community members from NSW

Aboriginal people), this sits alongside Closing the Gap. Closing the Gap is the Australian Government’s formal commitment to address disadvantages and ongoing gaps in health and life-expectancy inequalities between Aboriginal people and non-Indigenous people in Australia [8].

Efforts to systematically implement SDM are considerable in Australia and internationally [2,9]. However, there are very few culturally adapted resources to support SDM, particularly among Aboriginal people [10]. The COVID-19 pandemic affirmed the lack of resources available to support Aboriginal people in making informed and preference-based decisions generally – and specifically in terms of the COVID-19 vaccines. Finding Your Way was initiated in response to an urgent need for resources in the context of COVID-19 vaccines [11].

At the point of developing Finding Your Way, NSW was in the 2021 Delta outbreak of the COVID-19 pandemic. Between 29 August and 4 September 2021, there were 9124 locally acquired new cases of COVID-19 in NSW; 339 were Aboriginal people. Aboriginal people were recognised as a priority group due to the increased risk of transmission and severity [12]. There was a concerning gap in vaccination rates between Aboriginal people and non-Indigenous Australians [13]. The Australian Technical Advisory Group on Immunisation (ATAGI) had made Comirnaty (Pfizer/BioNTech, BNT162b2) the preferred vaccine for people aged under 50 years and Vaxzevria (Oxford/AstraZeneca) AZD1222 for people aged over 50 years on 8 April 2021. The Collaboration on Social Science in Immunisation highlighted the urgent need to prioritise Aboriginal people for vaccine communication and to create space to yarn about COVID-19 vaccines and ask questions [14].

The development of Finding Your Way was led by the NSW Agency for Clinical Innovation (ACI) and the Critical Intelligence Unit (CIU). ACI is a pillar of NSW Health and supports the design and implementation of innovation in healthcare. The CIU was established in response to the COVID-19 pandemic and brought clinical, analytic, research, organisational and policy experts together to provide advice to decision makers [15].

Aboriginal Health Workers and community members living and working on Eora, Wilyakali, Gandangara, Wiradjuri, Bundjalung, Darug and Yuin lands in NSW collaborated between 20 August and 3 September 2021 through five semi-structured yarning sessions to co-design Finding Your Way [11], as shown in Box 1. Yarning was a culturally safe method that privileged Indigenous knowledge [16], and the Aboriginal Eight Ways of Learning pedagogy (8 Ways) provided the core framework to co-design the resources. The 8 Ways pedagogy is



Fig. 1. Finding Your Way: eight circles representing the core elements of shared decision making from a cultural perspective (Colour required for print).

expressed as interconnected pedagogies: narrative-driven and visualised learning processes, hands-on/reflective techniques, symbols/metaphors, land-based learning, indirect/synergistic logic, modelled/scaffolded genre mastery, and connectedness to community [17, 18].

Two existing SDM resources were selected for cultural adaptation – the Three-Talk Model [19] and the Ask Share Know (ASK) question-prompt [20]. The Three-Talk Model is one of the most widely used SDM frameworks internationally and depicts conversational steps initiated by providing support when introducing options, followed by strategies to compare and discuss trade-offs before deliberation based on informed preference [19]. The ASK question prompt encourages people to ask health care teams three simple questions: what are my options?; what are the possible benefits and harms?; and, how likely are each of these benefits and harms to happen to me? An Australian study found that the ASK questions improved information given to consumers by physicians [20].

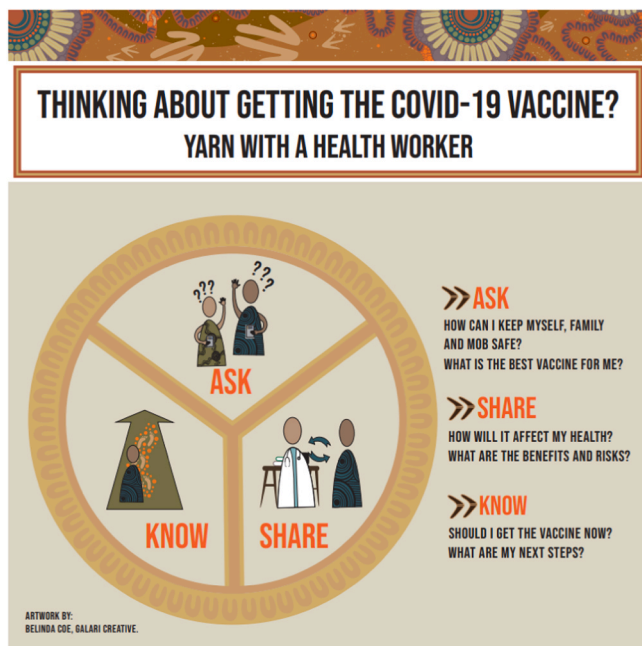


Fig. 2. Ask, Share, Know Question Prompt (Colour required for print).

