The Royal Australian
College of General
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The RACGP
National Faculty of Aboriginal
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Working Together

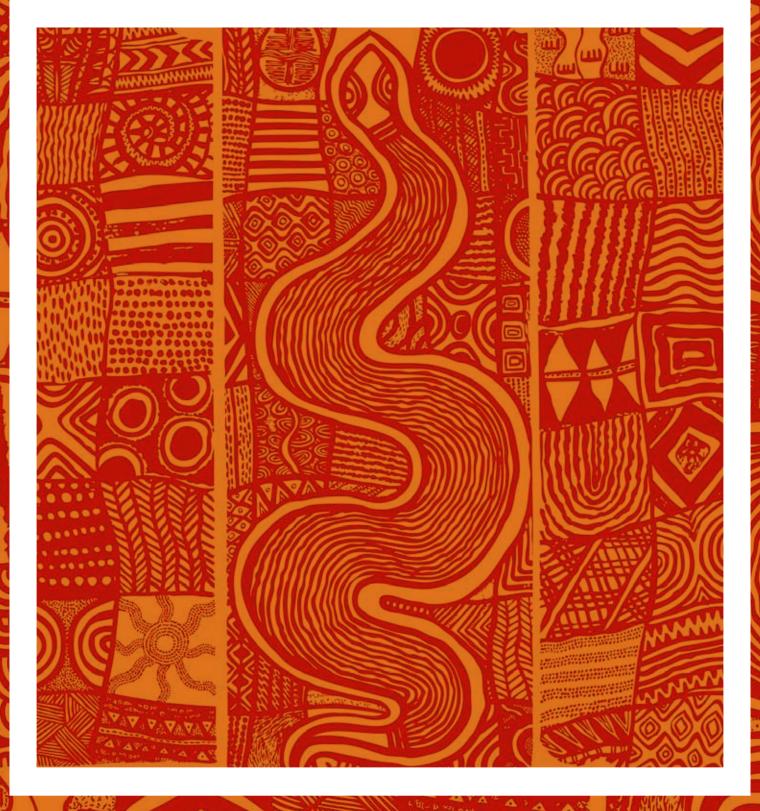Healthy Profession.
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*An introduction to Aboriginal
and Torres Strait Islander
health cultural protocols and
perspectives*

An introduction to Aboriginal and Torres Strait Islander health cultural protocols and perspectives

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Introduction

Background

In its 2010 position statement on Aboriginal and Torres Strait Islander health,[1] the Royal Australian College of General Practitioners (RACGP) acknowledges that improving the health of Aboriginal and Torres Strait Islander people is one of Australia's highest health priorities. The RACGP encourages all general practitioners (GPs) to develop an understanding of Aboriginal and Torres Strait Islander culture, history and health, and to incorporate this into their professional practice, through a holistic, comprehensive, primary healthcare team-based approach. The RACGP also calls on Australian GPs to challenge racism, especially in the context of general practice.

Building strong working relationships with Aboriginal and Torres Strait Islander individuals, communities and organisations is fundamental to your ability to work effectively to improve Aboriginal and Torres Strait Islander health. Not only do you enhance your awareness of health and culture, you can also learn about the issues faced by the local community, the skills and experiences they possess and the services they provide to the Aboriginal and Torres Strait Islander community.

Many Aboriginal and Torres Strait Islander groups and organisations are eager to form relationships with non-Indigenous counterparts or stakeholders and many of these relationships can lead to fruitful partnerships to enhance health outcomes for the whole community.

To build these relationships, RACGP staff and members need to have a sound understanding of Aboriginal and Torres Strait Islander culture, history and health, so that they can act with sensitivity and respect when dealing with the variety of issues that affect the health outcomes of Aboriginal and Torres Strait Islander Australians.

A strong culture is central to strong health and wellbeing among Aboriginal and Torres Strait Islander people. Policies and procedures within the RACGP need to reflect an understanding of this culture as a first step towards building an environment that is supportive of staff and members acting in a culturally sensitive manner. The adoption of cultural safety as a policy tenet by an organisation builds the overall capability of that organisation to positively affect health outcomes. It harnesses self reflection on one's own cultural underpinnings and awareness of the power relationships inherent in health profession settings, enabling development, over time, of greater competence and ease in working with Aboriginal and Torres Strait Islander people. It supports RACGP staff and members to act in culturally appropriate ways.

Working towards such an environment will make the RACGP's work more effective, and thus have an indirect, but important, impact on health services for Aboriginal and Torres Strait Islander people. All staff will be better placed to support RACGP members to enhance their cultural awareness and develop culturally safe practice or service environments for Aboriginal and Torres Strait

Islander people. It will also assist Aboriginal and Torres Strait Islander people to feel confident in working with, and within, the RACGP, thus allowing the RACGP to directly incorporate Aboriginal and Torres Strait Islander perspectives within its policies and activities, as well as reflect upon the proportion of Indigenous Australians within its workforce.

Purpose

This document provides a guide to appropriate and respectful behaviour with Aboriginal and Torres Strait Islander people. It is intended to give RACGP members and staff background information and guidance on Aboriginal and Torres Strait Islander perspectives, along with an understanding of important protocols and other relevant cultural issues. It can be used to guide the RACGP's overall engagement with Aboriginal and Torres Strait Islander people, communities and organisations in the improvement of their health and wellbeing.

Because Aboriginal and Torres Strait Islander beliefs and practices differ according to variables such as location and culture, the guidelines and protocols cannot apply to every community or to every situation. Members and staff are therefore strongly encouraged to seek additional information regarding specific local communities. Where a staff member or GP has considerable dealings with Aboriginal and Torres Strait Islander people and their health issues, the RACGP strongly recommends that appropriately recognised cultural safety training is undertaken.

This document is the start of the journey, not the end. It can be used as an adjunct to other cultural awareness raising or cultural safety training activities, including supporting staff undertaking related education and training.

Torres Strait Islander peoples

These protocols and guidelines are inclusive of Torres Strait Islander people living in integrated communities on mainland Australia. They do not cover protocols for visiting the 18 communities in the Torres Strait Islands and the two Torres Strait communities on the Northern Peninsula of Australia (northern tip of Cape York), Bamaga and Seisia.

Protocols for visiting these communities are different from those described in this document and can be accessed on the Torres Strait Regional Authority website at www.tsra.gov.au/publications/tsra-cultural-policy.aspx.

Overview

The RACGP National Faculty of Aboriginal and Torres Strait Islander Health Introduction to Aboriginal and Torres Strait Islander health cultural protocols and perspectives is intended to provide for RACGP staff and members:

- a historical, political and cultural context for working with Aboriginal and Torres Strait Islander people
- core principles to guide behaviour and communication

- cultural protocols that may impact on RACGP business processes and that can better inform the RACGP's position on Aboriginal and Torres Strait Islander health
- guidelines for consulting, meeting with and conducting research involving Aboriginal and Torres Strait Islander people, including the use of intellectual and cultural property.

How to use this resource

This document starts with the general and moves to the particular. Readers are strongly urged to read sections 1–6, which provide an overview of Aboriginal and Torres Strait Islander history, outline core RACGP principles and protocols for engaging with Aboriginal and Torres Strait Islander people and/or organisations, and present basic guidelines for verbal and nonverbal communications.

The next sections address specific forms of engagement, listed below. RACGP staff or members who are planning any of these forms of engagement should first familiarise themselves with the introductory sections 1–6 before moving to the sections covering the specific action they wish to take.

- Consulting with Aboriginal and Torres Strait Islander communities
- Conducting meetings with Aboriginal and Torres Strait Islander organisations
- Using Aboriginal and Torres Strait Islander intellectual or cultural property
- Observing cultural protocols when planning events
- Undertaking research into Aboriginal and Torres Strait Islander health

Related documents

The RACGP recommends that this document be read in conjunction with other RACGP publications that reflect official RACGP policy. They include:

- RACGP *Cultural safety* policy
- RACGP *Welcome to country* policy and *Acknowledgement of country* policy

These policies are available on the website of the National Faculty of Aboriginal and Torres Strait Islander Health at www.racgp.org.au/aboriginalhealth.

Consult the Resources section at the end of this document for more resources.

Definitions

Aboriginal and Torres Strait Islander health workers: Employed in many health services working with Aboriginal and Torres Strait Islander communities. They provide clinical or primary healthcare for individuals, families and community groups; deal with patients and visitors at hospitals and health clinics; and assist in arranging, coordinating and providing healthcare in Aboriginal and Torres Strait Islander community health clinics. Very often they are the key link between non-Indigenous health professionals and the local community, and provide considerable cultural education to practice staff.

Assimilation Policy: The 1961 Native Welfare Conference noted: 'The policy of assimilation means in the view of all Australian governments that all aborigines and part-aborigines are expected eventually to attain the same manner of living as other Australians and to live as members of a single Australian community enjoying the same rights and privileges, accepting the same responsibilities, observing the same customs and influenced by the same beliefs, hopes and loyalties as other Australians. Thus, any special measures taken for aborigines and part-aborigines are regarded as temporary measures not based on colour but intended to meet their need for special care and assistance to protect them from any ill effects of sudden change and to assist them to make the transition from one stage to another in such a way as will be favourable to their future social, economic and political advancement'.[2]

Colonisation: 'To settle among and establish control over (the Indigenous people of) an area'.[3]

Culture: 'Accepted and traditionally patterned ways of behaving ... a common understanding shared by the members of a group or community. It includes land, beliefs and spirituality, language, ways of living and working, artistic expression, relationships and identity.'[4]

Cultural safety: 'The outcome of education that enables safe services to be defined by those who receive the service.'[5] Unsafe cultural practice is 'any action which diminishes, demeans or disempowers the cultural identity and wellbeing of an individual'.[6]

Lore: 'Knowledge gained through tradition or anecdote.'[7]

Native title: The official recognition under federal Australian law of the traditional rights and interests of Aboriginal and Torres Strait Islander people in relation to land and water.[8]

Protectionism: A range of practices and beliefs about how Indigenous people should be 'managed' by governments and their institutions, which were in place from the 1850s to the mid-1900s. Different state and territory laws established protection boards and native affairs departments that managed the protection/segregation of a considerable number of Indigenous people.[9]

Self determination: The right of all peoples to 'freely determine their political status and freely pursue their economic, social and cultural development'.[10]

Sorry business: Walpiri English term for the rituals performed when a death has occurred.[11]

Stolen Generations: Coined by the Canberra-based historian Peter Read, who became aware of the large number of Indigenous children removed from their families and communities through much of the 20th century, many in ways which could only be described as stealing or kidnapping. Upon the release of the National Inquiry (or 'Bringing them home') report the media coined the term to describe the Indigenous people and others who told their stories to the Inquiry.[12]

Terra nullius: A Latin term meaning 'not inhabited' or 'empty land'.[13]

Aboriginal and Torres Strait Islander history, and why it matters

Learning about Aboriginal and Torres Strait Islander history has not been a priority in many Australian schools and what has been taught about this period has often been from the European settler or explorer perspective, starting with Captain Cook. More recent historical accounts of the experiences of Aboriginal and Torres Strait Islander people after colonisation have often been derided as the 'black armband' view of history.

It is important to become aware of this history, because it has had a significant impact on previous and current generations of Aboriginal and Torres Strait Islander people. It is equally important to understand government policies in relation to Aboriginal and Torres Strait Islander people. From shortly after colonisation until the present day, many policies covering Aboriginal and Torres Strait Islander people have been enacted by state and federal governments. These policies have often had significant and long lasting adverse consequences for Aboriginal and Torres Strait Islander communities and can continue to influence perceptions, behaviours and health outcomes to this day. It is only with this understanding that we can appropriately engage with current generations of Aboriginal and Torres Strait Islander people.

The history of abuse of Aboriginal and Torres Strait Islander people's human rights by government authorities and those who participated in the implementation of government policies described below has given rise to ongoing fear and mistrust of government by Aboriginal and Torres Strait Islander people. Consequently they may be fearful and suspicious of people from certain occupational groups (such as police, welfare workers, doctors and teachers), whose intentions may now be quite different.

The events and policies described in this section caused great intergenerational trauma – trauma that reverberates not only across communities but across the generations – and led to disadvantage in people and communities today. The long term effects of such traumatic events such as separation and removal from family (described later) are complex, and are experienced differently by different people. However, we know that the effects of such removal were 'multiple, continuing and profoundly disabling',[14] and left several generations of Aboriginal people traumatised for life.

Many Aboriginal and Torres Strait Islander people alive today experienced this trauma, either directly (eg. by being a member of the Stolen Generations) or indirectly (eg. by being a child, parent, sibling or other relation to a member of the Stolen Generations, or a descendant of a community that suffered massacres at the hand of colonists).

Many people in the Northern Territory feel that the current 'Northern Territory intervention' (Northern Territory Emergency Response) has severely disadvantaged their community. The NTER has generated strong and varied reactions among Aboriginal people and in that respect has had a very divisive effect.

This section briefly discusses key periods in history, government policies, and their meaning for Aboriginal and Torres Strait Islander people, and implications for engaging with Aboriginal and Torres Strait Islander Australians.

Aboriginal Australia map

The 'Aboriginal Australia' map (*Figure 1*) indicates the general location of groupings of Aboriginal and Torres Strait Islander people in Australia and demonstrates the diversity of the communities that make up the First Australians. The red lines show regional boundaries. The different colours show different language groups. These often cross over state and territory borders.

David R Horton, creator. © Aboriginal Studies Press, AIATSIS and Auslig/Sinclair, Knight, Merz, 1996. Reproduced with permission.

