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RESEARCH ARTICLE



Factors contributing to strengths-based nutrition research in Aboriginal and Torres Strait Islander health

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ABSTRACT

Strengths-based research has been identified to change deficit discourse to one that reports strengths of individuals and Communities through fostering capacity strengthening. Currently, there is a lack of guidance on how to implement strengths-based approaches in research which has resulted in inconsistencies in how strengths-based research is conducted and reported. This article identifies key factors that could be used to guide strengths-based nutrition research with Aboriginal and Torres Strait Islander Peoples. Following a critical social research study design perspectives of strengths-based researchers in Aboriginal and Torres Strait Islander health were utilised to identify current practices, barriers, and enablers to strengths-based health research. Six key factors were identified: capacity strengthening and empowerment; Aboriginal and Torres Strait Islander driven research; the importance of research approaches; changing the current research system and culture; the need to reframe the narrative of ill-health; and learning from existing tools and guidelines. This research has the potential to be translated into both research and public health policy, contribute as a stepping stone to the development of a practical framework within the Aboriginal and Torres Strait Islander research space as well as be applied to other professions and Indigenous populations.

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Introduction

Aboriginal and Torres Strait Islander Peoples¹ are the First Nations Peoples of Australia and are one of the oldest continuing populations in the world (Rasmussen et al., 2011). For over 60 000 years, Aboriginal and Torres Strait Islander Peoples demonstrated sustainable and complex living practices and connection to culture, land, and Community (Pascoe, 2018). Prior to colonisation in Australia, over 250 individual language groups lived on and cared for Country. However, since colonisation, Aboriginal and Torres Strait Islander Peoples have experienced entrenched health inequities driven by marginalisation, forced dispossession, the disruption of cultural ties and connection to land (Christidis et al., 2021). Investigating the authors' discipline of interest, nutrition and dietetics, through a social research scope, ongoing colonialism continues to affect and disrupt food systems and food knowledges of Aboriginal and Torres Strait Islander Peoples and has led to severe health inequities and disproportionate rates of nutrition-related health conditions (Wilson et al., 2020). Consequently, there is an urgent need for Aboriginal and Torres Strait Islander leadership and collaboration in research to address nutrition and its underlying determinants (Christidis et al., 2021). It is imperative that research be done in a way that integrates Aboriginal and Torres Strait Islander Peoples' understandings of food and food systems, health, healing, and wellbeing (Wilson et al., 2020). Protective factors recognised within Aboriginal and Torres Strait Islander culture such as self-determination, resilience and connection to Country contribute to health and wellbeing, yet are commonly not acknowledged or valued in colonial narratives of Aboriginal and Torres Strait Islander health (Butler et al., 2019; Kingsley et al., 2013, 2018). Within this study, the scope of nutrition research encompasses all areas of nutrition and dietetic research involving Aboriginal and Torres Strait Islander Peoples, including acute care through to policy, public health, and food systems and culture.1.1 Changing the narrative of deficit, reductive discourse.

In Australia, Aboriginal and Torres Strait Islander health research is often approached from a deficit-based lens – deficit discourse, which reports on the ill-health of Aboriginal and Torres Strait Islander Peoples without recognising the historical and social context of colonisation (Fogarty et al., 2018). Commonly within nutrition literature, there is a presence of a reductionist narrative – one that places an overly simplistic lens on the complex engineered, intricate, nutritional, and cultural food

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systems that were developed and sustained by Aboriginal and Torres Strait Islander Peoples for tens of thousands of years (Pascoe, 2018; Wilson et al., 2020). Reductive narratives grounded within a colonial background, are of no value when addressing nutrition-related health inequities for Aboriginal and Torres Strait Islander Peoples and only add to the deficit discourse of the literature (Chittleborough et al., 2023). Recent research has highlighted the influence that deficit discourse has on setting the agenda and policy focus in a variety of Aboriginal and Torres Strait Islander issues (Chittleborough et al., 2023; Fogarty et al., 2018). Knowledge of the operation of deficit discourse in relation to outcomes in health is growing in the wider academic field (Geia & Sweet, 2015; Sherwood, 2013) with the deficit perspective identified as a barrier to improving health outcomes that have been identified as a priority by Aboriginal and Torres Strait Islander Communities, including nutrition (Australian Indigenous HealthInfoNet, 2022; Foley & Schubert, 2013). The continuation of deficit discourse will further contribute to forms of external and internalised racism, overpowering and effectively ignoring solutions that recognise strengths, capabilities, and rights within Indigenous populations (Fogarty et al., 2018). In the literature there is growing recognition of the need for an alternative to deficit discourse in Aboriginal and Torres Strait Islander and broader Indigenous Peoples' health and wellbeing (Fogarty et al., 2018; Fogarty & Wilson, 2016; Foley & Schubert, 2013; Geia & Sweet, 2015; Stoneham, 2014). In response to these calls, strengths-based approaches seek to move away from the traditional and mainstream problem-based paradigm and offer an alternative lens to addressing an issue that values and prioritises Indigenous ways of knowing, being and doing (Brown et al., 2021; Foley & Schubert, 2013). Strengths-based approaches can be incorporated into research methodology that aims to empower individuals and Communities through privileging the Indigenous voice. However, there is the need for enhanced guidance on actions to change the narrative of deficit discourse to one that highlights the strengths of Aboriginal and Torres Strait Islander Peoples (Fogarty et al., 2018).