Finding Your Way centres around eight circles representing the core elements of SDM from a cultural perspective (Fig. 1). The circles are intentionally non-linear to convey the importance of yarning in an open, holistic, and collaborative way. The circles act as broker points for SDM, and the person can move from circle to circle in a way that feels natural. The cultural adaption of the ASK question prompt is shown in Fig. 2. The ACI Finding Your Way includes an interactive model, videos, posters, yarn cards and tear-away pads (see <https://aci.health.nsw.gov.au/sha-red-decision-making>).

Aboriginal and Torres Strait Islander people are the First Nations people of Australia and Aboriginal people are the original inhabitants of NSW. Finding Your Way was developed in NSW and as such the term Aboriginal people is used in this study. Other key terminology is outlined in Box 2.

2. Methods

2.1. Objective

To explore the perceived acceptability, usability, and feasibility of Finding Your Way as a SDM resource for Aboriginal people making health and wellbeing decisions.

2.2. Design

A mixed methods approach was used to explore the perceived acceptability, usability, and feasibility of Finding Your Way.

Box 2

Key terminology.

Term	Definition
Koori	Aboriginal people commonly use the term 'Koori' to refer to themselves in some parts of NSW and Victoria. The term is directly derived from Aboriginal languages and is specific to certain regions [21]
Koori grapevine	Koori grapevine is the informal communication network between Aboriginal people across NSW (colloquial term)
Aboriginal Health Worker	In NSW, an Aboriginal Health Worker works within multidisciplinary healthcare teams to achieve better health outcomes for Aboriginal people and communities, and plays a key role in facilitating relationships between Aboriginal people and other health professionals [22]
Mob	'Mob' is a term used to identify a group of Aboriginal people associated with a particular place or country. It is used to connect who an Aboriginal person is and where they are from, and is used to represent family group, clan group or wider Aboriginal community group (colloquial term)
Yarning	Yarning is a conversational process that involves the sharing of stories and the development of knowledge [16, 23]. Clinical yarning is a person-centred approach that marries Aboriginal cultural communication preferences with biomedical understandings of health and disease [24]

Box 3

Outline of the Yarning sessions.

Yarning session topics (90 min)

Introduction shared decision making and Finding Your Way
 Overview of the evidence for shared decision making and the relationship with informed consent, and guidance on how to use the resources including the 'Ask Share Know' question prompt
 Overview on the relationship between shared decision making and health literacy
 Demonstration (role play) of shared decision making and overview of mentoring
 Reflective yarn on shared decision making and Q&A

Box 4

Questionnaire to gather feedback on Finding Your Way.

- What perspective are you providing feedback from today? (*Aboriginal Health Worker/ Allied Health Worker (Aboriginal health worker, Allied health, Carer Consumer or community member, Doctor, Nurse, Manager, Other)*)
- Are you of Aboriginal or Torres Strait Islander origin? (*Yes, Aboriginal, Yes, Torres Strait Islander, Yes, both Aboriginal and Torres Strait Islander, No, I prefer not to say*)
- Where do you live? (Traditional Lands, Region, State or Country)
- What did you like about the model?
- What did you not like about the model?
- How can the model be improved?

2.3. Dissemination

The Finding Your Way website was disseminated through social media using an organisational Twitter account @nswaci and designated hashtag #SDM4Mob. The resources were shared through professional networks, publications, and informally through the Koori grapevine. Dissemination occurred between 30 September and 31 December 2021. Thirteen Aboriginal Health Workers acted as champions and facilitated the dissemination of the resources in their local communities. The champions self-identified and participated in five virtual yarning sessions between 28 October and 14 December 2021 to build their knowledge and skills in SDM, as outlined in Box 3. The champions also had access to informal mentoring with experienced SDM researchers and health professionals in NSW.