This map is just one representation of many other map sources that are available for Aboriginal Australia. Using published resources available between 1988–1994, this map attempts to represent all the language or tribal or nation groups of the Indigenous people of Australia. It indicates only the general location of larger groupings of people which may include smaller groups such as clans, dialects or individual languages in a group. Boundaries are not intended to be exact. This map is not suitable for use in native title and other land claims.

Before colonisation

Australia was traditionally inhabited by two Indigenous populations that were, and are, ethnically and culturally very different: Aboriginal people and Torres Strait Islander people.

Aboriginal people comprised diverse Aboriginal nations, each with its own language and traditions. They historically lived on mainland Australia, Tasmania and many of the continent's offshore islands.

Torres Strait Islander people come from the islands of the Torres Strait, between the tip of Cape York in Queensland and Papua New Guinea.

These diverse communities, over many thousands of years, adapted successfully to their physical environment and developed ways of ensuring their physical survival as well as social, cultural and spiritual ways of living.

While some Aboriginal communities were transient, this practice was usually conducted in order to find supplies of food and water and was seasonally determined. Thus nomadic communities were more prevalent in the desert than in the rainforest, where food and water supplies were more plentiful and reliable.

In Aboriginal culture, the land was created by the journeys of the spirit ancestors. Through stories, art and dance (corroboree), and later poetry and drama, stories were (and are) told of how the spirit ancestors (each symbolised by an animal that is the totem of the clan) gave life to the land and rules for human behaviour. Spirituality and culture explain the origin of the universe, the workings of nature and humanity, and life cycles. It shapes and structures Aboriginal life and the relations between the sexes, and prescribes a network of obligations to people, land and spirits.

To Aboriginal people, the land is life. They are connected spiritually to the land, water, flora, fauna, air, soil, rocks, trees, salt and fresh water. They have creation stories, which indicate how the land was formed. An important part of cultural practice is to respect connection to the land through the creation stories. According to these, Aboriginal people did not own the land in the European sense, but, rather, belonged, or perhaps more accurately, were 'beholden', to the land, in that their role is to be custodians of the land.

The rules of the law as passed on by the creation stories were absolute throughout all aspects of Aboriginal life and were guarded by Elders: select men and women who possessed great knowledge of the law. Elders made important decisions; gave inspiration and advice; arranged marriages; organised learning, initiations and ceremonies; arbitrated and settled disputes; and fixed punishments if laws were broken.

Like Aboriginal communities, pre-contact Torres Strait Islanders were fishermen, hunters and agriculturalists. There are now 19 communities living on 17 islands and the northern peninsula area of the mainland. Then and now, Torres Strait Islanders associate themselves with the land, the sea and the sky, interwoven

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through spiritual beliefs, stories, songs and dances. Torres Strait Islander people maintain close cultural, social, spiritual and economic connections with their 'sea country'. The Torres Strait culture is traditionally an oral culture, with languages, songs, dances and beliefs passed down verbally through generations.

'Pre and post contact' is preferred when referring to the period before and after European arrival. Using the terminology 'pre-history/post-history' is not acceptable as it implies that history did not begin until the landing of the First Fleet and the subsequent European domination.

Colonisation

Colonisation of mainland Australia began with the landing of the First Fleet in 1788. Although there were between 300,000 and 1 million Aboriginal people living on the mainland at that time, the European people claimed the land for their own purposes, with devastating impact on Aboriginal people and culture. What followed was a period of episodic brutality and sustained attack on every aspect of traditional Aboriginal life, leading to enduring disadvantage.

Following colonial arrival, settlement spread piecemeal across the country. This was accompanied by a drastic decline in the Aboriginal population as colonisation brought with it diseases to which Aboriginal people had no immunity. The traditional ways were destroyed as hunting grounds were taken over for grazing and agriculture, causing Aboriginal people to be treated as trespassers on their own land under European law.

In addition, the European settlers brought with them their own, very different, beliefs and systems for preservation of their line, and social, cultural and religious ways of living. Because the colonists saw local communities through their own cultural 'filters', and because of their innate sense of cultural superiority, colonial society was generally intolerant of all others. This led to a culture clash, where the Aboriginal people were, by and large, seen not just as 'different' or 'other', but as 'primitive', 'backward', 'savage' and worse. It was inevitable, because of the colonists' greater power and numbers, deadly weaponry and a belief in their right to occupy the land, that the traditional owners of the country were subjugated.

Europeans brought with them the concept of social class, having come from a culture with distinct divisions between upper, middle and lower classes, with further sub-classes. Aboriginal people were identified as belonging to the lower class. Bottom social positioning was reinforced through policy development and such measures as the implementation of protection boards (discussed later). Material goals were (and, of course, still are) highly valued. Attitudes towards land were driven by the desire to control it in order to produce crops and stock of value to the colony. Overall, the Australian model of settler superiority led to a system of dominance and control over Indigenous lives, which was followed by a more recent period of denial of the extent of the social and economic exclusion involved.

European settlers did not recognise Aboriginal culture, and the close connection between Aboriginal people and the land was not recognised under British law. Because Aboriginal land was deemed unoccupied it was declared terra nullius – belonging to no-one – and was taken away without negotiations or treaties. The relationship between Aboriginal people and their land was ignored by most settlers, although Robinson recognised the concept of ownership as follows:

> *'The Aborigines have ideas of property in land. Every tribe has its own distinct boundaries [which] are well known and defended. All the wild ducks are considered as much the property of the tribe's inhabitants or ranging on its whole extent as the flocks of sheep and herds of cattle that have been introduced into the country by adventurous Europeans.'*

> George Augustus Robinson, undated jotting

Many clans suffered such depopulation, through varying combinations of newly introduced disease and lack of access to usual food and water supplies, that neither the traditional means of living nor further resistance to the invader could be sustained.

The insidious impact of agricultural practices such as grazing had long term and disastrous effects on local Aboriginal populations. For example, Sir Thomas Livingstone Mitchell, an explorer and surveyor, was so enchanted by his 1835 travel to the southwest part of Victoria that he called it 'Australia Felix' (meaning 'fortunate' or 'happy'). Reporting on what he found on his return to Sydney, the rapid occupation of Australia Felix followed. Already settlers from Van Diemen's Land were crossing Bass Strait and soon others were driving their flocks south-west along the tracks that had been created by Mitchell's heavy wagons.

What followed was a dramatic rise in pastoralism in one of the richest regions of Australia. The devastation of the local Aboriginal population, distressingly, was virtually unacknowledged. A local pastoralist, James Dawson, was moved to record life during this period, and it is richly detailed in the book: *Australian aborigines: the languages and customs of several tribes of aborigines in the western district of Victoria, Australia*.[15]

The remnants of Aboriginal clans were forced to relocate, sometimes hundreds of kilometres away from traditional lands, onto reserves or missions where they were forbidden to speak traditional languages or practise cultural traditions. Many Aboriginal communities were forced to live alongside, and intermingle with, different communities, with little consideration of the effect on the culture of both communities.[16]

During this period, many Aboriginal peoples resisted British settlement in various ways, ranging from skirmishes to wars. For example, in south western Victoria, in an episode known as the Eumerella wars of resistance, Gunditjmara traditional owners led a widespread attack on pastoralists in the region: damaging crops; attacking stations, farm labourers and their stock; killing European settlers; ambushing travelling parties; and petitioning government

for the return of their land. Other strategies used by Aboriginal peoples to fight against takeover of land and other injustices included dialogue with settlers, disruption of farming practices, and verbal and physical confrontation. To this extent, these sites are battlefields like any other.

Similarly, settlers would engage in killings, punitive expeditions and massacres throughout the colonies, sometimes with the approval of governments, and often without charges laid. Deaths from these killings were many and added to the destruction of Aboriginal communities and ongoing trauma.

After reports of an extended period of massacres of Aboriginal peoples in Tasmania, known as the Black War, George Augustus Robinson, an English settler, was called upon by the Colonial Office in Great Britain to mount a 'friendly mission' to find the 300 remaining Aboriginal people in Tasmania and resettle them on Flinders Island. By 1835, nearly all Tasmanian Aboriginal people had been relocated to the new settlement, which subsequently deteriorated into something more like a prison camp, where many of its residents died of ill-health and homesickness.

Robinson later became Chief Protector of Aborigines in Victoria. His diaries provide a rich source of observations about attitudes towards Aboriginal peoples at this time, such as the following:

> *'The natives should be treated [as] men, they work as men and they should be treated same as men, a fair day's wage for a fair day's labor but this is never accorded them. It is thought that if they get food it is enough for blacks. The natives have a feeling that they are men and they evince that [they are] higher beings. The settlers all abuse them, men great scoundrels &c.'*
>
> George Augustus Robinson, Journal, 28 January 1850

It wasn't until the 1838 Myall Creek Massacre near Inverell (New South Wales), when 28 Aboriginal people, mainly women and children, were killed, that seven stockmen were hanged for the murder. They were the first people to be charged and punished for a massacre of Aboriginal people.

One of the last documented massacres, the Coniston Massacre, took place in central Australia in 1928, when police went on a vengeful rampage, killing dozens of Aboriginal people in retribution for the death of a white hunter. Historians estimate that at least 60 Aboriginal people were killed, although many claim the numbers were far greater. No-one was ever charged or convicted over their deaths.

An extraordinary Victorian book, *Scars in the landscape: a register of massacre sites in Western Victoria 1803–1859*,[17] categorises the many massacres in this area, many from non-Indigenous recording and references, and most virtually unacknowledged.

A similar, though less brutal, experience of European settlement was suffered by Torres Strait Islander peoples. Although explorers, including Torres (a

Spanish captain), Cook, Bligh and Flinders, sailed through the strait from late 1600, it was only in 1863 that the first European settlement was established, on Albany Island, just off Cape York. The discovery of large amounts of pearl shell attracted thousands of foreign seamen from 1870 onwards.

In 1871 the first Christian missionary teachers were placed on Erub (now Darney Island), in the Torres Strait Islands, by the London Missionary Society, which saw Torres Strait as a 'stepping stone' to evangelising New Guinea.

Ostensibly, Christian missionaries were expected to attend to the spiritual and material welfare needs of Aboriginal and Torres Strait Islander peoples. In reality, these missions were largely about 'Christianising' people and teaching them what were considered 'habits of order, industry and subordination, to which they were before entire strangers'.[18]

In 1879 all Torres Strait Islands were annexed to Queensland. Although this brought protection from the abuses of fishermen and pearlers, it also introduced colonialism, alienation of land and increasing control by outsiders.

In 1904, the Torres Strait Islands, being part of Queensland, became subject to the *Queensland Aboriginal Protection Act*.

In 1912 the first Torres Strait Islands 'reserves' were gazetted; the last were gazetted in 1926. Superintendent teachers were appointed to all the permanently settled islands to supervise daily activities. Islanders now had to ask permission of the local superintendent to travel. Their wages were controlled by the Protector and permission was required if Islanders wished to withdraw their own money.

In 1936 resentment against the Protector and local superintendent teachers resulted in a strike by workers of the private trading company, Pacific Industries Ltd. The following year, Torres Strait Islander councillors gathered together for a historic meeting at Masig (Yorke Island), demanding concessions from the Queensland government, including improved services, an end to some regulations and a power transfer from superintendent teachers to local councils. Two years later, the Queensland Government repealed its previous 'protection' legislation and passed the *Torres Strait Islanders Act*, which recognised Torres Strait Islanders as a separate people.

Protectionism

In the late 1880s, many places where Aboriginal and Torres Strait Islander peoples had settled were taken over by the colonial government through a policy of 'protection'. They were run as stations or reserves and controlled by 'protection boards' in all Australian states.

Protection boards throughout Australia oversaw the removal of thousands of Aboriginal children (known as the Stolen Generations) from their parents. Nationally, for the period 1910–1970, there were likely to have been between 20 000 and 30 000 removals.

The remnants of Aboriginal clans were forced to relocate, sometimes hundreds of kilometres away from traditional lands, onto reserves or missions, where they were forbidden to speak traditional languages or practise cultural traditions. Many Aboriginal communities were forced to live alongside, and intermingle with, different communities, with little consideration of the effect on the culture of both communities.[19]

Aboriginal and Torres Strait Islander peoples were again forced to leave their traditional lands or country to live on reserves or missions, which was extremely restrictive to their traditional way of life as hunters and gatherers. Relocation to lands away from their traditional area also resulted in the destruction of families, culture and lore, and sometimes led to animosity between the various traditional groups struggling to survive.

Life on the missions was harsh and there was little respect for human rights. Aboriginal peoples were treated as incapable of managing their own lives and were subject to arbitrary rule by mission managers and police. Many Aboriginal people alive today were brought up on a mission, and this experience, and the memory of it, has been hugely formative in their lives.

Mission life had disastrous effects on the health of Aboriginal and Torres Strait Islander peoples as they were forced to give up traditional foods for a diet made up almost exclusively of flour and tea, and, for some, reduced rations. While inactivity was the norm in some missions, other Aboriginal communities were expected to run market gardens and produce stock – although if they were too successful at this, their efforts were often undermined.

Reserve or mission managers controlled and regimented every aspect of Aboriginal and Torres Strait Islander people's lives. They had the right to search people, their dwellings and belongings at any time, confiscate their property, read their mail and order medical inspections. They could also order children to sleep in dormitories, expel people to other reserves and break up families.

