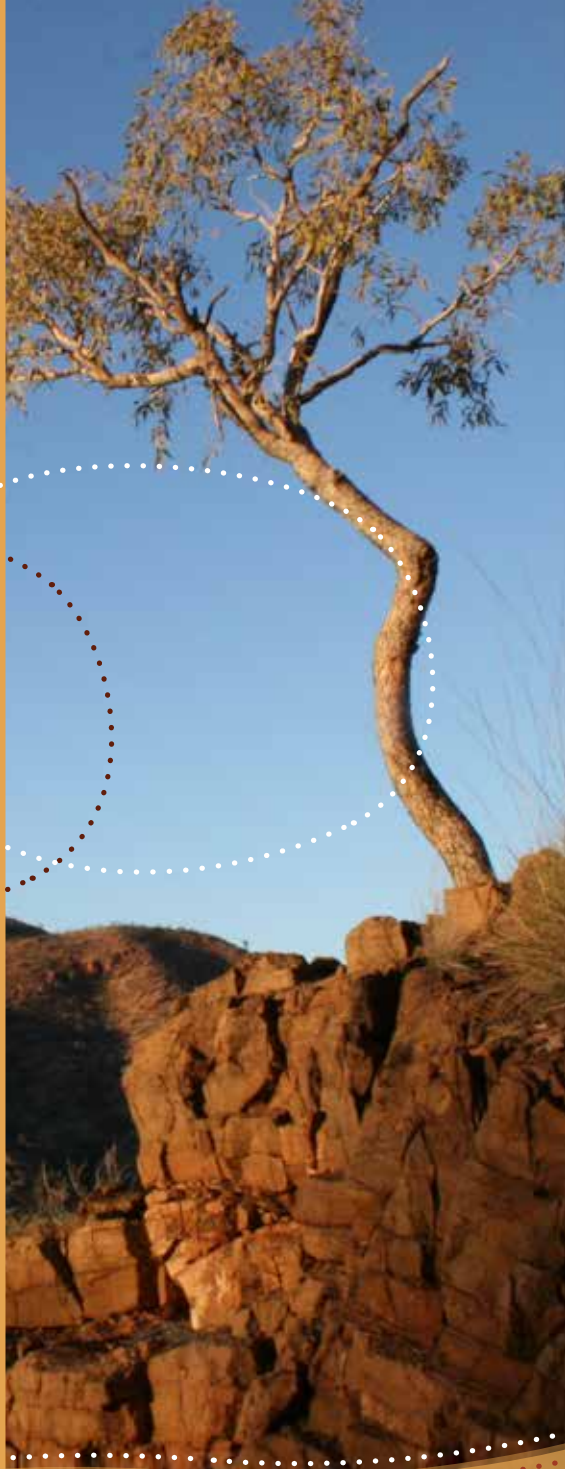



Alice Springs Health Service CULTURAL PROTOCOLS





*“Every community is different.
New staff should come in with an open
mind and learn what is different”*

ABORIGINAL HEALTH PRACTITIONER



Congress Alice Springs CULTURAL PROTOCOLS

The purpose of this document is to outline the importance of adhering to cultural protocols that members of the Alice Springs Arrernte community have highlighted as being significant in the operation of the local clinic. The protocols take into account the fact that Congress Alice Springs clinics service a diverse clientele. This document should be read in conjunction with the Congress Cultural Safety Framework (CCSF). The Framework provides both a background to the principles of cultural safety and a broad overview of cultural protocols that should be observed when engaging with Aboriginal people, communities and Congress clinics in Central Australia.

Diversity within the urban Aboriginal population of Alice Springs

"Altyerre or Jukurrpa [Warlpiri, Tjukurrpa in Pitjantjatjara] is our constitution with all our Law. Aboriginal Law never changes but Government Law changes all the time. Our Law is not written. We grow up learning it, being shown, listening and learning. The songline is telling us the story that we follow."

Alice Springs is situated on Mparntwe Arrernte land. It is thus appropriate that Congress Alice Springs clinics foreground Mparntwe Arrernte protocols. At the same time, Congress clinics service a diverse population including not only Mparntwe Arrernte people but also members of differing Aboriginal cultural groups living in Alice Springs or visiting from surrounding communities. While there are interconnections among Aboriginal people in Central Australia, not the least of which is the shared recognition of Aboriginal Law, it is important to acknowledge that Aboriginal people in and around Alice Springs may differ in their observance of culturally appropriate practices and that the latter can vary from group to group. Health practitioners risk giving offence to local people by assuming that their values, beliefs and practices are all the same.