Incorporating strengths-based approaches in health research processes (including nutrition and dietetics) are essential for improving cultural responsiveness and acceptability of health interventions and increasing involvement of Aboriginal and Torres Strait Islander Peoples in research at all levels (Brown et al., 2021). A recent discussion paper argues that nutrition research partnerships with Aboriginal and Torres Strait Islander Peoples which centres understandings of food and food systems will enable more effective understandings of and solutions to address the diverse factors affecting the nutrition of Aboriginal and Torres Strait Islander Peoples (Wilson et al., 2020). This will help shift the discourse towards one which values and incorporates Aboriginal and Torres Strait Islander knowledges and understandings of food, nutrition, and health; is decolonising; and is underpinned by a strengths-based approach (Chittleborough et al., 2023).

Existing tools

Within the space of Aboriginal and Torres Strait Islander nutrition research, there are efforts to incorporate strengths-based approaches within study designs and methodology, however, there are no known guidelines or frameworks within the Australian context to guide strengths-based nutrition and health research. The National Health and Medical Research Council (NHMRC) (2018) and the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) (2020) ethical research guidelines provide a starting point for conducting ethical research, and the CONSOLIDated critERTia for strengthening the reporting of health research involving Indigenous Peoples (CONSIDER) Statement (Huria et al., 2019) provides a checklist for the reporting of equitable research practices, there is a need for a strengths-based research tool equivalent. A recent study by Burchill et al. (2023) exploring the use of ethical guidelines and Indigenous governance and participation in Aboriginal and Torres Strait Islander health research has found that whilst the NHMRC is being used by approximately 83% of participants, implementation is not consistent in all aspects of research. Only 56% of study participants reported having a dedicated Indigenous advisory board, 17% reported the use of an Indigenous health research ethics committee and 58% of participants reported 'none' or 'some of the time' to meaningful Indigenous participation in data analysis.

Developed in partnership with the Lowitja Institute, Australia's Institute for Aboriginal and Torres Strait Islander Research, Fogarty et al. (2018) published a literature review which explores strengths-based approaches used to shift away from deficit discourse in Aboriginal and Torres Strait Islander health. The report outlines 11 key elements of a strengths-based approach and has been used widely throughout the literature as a typology of strengths-based approaches (Bryant et al., 2021; Finlay et al., 2021). This is currently the most accessible tool within Australia for guiding strengths-based research, however the feasibility for researchers to operationalise this tool into practice is unknown. Similarly, within the global Indigenous literature, there is no known framework that researchers can utilise to implement strengths-based methods within their research.

Responding to the research practice need

There is a lack of guidance on how to implement strengths-based approaches in research which has resulted in inconsistencies in how strengths-based research is conducted and reported (Chittleborough et al., 2023; Foley & Schubert, 2013; Wilson et al., 2020). The development of a framework that guides strengths-based research with Aboriginal and Torres Strait Islander Peoples is required to provide researchers with the best chance of appropriately developing strengths-based research projects and provide accountability for researchers and research structures. This study provides the first step in the process of framework development by identifying what current practices health researchers are implementing to make their research

strengths-based for Aboriginal and Torres Strait Islander peoples. The research question that informed this study was: *What factors should be included in a strengths-based framework to guide nutrition and dietetics research with Aboriginal and Torres Strait Islander Peoples and Communities?* The aim of this study is: *To identify factors that may contribute to a strengths-based research framework to guide nutrition and dietetics researchers in designing, conducting, and disseminating research with Aboriginal and Torres Strait Islander Peoples and Communities.* Translation of the findings from this study will work to ensure that future research with Aboriginal and Torres Strait Islander Peoples is culturally safe, effective and meets the needs of the community served.