Members from one community were often placed with members of a community that was a traditional enemy, thus creating conditions for longstanding conflict. Wadeye, an Aboriginal community in the Northern Territory, is an example of the legacy of this policy. It is located in an area that includes the traditional lands of about 20 Aboriginal communities. The founding of a Catholic mission in Wadeye in 1935 saw many of these communities moving into the region. These people were always considered by the traditional owners of Wadeye, the Kardu Diminin, as visitors with none of the rights that go with the ownership of Wadeye land.

Christianity had a powerful impact on traditional religious and political life. Most importantly, Aboriginal peoples were prohibited from sharing, learning and enjoying traditional culture, language and family associations. They were forbidden from speaking traditional languages and practising their culture in the form of ceremonies, rites of passage and corroborees. Breaking these

rules attracted serious penalties, including the expulsion of individuals from the mission.

Added to the grief, dislocation, loss and trauma associated with the direct effects of removal – on both the individual person and their extended family/community – was the suppression of Aboriginal identity and widespread physical and/or sexual abuse. The personal and communal desolation resulting from the removal of Aboriginal children from their families was recognised at the 1996 hearings of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families, which gave rise to the *Bringing them home* report of May 1997 (available at www.hreoc.gov.au/social_justice/bth_report/index.html).

While the trauma arising from these policies and its associated effects has caused significant disadvantage for Aboriginal and Torres Strait Islander people alive today, many have chosen jobs, roles or professions to address some of these disadvantages. Associate Professor Noel Hayman, Director of Inala Indigenous Health Service in Brisbane and Queensland 2011 Australian of the Year, has this to say about his grandparents' experience of the Stolen Generation period:

> *'My background is actually from the Stolen Generation. My grandfather was Roy Smith, a Wakka Wakka, and my grandmother Daisy Smith, a Kalkadoon. When grandfather was about 12 years old he was put on Purga mission in the south east of Queensland. When my grandfather got an exemption certificate he left the mission and then went to live at Eidsvold. At that time they used to do spot checks to see how Aboriginal people were living and compile a report on the Aboriginals they conducted spot checks on. So if you didn't have a good report you were actually put back in the mission'.*[20,21]

Assimilation

In 1937 the Commonwealth Government convened a conference with the states, where it was officially agreed that the aim for those Aboriginal and Torres Strait Islander peoples not of 'full blood' should be their ultimate absorption into the wider population. This policy, referred to as 'assimilation', was designed to solve the 'Aboriginal problem' by ensuring that Aboriginal and Torres Strait Islander people would lose their identity and culture within the wider community.

Under the Commonwealth's assimilation policy, thousands of Aboriginal and Torres Strait Islander children were removed from their parents. Often, these children were sent to 'training homes' where they were trained as domestic servants or farm labourers, or fostered out to non-Indigenous families away from their community of origin.

The human rights abuses and active attempts to destroy Aboriginal and Torres Strait Islander culture had deep and long term effects that continue to be felt today.

It is important to be aware of the sensitive issues that have arisen in these communities as a result of forced removal from traditional lands onto missions and reserves, and of the history of grief, loss and trauma experienced by Aboriginal and Torres Strait Islander peoples. The policies that led to the Stolen Generations had immense impacts on Aboriginal and Torres Strait Islander culture, community and relationships. These impacts are ongoing and range from psychological harm to loss of native title entitlements, increased risk of incarceration, poverty, poor health and early death.

The referendum

From the late 1950s, Aboriginal and non-Aboriginal activists came together to campaign for equal civil rights for Indigenous Australians.

In 1967, after a decade-long campaign including several petitions and hundreds of public meetings, an overwhelming 90% of voting Australians returned a 'Yes' vote to the referendum to allow the counting of Aboriginal and Torres Strait Islander peoples in the census and to open the way for much greater Commonwealth Government involvement in Aboriginal affairs. Australians have in most instances voted 'No' to referendum questions: only 8 out of 44 referendums since 1906 have been carried. This marked the start of the political movement.

While the referendum was much less far reaching than many people believe, it set in motion other changes, including, later, the ability of the Labor government under prime minister Gough Whitlam to override state laws that allowed racial discrimination against Aboriginal and Torres Strait Islander peoples. On reserves in Queensland, for example, Aboriginal peoples were forbidden to gamble, use foul language, undertake traditional cultural practices or drink alcohol. The overturning of this legislation provided sudden access to alcohol that had previously been denied.

While wage equality was the result of an unrelated process, in 1968 the Commonwealth Conciliation and Arbitration Commission found that Aboriginal people employed on Northern Territory cattle stations would be covered by the Cattle Station Industry (Northern Territory) Award and would be paid the same rates as non-Aboriginal workers.

These constitutional changes, coupled with escalating calls for action, led eventually to the Commonwealth granting Aboriginal and Torres Strait Islander land rights in 1975.

Self determination

The Australian Government's policy of assimilation was not officially abandoned until the federal election in 1972, when, as a direct result of growing Aboriginal and Torres Strait Islander activism, it was officially replaced with a policy of self determination – defined as the right of all peoples to 'freely determine

their political status and freely pursue their economic, social and cultural development' (see Article 1 of the International Covenant on Civil and Political Rights at the Australian Human Rights Commission: www.hreoc.gov.au/racial_discrimination/face_facts_05/atsi.html).

Despite these changes, social indicators for Aboriginal and Torres Strait Islander peoples, including health indicators, remain the lowest of all Australian groups.[22]

Although the impact of European colonisation on Aboriginal and Torres Strait Islander ways of life is immense and longstanding, Aboriginal and Torres Strait Islander peoples have survived and the culture is alive and strong. In line with the concept of self determination, the active involvement of Aboriginal and Torres Strait Islander peoples in all decision making relating to health matters is fundamental.

Native title

Native title is the official recognition under Commonwealth Australian law of the traditional rights and interests of Aboriginal and Torres Strait Islander peoples in relation to land and water.

Aboriginal and Torres Strait Islander peoples have fought long and hard for their rights and several important landmark decisions have marked modern Aboriginal and Torres Strait Islander history.

In the historic 1992 Mabo judgement, the High Court of Australia reversed the concept of terra nullius by holding that a 'native title' to land had survived the colonisation of Australia, thus enshrining Aboriginal and Torres Strait Islander land rights in Australia's common law.

To Aboriginal and Torres Strait Islander communities, land is not only about hunting and gathering, it is also the basis of spiritual life. The Mabo finding asserted that sovereign power resided in the state has compromised the development of native title in two significant ways:

• by erasing Indigenous sovereignty (the political, social and economic systems that unite and distinguish Indigenous people as a people) from native title

• by retaining the state's supreme power to extinguish native title.[23]

Understanding the impact of past injustice and striving to eliminate discriminatory practices are important factors in improving social outcomes for Aboriginal and Torres Strait Islander peoples.

Northern Territory intervention

The Northern Territory National Emergency Response (NTER or NT intervention) was a package of changes to welfare provision, law enforcement, land tenure and other measures, introduced by the Commonwealth Government in 2007. At the time, the changes were said to be introduced by the Commonwealth in response to the Northern Territory government's publication of the *Little*

children are sacred report, which documented widespread child sexual abuse and neglect across the Northern Territory.[24] However, these actions were taken without prior consultation and were only loosely based on the report findings.

There has been widespread criticism of the NTER from both professional groups and Aboriginal communities. The Australian Indigenous Doctors Association (AIDA) formally put forward a position statement, part of which includes the following:

'AIDA believes that any Indigenous health intervention or program should be guided by the following principles:

* Land, culture and connectedness are important for Indigenous health;
* Take a strengths-based, healing approach, which incorporates kinship care and builds on the resilience of Aboriginal and Torres Strait Islander people;
* Genuine partnership with Indigenous people;
* Learn from existing good practice in Indigenous health;
* Value existing Indigenous health expertise and engage Indigenous health workforce.'

AIDA Submission to the Northern Territory Emergency Response Review Board, 2008, www.aida.org.au/pdf/submissions/Submission_8.pdf

Australians for Native Title and Reconciliation (ANTaR) publish the following statement on their website, www.antar.org.au/abetterway:

'ANTaR considers that Australian governments have a responsibility to intervene to protect children in danger from violence, neglect and abuse. However, ANTaR is concerned that the changes introduced by the Federal Government failed to adopt the approach recommended by the *Little Children are Sacred* report to positively engage Aboriginal communities and to provide the additional services and capacities necessary to establish the conditions for safe and strong communities. We therefore welcome the support given by both the Australian and NT governments for the recommendations of the recent *Growing them strong, together* report on child protection in the NT that highlights the need for increased Aboriginal engagement and community controlled service delivery in relation to family support and child protection.

Meanwhile, ANTaR has consistently maintained that breaching the Racial Discrimination Act was not necessary to protect children. In particular, we have expressed our concerns that this led to mistrust, division and increased intolerance towards Aboriginal people that are barriers to empowering Aboriginal communities and keeping children safe. Whilst ANTaR welcomed the recent partial reinstatement of the Racial Discrimination Act, we are concerned that this does not go far enough in protecting the human rights of Aboriginal people in the Northern Territory. We will continue to call for the full reinstatement of the Act.'

Although heavily criticised, the intervention received bipartisan parliamentary

support, and continues to be implemented by succeeding Labor governments. Opinions were and still are split about the efficacy, equity, need for and outcomes of the intervention, including among GPs. These reflect many of the underlying assumptions and attitudes that continue to limit equitable access to primary care by Aboriginal and Torres Strait Islander peoples.

Close the Gap

In 2005 the Aboriginal and Torres Strait Islander social justice commissioner, Tom Calma, presented the annual social justice report to the federal attorney-general. In it he argued that it was unacceptable for a rich country to tolerate the gross health inequality that continued to exist between Aboriginal and Torres Strait Islander and non-Indigenous Australians. He called for action, and made recommendations to bring the inequality to an end as soon as possible.

Shortly after, with strong championing by the Aboriginal health services sector, a group of Aboriginal and Torres Strait Islander organisations and other government and non-government organisations led a national Indigenous health equality campaign, better known as the Close the Gap Campaign. A steering committee was formed to guide the development of the campaign and worked with a coalition of 40 or so organisations, all committed to bringing Indigenous health inequality to an end.

The campaign was formally launched in April 2007 and culminated in the National Indigenous Health Equality Summit held in Canberra in March 2008, where, among other actions, the Commonwealth Government and the Opposition committed to achieving Indigenous health equality within a generation through signing the Close the Gap Statement of Intent. The then president of the RACGP, Dr Vasantha Preetham, was one of the signatories, a clear statement of commitment by the College to work towards closing the gap.

Later in 2008 the Coalition of Australian Governments (COAG) Indigenous Reform Agreement, known as Close the Gap, was signed. Close the Gap is 'a commitment by all Australian governments to work towards a better future for Aboriginal and Torres Strait Islander peoples. It aims to close the gap of Aboriginal and Torres Strait Islander disadvantage in areas such as health, housing, education and employment'.

The Close the Gap report is available at www.hreoc.gov.au/social_justice/health/statement_intent.html.

The RACGP National Standing Committee – Aboriginal Health, and its successor, the National Faculty of Aboriginal and Torres Strait Islander Health, were established to improve health outcomes for Aboriginal and Torres Strait Islander peoples and to support the work of GPs and other health workers involved in delivering healthcare to Indigenous Australians. Through enhanced understanding of the cultural context and via a range of initiatives to support GPs working in Aboriginal and Torres Strait Islander health in all primary

healthcare settings, the RACGP hopes to contribute to the growth of culturally appropriate health delivery systems that will improve health outcomes for Aboriginal and Torres Strait Islander Australians.

The national apology

On 13th February 2008, more than 10 years after the *Bringing them home* report was tabled in Federal Parliament, prime minister Kevin Rudd tabled a motion apologising to Australia's Aboriginal and Torres Strait Islander peoples, particularly the Stolen Generations and their families and communities, for laws and policies that had 'inflicted profound grief, suffering and loss on these our fellow Australians' (available at www.aph.gov.au/house/Rudd_Speech.pdf).

The momentum for the apology had intensified from 2000, when the prime minister of the time refused calls for the Commonwealth Government to apologise for past government policies. During the period 1997–2001, all state and territory governments had already issued formal apologies.

On the same day as the apology was tabled in Federal Parliament, the Church of the Torres Strait conducted a 'Coming of Light to Boigu' re-enactment to apologise to the people of the Torres Strait for actions taken by members of the London Missionary Society when they landed there 137 years ago.

Core principles for working with Aboriginal and Torres Strait Islander people

Understanding culture

Lack of knowledge about the longstanding consequences of the impact of European settlement and the differences between Aboriginal and Torres Strait Islander and non-Indigenous culture can create a breakdown in respect and can lead to offensive misrepresentation of Aboriginal and Torres Strait Islander peoples.

Understanding and respecting cultures that are not familiar or may appear to reflect different beliefs is sometimes difficult when viewed through your own cultural lens. For example, it may be hard to understand the importance of land if this concept is simply viewed for its utilitarian purposes rather than for its spiritual significance. People's relationships to family and community differ widely and may or may not embrace the principles of kinship and belonging, which have different expectations and obligations. Spirituality and culture may seem like superstition to people whose cultures do not incorporate the spiritual and supernatural beliefs and traditions that may have been present in past generations.

For Aboriginal and Torres Strait Islander peoples, family, kinship, community, connections to the land and spirituality are fundamental and complex. Differences between many urban and remote communities add a further dimension, and, like all cultures, Aboriginal and Torres Strait Islander cultures have evolved over time. Urban-dwelling Aboriginal and Torres Strait Islander peoples are more likely to live nontraditional lifestyles than those in remote communities. However, they may retain some values, practices and obligations that are distinct from mainstream norms, for example, shared care of relatives' children and significant obligations to extended family members.