"Recognize that Aboriginal people and tribes are all different"

"Clinic staff need to be aware of where people are from"

In addition to the protocols outlined in this document, readers are encouraged to consult the cultural protocols prepared for Congress' remote clinics including those at Amoonguna, Santa Teresa, Mutitjulu and Utju (Areyonga). Congress can supply information to staff concerning areas of town including Town Camps, which are associated with particular cultural groups and communities.

The Aboriginal population of Alice Springs is diverse in terms of language and cultural groups, age groups and social orders. Differing social orders arise from the fact that depending on one's age and where one grew up, people have different cultural backgrounds, beliefs, values and historical experiences.

Thus, cultural practices may not only differ between language groups but also between elders, young people and others from the same group.

"We need to recognise that people have different historical experiences. For example, some people were removed, and others weren't. This a result of colonisation, but we need to help make cultural practices possible."

At the same time, Alice Spring is a multicultural town and Congress clients must navigate different institutions which may or may not take into account an individual's background. Thus, in addition to observing cultural protocols, an important role of Congress is to empower clients to better navigate health and other systems and services, so that they may become independent, self-determining persons.

"Health is health. The best protocol is to follow best practice, that is to get the Aboriginal people to understand that improving health brings healthier people. Out bush they've got protocols for the clinics. When they come to town, the clients have to understand that they are in town. Different rules apply. Its important to get people to understand this."

Congress plays an important role in connecting people with other services in town who can provide cultural, social and other assistance to Aboriginal people.

Respectful interaction and communication

“Staff should talk with clients like they do to everyone else. They should respect people and have a clear message, don’t sugar coat the facts. Don’t speak down to people. Don’t shake hands with people... introduce themselves and say something welcoming.”

It is important to treat Aboriginal people with respect, kindness and care. Always greet clients in a sensitive, respectful manner and smile to make them feel welcome. New clinicians should introduce themselves. Ways of showing respect include using plain language that people can understand. However, it is considered offensive to speak down to people or use pidgin English.

Many clients and health practitioners speak English as second, third or fourth language and may need time to respond to questions. Learn to be comfortable with pauses in conversations. Pressing for a response before a person has answered a question is likely to be perceived as ‘whitefella bossiness’ and as an inability to listen well with empathy.

A common mistake is to talk loudly to people (see also Confidentiality and Privacy protocols below). Talk slowly and allow the person time to answer the question. Avoid the use of acronyms and foreign biomedical terminology. Use an interpreter/translator if necessary.

Shaking hands:

In addition to a person’s speaking style and tone of voice, a person’s body language and behaviour or actions may be perceived as disrespectful. On meeting a person do not offer to shake hands

unless they initiate the gesture. Many clients and staff regard “shaking hands” as an inappropriate way to greet or welcome someone. Arrernte and other Aboriginal people “shake hands” with people in mourning as a way of showing respect and indicating that they share the person’s sadness.

“Staff need to know that we don’t shake hands when we meet someone. For Aboriginal people we shake hands for sorry, to acknowledge someone has passed away. Women shake hands and hug, its being very respectful. Shake hands mean someone has passed away.”

At the same time, some Aboriginal people do feel comfortable shaking hands when they greet someone. The best course of action when meeting or greeting someone is to wait to see what the other person does then respond in a similar manner, following their lead.

Eye contact:

“Some of us mob don’t like eye contact. We Arrernte mob are alright, but visitors don’t like eye contact, that’s with both sides, Whites and Aboriginal people.”

Clients may feel uncomfortable looking directly at a person in the eye because avoiding eye contact is regarded by many Aboriginal people as sign of respect. At the same time, be mindful that avoiding eye contact may also indicate other feelings of unease. Best practice is to “avoid eye contact with elderly men”.

Referring to and/or addressing people:

Ask people what they would like you to call them. Elders are important in Aboriginal society and should always be respected. A respectful way to address elders is to refer to them as Mr or Mrs followed by their surname.