Methods

The research team, positionality and reflexivity

Positionality refers to the relation and dynamics of power and privilege, and not only directly influences how research is carried out but also determines the prevailing outcomes and results—whose voice(s) will be represented in the final reports or decisions and the lens through which the data is interpreted (Wilson et al., 2022). Researcher positionality is considered essential in Aboriginal and Torres Strait Islander health research where one's own culture, attitudes and biases must be critically considered (Wilson, 2014). The research team consisted of six people: the primary researcher (CM) is a Bachelor of Nutrition and Dietetics Honours Student located at Flinders University, Australia with the five other authors acting in supervisory and advisory roles in addition to conceptualising the study. Researchers AM, TH and NB are Aboriginal Peoples and shared their lived experience, perspectives, input, and guidance throughout each stage of the study. Researchers CM, AW and RD all identify as white, non-Indigenous people and acknowledge the privilege and power that comes along with this. Researchers AW, TH, NB and RD are all dietitians, researcher CM is a student dietitian and AM is a medical doctor and researcher. Throughout this study, all researchers critically engaged with their positionality and standpoint through reflexive discussions as part of engaging with the methodological tensions of analysing power. Additionally, CM maintained a reflexive journal to document her values and experiences throughout the research process.

The study design

This is an inductive qualitative study that has been guided by the South Australian Aboriginal Health Research Accord (SAAHRA) values (Wardliparingga Aboriginal Health Equity Theme, 2014). The research paradigm of this study involves an axiology (value-bound activity), ontology (social constructivism), and epistemology (interpretivism) that align with strengths-based approaches. From this, the strategy of inquiry that informed this study is critical social research. Critical social research (Harvey, 2022) involves deconstructing a phenomenon i.e. strengths-based research, to understand the complex social processes that inform it allowing researchers to observe how the different elements interact. Then with these social processes in mind, the phenomenon is reconstructed to change how society views it. In this case, the key elements (factors) of strength-based research can be reconstructed as themes to guide future research in the space. Semi-structured interviews were used to answer the research question as this approach to data collection allowed interviewees to share their thoughts and insights regarding strengths-based research. As a novice researcher, CM studied qualitative principles and processes, ethical principles and strengths based approaches for Aboriginal and Torres Strait Islander health research prior to beginning the study. CM received supervision and training for this study's methodological rigour by researchers AW and AM. Throughout the study, all co-supervisors guided for cultural responsiveness from their respective positionalities as Aboriginal and non-Aboriginal researchers.

Data collection

Recruitment occurred through purposive sampling using the networks of the research team by CM, who was not known to potential participants. Potential research participants were suggested based on their prior utilisation of strengths-based research (identified through other publications, philosophical stance, presentations and biographies) either in nutrition or in broader health research. Through utilising the perspectives and practices of both nutrition specific and broader health researchers, a variety of methods and concepts key to strengths-based research could be drawn on through each interviewee's unique experiences. An interview guide with six questions was developed by the authorship team. Interview questions addressed the interviewees experience in strengths-based Aboriginal and Torres Strait Islander research including their methods of inclusion, barriers, and enablers. Information regarding location, years of research experience and whether participants identified as Aboriginal and/or Torres Strait Islander was also collected. The interviews were online or face-to-face depending on the preference and location of the participant and were conducted by CM. The interview questions were piloted with the first participant with feedback obtained on the questions and prompts used. Following this feedback there were no changes made to the questions in the interview guide however an additional prompt (of key words to facilitate responses) was added to two questions. Due to no changes to the questions being made, the interviewee's data was included within the study. The interviews went for approximately 30-minutes with an additional 15-minutes at the start for introductions and rapport building (discussing self, family, work and research

interests) ensuring the study aligned with the SAAHRA priorities of respect, communication, and reciprocity (Wardliparingga Aboriginal Health Equity Theme, 2014). The interviews were audio recorded for transcription through technology on Microsoft Teams (version 1.5.00.31156) with CM reviewing and adjusting the transcripts against the recordings for accuracy. The data was deidentified with participants given pseudonyms and identifiable locations, work and organisations redacted from the transcripts.

Data analysis

The interview transcripts were analysed using NVivo Software (version 1.7.1) following thematic analysis methodology (Braun & Clarke, 2006). Inductive thematic analysis was completed as it was determined to best align with strengths-based research and suitable for critical social research as it involves utilising the data completely and not introducing preconceived themes or ideas (Vears & Gillam, 2022). The research team completed investigator triangulation of the data through two co-analysis meetings that occurred after the initial codes were generated by CM. Each member of the research team attended at least one of the co-analysis meetings, and at least one Aboriginal researcher was present at each meeting. The purpose of these meetings was to bring multiple perspectives (Aboriginal and non-Aboriginal) together for data interpretation, discussing the codes generated and the developing themes within the data. In addition to this, confirming findings across researchers, without prior discussion or collaboration, can enhance the credibility of the findings (Guion, 2002). After coding was completed and refined, CM generated suitable themes which were discussed within a third meeting with researchers CM, AW, RD and AM present. Data collection and familiarisation occurred simultaneously, allowing data collection to cease when saturation was achieved (Guion, 2002). Due to the pragmatic time management required by this study, the interviews, transcription and familiarisation of the data was completed in an iterative manner. This process had no impact on the future interviews, nor did it change the interview questions. Data analysis, specifically coding was started after the fourth interview was transcribed while thematic analysis was only started once all six interviews had been completed and transcribed. The participants were provided a summary of the preliminary analysis, including the themes. No participant voiced any feedback that required the analysis to be reconsidered.