Aboriginal and Torres Strait Islander cultures and their language groups were, and are still, many and varied; there is no homogeneous Aboriginal or Torres Strait Islander culture. It has been estimated that, before colonisation, there were about 600 Aboriginal language groups, while now the number is thought to be about 200.

Every community, while sharing some common beliefs and practices, is unique. It may help to think about the use of the word 'nation' in this context. People may see Germany and The Netherlands or Australia and New Zealand as similar nations. While this may be true, there are also important cultural differences. This is similar for Aboriginal nations – there may be significant cultural differences between them. For example, talking about 'Aboriginal health' would be like talking about 'European health'.

Consequently, when engaging with Aboriginal and Torres Strait Islander communities, it is important to keep learning about local Aboriginal and Torres Strait Islander culture. Ways to do this include participating in local Aboriginal and/or Torres Strait Islander community events and inviting members of the Aboriginal and Torres Strait Islander community to participate in College

activities. Such events and activities may include launches, conferences, workshops and major events such as the annual Reconciliation Week (from 27 May to 3 June each year) and NAIDOC (National Aboriginal and Islander Day Observance Committee) Week (held in the first full week of July). An event close to the hearts of people working in Aboriginal and Torres Strait Islander health is the national Close the Gap day.[25]

The RACGP also recommends that members and staff participate in formal and informal ways of learning about Aboriginal and Torres Strait Islander cultures. These can include developing an understanding of and appreciation for the artistic and cultural works produced by Aboriginal and Torres Strait Islander writers, artists, film makers, dancers, musicians, and for the history of your own area. This form of cultural 'immersion' is likely to not only enhance your own cultural sensibility and awareness, but will also help support the burgeoning Indigenous artistic and cultural communities across Australia.

There are important general protocols to be aware of when interacting with Aboriginal and Torres Strait Islander peoples.

The RACGP position statement on Aboriginal and Torres Strait Islander health states:

> 'How Australia treats Aboriginal and Torres Strait Islander people is a mark of us as a nation. How we as health professionals work to improve the health of Aboriginal and Torres Strait Islander people will inform all of our work in health'.[26]

As this statement suggests, following these principles (described below) can open up opportunities to broaden your understanding and delivery of healthcare generally. These opportunities include greater understanding of yourself and your own cultural perspectives, expansion of world views, greater awareness of cultural and interpersonal influences in healthcare provision, and an enhanced understanding of social and emotional determinants of health leading to a holistic view of health.

Many of the principles described below are fundamental to the development of authentic and trusting relationships generally. For Aboriginal and Torres Strait Islander people, having a trusting relationship with a health service provider or professional organisation is an essential precondition to the delivery of good service. The following statement by Associate Professor Dennis McDermott, an Aboriginal psychologist from Flinders University, explains one reason for this:

> 'I'm trying to get professionals to look at introducing, if you like, the non-professional you, a little bit, to the person or organisation you are working with. There's a very good reason for that. It's not about taking over and letting your needs dominate the situation. It's very much about being a known quantity because in Indigenous parlance whether you're a Koori here from this part of Australia or a Murri from Queensland, or a Nyungah from Western Australia it's very much about who you are, where you're from, who's your

mob. And the reason we ask these questions is we want to situate a person, we want to find out where you fit in a universe, and once we've situated you we can deal with you.

And I'd suggest for non-Indigenous people in dealing with Indigenous patients, it's incredibly important because of mistrust. There's a huge historic mistrust. It might be very simple though, it might just be about letting people know casually that you have a couple of kids, or you're actually from, like I am, from Tamworth.'[27]

In addition to sharing information about the 'nonprofessional you' with Aboriginal or Torres Strait Islander people, it can be useful to ask more general questions too. For example at the first encounter, appropriate questions might be asked about family or local events. Later, when the relationship is better established, it may be appropriate to use a 'placing question', by enquiring as to 'skin name', place of origin or language group. This often helps to engender openness and trust, especially in remote communities.

Core principles

Respect for culture
Aboriginal and Torres Strait Islander world views, languages, lifestyles and customary laws are respected in all settings. The diversity and richness of Indigenous cultures is acknowledged and respected.

Respect for community
The importance to Aboriginal and Torres Strait Islander people of immediate and extended family, kinship structures and community is respected.

Consultation, communication and consent
Aboriginal and Torres Strait Islander people are consulted on the way in which they and their history, community, lives and families are represented and used, in all aspects of College and general practice business.

Involvement and engagement
Initiatives involving Aboriginal and Torres Strait Islander communities are based on genuine engagement and partnership, based on the concept of 'with, not for'.

As Conrad Ratara, an Arrente Elder from Hermannsburg, says:

'It's a long road we have come and it's a long road we can go. We have to walk together and talk together. If you never listen to me, I will never listen to you. If you walk in front of me, I will not follow you. Walk side by side and let's get there.'[28]

Recognising the social, emotional and environmental determinants of health
Effectively working to improve the health of Aboriginal and Torres Strait Islander people requires 'an understanding of the social and emotional factors that influence health and wellbeing. In Aboriginal and Torres Strait Islander cultures

these include the connection to land, culture, spirituality, ancestry, family and community. They also include issues arising from unresolved grief and loss, trauma and abuse, removal from family, substance misuse, family breakdown, cultural dislocation, racism and discrimination, and social disadvantage'.[29]

Holistic view of health

An understanding and appreciation of a holistic view of health is essential in order for health professionals to work with Aboriginal and Torres Strait Islander individuals and communities on health and health-related matters.

The National Aboriginal Community Controlled Health Organisation (NACCHO) definition of Aboriginal and Torres Strait Islander health is:

> '"Aboriginal health" means not just the physical wellbeing of an individual but refers to the social, emotional and cultural wellbeing of the whole Community in which each individual is able to achieve their full potential as a human being thereby bringing about the total wellbeing of their Community. It is a whole of life view and includes the cyclical concept of life-death-life.'[30]

Self determination and community control

Aboriginal and Torres Strait Islander peoples have the right to self determination in their cultural and health affairs. Self determination is expressed most strongly in Aboriginal Community Controlled Health Services, where:

> 'Community Control is a process which allows the local Aboriginal community to be involved in its affairs in accordance with whatever protocols or procedures are determined by the Community.'[31]

Aboriginal and Torres Strait Islander people are consulted concerning the integrity and authenticity of the ways in which history, community, interviews, lives and families are represented, and are consulted concerning the integrity and authenticity of the representation of their cultural and intellectual property.

Acceptance of complexity

While the medical knowledge required to work in Aboriginal and Torres Strait Islander health is not necessarily complicated, the factors contributing to poor health outcomes are often multiple, complex and interconnected. Keeping an open mind, being self reflective, understanding the context for current health circumstances and having a desire to learn and understand are important qualities for people working in every area of Aboriginal and Torres Strait Islander health.

As Dr Justin Coleman, Senior VMO at Inala Indigenous Health Service, says:

> 'The medical knowledge is easy; its delivery is the complex part. The doctors I know who have mastered the art of Indigenous health have combined excellent communication skills with a drive to engage their patients. Doctor-patient trust is the key, and nowhere else in medicine does it open more doors. I believe Aboriginal and Torres Strait Islanders have a particularly

keen sense when it comes to detecting lack of respect, perhaps honed by two centuries of frequent practice. But, if you are prepared to listen and learn, and to make genuine efforts at communication, the work becomes immensely satisfying.'[32]

The culture and belief systems of local communities are also complex, and understanding their implications for the development of culturally sensitive behaviours and processes takes time. While participating in cultural awareness education and locally delivered cultural safety training is vital, continued engagement with, and learning from, local communities and individuals is essential. A 'cultural mistake' made by a non-Indigenous person may be easily tolerated by Aboriginal and Torres Strait Islander people, provided goodwill and the desire to keep learning is evident.

Protocols for culturally respectful engagement with Aboriginal and Torres Strait Islander people

In the context of engagement with Aboriginal and Torres Strait Islander people, protocol means 'following the customs and lores of the people or community you are working with and communicating in a way that is relevant to them'.[33]

The following protocols outline basic guidelines for culturally appropriate behaviour when RACGP staff and members engage with, or represent, Aboriginal and Torres Strait Islander people and communities. They cover some of the key cultural issues of which staff and members should be aware, and provide guidance in terms of the behaviours required. Keep in mind that different communities have different practices, so it is important to check with them if you are unsure.

Describing Aboriginal and Torres Strait Islander people

Aboriginal and Torres Strait Islander people are sometimes described in ways that ignore their occupation or position in the community. For example, the word 'activist' has often been used to describe Aboriginal and Torres Strait Islander people who campaigned or advocated for improvement. This and other similar generic terms fails to credit people with their achievements. Generally, Aboriginal and Torres Strait Islander people, like other people, wish to be identified in terms of their occupation or their position in the community, for example as a spokesperson, media liaison officer or Elder. Correct names, spelling and titles of Aboriginal and Torres Strait Islander contributors and their materials are important.

Accurate representation protects the integrity of the Aboriginal or Torres Strait Islander person's contribution and the authenticity and integrity of the work. It may be important to consult with the community to ensure the authentic identification of both the work and its contributor.

Deceased people

Where they exist, it is important to follow Aboriginal or Torres Strait Islander protocols for the avoidance of naming deceased people. Protocols differ across the country. Where necessary, consult the local community for correct procedures, avoidance names, time periods for avoidance and the use of images and naming of deceased people.

A death in a community

The question on how to deal with members of a community who have passed away can be a significant issue. Death and 'sorry business' is a continuous cycle that impacts greatly on communities. Culturally, it is difficult for some family members to mention the deceased person by name. It is best to contact the local Aboriginal health service or land council to liaise with a family member, rather than go to family members directly while they are grieving.

In some Aboriginal or Torres Strait Islander communities, the entire community will shut down for sorry business following the death of a member. As a result,

it is advisable to contact communities before leaving for a scheduled meeting to make sure that they are able to conduct formal business. Many communities have a mourning period where that person's name and image cannot be used. The time of mourning is different between communities. It can be for a week, a year or an indefinite period of time, during which you will not be able to use the name, image, voice or video of the deceased.

Permission: for what, whom and how long

If you have been granted explicit permission to use a person's name, image, voice or video, this should be clearly stated.[34] It is highly recommended that you establish whether or not the permission is a blanket rule for perpetuity. It should be made clear whether permission is restricted to the specific segment, state or town and whether it includes later segmentation.

To minimise potential problems, staff and College members are strongly encouraged to obtain explicit permission when using such images. Ensure that consent to use includes discussion about the way in which the material will be used, for what parties, and the length of time over which the image will be used (eg. for a specific period or for perpetuity). For example, the National Faculty of Aboriginal and Torres Strait Islander Health sought written permission to use the Aboriginal and Torres Strait Islander flags and a photograph of Dr Lowitja O'Donoghue in its online activity: *Introduction to Aboriginal and Torres Strait Islander cultural awareness in general practice*. Where possible, it is helpful to document the consent. If written permission is difficult to obtain, it will be important to consult with the community to determine alternative permission strategies.

This issue can be important when dealing with visual images, which may be stored for some time and used following the death of a person. Each community deals with the death of an individual differently and therefore you should contact someone from the community to ask for written permission if you wish to use the name, image, voice or video of that person. Written permission should include the date in which the mourning period ends to assist with archiving and the use of archives. In some cases images will need to be removed from documents, records and websites.

Depictions of people who have died

To many Aboriginal and/or Torres Strait Islander communities it is distressful and offensive to depict persons who have died. The RACGP uses the following warning on the National Faculty of Aboriginal and Torres Strait Islander Health website; it could be used in the introduction to other materials:

Warning
Please be aware that this website may contain the names or images of Aboriginal and/or Torres Strait Islander people who may now be deceased.

Smoking ceremony

Smoking ceremonies are conducted by Aboriginal people with specialised cultural knowledge. The ceremony aims to cleanse people and the space in which the ceremony takes place. Given the significant nature of the ceremony, smoking ceremonies are usually only performed for significant spiritual events.

'Avoidance' behaviour

'Avoidance' behaviour reflects the responsibility to be respectful of cultural beliefs and customs that constrain some interactions between Aboriginal people. This can include the use of certain language and the right to be in the presence of certain people or groups.

Avoidance behaviour can include respecting the restriction of access to, or discussion of, knowledge that is specific to gender (commonly called 'women's business' or 'men's business').

Avoidance issues may arise specifically in the context of ceremonies and clinical settings, the latter with respect to genitourinary or reproductive issues.

In Aboriginal and Torres Strait Islander communities, some members of families are unable to address one another and may refer to each other differently. For example, in some cases a son-in-law is unable to be in the presence of a father-in-law, or a brother is not able to use his sister-in-law's name.

In some cases, members of the Aboriginal community will advise outsiders of intrusive behaviour and/or whether they are not permitted to discuss protocol or ceremony for reasons of age, gender, or status or because the visitor does not belong to their clan or tribal group. In other cases, Aboriginal people will avoid the interaction that they believe would be disrespectful. This can lead to unexplained silences or absences. As a result, it can be helpful to be both transparent about who will be present, and sensitive to the possibility that circumstances may change the capacity of people to be present and remain respectful of the position of others in the community.

Culturally appropriate communication

For protocols for communicating with Torres Strait Islander communities in the Torres Strait region, refer to the Torres Strait Regional Authority cultural protocols on its website at www.tsra.gov.au/publications/tsra-cultural-policy. aspx.