Be aware that when someone dies it is offensive to refer to them by their name. It is also offensive to call out a client's name if their name is the same as that of a recently deceased person. When someone passes away their first (Christian) name passes out of circulation until such time as deemed appropriate to use the name again. This practice also applies to terms that sound very similar to a deceased person's name. This system of name avoidance is referred to as *Kwementyaye* (see also later discussion). Aboriginal Liaison Officers can provide advice about current *Kwementyaye* names (for further information see protocols concerning "sorry business").

"It's offensive to call males, men, 'boys'. Its demeaning and offensive."

It is highly offensive to call an Aboriginal man a "boy". While this may seem obvious, be aware that in Aboriginal society achieving adulthood is not simply a matter of age; rather, it is a matter of Aboriginal Law and cultural practice. Thus, males who might be regarded as "boys" in non-Aboriginal society (because of their age) may in fact already be "men" in Aboriginal society. Therefore,

"Don't call males 'boys'. Call them young fellas or by their name or skin name."

The best practice is to ask someone what they prefer to be called by you.

Offering assistance:

"Congress staff have to understand the clients are from different backgrounds and circumstances. They should ask first "Are you alright? Are you tired? Offer them some water, and don't let them sit waiting all day without paying any attention."

On first meeting a person should also ask them "Are you OK to talk to me on your own?". Ask women if they would prefer to see a female staff member and vice-versa for males.

Many different Aboriginal languages are spoken around Alice Springs including Eastern and Central Arrernte, Western Arrernte, Luritja, Anmatyerr, Alyawarr, Pintupi, Pitjantjatjara, Yankunytjatarra, and Warlpiri. Clinicians should advise clients that ALOs and interpreters are available to explain things to them. They do not need to stay for the entire consultation but can leave when the client advises.

"Sometimes people walk in and don't know what to do. If it is a man then they need to tell them that there is Ingkintja clinic for men. Same as Alukura for women. There's a men's and women's clinic. Congress people need to direct clients to the nearest clinic."

Congress has different clinics in town which offer different services (see Congress information). When booking appointments, explain to people that they have a choice of clinics to attend. Ask men if they want to attend the men's Ingkintja clinic. As women if they wish to attend the women's Alukura clinic.

Dress:

"Avoid wearing short dresses, short skirts, avoid low cut tops."

Many Aboriginal people grew up on missions where they were taught to dress modestly. Be aware that certain ways of dressing may be perceived as disrespectful. To avoid such perceptions, dress appropriately.

Confidentiality and privacy:

It is important for clinic staff to keep client's personal matters and information confidential and to respect their right to privacy. Clinic staff should not talk loudly and be aware that in a small town like Alice Springs many people know each other. One elder suggested that Aboriginal staff might use hand signs if appropriate.

"Listen, be mindful of who is around, keep people's personal space safe. Avoid hugging people you don't know."

This advice was offered by a female elder in relation to cultural and social safety issues, however it has taken on added significance during this era of the Covid-19 epidemic. Consult Congress guidelines regarding that matter.

Learning about local Aboriginal culture and society

"New staff should learn about Arrernte culture... There are different tribes here. It's not the same as Aboriginal people on the coast. They need to do an orientation. They need to know about cultural protocols straight away."

Most Aboriginal people appreciate non-Aboriginal staff expressing interest in learning about their culture and language. However, it is not appropriate to question clients about cultural practices, particularly gender specific cultural practices.

"Male doctors can go to Inngintja. Let the men there explain what is going on."

It is important to keep in mind that the objective in learning about Aboriginal culture is for clinicians to

become aware of cultural factors which may affect their interactions with clients and the provision of primary health care.

"I don't think it's up to Doctor X to change. He hasn't studied medicine for 5 years or more to be a blackfella."

While you are encouraged to undertake cultural awareness training or a cross-cultural orientation course, be aware that such workshops cannot cover everything and that it is important to continue to *"Watch and learn from experienced staff on the job"*.

Furthermore, as one Arrernte elder commented:

"New staff have to understand what is happening in Alice Springs. It's different to bush communities. What is going on in Alice Springs is violent crime, grog, diabetes and renal problems. The average person will go and get pills and lose them and not follow up what they should do with medicine. These are things the doctors and staff have to understand. They need to take this into account and to keep the focus on the client, explain things to them and what can happen [if they don't follow instructions]."