Ethics approval and consent

This study was completed in accordance with the Declaration of Helsinki. Ethics approval was received for this study from the Aboriginal Health Research Ethics Committee (#:04-22-991) in addition to the Flinders University Human Research Ethics Committee (HREC) Cross-Institutional Approval (ID:5434) and the La Trobe HREC (#:04-22-991). All interview participants were given an information sheet and signed a consent form prior to study involvement and were informed that they could withdraw at any time.

Results

Eighteen researchers across Australia were contacted through email and seven responses of interest were received. Six became participants and completed the study's interview while the seventh was non-contactable post initial interest. This was not considered as a drop out as there was no involvement in the study after the expression of interest. Of the six participants, three were female and three were male, four identified as Aboriginal and two identified as white and non-Aboriginal. Three were located within South Australia, two in Victoria and one in Western Australia. Participants had experience in research between four and 22 years with participants self-identifying they had been practising strengths-based research for approximately three to four years. Two of the researchers had qualifications in nutrition and dietetics while the remaining four had experience in other disciplines of health research. Data saturation was achieved with no new concepts being introduced by the sixth interview.

Six key themes were identified from the interview transcripts through inductive thematic analysis (Braun & Clarke, 2006): capacity strengthening and empowerment; Aboriginal and Torres Strait Islander driven research; the importance of research approaches; changing the current research system and culture; the need to reframe the narrative of ill-health; and learning from existing tools and guidelines. Each of the six themes identify important aspects and perspectives of strengths-based approaches and draw upon the barriers and enablers experienced by the interviewees to make relevant and meaningful contributions to the wider literature. Using a critical social research lens, it can be observed how the unique and individual themes can come together to provide overall safer and more informed research with Aboriginal and Torres Strait Islander Peoples.

Aligning with the aim of this study, each of the six themes can be considered as a factor that could contribute to the development of a framework to guide strengths-based research in nutrition and dietetics and therefore primary outcomes of this project.

Theme 1: capacity strengthening and empowerment

Throughout the interviews, the concepts of capacity strengthening, and empowerment of individuals and Communities, were commonly emphasised. Participants expressed the importance of privileging the voice and lived experience of Aboriginal and

Torres Strait Islander Peoples, drawing upon existing assets, capabilities, and capacity to enact for change. In this context, capacity strengthening encompasses the cultural strengths of Aboriginal and Torres Strait Islander individuals and Communities such as resilience, connection to Country and self-determination. Capacity strengthening also involves participants being empowered to take ownership of research outcomes through the information provided to researchers. Through capacity strengthening within the strengths-based approach, the opportunities of mentorship and growth for community should be considered with the aim of growing identified community leaders within that area to *'do [researchers] out of a job'* [Alice; Aboriginal researcher]. John, a male Aboriginal researcher reflected upon how he feels in a strengths-based and capacity strengthening environment stating, *'I feel... respected... that my point of view is reflected in whatever the project is and that...I feel empowered... to contribute my ideas and intellectual property and actions and activities in... any kind of project.'* Similarly, as expressed below, a lack of project ownership by Community members because of an absence of collaboration often leads to unsuccessful research:

A lot of time in the past, ... mainstream ideas and policy has been done without any consultation [and] collaboration with Community members. And that's where [research] falls down because there's no ownership at that beginning. You gotta have ownership to start off with as once you have that, then that allows people to lead. And all you do is sort of hang back. [Noah, Aboriginal researcher]

The actions of capacity strengthening and empowerment, resulting in ownership of research, was viewed to be achievable by participants through ensuring Indigenous leadership in health research.

Theme 2: Aboriginal and Torres Strait Islander driven research

Another theme that was generated through the discussions with participants was the importance of strengths-based research being driven by Aboriginal and Torres Strait Islander Peoples. Every stage of the research process was considered within the interviews including conceptualisation where it was stated *'that in a good team, Aboriginal people will be in the process or an integral part of the process'* [David; Aboriginal researcher]. The importance of checking, sharing, and disseminating findings back to participants, peak Aboriginal and Torres Strait Islander organisations, as well as the wider Community in forms that are accessible and appropriate was also deemed essential. Within an interview it was stated that *'you can't be working in this [strengths-based research] area without working with mob'* [Alice; Aboriginal researcher] where another expressed that for the longest of times, research has been done *'on'* Aboriginal and Torres Strait Islander Peoples and not *'with'* [David; Aboriginal researcher]. The quote below articulates the importance of community driven data interpretation and reporting to ensure that research processes and outcomes are of benefit to the Aboriginal Community involved and in alignment with their world-views and values.