2.4. Data collection

Two types of data were passively collected following the dissemination process. A qualitative feedback questionnaire was available on the website (through MS Forms), and users could voluntarily complete this between 30 September and 31 December 2021. The questionnaire was designed by two co-authors (TDB and DF) and invited feedback on what the user liked and did not like about the model and potential improvements (see Box 4).

Website and social media analytics were also captured during the same period to ascertain online traffic and user behaviour. Social media analytics were collected through the ACI approved account @nswaci and hashtag #SDM4Mob to track social media presence through impressions, likes/reactions, share and posts.

2.5. Data analysis

Framework analysis was conducted on the qualitative data by two authors (TDB and DF) using five steps: familiarisation, identifying a framework, indexing, charting, mapping, and interpretation [25]. As part of a reflexive process, two co-authors (TDB and DF) journaled and continuously reflected on their assumptions, experiences, and choices to bring Western and Indigenous knowledge together. TDB is a non-Indigenous social worker and is experienced in qualitative research and participatory research methods. DF is a proud Bundjalung man living on Gadigal lands and is an Indigenous researcher experienced in Aboriginal health and public health. Data was coded collaboratively, line-by-line and deductively using a previously published framework for the cultural adaption of a decision aid: identifying positive and negative feedback on information presentation; perceived usability; feasibility during clinical encounters; cultural considerations and suggestions for improvement [26]. The decision to use an existing thematic framework ensured the analysis was based on pre-existing theory to assess the acceptability, usability, and feasibility of culturally adapted decision

Table 1

Aboriginal Health & Medical Research Council in NSW Ethics principles.

Key Principle	Example of how the principle was applied for Finding Your Way
Net benefits for Aboriginal people and communities	Increasing the uptake of SDM across NSW could contribute to Aboriginal people being more active decision makers in their healthcare, especially in mainstream services. Participation was voluntary and implicit consent was obtained by users filling out and submitting their feedback. There were no risks identified for providing feedback. All data was anonymous. Users were informed prior to giving feedback that the findings would likely be presented at conferences and published in journals.
Aboriginal community control of research	Partnership with and leadership by Aboriginal people was integrated into all aspects of the project.
Cultural sensitivity	Finding Your Way was co-designed with Aboriginal health workers and community members living and working on Eora, Wilyakali, Gandangara, Wiradjuri, Bundjalung, Darug and Yuin lands in NSW. Indigenous methods were used to develop Finding Your Way, including yarning and the Eight Ways of Aboriginal Learning pedagogy.
Reimbursement of costs	No reimbursement of costs to complete the questionnaire. The questionnaire was short and administered electronically to reduce any burden to respondents.
Enhancing Aboriginal skills and knowledge	Eight of the co-authors are Aboriginal.

aids for SDM. Data were indexed and charted into the matrix (using a Microsoft Excel spreadsheet). Data triangulation occurred descriptively with web and social media analytics collected from the same point in time. Iterative discussion occurred between two co-authors (TDB and DF) to resolve any issues or discrepancies, and the interpretation occurred through a wider group discussion (CK, MC, MF and LT).

2.6. Community involvement: partnership with and leadership by Aboriginal people

Partnership with and leadership by Aboriginal people was integrated into all aspects of the project, including the co-design of Finding Your Way, study design, data collection methods, analysis and interpretation, and publications of project findings.

2.7. Ethics statement

Finding Your Way was created and tested as a quality improvement activity and resource to support SDM with Aboriginal people. This quality improvement activity was judged as low risk by the governance

Table 2
User perspectives.

Perspective	Number of users	Percentage of users
Aboriginal Health Worker	65	49.2 %
Allied Health	11	8.3 %
Nurse	17	12.9 %
Medical	4	3.0 %
Consumer / Community	9	6.8 %
Researcher / Academic	3	2.3 %
Manager	14	10.6 %
Other	9	6.8 %
Total	132	100 %

Aboriginal followed by non-Indigenous users (22 %, n = 29). One user providing feedback identified as Torres Strait Islander, and three users identified as both Aboriginal and Torres Strait Islander. The perspectives from which users provided feedback are outlined in Table 2. Most users (88.6 %, n = 117) were from NSW, and the traditional lands are displayed in Fig. 3.