Issues such as alcohol and crime exist within Aboriginal communities, however they are *not part* of Aboriginal culture. Where such issues exist they are a result of systemic inequalities, neglect and discriminatory Government policies

experienced by Aboriginal people over decades.

For those who wish to become better informed about Aboriginal cultures, kinship systems, traditional healing practices and languages, there are excellent books available. Local examples include the *Eastern and Central Arrernte to English Dictionary* (by John Henderson and Veronica Dobson, IAD Press) and books by Arrernte authors, for example, MK Turner, Veronica Dobson, K. Wallace. IAD Press is a good source of Alyawarre, Anmatyerr, Kaytetye, Luritja, Pitjantjatjara, Yankunytjatjara, Warlpiri, Warlmanpa and Warumungu material.

"If you learn the Aboriginal names of body parts, make sure you use the right language [for the right person]."

In addition to language learning, Arrernte people encourage you to participate in public events, activities and projects that celebrate Aboriginal culture in Alice Springs, for example, *Partijima—A Festival in Light*, NAIDOC festivities, and *Apmere Angkentyekenhe*, 'The Yellow Shed' behind the Uniting Church. Only attend non-public activities and ceremonies if invited by an elder or senior traditional owner.

Recognition of Aboriginal cultural experience and expertise (staff and clients)

It is important to show respect to Congress Aboriginal Liaison Officer (ALOs) and Cultural Leads who can assist and advise clients and staff. While you are encouraged to undertake cultural awareness training or a cross-cultural orientation course, don't assume that you will "know everything" as a result:

"Just because you learned that little bit doesn't mean they know everything about my culture—you just know the tip of it."

Recognise that you will never possess the cultural expertise that comes through the life-long learning and experiences of Aboriginal staff and clients. Never challenge the expertise of Aboriginal staff as it is disrespectful and "it creates conflict and clients pick up on it".

At the same time, do not try to change the cultural beliefs, values and behaviours of Aboriginal clients and staff.

"People should accept what we do. When we are growing up we don't ask questions we listen, we learn by listening."

"People should recognise Aboriginal staff expertise. Always respecting us."

Sorry business

'Sorry business' concerns the process and practices associated with the passing of a loved one and bereavement. Be aware that there is a range of cultural practices associated with sorry business and that protocols can vary among different individuals and communities. However, sorry business generally involves an initial period of mourning for the deceased person, their funeral and a "finish up" stage. People may be highly mobile during sorry business when they visit family and travel to attend sorry business. People may have to vacate their homes and move to a sorry camp.

"Sometimes if someone has died you have to avoid the place where they passed away. Arrernte have got respectful ways for managing death, don't get frightened; they do things so that they don't carry on with the problem but can work through it and finish up."

“Send ALO first alone and they can come back to inform.”

The timing of sorry business practices can vary. Depending on circumstances, a person's funeral may occur many months after their death, after mourning has taken place. A church service is generally held as part of the funeral.

“If doctor or nurse got the same name as a person who has passed away they need to use the term Kwementyaye out of respect. Otherwise some people might just walk out or get angry. Sometimes doctors or nurses will say to the person “What’s his real name”. We use the surname, or maybe skin name, that’s alright. Knowing how to use Kwementyaye or surname or skin name is important.”

As mentioned, when someone passes away their name and words that sound similar become Kwementyaye. This means that the names pass out of circulation until such time as deemed appropriate to use the names again. This system is referred to as Kwementyaye in Arrernte, Kunmanara in Pitjantjatjara and Yankunytjatjara and Kumanjari in Warlpiri. There are similar terms in other Aboriginal languages. It is offensive to refer to a deceased person by their name. It is also offensive to call out a client's name if that is the same name of a recently deceased person. Aboriginal Liaison Officers can provide advice about current Kwementyaye names.

“When greeting someone who is in sorrow shake their hand to pay respect and acknowledge loss. This can include everyone else around and not just your client.”

Aboriginal people customarily “shake hands” with people who are in mourning. Shaking hands shows that you respect the person and share their sadness with them. People may also hug each other and cry together. In some communities, bereaved people

may ritually cut themselves in sorrow, and clients visiting Alice Springs may present with sorry wounds.

“Leaf sweeping is really what Arrernte do from around here. That’s the old way. Some people call this smoking too. Congress needs to be smoked out properly.”