We're not just taking their data when we are collecting data, we're always reporting it back, reporting back our findings, checking with them that they think that what we're reporting is the true reflection of what they want reported...making sure we're not reporting things in a way that's actually gonna cause problems. [Emily; White, non-Aboriginal researcher]

Another key concept within this theme was ensuring that the actions of research are responsive to the diverse needs of different communities with a participant expressing *'do you take things into consideration and respecting the process rather than thinking that you know everything'* [Noah, Aboriginal researcher]. This passage from Noah ties the theme together articulating that if research is to truly be strengths-based, researchers need to take a step back and let individuals and communities take charge.

Theme 3: the importance of research approaches

Another theme that was generated was the specific research practices and approaches that align with strengths-based research. Approaches that were mentioned by participants included incorporating cultural safety in practice, reflexivity, positionality, Indigenous methodologies, Indigenous data sovereignty, and how findings and results are framed and reported using strengths-based language in accessible formats. Participants expressed that strengths-based approaches are *'about partnerships and acknowledging lived experience, but then creating things through a co-design process'* [John, Aboriginal researcher] but also approaching *'strengths-based research from every angle including micro, the personal level, the system level, the social level, the curriculum level, and the practice level'* [David, Aboriginal researcher]. This theme conveys the importance of a research design that embraces Indigenous methods and knowledges as an essential part of the research process while considering additional aspects to moderate Western power and imbalance including research positionality and Indigenous data sovereignty.

Theme 4: challenge the current research system and culture

The fourth theme that was generated was the need to challenge the current research system and culture to practice research that is strengths-based where *'it's important to acknowledge that research needs to be done differently than what's been the standard for the last century'* [John, Aboriginal researcher]. Concepts within this theme are the importance of researchers advocating for the need for system changes regarding how funding is obtained and how findings and information is reported,

shared, and disseminated. Another aspect of this theme was the concepts of power and knowledge which as described by Alice, mean organisations have the ability to manipulate the truth to what benefits them:

So, whoever has power, holds truth, and has knowledge as well, but only to manipulate it to the truth that they want ... not shying away or being afraid to use the words that challenge the dominant Australia or the Western hegemony ... like whiteness, ... racism, colonisation, and as it is and standing by that. [Alice; Aboriginal researcher]

Racism was another issue that arose when describing the current system and culture in nutrition where Aboriginal researcher David voiced '*strengths-based nutrition and dietetics has to deal with the fundamental problem of racism*'. Additionally, the importance of groundwork and factoring in time to develop rapport and trust with Community and the continuation of the relationship with Community after the research has concluded, were perceived important to the research process:

You've gotta consult with [Community], you can't just think that you know everything ... but consultation, develop a relationship, develop trust, and ensuring that their voice is heard and acknowledging and respecting the process rather than a mainstream way of thinking [is important]. [Noah; Aboriginal researcher]

White, non-Aboriginal researcher Jane, when speaking on this topic, refers to the challenge of '*competing with health researchers in more mainstream fields*' that can '*pump out publications in a lab*' without needing to do all the groundwork required in Indigenous research. Challenging the mainstream way of research such as opposing enforced deadlines of funding organisations that do not factor in time for groundwork and using terminology that challenges Western hegemony are important in shifting the narrative from deficit-based to one that highlights strengths.

Theme 5: the need to reframe the narrative of ill-health

The need to reframe the narrative of ill-health within Australia was a key theme raised during interviews. Participants spoke of the need to challenge the idea that being an Aboriginal and/or Torres Strait Islander person is a '*risk factor*' or cause of ill-health rather than critiquing '*structural drivers of health inequities such as colonisation, racism, whiteness, and the social determinants of health*' [Alice; Aboriginal researcher]. There were multiple references to '*information and results being framed within a deficit space, using deficit language*' and how '*Aboriginal and Torres Strait Islander Communities are now questioning why a strengths-based approach is not common*' [John, Aboriginal researcher]. The impact and power that government institutes and health organisations hold in controlling the narrative of Aboriginal and Torres Strait Islander health was made clear by participants:

The big institutes and organisations such as the Australian Institute of Health and Welfare, Cancer Council, Heart Foundation and the Departments of Health all report in "these people versus that people" and then it's reinforcing the fact that it's so much worse in Aboriginal people and it must be because they are Aboriginal and they often completely fail to acknowledge the racism, the colonisation and the issues that are actually underpinning the reasons for those differences. [Emily, White, non-Aboriginal researcher]

This quote by Emily highlights the need to reframe the portrayal of Aboriginal and Torres Strait Islander health not only at the research level in publications but how it is disseminated through institutions that have the power to influence societal attitudes.