The importance of culturally appropriate, nondiscriminatory and accurate language

Following European colonisation, Aboriginal and Torres Strait Islander peoples were often forbidden from speaking traditional languages. Many languages suffered enormous erosion as a result. English was used to describe and communicate with Aboriginal and Torres Strait Islander peoples and led to the use of inappropriate and often discriminatory language. Massacres also contributed to the decline of many languages.

Generally, language can be seen as a direct reflection of a particular culture and the beliefs that have given rise to it. The English language is not fully capable of embodying the cultural imperatives, values and contexts associated with Aboriginal and Torres Strait Islander languages.

Because European colonists did not understand, considered themselves superior to, and were largely prejudiced against, Aboriginal and Torres Strait Islander ways of life, the language they used to address and describe Aboriginal peoples was often discriminatory and offensive.

Today, as attitudes towards Aboriginal and Torres Strait Islander culture are changing, terms to describe Aboriginal and Torres Strait Islander peoples are continually evolving. Understanding distinctions between words, and to whom they apply, can pose a challenge for health professionals. However, using appropriate and accurate language is fundamental to ensuring the use of nondiscriminatory language and developing positive relationships between Aboriginal and Torres Strait Islander people and communities and people in general practice.

This section explores the use of the most appropriate terminology to describe Aboriginal and Torres Strait Islander people, communities and organisations.

Note that the many and varied names of individual Aboriginal and Torres Strait Islander language groups are not covered here.

Nonverbal communication

As with all communication, it is important to be sensitive to the use of nonverbal cues, such as body position, eye contact, silence, voice tone and facial expression. Like all cultures, these are a natural part of Aboriginal and Torres Strait Islander communication patterns. They may differ from those with which you are familiar, and Aboriginal and Torres Strait Islander people may be so familiar with them as not to be conscious of using them or of the impact they have unless a problem arises.

Differences in nonverbal communication will be found between non-Indigenous and Aboriginal and Torres Strait Islander communities and also within cultures. Patterns of nonverbal communication experienced in one community may not apply in another, or if similar patterns are encountered elsewhere, they may have a different meaning.

It is important to remember that, just as you may be aware of and (even unconsciously) derive meaning from another person's nonverbal communication, so, too, will your own body language be attended to and interpreted. If you feel distrustful, annoyed or judgemental, these feelings are likely to 'leak through' in your body language.

If your encounter with an Aboriginal and/or Torres Strait Islander person is conducted on the basis of goodwill and eagerness to understand, this will be demonstrated in your body language. As Ena Chong (2010) says:

> *'We take our cues from the other person. If someone, like, we have a medical student here at the moment, who is keen to learn so that he can deal better with the Murrie people he meets. He was a bit concerned because he's never met an Aboriginal person before. That doesn't matter, he'll have no worries, 'cos he's responsive and very caring.'*[35]

While specific guidelines for nonverbal communication are not recommended, the following rules of thumb may be useful.

- Be as willing to listen as you are to speak.
- Be aware of your feelings before and during the encounter.
- 'Listen' with your eyes as well as your ears; tune in to nonverbal as well as verbal cues and reflect on what you're seeing and hearing.
- Silence does not mean people of Aboriginal and Torres Strait Islander communities do not understand; they may be listening, remaining noncommittal or waiting for family or community support.

It is also important to be aware of what is appropriate behaviour between sexes. In some places there is very clearly delineated 'men's business' and 'women's business'.

Verbal communication

Aboriginal and Torres Strait Islander peoples are a diverse lot; it is impossible to know, with any certainty, the first-language status, the educational experience or the urban/rural/remote origin of the person in front of you. Cultural safety and cultural humility precepts guide us here: it's best not to assume. Rather, tune in to the person and the setting and let them guide. Where a person's usual language is not standard Australian English, or where their education or hearing has been compromised, it is important to speak plainly, though without use of offensive, 'kiddie' English.

English is often a second, and sometimes, a third, fourth or even fifth language for people of many remote Aboriginal and Torres Strait Islander communities. Wherever possible, and with permission, RACGP staff or members should work with an Aboriginal or Torres Strait Islander health worker or other appropriate member of the community to make sure that the communication is heard in the correct language and in a culturally appropriate way.

It is useful to keep technical words or jargon to a minimum. Aboriginal and Torres Strait Islander communities may use different constructs for the way things work, and different ideas about how health and wellbeing are created and maintained may underpin discussions. Thus it can be useful to consider whether underlying ideas and concepts are shared when having discussions. If it is necessary to explain a term, it might also be necessary to explain its (cultural) background as well.

It is not appropriate to mimic Aboriginal or Torres Strait Islander speech patterns.

The complexities of intercultural communication are widely documented, and it is well accepted that the influence of cultural perspectives on communication is pervasive. Less well documented are the additional complexities of communications between Aboriginal and Torres Strait Islander patients and non-Indigenous staff in a primary healthcare environment.[36]

Some issues to consider are:

- The majority of healthcare settings are not designed to accommodate the cultural and linguistic needs of Aboriginal and Torres Strait Islander, providers and patients.
- There is generally a power imbalance between client and service provider, often exacerbated when the client is of Aboriginal or Torres Strait Islander origin.
- Communications tend to be biased towards a Western biomedical model, and Aboriginal and Torres Strait Islander health literacy levels in that 'language' may be low.
- Different ideas or opinions tend to be dealt with differently in Aboriginal and other Australian cultures. It is appropriate for non-Indigenous people to express disagreement, while many Aboriginal people prefer to avoid direct verbal confrontation and to respect personal privacy. To preserve consensus, they may avoid assertiveness and direct argument, and defer discussing topics that may produce disharmony.
- While each patient may be seen as an individual in the eye of most GPs, nurses or reception staff, Aboriginal and Torres Strait Islander cultures are collectivist in nature. Staff are far more likely to engage effectively with their Aboriginal or Torres Strait Islander patients if they treat the individual as if they were working with the family and/or the community of that patient as well. In Aboriginal and Torres Strait Islander cultures, when an individual suffers, the family and community suffer, too. Also, one patient's experience with a health

service can influence the decisions of their family and community on whether they will attend or avoid that health service.

- It is possible for both staff and patients to overestimate the effectiveness of intercultural communication, with both parties relying on false assumptions or interpretations. Some researchers conclude that medical efficacy is compromised as a result.

The importance of good general communication skills such as listening, attending to nonverbal signals and verbally checking for understanding is reinforced in situations where risks of miscommunication are high.

It is wise to avoid direct questions, which may threaten the privacy of the thoughts and feelings of an Aboriginal person. Direct questioning can, at times, lead to 'gratuitous concurrence', or agreement with the questioner regardless of whether the agreement is truly felt. This can most frequently occur when the questioner is in a position of authority, but it can also signal feelings of hopelessness or resignation.

A more useful communication strategy is to present information for confirmation or denial, allowing sufficient time for a response. While this approach can create problems with matters of choice, these can be managed by clearly presenting options and possible outcomes of each. Using diagrams is also a useful means of identifying issues and presenting options.

Strategies have been developed to improve intercultural communication in primary healthcare (see, for example, the American Academy of Family Physicians advice: *Five communication strategies to promote self management of chronic illness* at www.aafp.org/fpm/2009/0900/p12.html).

It may be useful to learn words of the local language. This will be a positive step in improving your relationship with the community. The words will have a 'surface' meaning and, like all languages, a 'deep' meaning that conveys nuances. Pronunciation should be checked for accuracy.

It is important to use a language within its home community. It might be inappropriate to use the language of one community in another community. It might lead to the language being misinterpreted, which might mean being excluded from the community.

Terms used to describe Aboriginal and Torres Strait Islander people

The RACGP acknowledges that the definition of an Aboriginal and/or Torres Strait Islander person that is accepted by NACCHO requires three kinds of evidence:

- Evidence of Aboriginal or Torres Strait Islander descent:
  - birth records or genealogies verified by a suitable authority as applicable; or
  - a letter signed by the chairperson of an Aboriginal and/or Torres Strait Islander incorporated organisation (if records are not available).

- Evidence of self identification as an Aboriginal or Torres Strait Islander:

  – a signed affirmation that the applicant identifies as an Australian Aboriginal or Torres Strait Islander.

- Evidence of community recognition:

  – confirmation in writing by the chairperson of an Aboriginal or Torres Strait Islander incorporated organisation in a community in which the applicant lives or has previously lived.

However the RACGP believes that every individual has the right to determine their own identity and can do so by being asked: 'Are you of Aboriginal or Torres Strait Islander origin?' This approach is in line with Schedule F of the COAG National Indigenous Reform Agreement and the Australian Institute of Health and Welfare 2010 report *National best practice guidelines for collecting Indigenous status in health data sets*.[37] Keep in mind that some Australians are of both Aboriginal and Torres Strait Islander origin.

Acceptable terms

The following terms to describe Aboriginal and/or Torres Strait Islander people are acceptable:

- Aboriginal person
- Torres Strait Islander person
- First Australian

It is also acceptable to refer to local groups or traditional nations.

Some terms (such as half caste) were widely used by non-Indigenous people in the past but are now considered racist and discriminatory. However, some of these are still in use today, even if only sporadically, and require explanation as to why they are offensive.

Terms such as full or half blood, half caste or part-Aboriginal are offensive. Not only do they imply inferiority, they hark back to the assimilation period, when clear notions of European superiority abounded. Also, the description raises questions of identity. Some commentators have questioned a person's 'Aboriginality' on the basis that they have a European name, skin or hair colour, or that they have obtained benefits not available to non-Indigenous people by claiming to be Aboriginal.

People who identify as Aboriginal and Torres Strait Islander are describing identity, and usually one that is accepted with pride. It is important to remember, too, that many Aboriginal and Torres Strait Islander people, like many other Australians, have a mixed race background and may not 'look Aboriginal'. It is important not to decide whether a person is Aboriginal or Torres Strait Islander based on their physical appearance, including skin tone, hair colour and eye colour.

Use of words or phrases like 'them' or 'those people' imply 'otherness' or a 'them' and 'us' mentality. Also, never assume that someone who is part of the 'us' (ie. like ourselves) is not themselves of Aboriginal or Torres Strait Islander origin.

Always capitalise the 'A' in 'Aboriginal' as you would other designations like 'Australian', 'Arabic' or 'Nordic'. The word 'aboriginal' with a lowercase 'a' refers to an indigenous person from any part of the world. As such, it does not necessarily refer to the Aboriginal people of Australia.

Be aware that the term 'Aboriginal' is not generally inclusive of Torres Strait Islander people, and reference to both Aboriginal and Torres Strait Islander people should made where necessary.

Do not use 'Aboriginal' as a noun – it should only be used as an adjective. For example:

- It is incorrect to write: 'The RACGP will support self determination in health matters by Aboriginals.'
- It is correct to write: 'The RACGP will support self determination in health matters by Aboriginal people.'

Never abbreviate the word 'Aboriginal', as this is offensive.

Remember that when preparing speech notes or documents that refer to 'our history', ensure that the use of the word 'Australian(s)' includes Aboriginal and Torres Strait Islander people(s). For example:

- It is incorrect to write: 'Most Australians continue to see Aboriginal and Torres Strait Islander people …' This implies that Aboriginal and Torres Strait Islander people are not Australian.
- It is correct to write: 'Most non-Indigenous Australians continue to see Aboriginal and Torres Strait Islander people …'

Aboriginal and Torres Strait Islander people(s)
It is appropriate to use the term 'Aboriginal people' or 'Aboriginal community' if you know that the group to which you refer consists only of Aboriginal people. It is inappropriate to use only the word 'Aboriginal' if you are referring to Torres Strait Islander people as well.

'Aboriginal people' is a collective name for the original people of mainland Australia and their descendants, and does not emphasise the diversity of languages, cultural practices and spiritual beliefs. Adding an 's' (i.e. 'Aboriginal peoples') emphasises this diversity.

'Aboriginal people' can also be used to refer to more than one Aboriginal person.

Both 'Aboriginal people' and 'Aboriginal peoples' are acceptable, depending on the context. For example:

- 'At the time of British colonisation, there were between 300 000 and 1 million Aboriginal peoples.' Here 'peoples' is used to describe the groups of Aboriginal people, each with their own language, cultural practices and beliefs.
- 'At the time of British colonisation, there were between 300 000 and 1 million Aboriginal people living in mainland Australia'. In this instance, 'people' refers to more than one person.

If you wish to emphasise the fact that Aboriginal and Torres Strait Islander people are Australians, consider the use of 'Aboriginal and Torres Strait Islander Australians' instead of 'Aboriginal and Torres Strait Islander people'.

First people/first Australians

'First people' or 'First Australians' are collective names for the original people of Australia and their descendants, and are used to emphasise that Aboriginal and Torres Strait Islander people lived on this continent before European domination.

Both 'First people' and 'First Australians' are acceptable. Use these terms to emphasise that Aboriginal and Torres Strait Islander people lived on this continent before European arrival.

Indigenous people(s)

The Macquarie Dictionary defines 'indigenous' as 'originating in and characterising a particular region or country'.[38] Based on this definition, an indigenous person is a person who originates from and characterises a particular region or country.

If using the term 'Indigenous', always capitalise 'I' when referring to Australian Aboriginal and Torres Strait Islander peoples. The word 'indigenous', with a lowercase 'i' is only used when referring to people originating in more than one region or country such as the Pacific region, Asiatic region, Canada or New Zealand. Because 'Indigenous' is not specific, some Aboriginal and Torres Strait Islander people feel that the term diminishes their identity and should be avoided.