Either before or after the funeral relatives may ritually sweep places and buildings that were frequented by the person before he/she passed away. People use eucalypt branches to sweep away footprints and traces of the deceased. This “leaf sweeping” practice is part of the process of “finishing up sorry” and it enables places to be “opened up” or used again. In addition to private homes, there may be occasions when Congress buildings are ritually swept with leaves. On the question on when such practices might happen, the Health Advisory Committee advised that:

“It’s only for people who have worked at Congress and have a strong relationship with Congress” or...

“If that person passes away at a clinic people should be allowed to sweep the clinic and finish off there”.

Some people cut their hair and paint their bodies with white clay when they are in sorry.

“Don’t ask questions when you see people with white faces [wearing white clay] or with a haircut or shaved head. Accept, don’t ask or try to know everything. Just show respect.”

Be aware that people now commonly wear black clothing while in mourning.

“Mothers (including auntie mothers) of children who have passed away can wear black for months. Also, widows”

Family is important to Aboriginal people and clients and staff need to be able to observe their cultural obligations. Although changes are occurring in sorry business practices within the Aboriginal population, it continues to be important *“to show respect”*. Congress is charged with striking a balance between respecting sorry business and recognising that Congress has service obligations.

“If a staff member has a family member pass on, Congress should give them leave—otherwise other members of their family might rubbish them for not being sorry.”

“It’s most important for our staff to know when there is sorry business and support staff with what leave they are entitled to.”

It sometimes happens that clients may ask non-Aboriginal medical practitioners to facilitate access to deceased persons in the hospital morgue, for example to view the body and/or obtain body parts such as the hair of the deceased. Treat such requests sensitively. In matters of sorry business always seek guidance from Cultural Leads and Aboriginal Liaison Officers.

Smoking ceremonies

“They should do the leaf sweeping of the buildings when people pass away, where they have been in the building. This is important. They can smoke too, but leaf sweeping is really what Arrernte do from around here. That’s the old way. Some people call this smoking too. Congress needs to be smoked out properly.”

“We don’t use smoking for sorry here in Alice. Smoking was used in the old days for little babies and new mothers.”

In different areas of Australia, Aboriginal people may ritually smoke a building following the death of a person who had visited the place. While this practice is being adopted by some Aboriginal people living in Alice Springs, smoking ceremonies for sorry business are not a Central Australian customary practice. Local people regard the practice as culturally imported by Indigenous people from the east coast and elsewhere. As the quotes reflect, while there are different views on the matter, many people prefer Congress to follow local practices and processes.

Ceremonial business

It is important to be aware that many individuals and communities engage in ceremonial business, and that there is separate Men’s Business and Women’s Business. It is culturally inappropriate to inquire about men’s or women’s business.

“Male doctors can go to Inqkintja. Let the men there explain what is going on.”

In general, the cultural preference is for male doctors to consult with male clients and female doctors to consult with female clients. As one Cultural Lead commented:

“Only men got to talk with men, because of men’s business. But doctors have to stop at that, no questions.”

As mentioned earlier, achieving adulthood in Aboriginal society is not simply a matter of age. This means that a young male may already be culturally a man. It is important to remember that *“It’s offensive to call males—men, “boys”*.

Use of traditional healers

“Clinicians should recognise that Aboriginal people use traditional healers and respect it. The ngangkere (angangkere) might say “this is not cultural; they need to see the doctor at the clinic.”

In addition to utilising Western medicine, many Aboriginal people in Central Australia consult traditional healers, called *angangkere* or *ngangkere* in Arrernte. Aboriginal people also commonly employ traditional “bush medicine” to help cure illness. Practices vary. Sometimes people will consult a traditional healer before they attend Congress clinics. On other occasions they may request that Congress facilitate access to a traditional healer. Be aware of how such requests have been accommodated in the past and the arrangements in place to facilitate such request. Always seek guidance from Cultural Leads and Aboriginal Liaison Officers.

Kinship

“Kinship fits you in a place, a town. It’s your identification You are accepted because of kinship. Your identity is your birth certificate.”


Kinship is concerned with notions of ‘family’—that is, who counts as a relation (both close and distant) and how they care for one another. These

notions vary cross-culturally as does the role of kinship. Aboriginal people in Central Australia construct kinship in different ways to Anglo-Australians and people of other cultures. This is not just a matter of different kin structures and terms, it also concerns patterns of behaviour between different categories of kin with associated responsibilities and sentiments. As noted in the following section, different systems of kinship have implications for caregiving and other social responsibilities.