Respondents provided positive and negative feedback concurrently. In total, 110 users offered positive feedback, particularly on the ‘look and feel’, simplicity and interactive nature of the model. They thought it was easy to understand and culturally safe. They also valued the resources being available in different formats (e.g., interactive model and yarn cards, short videos and downloadable resources etc.).

“It is visually appealing and easy to navigate. The non-linear approach will aid in discussions being commenced and progressed in a way that the consumer feels most comfortable. It is also an exceptionally versatile model and will be appropriate and useful in many situations aside from COVID-19 vaccine discussions” Aboriginal Program Support Officer (Other)

There were 47 negative feedback points coalescing accessibility (e.g., for people with hearing or visual impairment and restricted access to digital technology), the quality of the short videos and the colour palette and structure of the model (e.g., not knowing where to start or finish). There were polarised views about the need to include ‘Take a break’ as one of the interconnected circles and components of SDM.

There were 42 feedback points aligned to perceived usefulness. Users suggested the model was relevant, comprehensive, and holistic – covering most aspects of decision-making and social and emotional wellbeing. The versatility of the model and the suggestion to broaden Finding Your Way beyond the COVID-19 vaccines was a consistent feedback point from users. Users suggested the resources had a lean towards community and could be strengthened by including additional material for healthcare providers.

“I think the model is great but to be honest it took me a little while to figure out what the model was about and how to use it from the website. I wasn’t sure whether it was for community members, health professionals or both” Non-Indigenous Allied Health Professional

The perceived feasibility of use during clinical encounters was mentioned in 43 feedback points. Users suggested that additional resources, practice guides and training would be required to support

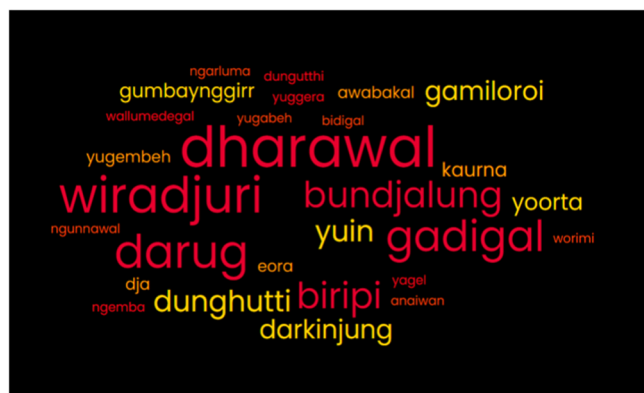


Fig. 3. Traditional lands of user feedback (Colour required for print).

committee. The Aboriginal Health & Medical Research Council in NSW outlines five key principles for ensuring research that affects Aboriginal people and communities is done in a culturally appropriate way [27], as outlined in Table 1.

3. Results

3.1. Feedback questionnaire

In total, 132 users provided feedback on Finding Your Way through the questionnaire. Most of the users (75 %, n = 99) identified as



Fig. 4. Eight interactive yarn cards on the webpage for Finding Your Way (Colour required for print).

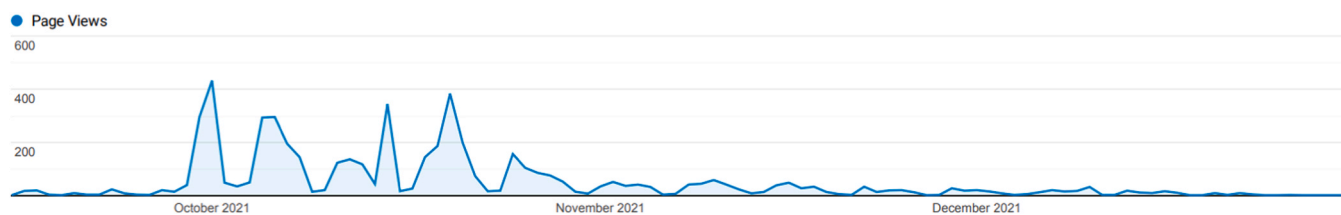


Fig. 5. Pattern of webpage usage between October – December 2021.

uptake in clinical practice. Additional hardcopy resources were suggested (e.g., downloadable prompt cards, flipcharts, and notepads) and consideration for how SDM integrates with clinical yarning more broadly. Similarly, the main feedback points and suggestions for improvement included instruction and support on using the resources in practice.