The RACGP recommends using the term 'Aboriginal and Torres Strait Islander' in preference to 'Indigenous'. If in doubt and before using the term 'Indigenous', always consult with the local Aboriginal and Torres Strait Islander community. It is acceptable to use the term 'non-Indigenous' when referring to people who are not of Aboriginal and/or Torres Strait Islander origin.

If using the term 'Indigenous people', define what you mean by 'Indigenous' – that is, if you are referring to Aboriginal and Torres Strait Islander people, it is better to say so.

Torres Strait Islander person

A Torres Strait Islander person is a person/descendant from the Torres Strait Islands, which are located off mainland Australia. Torres Strait Islander people comprise around 10% of all Indigenous Australians and 0.3% of the total Australian population. Always capitalise 'Torres Strait Islander'.

Aboriginal and/or Torres Strait Islander people

About 38% of all Torres Strait Islander people are estimated to be of both Aboriginal and Torres Strait Islander origin.[39] Generally, the term 'Aboriginal and Torres Strait Islander' is understood to include people who are of both Aboriginal and Torres Strait Islander origin. However, the term 'Aboriginal and/or Torres Strait Islander' may be necessary when you want to make it clear that you are describing all three groups.

Goori, Murri, Nunga and other such terms

These terms are directly derived from Aboriginal languages and are the names used by Aboriginal and Torres Strait Islander communities in specific areas when referring to themselves. Examples – and acceptable terms – are:

• Murri (in northwest New South Wales and Queensland)

• Noongar (in southwest Western Australia)

• Nunga (in South Australia)

• Yolngu (in northeast Arnhem Land, Northern Territory).

Always check with the local community about using this type of terminology. There are many Aboriginal and Torres Strait language groups within the above-mentioned geographic areas and the use of such terms can be restrictive. Also, many community members may be from other parts of Australia, and wish to be known by their place or origin. Some may wish to be known by their clan group. Torres Strait Islanders may wish to be identified by their clan or island name.

Terms describing communities

The following terms used to describe Aboriginal and Torres Strait Islander groups or communities, or positions within them, are acceptable:

• Clan

• Community

• Country

• Elder

• Mob

• Nation

• Traditional owner

• Tribe

Clan

The 'clan' is a local descent group, larger than a family but based on family links through a common ancestry. A 'clan' is a subset of a nation, so nations may have several clans within it.

The term 'clan' has a specific meaning that is derived from European and other societies, and therefore may not necessarily be applicable to Aboriginal and Torres Strait Islander cultures. Some Aboriginal and Torres Strait Islander people use the term and such usage should be respected. If unsure, ask the local community for guidance.

Community

There are many different perspectives on what a 'community' is. Non-Indigenous people often use 'community' to refer to a particular geographic locality. For example, the use of the expression 'Warrnambool Aboriginal community' refers to all the Aboriginal people living in and around Warrnambool.

However, because Aboriginal and Torres Strait Islander people were forcibly removed from their ancestral lands to live elsewhere, a community may comprise people from many areas of Australia. Therefore, what non-Indigenous people see as one Aboriginal and Torres Strait Islander community is in fact not necessarily seen as such by its people.

Note too that an Aboriginal and/or Torres Strait Islander person may belong to more than one community, identified by where they come from, where their family is and where they live or work. The important thing to remember is that in Aboriginal and Torres Strait Islander cultures a community is first and foremost about country, (extended) family ties and shared experience. Community is about interrelatedness and belonging and is central to identity.

It is generally acceptable to use the term 'community' to refer to Aboriginal and Torres Strait Islander people living within a particular geographic location. However, keep in mind the diversity of Aboriginal people within that 'community'. If you wish to emphasise the diversity of communities within the one geographic location, use 'communities' in the plural form.

Country
'Country' is a term used to describe a culturally defined area of land associated with a particular, culturally distinct group of people or nation. Use 'country' to refer to a particular, culturally defined area of land, such as 'Wiradjuri country' or 'Dunghutti country'.

Elder
The traditional meaning of an Aboriginal or Torres Strait Islander Elder is someone who has gained recognition within their community as a custodian of knowledge and lore, and who has permission to disclose cultural knowledge and beliefs. Recognised Elders are highly respected people within Aboriginal and Torres Strait Islander communities.

In some instances, Aboriginal people above a certain age will refer to themselves as Elders. However, it is important to understand that in traditional Aboriginal and Torres Strait Islander culture, age alone does not necessarily mean that one is a recognised Elder. The use of the word Elder (uppercase) is generally acceptable, but it is important to be aware of the differences in the meaning outlined above. Also, keep in mind that, due to large scale displacement during the protection and assimilation period, an Elder in a local community may not be the traditional owner of the land.

Mob
'Mob' is a term identifying a group of Aboriginal or Torres Strait Islander people associated with a particular place or country. It is a term that is extremely important to Aboriginal and Torres Strait Islander people because it is used to identify who they are and where they are from. 'Mob' is generally used by, and between, Aboriginal and Torres Strait Islander people. While it may not always be appropriate for other people to use this term, generally it is acceptable to ask: 'Who is your mob?'.

Nation/s

'Nation' refers to a culturally distinct group of people associated with a particular, culturally defined area of land or country. Each nation has boundaries that are strongly fought over and occasionally changed, and language is tied to that nation and its country.

'Nation' can be used to refer to a culturally distinct Aboriginal and Torres Strait Islander group and its associated country. Be aware that the boundaries of some Aboriginal and Torres Strait Islander nations cross over state and territory boundaries. This has important implications for service delivery and provision, as well as negotiation processes.

The RACGP strongly recommends that staff and members identify the nation(s) and clans in their local area, and those in areas visited regularly. This can be done by contacting the local Aboriginal community controlled health service in the first instance. If no such service exists in your region, contact the local land council or other Aboriginal or Torres Strait Islander representative organisation, or the state or territory NACCHO affiliate.

Traditional owner or custodian

The term 'traditional owner(s)' describes an Aboriginal or Torres Strait Islander person or group of people directly descended from the original Aboriginal and Torres Strait Islander inhabitants of a culturally defined area of land or country. Traditional owners have a cultural association with this area of land or country, deriving from the traditions, observances, customs, beliefs or history of the original Aboriginal and Torres Strait Islander inhabitants of the area.

Despite this accepted usage, the term 'owner' reflects European views of property so, in the above context, some prefer the term 'custodian', which reflects a different association with the land.

Tribe

Like 'nation', a 'tribe' refers to a culturally distinct group of people associated with a particular, culturally defined area of land or country. Be aware that 'tribe' has a specific meaning derived from European and other societies, and therefore might not necessarily be applicable to Aboriginal and Torres Strait Islander culture. Some Aboriginal and Torres Strait Islander people use the term and such usage should be respected. If unsure ask the local community for guidance.

Consulting with Aboriginal and Torres Strait Islander communities

For protocols for visiting and consulting with Torres Strait Islander communities in the Torres Strait region, refer to the Torres Strait Regional Authority cultural protocols on its website at www.tsra.gov.au/publications/tsra-cultural-policy.aspx.

Consultation with Aboriginal and Torres Strait Islander groups and communities is commonly used to seek information, advice, opinion or approval for a proposed action or process. The strong oral tradition in Aboriginal and Torres Strait Islander cultures should be honoured through face-to-face consultation.

Five levels of engagement

The Department of Families, Housing, Community Services and Indigenous Affairs website describes five levels of engagement with Aboriginal and Torres Strait Islander groups.[40] While these may not be fully representative of the perspective of Aboriginal and Torres Strait Islander people and may be overly simplistic, they are worth considering. This is because there may be many instances where consultation alone is an insufficient and even disrespectful form of engagement.

The different levels are outlined below, with general practice examples identified.

Inform: Provide welcoming information for Aboriginal and Torres Strait Islander peoples, information on how the practice will identify Aboriginal and Torres Strait Islander people, and information on the Indigenous Health Incentive and the PBS Co-payment measures.

Consult: The practice might ask patients identified as Aboriginal or Torres Strait Islander what they think of the service provided by the practice in a survey, or by contacting a local representative organisation.

Involve: The practice might conduct a focus group of Aboriginal people or local Elders to determine how to improve programs for local Aboriginal and Torres Strait Islander peoples. This process involves a longer term relationship than consulting, but the practice is responsible for implementing any changes it sees fit.

Collaborate: The practice has an ongoing discussion about a program, moving some responsibility for implementation from the practice to the community. This could be a project to provide cultural safety training to practice staff, or to enhance referrals to an Aboriginal and Torres Strait Islander community health service.

Empower: The Aboriginal or Torres Strait Islander community has control over the planning, implementation and evaluation of an initiative (consistent with the principle of self determination) and the practice provides advice and services into this initiative. An example of this might be an audit of the practice's activities in the area of Aboriginal health or a community preventive health program.

Respectful consultation

It is stressed that each community has individual and unique customs and beliefs and staff and members should therefore approach each community individually. At the same time, there are some important characteristics common to many Aboriginal and Torres Strait Islander groups and communities that should be kept in mind.

Many Aboriginal and Torres Strait Islander communities and organisations are consulted frequently and sometimes excessively, and have found that the outcomes had no or little benefit for them. Being respectful includes respecting the consultation time that may be required of the community and ensuring that meaningful and positive outcomes ensue for both parties. It also involves seeking genuine, not tokenistic, consultation.

Effective consultation should start early and throughout the decision making process. Clarity about the purpose of the consultation and the amount of influence the group will have is essential. This will help the people with whom you wish to meet determine the most appropriate person to participate, and to understand what is being asked of them.

It is important to respect the communal nature of Aboriginal and Torres Strait Islander social structures in the process of consultation, communication and consent. Most often decisions are not made by one individual. It is generally necessary to consult with a series of people, families or clan representatives to inform, consult and seek consent. Or a representative group of the community or organisation will make the decision. Because decision making is collective and by consensus, rather than hierarchical, time needs to be allowed for decisions to be made.

Keep in mind, too, that 'word of mouth' is a powerful force in Aboriginal and Torres Strait Islander cultures, and an individual encounter can engage or alienate a community.

The complex relationships and obligations found in extended families of Aboriginal and Torres Strait Islander Australians means that added responsibilities not normally expected of non-Indigenous families are imposed on Aboriginal and Torres Strait Islander group members. This can affect the ways agreements might be achieved.

Aboriginal and Torres Strait Islander people may take some time to consider an issue. Decision making processes may require further consultation, further thought and discussion or further information. A group may have to wait until everyone can be present, or meetings may need to be scheduled around cultural obligations or travel considerations, especially in remote areas where weather can determine travel.

Time delays (sometimes lengthy) before communities impart requested information, or a less direct communication style, are common with Aboriginal

and Torres Strait Islander communities. This may reflect a number of important factors including:

- the strength of the relationship that you have with the community
- the relative importance of the issue for the community
- the need for discussion within the community
- the need for the community to gain confidence in your long term commitment to the welfare of the community.

As a result, Aboriginal and Torres Strait Islander timeframes may differ from those expected, and it may be important to keep in mind and plan for this when consulting with Aboriginal and Torres Strait Islander people.

To be direct may be seen as confrontational. During discussions, some Aboriginal and Torres Strait Islander people may delay expressing a firm opinion even though they may hold one. Instead, they may listen to others before offering their own view. If their view conflicts with others they may understate it. Aboriginal and Torres Strait Islander people may choose to remain silent, rather than be seen to be disrespectful of the views of others.

The willingness of Aboriginal and Torres Strait Islander people to discuss issues may also depend on their role in the community. It may not be appropriate for some people to express views, even personal views, on issues that are considered to be the responsibility of other people in the community.

The question 'why?' is virtually absent from the language of remote Aboriginal and Torres Strait communities. Instead, observation is used as a learning device.

When negotiating with Aboriginal and Torres Strait Islander communities, ensure that opportunities for input by recognised Elders are made available. This may occur indirectly. For example, an Aboriginal community controlled peak body such as the state or territory NACCHO affiliate or the local Aboriginal community controlled health service may be willing to negotiate with Elders on your behalf.

Be aware that although negotiation with recognised Elders is important, it should not replace negotiation with Aboriginal community organisations such as an ACCHS. Consultations with an Aboriginal or Torres Strait Islander organisation or professional body should be conducted in a way that acknowledges, includes and respects the specific knowledge, role and experience of representatives of that organisation so that they can contribute in a meaningful way to the process.

The Department of Families Housing Community Services and Indigenous Affairs website: What is good engagement? has some useful information, accessible at www.fahcsia.gov.au/sa/indigenous/progserv/engagement/engagement/Pages/default.aspx.

On several occasions the RACGP National Faculty of Aboriginal and Torres
Strait Islander Health has sought feedback from key Aboriginal and Torres Strait
Islander health peak bodies – the National Aboriginal Community Controlled
Health Organisation (NACCHO) and the Australian Indigenous Doctors
Association (AIDA) – on policy documents or education programs. On these
occasions, a formal letter was sent by the President of the RACGP Council to
the President or Chair of the NACCHO and AIDA Boards. In each case, and
after consulting with the staff and members of these peak bodies, a formal letter
was sent to the RACGP President with a separate attachment detailing the
feedback.

Conducting meetings with Aboriginal and Torres Strait Islander organisations and groups

For protocols regarding engagement with Torres Strait Islander communities in the Torres Strait region, refer to the Torres Strait Regional Authority cultural protocols on its website at www.tsra.gov.au/publications/tsra-cultural-policy. aspx.