Theme 6: learning from existing tools and guidelines

Participants identified and discussed existing tools and guidelines related to Aboriginal health research, recognising gaps and aspects of strengths-based approaches that are currently not considered. During the interviews, it was acknowledged that current tools such as the CREATE Aboriginal and Torres Strait Islander Quality Appraisal Tool (Aboriginal Chronic Disease Knowledge Translation and Exchange) (Harfield et al., 2020), the CONSIDER Statement (CONSolidated critERTia for strengthening the reporting of health research involving Indigenous Peoples) (Huria et al., 2019), the NHMRC (2018) and AIATSIS (2020) guides to ethical research and research institution specific tools cover important aspects of strengths-based research. However, it was mentioned that most tools do not provide guidance on the entire research process or do not provide explicit recommendations for applying strengths-based approaches in research practice. This makes it challenging for researchers to confidently implement strengths-based approaches in practice and difficult for institutions to hold researchers accountable. Participants criticised existing tools indicating they do not adequately nor clearly cover the implementation of strengths-based research, expressing that most tools require '*everyone to interpret it in whatever context they're in*' [David; Aboriginal researcher] and indicated current data collection methods contain a '*huge risk where these assessment tools just end up becoming something that you asked for the sake of asking*' [John; Aboriginal researcher]. Further to this, Aboriginal researcher John expressed the importance of questioning the tool being used for data collection:

Why are we asking someone to revisit trauma or to uncover a major event ... but then just go cool thanks ... I can't do anything about that. So, I think [a] really important thing to consider is why are we asking these things... and that's why strengths-based approach is really important to ensure that we're asking things that are appropriate, that we can address and then empower individuals to take ownership.

Participants also expressed the importance of guidelines providing best practice recommendations and ensuring research is safe, explaining how a lack of guidelines creates feelings of uncertainty; *'you have to make it up and learn as you go along. And that's a bit challenging as well that can lead to you feeling unsafe'* [David; Aboriginal researcher].

Discussion

This study generated six themes that highlight important aspects and considerations of strengths-based approaches in Aboriginal and Torres Strait Islander nutrition research which could be used as elements to contribute to a framework.

The first theme, capacity strengthening and empowerment, as identified by the research team, results in a greater chance for positive and sustainable change after research has concluded as well as recognising the assets and attributes individuals have. Empowerment has been found to foster self-determination, a process through which connection to culture can be recognised and celebrated. Supporting the findings of this study, within the wider literature, there are multiple references to approaches and projects that are based upon this concept of capacity strengthening and empowerment, aligning with a strengths-based approach. An approach to research called Community-Driven Development (CDD) aims to promote local development and capacity strengthening to improve service delivery (Alkire et al., 2004). Within this approach, decision-making and management power is concentrated locally, within the community, and is proposed to lead to the development of interventions that aligns community needs and preferences (Alkire et al., 2004). Communities have strengthened governance, enhanced sustainability, and counter state weakness in service delivery by harnessing social capital (Alkire et al., 2004). Participatory based programs founded on CDD align with the principles of strengths-based approaches, specifically fostering capacity strengthening. Further, a Canadian knowledge co-evolution project that has primarily been adapted to health research, resonates with a strengths-based approach and the importance of empowering individuals and communities, recognising the knowledge they offer with a mutual respect (Chapman & Schott, 2020). Within this project, it is conveyed that 'researchers are in a unique position to provide the support to achieve self-determination and empowerment, transferring the balance of power away from colonial institutions' (Chapman & Schott, 2020). When considering strengths-based research, in nutrition and dietetics, it is important to incorporate Aboriginal and Torres Strait Islander Peoples' understandings of food and food systems to enable the development of more successful solutions and programs that address the diverse factors affecting nutrition.

Building on this, theme two, having research that is driven by Aboriginal and Torres Strait Islander Peoples, can increase the chance that research has shared benefit, is executed from a culturally and ethically safe lens, and research is conducted in collaboration with, not on, people resulting in the Indigenous voice being privileged (Bainbridge et al., 2015). Māori academic Linda Tuhiwai Smith describes how Western paradigms, academic traditions and methodologies used throughout research continue to position Indigenous Peoples as 'other' and solely included as participants rather than as instrumental people that drive research (Tuhiwai Smith, 1999). Recently, the concept of Indigenous groups driving research has been widely encouraged with ethical research recommendations starting to incorporate the notion. In the AIATSIS Code of Ethics (2020), Principle two 'Aboriginal Leadership' emphasises the need for Aboriginal and Torres Strait Islander people leading the narratives of research and privileging Indigenous voices, agendas, and concerns. Although this concept is not necessarily new, with mentions throughout literature over the past couple of decades, it is common for researchers to overlook this importance, or erroneously applying Aboriginal and Torres Strait Islander collaboration within study designs. Ineffective execution of this theme can lead to a continuation of the deficit language and Western methodologies within Indigenous research, hindering the shift towards a strengths-based discourse. Additionally, 'nothing about us without us', a phrase that has arisen from research with First Nations Peoples of Canada, has key indications of self-determination and participatory approaches to health promotion, aligning with strengths-based research and supporting findings of this study (Carol, 2017). First Nations Canadian researchers claim this concept is essential in countering the effects of colonisation and facilitating sustainable change with Indigenous Peoples (Carol, 2017). Health researchers, including those in nutrition and dietetics, need to ensure the incorporation of true collaboration, Indigenous ways of knowing, cultural humility, and strength-based approaches into their work on Indigenous health (Wilson et al., 2020).