“The model itself is, in my opinion, flawless. However, some complementary materials would not only enhance the usability of the model, but also its effectiveness” Aboriginal Program Support Officer (Other)

Overall, the users reflected positively on the cultural aspects of Finding Your Way, particularly the artwork. Users suggested the visual aspects ‘speak to mob’ and identify with Indigenous culture.

“It provides a vehicle for all clinicians to engage First Nations people with a culturally appropriate model that factors in the integral nature of Social and Emotional Wellbeing and as importantly provides a shift in the power differential when it comes to decision making about health” Aboriginal Health Worker

3.2. Web and social analytics

Referral traffic to the Finding Your Way webpage was mostly from NSW Health sources (28.5 %) (e.g., NSW email server, Internet sites and webpages) and social media (27.7 %). Approximately 13.9 % were organic referrals appearing from a search engine. Overall, 78 % of users were in NSW. Web analytics showed that the main landing page was accessed 5219 times by 4259 unique users between 30 September and 31 December 2021. The usage pattern suggested access to the webpage peaked in mid to late October 2021, and significantly reduced from November and December 2021, as shown in Fig. 4. The average time spent on the webpage was 4 min and 16 s between 30 September and 31 December 2021. There were 10,498 interactions on the eight interactive cards on the webpage (see Fig. 5); users mainly clicked and turned the decision card, take a break card, and option card with 2719, 1220 and 1216, respectively. Collectively the resources were downloaded 1565 times. The main downloads were the question-prompt, detailed model description, and customisable posters with 475, 244 and 244 downloads, respectively. The zip file with all the resources was downloaded 152 times. The videos were viewed 1008 times. On socials, there were 10,622 impressions, 694 total engagements (including the video), 388 video views, 55 likes/reactions, and 46 retweets and shares.

4. Discussion and conclusion

4.1. Discussion

Findings from this case study are encouraging and signal that Finding Your Way may be a culturally acceptable and safe resource to facilitate and support SDM with Aboriginal people. Although Finding Your Way was initially developed to support Aboriginal people with decision-making about the COVID-19 vaccines [11], findings suggest that it **could have** application and relevance for other health and wellbeing decisions. **Users suggested that Finding Your Way could be transferred to other settings such as mental health, palliative care,**

chronic care and child and family health. The concept of SDM was well-received, **however**, further training to upskill healthcare workers in **using the resources** was requested by some users. Practice guides and training are likely required to support implementing Finding Your Way into clinical practice.

Finding Your Way is the only culturally-adapted SDM resource for Aboriginal people in Australia [2] that we are aware of, and one of few examples developed internationally with First Nations people [10, 28–31]. Our **findings** are consistent with the Canadian experience [10, 28, 29] where cultural safety, trust and respect were said to be crucial for SDM to occur. The feasibility and usability of resources **were** also enhanced by support materials and training [32]. Whilst our findings were encouraging for Aboriginal people, we recognise that further field testing is required to assess Finding Your Way **feasibility** in a range of clinical settings. Further testing and adaption may be required to also ensure local cultural relevance for Indigenous communities within NSW and more broadly.

Implementing SDM in clinical practice is not easy [33–35]. Studies report that one of the most important ways to support the implementation of SDM is by training healthcare providers [3, 36, 37]. Multiple studies and reviews identify what knowledge and skills are required for SDM (e.g., relational and risk communication) and the strategies to build capability (e.g., multiple face-to-face workshops, in situ training, mentoring and online components) [36]. However, these studies do not explore the cultural responsiveness and capabilities required to use Finding Your Way and SDM with Aboriginal people. A capability approach is needed to support the uptake of Finding Your Way and support its integration into clinical practice.

Foundational work will be required to identify the core capabilities needed for healthcare providers to use Finding Your Way with mob effectively. Our findings signal the importance of storytelling capabilities in Aboriginal culture to build reciprocal and respectful relationships and how decision-making about health and wellbeing may occur in a non-linear way. Healthcare providers need to understand how the interconnected circles act as broker points for SDM and how they relate to each other. Additionally, a deep understanding of the scaffolding that supports Aboriginal people, shown as tracks and outer circles on Finding Your Way, may be required.