Face-to-face meetings are the preferred way to engage and communicate with a group of Aboriginal or Torres Strait Islander people. The general procedures, protocols and simple behavioural courtesies relevant to all meetings, such as not interrupting, taking turns and being respectful even if you disagree, hold true in this context. However, there are some additional processes and actions that are important to get right.

Preparation and groundwork

Because trust is so fundamental to developing a good working relationship with an Aboriginal and Torres Strait Islander organisation, it is important to get to know the people who are part of the professional community within which you work, and who may be likely to be involved in a future meeting. This helps you to become known to the community, and for its members to form an impression of you. It can also provide a means by which you can better understand some of the contextual and political issues related to the subject of the meeting, and to learn who some of the key players may be.

You can do this by participating in local Aboriginal and/or Torres Strait Islander community events, becoming active in professional membership networks, contacting the local Aboriginal community controlled health service or land council, or tapping into informal networks that have been established by organisations known to you.

It is likely that through networks such as these, you will find individuals or groups who will be willing to advise you on the way forward and help you build understanding about the processes and practices of the local Aboriginal and Torres Strait Islander community, including which people you should contact initially. You will also have the opportunity to learn about the issues that are considered important and the influential people advocating particular perspectives.

Keep in mind that these opportunities will only be of value if you keep an open mind and learn from the people or groups with whom you are interacting. Stay aware of your own cultural perspectives and expectations about the way things should be done, because they may limit your ability to listen and learn about alternative perspectives and customs. It is always possible to develop a way forward that encompasses different cultural perspectives and processes; the key is to be open and flexible, and to avoid imposing non-Indigenous values on Aboriginal and/or Torres Strait Islander people.

The RACGP's National Faculty of Aboriginal and Torres Strait Islander Health was established in 2010, and so could have been considered the 'new kid on the block' by the many organisations that have been working in Aboriginal and

Torres Strait Islander health for a considerable time. The Faculty indicated its interest in meeting with the senior leadership of a number of these key national organisations, but for some time was content to meet with their staff individually, driven by common work interests or projects. Over time, a sense of the role and purpose of each organisation was developed, and key milestones on shared projects were reached. The Faculty believes that this has led to a greater sense of trust, leading to opportunities to now develop more formal working relationships at the senior level.

If you don't know the people with whom you wish to meet, introduce yourself before setting up the meeting. This can be by telephone, letter or email. If you wish to meet with staff from a single organisation, it is best to make first contact with the most senior person (usually via their personal assistant), and be guided by their advice as to who you should approach.

Also be guided by advice as to the nature and logistics of the meeting – whether it should be formal or informal, who should be invited and where it should be located. If you invite the Aboriginal or Torres Strait Islander person or organisation to choose the time and location of the meeting they are likely to feel more comfortable attending. If your Aboriginal or Torres Strait Islander adviser will be attending the meeting too, allow them to take the lead role. That person will be relying on, or establishing, their credibility with this organisation, so they must be allowed to do this without impediment.

Planning the meeting

Activities leading towards the arrangement of meetings should include:

- a clear and agreed statement of the purpose and possible longer term outcomes of the meeting
- an agenda, agreed by both parties
- a good understanding by both parties of who will attend
- clarity about roles and expectations (if necessary)
- awareness of other ground rules, such as whether there is a need for confidentiality, or whether the media will be involved – and if so, who should speak to them
- consideration of resources needed – human, financial, physical and time – and who will cover these.

Conducting the meeting

As indicated earlier, the usual protocols and courtesies of meeting behaviour should be followed. In addition:

- Be aware of verbal and nonverbal messages being communicated by Aboriginal or Torres Strait Islander participants, and use them as cues for your own behaviour.

- Be clear in your own communications, both verbal and nonverbal.
- Remember that the 'business' of the meeting cannot proceed without the development of a trustful and respectful relationship, and ensure that this is your first priority, even if it takes time.
- Don't be afraid of silence.
- Be wary of dominating the meeting; being seen to take over or apply pressure will reduce the possibility of a positive outcome.
- Recognise that meeting participants have skills, knowledge and experience of which you may be unaware, and involve them as much as possible.
- If additional issues emerge during the meeting, allow time to discuss them; they may be relevant or important in ways that you do not understand.
- Don't make promises that you cannot deliver on or encourage unrealistic expectations.
- In particular, avoid trying to please an unhappy person or group if you can't follow through.
- Take notes, especially of any commitments you make.

After the meeting

Again, the commonly used postmeeting protocols apply to most of what needs to be done after the meeting has concluded. Important tasks are:

- sending minutes or a summary of the meeting and what was agreed to meeting participants for their approval and confirmation
- incorporating key points made or advice given into your thinking and planning about the way forward, if you wish to work with the organisation over a sustained period
- ensuring that you do whatever you promised.

The Aboriginal community controlled health sector[41]

The 2008 COAG 'Closing the Gap' initiative includes a number of measures to improve health outcomes for Aboriginal and Torres Strait Islander people in primary healthcare settings. One such measure, the Practice Incentives Program Indigenous Health Incentive, aims to support general practices and Indigenous health services to provide better healthcare for Aboriginal and Torres Strait Islander patients, including best practice management of chronic disease.[42]

The general practices or other health services that have registered for the Indigenous Health Incentive will begin to identify their existing Aboriginal and Torres Strait Islander patients and perhaps take on new patients as word of mouth spreads. Over time, these practices and services may find that they wish to make contact with their local Aboriginal and Torres Strait Islander health service.

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The RACGP is in the process of developing national and state/territory relationships with the peak bodies for the Aboriginal community controlled health services, in part to prepare the way for the development of such contacts.

Already the RACGP's National Faculty of Aboriginal and Torres Strait Islander Health works with the National Aboriginal Community Controlled Health Organisation (NACCHO) in number of ways.

State Faculties of the RACGP are meeting with state and territory NACCHO affiliates to develop engagement principles and processes. These state/territory relationships will be vital in overseeing engagement processes between local Aboriginal community controlled health services and general practices.

The provision of primary healthcare services specifically for Aboriginal and Torres Strait Islander communities across Australia is managed by various providers, including state and territory governments (Northern Territory and Queensland), private general practices, Aboriginal community controlled health services and church groups.

In every state and territory in Australia, Aboriginal and/or Torres Strait islander communities have developed and now manage their own primary healthcare services. These services are called Aboriginal community controlled health services. NACCHO is the national peak body for Aboriginal community controlled health services, supported by state and territory peak bodies or 'affiliates'.

The information in this section is partly drawn from the NACCHO website, www. naccho.org.au/aboutus/aboutus.html.

Aboriginal community controlled health services are largely funded by the Office of Aboriginal and Torres Strait Islander Health, operated by the local Aboriginal and/or Torres Strait Islander community, and governed by a locally elected board of management according to the principle of self determination. The role of Aboriginal community controlled health services is to deliver holistic, comprehensive and culturally appropriate healthcare to their community.

The first Aboriginal community controlled health service was established by the local Aboriginal community in Redfern, Sydney, in July 1971. Since then, over 150 urban, regional, rural and remote Aboriginal community controlled health services have been established across Australia. While many of these services are found in urban or regional areas, over one third operate in remote or very remote areas, where mainstream general practices are unlikely to be found. Urban Aboriginal community controlled health services tend to be fewer in number but larger in scope than their rural/remote counterparts, delivering more episodes of care.

The differences between Aboriginal community controlled health services and private general practices and many government-run health services can

be profound, but, if multiple service types operate in the same community, it is important that they work together. A trusting and constructive relationship between a general practice and an Aboriginal community controlled service can lead to far better health outcomes for the Aboriginal and Torres Strait Islander community than if the two services work in isolation.

Apart from the characteristics mentioned above, Aboriginal community controlled health services may possess any or all of the following characteristics:

- focus on population health, of the whole community rather than the individual
- engagement in a number of preventive health activities, such as patient education, nutrition classes
- focus on social and emotional wellbeing of the individual, family, community
- actions to address the social and emotional determinants of health
- provision of team based multidisciplinary care
- provision of other services such as dentistry, social work and counselling
- provision of services usually provided by outside agencies, such as financial and housing assistance
- community-based health promotion, education and development activities
- recognition of the role of traditional culture
- mobile outreach services delivered to where people live
- strong professional networks via partnerships, written agreements and collaborations
- strong and systematic continuous improvement focus
- presence of a community board of management.

Many Aboriginal community controlled health services are structured and managed in a similar fashion to any other organisation, with a board of management, a senior leadership team, program managers and service delivery teams, including GPs. Regular meetings are held, staff training and development conducted, and monitoring and reporting processes undertaken. The largest Aboriginal community controlled health services would be urban, and would have a workforce of well over 100 people.

Other, smaller and mainly remote, Aboriginal community controlled health services may have no full time medical officers and rely on visiting GP and specialist services. Instead day-to-day services would be delivered by practice nurses and Aboriginal and Torres Strait Islander health workers.

Whether urban, regional, rural or remote, few Aboriginal community controlled health services are staffed exclusively by Aboriginal and Torres Strait Islander people. It is common to find highly committed, internationally or locally trained health professionals working alongside their Aboriginal and/or Torres Strait Islander colleagues.

The recommended processes for arranging a meeting with your local Aboriginal community controlled health service are similar to those outlined in the earlier part of this section. However, there are several important issues to keep in mind:

- Depending on your purpose, a meeting with the state or territory affiliate may be more appropriate. For example, if you wish to conduct a research project in partnership with an Aboriginal community controlled health service, it is best to approach the affiliate.

- Every Aboriginal community controlled health service is very busy and deals with constant requests for meetings, consultation, research opportunities and so on. Be respectful of this and make the most of your meeting time with them. Also, make sure that a relationship between your organisation and theirs provides value to both parties and to their community.

A list of the national and state and territory peak bodies representing the Aboriginal community controlled health services sector appears in the Resources section at the end of this document. All websites contain details of their member Aboriginal community controlled health services, some with their own websites. Take some time to explore the culturally rich and diverse communities they service and to learn about the services they provide.

Use of Aboriginal and Torres Strait Islander intellectual and cultural property

Recognition and protection under the law

For many years, up to the present day, there have been countless instances of the misappropriation and exploitation by non-Indigenous people of the (traditional and contemporary) knowledge and creative expressions of Aboriginal and Torres Strait Islander people. The application of intellectual property and copyright law has more recently assisted to protect Aboriginal and Torres Strait Islander intellectual property, but cultural property is less well covered under these laws.

The RACGP acknowledges that Aboriginal and Torres Strait Islander people have the right to control exploitation of their cultural and intellectual property, and respects and protects the rights of Aboriginal and Torres Strait Islander people to their cultural and intellectual property. The issue of copyright ownership of stories, images, music, contributions and artwork should be discussed prior to any modification or use of materials.

It is important to be aware of legislation relevant to the intellectual or cultural property you wish to use or reproduce, and vital to request permission from the appropriate authority representing the Aboriginal or Torres Strait Islander people who own the information. Behaving ethically and with respect, and recognising the moral rights of the owners or custodians of the work in question, is an essential starting point.

The Australian Institute of Aboriginal and Islander Studies website has a section with links to information and protocols regarding different areas of intellectual and cultural property rights, at www1.aiatsis.gov.au/atsilirn/protocols.atsilirn.asn.au/indexbebd.html.

Respecting Aboriginal and Torres Strait Islander intellectual and cultural property

Secrecy and confidentiality

The right of Aboriginal and Torres Strait Islander people to keep secret and sacred their cultural knowledge should be respected. Sacred and secret material refers to information that is restricted under customary law. For instance, some information may only be learned or viewed by men or women, or only after initiation.

Aboriginal and Torres Strait Islander people have the right to maintain confidentiality about their personal and cultural affairs.

Attribution

Aboriginal and Torres Strait Islander people should be given proper credit for, and appropriate acknowledgement of, their achievements, contributions and roles in the development of stories, and for the use of cultural material. In all cases, permission to reproduce materials should be sought and copyright law followed.

Continuing cultures

Aboriginal and Torres Strait Islander people have responsibility to ensure that the practice and transmission of Indigenous cultural expression is continued for the benefit of future generations. This responsibility is respected and supported by the RACGP and should be incorporated in any dealings with material on Aboriginal and Torres Strait Islander people.

Sharing of benefits

Aboriginal and Torres Strait Islander people have the right to be paid for the use of cultural and intellectual property and to share in the benefits from any commercialisation of cultural material.

In providing cultural services such as Welcome to Country, performances and ceremonies, Aboriginal and Torres Strait Islander people are using their intellectual property. As such, providers of these services should be appropriately remunerated. Appropriate remuneration and/or assistance should be negotiated between the cultural service provider and the agency, Aboriginal controlled community health service or land council considering the travel required to and from an event and the public profile of the event. Usually the land council will work to ensure these opportunities are shared among those able to perform them and frequently the community receives a portion of the payment.

Representations of Aboriginal and Torres Strait Islander people and stereotyping

Representation of Aboriginal and Torres Strait Islander people in the health professions needs to be handled with care. Some issues of concern are discussed below.

Published materials

Aboriginal and Torres Strait Islander people's obligation to continue their culture includes observation of responsibility for material that is published with their participation. Aboriginal and Torres Strait Islander people need an opportunity to check that work they have participated in has not breached any cultural norms or customary laws. This includes the use of images within the work.

Images should be related to the story. For example, it is inappropriate to place an image of Torres Strait dancers next to a story about New South Wales South Coast dancers.