Presented within theme three, the importance of research approaches can be utilised by researchers to implement strengths-based approaches appropriately and effectively within practice. Within Indigenous health research and nutrition research, it has been identified that methods incorporating Indigenous knowledge systems align with strengths-based approaches, with researchers not viewing themselves as experts when working with Indigenous communities (Packer et al., 2019). Further, the practice of identifying researcher positionality and practising reflexivity have been considered important components of strengths-based research processes, aligning with findings from this study (Kennedy et al., 2022). Diminishing the power of Western methods and ways is an important consideration of strengths-based research with power imbalances now becoming increasingly addressed including the importance of Indigenous Data Sovereignty (Lowitja Institute, 2021). As described by the Lowitja Institute (2021), Indigenous Data Sovereignty and Data Governance enables Aboriginal and Torres Strait Islander Peoples to accurately reflect stories, knowledges, and experiences in research. In line with a strengths-based approach, this empowers Aboriginal and Torres Strait Islander people to make the best decisions to support communities in ways that meet their needs and aspirations (Lowitja Institute, 2021).

Theme four recognises the importance of challenging current research systems and norms to embed strengths-based approaches as normal practices and to allow researchers to adopt strengths-based approaches more effectively. Within Australia, the current research system does not encourage contextualisation for and between communities, with funding being recognised as a barrier (Jamieson et al., 2012; NHMRC, 2018). Largely, as mentioned by participants in this study, funding bodies support large scale projects and have a focus on generalisability of research outcomes across populations, commonly failing to recognise the diversity of Aboriginal and Torres Strait Islander Communities (NHMRC, 2018). Within this study and broader literature, Aboriginal and Torres Strait Islander researchers have emphasised that a health priority identified in one community may not be applicable to another community, highlighting the need for research that is tailored to specific needs and priorities (Jamieson et al., 2012). The hierarchy of academia rewards publication which may not serve community interests, where publication in 'high impact' journals carry a lot of weight in academic careers and funding applications (Wang & Shapira, 2015). An important consideration is how institutionalised research systems can shift to value different approaches to knowledge translation, which may be more accessible and effective for Aboriginal and Torres Strait Islander communities. Research with Aboriginal and Torres Strait Islander Peoples requires an emphasis on spending time with Indigenous communities, utilising relationships and building rapport and trust to ensure that Indigenous research communities feel respected, and sense honesty and reciprocity (Guillemin et al., 2016). Research from the Lowitja Institute has cited the need of having funding bodies recognise the value and place that community and relationship work have as much as the value of academic output (Thorpe et al., 2016).

The theme reframing the narrative of ill-health encompasses the entrenched use of deficit language used to describe Aboriginal and Torres Strait Islander health. Deficit discourse is not only present in publications but commonly used by the Australian government in programs aimed to improve Aboriginal and Torres Strait Islander health. An example of this is the Close the Gap Campaign which aims to close the health and life expectancy gap between Aboriginal and Torres Strait Islander Peoples and non-Indigenous Australians within a generation (Australian Human Rights Commission, 2022). This campaign, although now revised to include Aboriginal and Torres Strait Islander leadership and governance, is still presented as a comparison between populations describing deficit rather than being framed in a capacity strengthening and empowering manner. As mentioned by participants within the study, institutions that have power in portraying the health of the population such as government, institutions and organisations continue the deficit discourse and portrayal of deficit in Aboriginal and Torres Strait Islander health by commonly opening with sentences such as '*Aboriginal and Torres Strait Islander people are almost [number] times more likely than non-Indigenous Australians to have [health condition]*'. Framing health in this way incorrectly infers that being Aboriginal and/or Torres Strait Islander is single-handedly a risk factor or cause of ill-health, without acknowledging the deep structural drivers of inequity and deprivation. Research from the Lowitja Institute has found that such statistics can also form a narrative that homogenises and dehumanises Aboriginal and Torres Strait Islander Peoples into an intractable 'problem' to be 'dealt' with (Fogarty et al., 2018). Worse, they can form part of a narrative that situates responsibility for inequities wholly with Aboriginal and Torres Strait Islander people themselves, obscuring the ways entrenched structural biases are affecting health (Fogarty et al., 2018). Failing to mention structural drivers that determine of ill-health in relation to nutrition, such as colonisation, racism, whiteness, and the social determinants of health, avoids critiquing dominant society's role in maintaining the status quo of health inequities by continuing to focus on Aboriginal and Torres Strait Islander people. Within the strengths-based space, research is showing that in the context of Indigenous health research globally, a deficit-based discourse has the potential to contribute to stereotyping and marginalisation of Indigenous Peoples (Hyett et al., 2019). Simultaneously, health and nutrition policy incorporate a range of views that demonstrate a desire to 'fix' the 'Indigenous other' (Fogarty et al., 2018). This results in dominant structures of power creating health inequities remaining unaccountable to their own role (Fogarty et al., 2018).