An important way of showing cultural respect is by recognising that other models of family and caregiving exist apart from one’s own. For example, the English system of kinship limits the category of people classed as kin to a small family group, that of the genealogically related nuclear family. In contrast, Aboriginal people recognise a much larger group of people as both close and distant kin. It is important to be aware that distinctions made between close and distant kin are *not necessarily* based on what Anglo-Australians refer to as ‘blood relations’.

The Arrernte people of Alice Springs use what is called the Arrernte kinship system. While the terms for kin differ according to the language spoken, the Arrernte (Aranda) system of kinship is basically the same as that used by Warlpiri and many other groups in Central Australia. However, the Arrernte system differs in important ways from some other systems also in use, for example the Pitjantjatjara system which does not use skin names. Here we focus on the Arrernte system.





It is helpful to know some key features of the Arrernte system as these have implications for caregiving and expectations and obligations associated with different types of relatives. A person calls his/her mother and mother's sister(s) by the same term for 'mother'; he/she calls her father and father's brother(s) by the same term for 'father'. Importantly, a person regards his/her mother's sisters as 'mothers', similarly he/she regards his/her father's brothers as 'fathers'. Significantly, these other mothers and fathers are regarded as having the same kind of responsibilities and obligations toward the person as the person's biological parents. This has implications for consent regarding medical care for children (see later).

To continue with some examples of how the Arrernte kin system works, a person calls his/her father's sister by the term for auntie, and his/her mother's brother by the term for 'uncle'. Furthermore, the person calls the sons and daughters of his/her father's brothers and mother's sisters by the terms for brother and sister. Note, however, that a person calls children of his/her parents' siblings (the person's uncles and aunts) of the **opposite** sex by the term for cousin. Different terms are used for the person's older and younger brothers and sisters. Seniority in terms of age is important in Arrernte kinship. These are just a few examples of the highly complex Arrernte kinship system.

"We say "anpernirrentye", whitefellas call it "skin". I'm lighter than others but it's got nothing to do with the colour of your skin. You are related to people in particular ways, there are rules about this."

In addition to kinship terms, the Arrernte use what is referred to in English as a 'skin' or subsection system. The skin system provides an easy way to work out how all the members of one's language group are related to each other. For those interested in Arrernte kinship and 'skins', the book *Anpernirrentye Kin and Skin: Talking about family in Arrernte* (2013, IAD Press) by Veronica Dobson provides an easy-to-follow guide.

"Clinicians need to know about kinship, especially poison cousins. This is because they might call on an interpreter, but he might be in a poison relationship. According to our Law we can't be with that person."

As mentioned earlier, the Arrernte system differs to that of the Pitjantjatjara. Differences from the Arrernte system arise in the person's own and grandparental generations. Thus, a person calls **all** the children of her parent's siblings by the term for "brother" and "sister". Pitjantjatjara use only two terms—that to specify "grandmother" and that to specify "grandfather" for all his/her relatives on the grandparental level. Other differences also exist however it is beyond the scope of this document to discuss them here.

Be aware that an Aboriginal person may have issues interacting with people who stand in a particular avoidance kinship relationship to them. In the case of Aboriginal staff, this may mean that they may not be able to speak with them, be in the same room and/or assess their needs (see section on avoidance).

While it is important to be aware of Aboriginal kinship values and practices, building a relationship with people takes time, so do not expect to engage with people on the basis of kinship or "skin" names.

Kinship carers, who can give consent if child's parents or normal caregivers are not available, and next of kin

As mentioned earlier, Aboriginal ways of reckoning kin relations have implications for the care of children. Importantly, there is a wide range of

kinship carers available to assist in looking after and nurturing children. It is frequently the case that the person taking a child to the clinic for medical treatment will not be the child's biological parent but a mother's sister, grandparent, aunt or uncle or older sibling. As mentioned, mother's sisters, and grandmothers, play an important caregiving role in Aboriginal society. However, other kin may also be called upon. This reflects the fact that kinship relations are not just about genealogical relatedness but about caregiving and family belonging.

According to an Arrernte Cultural Lead, if the grandmother or auntie bring a child in to the clinic then they would have responsibility for the child and that should be respected.