Once the capabilities are defined, training can be developed, implemented, and evaluated to support the implementation of Finding Your Way. We note that international initiatives such as the SDM Ambassadors course implemented through the Danish Association of Junior Doctors in Denmark might provide a useful model to explore [38]. Training and skill development can also be embedded in undergraduate and postgraduate curriculums for various health and medical degrees [39,40]. Professional groups such as the National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners (NAATSIHWP) could develop and deliver training to facilitate the implementation of Finding Your Way nationally and at scale. Organisations can include Finding Your Way resources (e.g., the short videos) in their local health-related training on cultural responsiveness. Further extending training to Aboriginal people and community champions could be another avenue to increase awareness, knowledge, and skills in SDM at the community level. Learnings from other initiatives can be applied, for example, a novel SDM training program was implemented

Box 5

Recommendations for cultural adaptation of SDM models and tools.

- Work in partnership with the community from the outset
- Establish culturally responsive governance structures
- Look for culturally relevant pedagogies and use them where possible
- Listen to and learn from each other respectfully
- Be open to the inclusion of new components in SDM models
- Encourage ownership of the resources by the community

across Technical and Further Education (TAFE) in NSW for adults with lower literacy [41,42]; and in Canada, First Nations people were supported by community support workers to increase participation in cancer care [28].

Implementing Finding Your Way could help to improve experiences, health literacy, decision making quality and outcomes of healthcare for Aboriginal people and communities [1–5]. The long-term impact of Finding Your Way depends on its feasibility in diverse clinical settings and if implementation can narrow health equity gaps experienced by Aboriginal people and communities.

4.2. Practice implications

There are ongoing gaps in health and life-expectancy between Aboriginal people and non-Indigenous people in Australia. Closing the Gap calls for effective partnerships, however there are very few culturally-adapted and responsive SDM resources for healthcare. Finding Your Way is one of the first culturally adapted SDM resources for Aboriginal people in Australia, and one of few examples developed internationally for First Nations peoples. It was developed by Aboriginal health workers and community living and working on Wilyakali, Gandagara, Wiradjuri, Bundjalung, Darug and Yuin lands in NSW. Findings indicate that the acceptability, usability, and feasibility are encouraging for Aboriginal people. Implementing Finding Your Way could improve experiences, health literacy, decision making quality and outcomes of healthcare for First Nations people and communities. Our recommendations for the cultural adoption of SDM models and tools is outlined in Box 5.

4.3. Limitations

Our study has several limitations. The recruitment method and digital format only included users with electronic access to the resources and questionnaire, and who were connected virtually to existing professional networks and the Koori grapevine. The sample is small and self-selected, and there may be bias on the part of the users. While the sample lacks representativeness, it does provide early indications of perceived acceptability, usability, and feasibility. The broad framework used for the analysis was from a previous study on the cultural adaption of a decision aid in a non-Indigenous context. Future studies could consider a more nuanced framework that includes specific cultural considerations for Aboriginal people, such as net benefits for Aboriginal people and communities, level of Aboriginal oversight and governance, and cultural relevance.

4.4. Conclusion

Early indications signal that Finding Your Way may be a culturally acceptable and safe resource to facilitate SDM with Aboriginal people. Additional accessible formats, practice guides and training are required to support uptake of Finding Your Way into clinical practice.

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CRediT authorship contribution statement

Tara Dimopoulos-Bick: Conceptualization, Methodology, Investigation, Writing - Original Draft, Project administration, Visualization, **David Follent:** Conceptualization, Methodology, Investigation, Project administration, Visualization, **Catherine Kostovski:** Conceptualization, Methodology, Project administration, **Val Middleton:** Conceptualization, Methodology, Project administration, **Cory Paulson:** Conceptualization, Methodology, **Stewart Sutherland:** Conceptualization, Methodology, Writing - Review & Editing, **Melissa Cawley:** Conceptualization, Methodology, Writing - Review & Editing, **Marsha Files:** Conceptualization, Methodology, **Larissa Kaphis:** Conceptualization, Methodology, **Sue Follent:** Conceptualization, Methodology, **Regina Osten:** Conceptualization, Methodology, Writing - Review & Editing, **Lyndal Trevena:** Conceptualization, Methodology, Writing - Original Draft, Supervision.

Declaration of Competing Interest

The authors declare the following financial interests/personal relationships which may be considered as potential competing interests: Lyndal Trevena reports a relationship with New South Wales Agency for Clinical Innovation that includes: consulting or advisory.

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