The final theme presented in this study encompasses the current tools and guidelines participants are utilising. Important considerations that were discussed include aspects of current tools that are effective, and aspects of tools that are lacking. The discussions with the participants indicated that a framework guiding strengths-based research in an accessible, explicit, and practical format, would provide best practice guidance, improve implementation as a result of increased confidence and provide means to ensure the research system is held accountable for increasing the use of strengths-based research. Aligning with previous studies, the development of a framework that is accessible with local unity would aid implementation into practice (Jull et al., 2018). This has been supported through research which has found that effective knowledge translation efforts can lead to significant changes in health status and service delivery and is critical in implementing program and policy changes that require shared understandings of knowledge systems, assumptions, and practices such as the knowledge and practices of Aboriginal and Torres Strait Islander food and food systems (Morton Ninomiya et al., 2017).

Strengths and limitations

A strength of this study was the inclusion of Aboriginal and Torres Strait Islander perspectives in all aspects of the research process – conceptualisation, data collection, data analysis and interpretation. The sampling of participants is a limitation as only existing networks were used, and it was outside of the scope of this small study to achieve a national sample of researchers. As a result of this, the participants involved within this study aligned with the researcher's aims and was a contributing factor to saturation being achieved with a small sample size. This study is a good stepping stone to developing a useable strengths-based research framework through a larger consensus building study such as a Delphi study. Finally, another

strength was having a variety of participants outside the field of nutrition research. The information that was set out to be collected on strengths-based research was not discipline specific and the variety of perspectives allowed for more ideas to be generated from utilising and comparing what researchers in wider health fields thought was important in identifying appropriate factors as per the research aim.

Conclusion

This study is the first step towards the development of a framework to guide strengths-based nutrition research with Aboriginal and Torres Strait Islander Peoples and Communities. Through a critical social research lens, six themes were generated in this study as important factors of strengths-based research and provide considerations to guide strengths-based research in Aboriginal and Torres Strait Islander nutrition research.

Implications and next steps

This research provides key insight into the current practices, barriers, and enablers to strengths-based health research, with a focus on nutrition research. The findings of this study have identified important themes that may be pertinent to research practices across health fields. The continuation of this research may be elevated by a larger, Aboriginal and Torres Strait Islander-led, national and holistic health approach to developing a framework to guide strengths-based research in practice.

Further research could expand to include a wider sample of researchers from different areas of health research to expand the findings of this study. Although this paper has focused on the nutrition research field, findings may have relevance to health research beyond nutrition and Indigenous Peoples outside of Australia given the shared experiences and impacts of colonisation and marginalisation on health. However, it is important to recognise and action appropriate steps to contextualise the findings to ensure that considerations have been made to tailor future research appropriately. For example, the fields of psychology and social work research may explore trauma-related research and therefore require research guidelines/framework to be more nuanced and specific. By doing so through strengths-based approaches, research can ultimately be safer and have more meaningful outcomes for Indigenous Peoples.

To pursue such an expanded agenda, further work is needed in gaining the perspectives of other stakeholders such as Aboriginal and Torres Strait Islander community members, and relevant peak Aboriginal and Torres Strait Islander organisations and research institutions. With further resources, funding and time, an accessible and translational framework and guide can be developed, that researchers can reliably use to shift the narrative from a reductive, deficit discourse to one that is empowering and recognising the inherent strengths of Aboriginal and Torres Strait Islander Peoples.

Notes

1. Appropriate language use in Aboriginal and Torres Strait Islander health is essential to recognise diversity within the collective community. The terminology used within this manuscript is subject to the context of the commentary to maintain respectful language use. The terms Indigenous and First Nations are used when referring to Traditional Custodians from across the globe. The term Aboriginal and Torres Strait Islander Peoples is used when referring to collective Australian First Nations Peoples in an Australian national context.

Author contributions

AW and RD conceived and designed the project. CM completed primary data analysis; AW, RD, AM, TH and NB were involved in analysis triangulation and data interpretation. CM drafted the paper, AW, RD, AM, TH and NB revised critically for intellectual content. CM and RD completed revisions. All authors provided final approval of the version to be published; all authors agree to be accountable for all aspects of the work.

Disclosure statement

No potential conflict of interest was reported by the author(s).

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Data availability statement

The data that support the findings of this study are available on request from the corresponding author, RD. The data are not publicly available due to ethical restrictions, their containing potentially reidentifying information that could compromise the privacy of research participants.

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