"We understand confidentiality and we might not be the legal guardian but often we are the ones caring for that person."

Nevertheless, Congress have policies concerning who can give informed consent. The matter is complex and people may have different views depending on context and circumstances. As one Arrernte elder noted:

"the matter is complex because it is about medical consent, and people might be held accountable. But generally, it is mothers and fathers and grandmothers [particularly mother's mothers], and aunties Aboriginal way, that is, the mother's sister and father's sister."

In case of emergencies, however, the Aboriginal liaison officer should be asked to contact the family to find out who has responsibility to make a decision. This will ensure that family are aware of what's happening and an individual is not blamed for making a wrong decision.

Avoidance practices and gender issues

Gender issues:

In addition to the main clinic, Congress has separate men's and women's clinics. The men's clinic is called Ingkintja and the women's is called Alukura. As mentioned earlier, the cultural preference is for male doctors to consult with male clients and female doctors to consult with female clients.

"If a man doesn't want to see a female doctor that's what Ingkintka is there for, to talk with the men."

"Alukura is for women only, a birthing thing. Women have to go to women's clinic. It is inappropriate for us to talk to a male about what happens to our bodies. It puts women off if men do examinations."

Be aware however that:

"Not every male client will be a traditional man. Some will be fine to see female doctors or nurses unless they specifically say they want to see a male doctor or nurse. Ask them."

Avoidance practices:

According to Aboriginal Law, people in certain kinship relationships have to avoid each other and cannot be in the same room as each other. Some examples of such relationships are as follows: a mother-in-law and a son-in-law, or the kinship relation of “poison cousins”. As one female Cultural Lead commented: “You don’t sit down when a son-in-law comes in”.

However, observance of such rules varies among individuals and communities, and people recognise that many younger people are less strict. As one elder observed:

“We grew up with a lot of restrictions that we are trying to negotiate in our services. We have two Laws, Western Law and our Law”.

In addition to avoidance between specific classes of kin, people may avoid places and areas that are designated for specific purposes (see section on “Respecting socio-spatial boundaries, including visiting town camps” below). As mentioned earlier, it is frequently the case that people are not allowed to be in places where someone has passed away until such time as appropriate sorry business practices have been carried out and it is deemed appropriate to visit the place again. Social spatial practices can vary between different categories of kin, between individuals and cultural groups. You are not expected to be familiar with people’s cultural practices, but you are expected to show respect and sensitivity in how you approach people and behave in social space.

Respecting socio-spatial boundaries, including visiting town camps

“Don’t walk into houses, be respectful.”

While norms surrounding personal space and observance of socio-spatial and spiritual boundaries can vary cross-culturally, observance of such norms is not simply a matter of culture. It is also a matter of respect, power and equality. It is important to be aware that Aboriginal people have been subjected to assimilationist and other regulations, which have been highly intrusive and denied individuals and Aboriginal groups control over their lives, including their spiritual and domestic social spaces.

It is inappropriate to walk into people’s houses unless you are specifically invited in. Furthermore, you should not enter people’s yards unless invited to do so.

“If they have a contact number use it—call before you show up. Ask them what their choice is, if they would prefer another time or tomorrow. We are working two ways—supporting. If it is urgent it will have to be explained “Your important appointment is at Alice Springs hospital”. It’s important to have clear communication.”

Congress has policies concerning staff visiting town camps. These policies concern cultural safety and the well-being of clients and staff. For examples, if sorry business is in train, or intoxicated people or vicious dogs are present it is important to leave. Clients should be advised about visits beforehand, and if for some reason the visit does not proceed staff should follow up with the client and arrange a suitable time to return.

“Just don’t drive everywhere making dust. Stop and ask someone “Is that person there?” They might be able to help you and explain “no, they’ve gone to the hospital or somewhere.”

Be aware also that Aboriginal people may use space in ways that may not be obvious because it is not delineated or marked out in ways that you might expect. Hence you may inadvertently transgress on spaces that are out of bounds to strangers, for example, sorry camps and or ceremonial areas.

On a personal level, give people personal space and do not touch them unless given permission.

There are many cultural sites of significance within the township of Alice Springs. For more information about this please contact AAPA or the Central Land Council.





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mind and learn what is different”*

INDIGENOUS HEALTH PRACTITIONER