Perpetuation of racist stereotypes

Perpetuation of racist stereotypes is one means through which Aboriginal and Torres Strait Islander people are misrepresented. In particular, it is important to ensure that educational and assessment resources and materials do not make use of stereotyped case studies.

The perpetuation of racist stereotypes occurs, for instance, through presenting homeless or alcohol dependent people as the subjects for case studies, rather

than, for instance, an Aboriginal man who has initiated a health maintenance behaviour program, such as screening for diabetes.

It occurs through visual depictions of unwell Aboriginal and Torres Strait Islander people in the absence of a clinical rationale for the image. There is value in using a picture or case study of an Aboriginal child who is unwell when it illustrates the illness being discussed. However, the same value does not exist when the image is used to discuss Aboriginal and Torres Strait Islander health generally.

In this context, it is far preferable to use case studies and images of Aboriginal and Torres Strait Islander people who seek and enjoy good wellbeing, unless there is a specific educational purpose for the use of other images. This does not deny the usefulness of discussing issues such as strategies for addressing substance abuse (such as harm minimisation) in Aboriginal or Torres Strait Islander communities, without stereotyping.

The purpose of this is not to 'whitewash' the very significant inequity in the health of Aboriginal and Torres Strait Islander people, but rather to promote wellbeing and reinforce positive messages.

Event planning: Observation of Aboriginal and Torres Strait Islander cultural protocols

An increasing number of organisations and levels of government now incorporate Aboriginal and Torres Strait Islander cultural practices or ceremonies into their official events. This practice is often one of many that are part of the organisation's Reconciliation Action Plan, intended to help build mutually respectful relationships between Aboriginal and Torres Strait Islander and other Australians.

By observing Aboriginal and Torres Strait Islander cultural protocols in RACGP official and unofficial events, we are able to:

- recognise and pay respect to Aboriginal and Torres Strait Islander peoples, cultures and heritage
- communicate Aboriginal and Torres Strait Islander cultural practices to the broader community to promote respect and understanding
- demonstrate that Aboriginal and Torres Strait Islander cultures are living through maintenance and practice of ceremonies and protocols
- demonstrate the recognition of Aboriginal and Torres Strait Islander people's unique position, which can assist in building relationships and partnerships.

If using an external venue, the RACGP recommends sourcing a venue and catering owned and/or operated by Aboriginal and/or Torres Strait Islander people where possible. This, too, demonstrates your acknowledgement of and support for Aboriginal and Torres Strait Islander enterprises and cultures.

It is important to note that ceremonies and practices differ from place to place. The planning timetable of official events should allow time for negotiations with Aboriginal and Torres Strait Islander communities, and for discussion and decision making within those communities.

The type of ceremony undertaken at an official event should be appropriate to the nature and size of the event in accordance with the procedures set out below and negotiations with local Aboriginal and Torres Strait Islander Elders and organisations.

It is essential that these observances are meaningful and not done simply for the sake of ritual.

Minimum requirements

When planning an official event, staff should consult with the RACGP National Faculty of Aboriginal and Torres Strait Islander Health, or have a pre-agreed approach that has been oversighted by the Faculty.

There may be instances when staff or members need to consult with the local Aboriginal community controlled health service, local land council or an appropriate agency for Torres Strait Islander people.

As a minimum requirement, an Acknowledgement of Country ceremony should occur.

Protocol for the ceremony is provided on the following pages.

Welcome to Country

All major official events should include a Welcome to Country, which should always occur in the opening ceremony of an event, preferably as the first item.

Major events include:

- provision of awards (including Fellowship of the RACGP)
- investitures
- conferences
- events where members of the public, representatives of governments and/or the media are present.

If there is uncertainty as to whether an 'acknowledgement' or a 'welcome' is appropriate, advice may be sought from the RACGP's National Faculty of Aboriginal and Torres Strait Islander Health, or from the local community or land council.

The Welcome to Country is conducted by a representative or representatives of the local Aboriginal or Torres Strait Islander custodians, who welcome the delegates and all in attendance.

A Welcome to Country may consist of a single speech by the representative of the local Aboriginal or Torres Strait Islander community, or it may also include a performance of some description. Performances may include a traditional welcoming song, a traditional dance, a didgeridoo performance or a combination of any of the above. In most communities, there are performing artists who are regularly available for such occasions.

Staff and members of the RACGP are encouraged to be innovative in recognising Aboriginal and Torres Strait Islander heritage. Other ceremonies or practices may also be undertaken as considered appropriate by Aboriginal and Torres Strait Islander people, including dances and performances. However, all such decisions need to be made in consultation with the appropriate community members.

Steps should be taken to ensure that the appropriate representative is invited to perform the Welcome to Country, because it is a significant recognition and a formal process. Some regions have two local Aboriginal or Torres Strait Islander communities, in which case it may be appropriate to invite Elders from both communities to perform Welcome to Country. Again, check with the local communities or land council, to determine the correct protocol.

Protocols in relation to the performance of a Welcome to Country ceremony are well established in most Aboriginal and Torres Strait Islander communities. Where a Welcome to Country cannot be undertaken by Elders, a locally recognised Aboriginal or Torres Strait Islander community spokesperson or a locally recognised cultural service provider may be suitable to the community on whose land the event is occurring.

There is no exact wording for the Welcome to Country. As such, the content of the ceremony should be negotiated between the agency and the provider with reference to the nature of the event and community practices. This is best accomplished by preparing a written brief about the nature and purpose of the event, so that the agency is able to meet your requirements. Generally, providers offer participants local Aboriginal and Torres Strait Islander history and cultural information and will go on to welcome the delegates to the country.

It is important that the Aboriginal and Torres Strait Islander representative (or representatives) be contacted by telephone to be asked personally, and then through a formal letter of invitation. The local Aboriginal community controlled health service should be contacted in the first instance, or the land council if there is no Aboriginal community controlled health service in your area. All arrangements thereafter for the Welcome to Country should be mutually negotiated. It is very important that the Aboriginal and Torres Strait Islander representative has been involved in, and is comfortable with, the arrangements. This may include the format of the ceremony: Who should be invited? Who should perform the Welcome to Country? How will that person be recognised for their time and commitment?

Keep in mind that the health status of many Aboriginal and Torres Strait Islander Elders reflects that of their community, and they often have chronic illnesses. As a result, it is respectful to ascertain whether they have particular needs for being accompanied or seated for the ceremony.

It can also be useful to remember that people from other cultures (eg. Maori and other indigenous cultures) may need to respond to the welcome and will require time and/or space for this to occur.

Acknowledgement of Country

An Acknowledgement of Country would be used at minor functions such as lectures, in house training, workshops, seminars and meetings. It demonstrates respect for Aboriginal and Torres Strait Islander heritage and the ongoing relationship of traditional custodians with the land.

On such occasions, the chair or speaker of the occasion may begin by acknowledging that the meeting is taking place in the country of the traditional custodians, for example:

I would like to acknowledge the Wiradjuri people who are the traditional custodians of the land. I would also like to pay respect to the Elders both past and present of the Wiradjuri Nation and extend that respect to other Indigenous Australians who are present.

On occasion, there may be disputes about who the traditional custodians are. Those who acknowledge the country can acknowledge 'all' the traditional custodians of the land or can acknowledge the traditional custodians of 'this' land without naming those people. Acknowledging country in this way will

not cause offence where there is some potential or actual dispute around ownership.

Typical Acknowledgement of Country statements can include the following:

'I would like to acknowledge that this meeting is being held on the traditional lands of the (appropriate group) people.'

'I would like to acknowledge that this meeting is being held on Aboriginal land and recognise the strength, resilience and capacity of Aboriginal people in this land'.

Some Aboriginal and Torres Strait Islander communities would make less distinction between past, current and future generations than do many Europeans – in this context Aboriginal and Torres Strait Islander communities may prefer that ancestors and descendants, as well as living Aboriginal and Torres Strait Islander people, be acknowledged.

It is essential that the choice of words be meaningful to the person making them.

The Aboriginal and Torres Strait Islander flags

The Aboriginal flag

The Aboriginal flag is red, black and yellow: the top half is black, the bottom half is red and a yellow sun is represented in the middle.

The flag is a symbol of Aboriginal pride, identity and struggle. Harold Thomas is recognised as having created the flag in 1970. In 1995 the artistic work was proclaimed officially as the Aboriginal flag. No permission was sought from the copyright owner. In Thomas v Brown and Another, the court confirmed Thomas as the copyright owner.

The symbolic meaning of the flag colours (as stated by Mr Harold Thomas) are:

• Black: Represents the Aboriginal people of Australia
• Red: Represents the red earth, the red ochre and a spiritual relation to the land
• Yellow: Represents the Sun, the giver of life and protector.

The Torres Strait Islander flag

The green, black and blue flag incorporates a white Dar (headdress) and the white five pointed star beneath it symbolises the five major island groups and the navigational importance of stars to Torres Strait Islanders. The green stripes represent the land, the black stripes represent the people and the blue, the sea.

According to the Torres Strait Regional Authority, the flag is a symbol of unity for all Torres Strait Islanders.

The Torres Strait Islander flag was created by Bernard Namok of Thursday Island (now deceased).

Use of the flags

There are some important considerations that need to be observed when using Aboriginal and Torres Strait Islander flags:

- It is important to use the correct flag in stories relating to Aboriginal and Torres Strait Islander people.
- For any Aboriginal and Torres Strait Islander events, the preferred protocol is to use both flags.
- It is critical to make sure both flags are reproduced, hung and depicted the correct way. The Australian flag should always be flown on the far left of a person facing the flags, with the Aboriginal flag and Torres Strait Islander flag flown next. The Aboriginal flag should be displayed with the black at the top and the red at the bottom.

Special permission is needed to reproduce the Aboriginal flag and the Torres Strait Islander flag. Contact the Commonwealth Flag Officer at the Department of Prime Minister and Cabinet.

Purchase of corporate gifts

If the purchase of a corporate gift is required, the RACGP recommends that preference is given to artefacts created by Aboriginal and Torres Strait Islander peoples where possible. This approach has merit, in that it can bring attention to these communities, while at the same time providing a vehicle to recognise their talents.

Where gifts with Indigenous imagery or form are purchased, the college needs to ensure that the intellectual property of Indigenous people has been respected (eg. that the motifs have been used with permission), and, preferably, that the source of the gift is an Indigenous-owned body that is respected within the relevant community.

Undertaking projects and research

For protocols for conducting research in a Torres Strait Islander community in the Torres Strait region, refer to the TSRA cultural protocols on the Torres Strait Regional Authority website at www.tsra.gov.au/publications/tsra-cultural-policy.aspx.

'Nothing about us, without us'

Much research on indigenous people worldwide has been undertaken by non-indigenous people, who imposed their worldviews on the subject, failed to take a collaborative approach and tended to take ownership of the results. As Angeline Hurley, in her paper 'Respect, acknowledge, listen', says:

> *'Indigenous communities have been extensively researched, written about and consulted with in the past, and as a result of negative experiences may be sceptical …'*[43]

More recently, researchers have been encouraged to take a much more inclusive approach to research into Aboriginal and Torres Strait Islander issues, and major health research centres have adopted policies to reflect this. For example, one of the principles of the charter of the Lowitja Institute, Australia's National Institute for Aboriginal and Torres Strait Islander Health Research, states:

> *'Aboriginal and Torres Strait Islander individuals and organisations must be fully involved – not just consulted – in the initiation, design and implementation of the research the Institute undertakes. The point of research must always be questioned. Whose interests does it serve? Who will benefit? Who is asking the research questions?'*[44]

The RACGP encourages GPs to participate in research, believing that being part of the research community provides enhanced access to the latest evidence, opportunities to collaborate with or be mentored by other GP researchers, and enhanced research writing skills.[45]

The RACGP offers an individual general practice research module and a clinical audit as part of its QI&CPD program. If you are a member, you can find a case study in Aboriginal and Torres Strait Islander health at http://qicpd.racgp.org.au/gps/activities/cat1/gp-research.

For a further example of general practice research in Aboriginal and Torres Strait Islander health, see: *Participatory action research in Indigenous health*, which recounts the experiences of Danila Dilba Health Service in working with staff and patients on a participatory action research project at www.racgp.org.au/afp/200806/200806esler.pdf.

It is vital that any proposal to conduct research involving Aboriginal and/or Torres Strait Islander people or organisations has a clear statement regarding the potential benefits for them – and especially for their community – and that the proposal is approved before being progressed. Be prepared to accept suggestions for changing the proposal, or even a 'No'.

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In line with the core principles outlined earlier, it is important for RACGP staff and members to ensure that Aboriginal and Torres Strait Islander people have meaningful involvement in the decisions about which projects and research to do (priority setting), how they are done (design and implementation), and how they are evaluated.

Any agreement should be clearly documented and signed by both parties. Particular issues regarding end user and other relevant stakeholder issues should be clarified in this agreement. Use of permissions, including ownership of the data collected in the process of the research project, is an issue that needs to be addressed in the development of an agreement between the two parties. This should include a clear statement about what the information will be used for and any further use that will be made of it. Don't assume that permission to use the data for a specific purpose represents a global permission. NACCHO or the relevant state or territory affiliate is a good resource if you are unsure.

All institutions that conduct or sponsor research (including the RACGP) have a human research ethics policy and processes governing all research conducted under their auspices. The RACGP National Research and Evaluation Ethics Committee follows the 2007 *National statement on ethical conduct in human research*, developed by the National Health and Medical Research Council, and available at www.nhmrc.gov.au/publications/synopses/e72syn.htm.

Rather than provide internal protocols that are specific to Aboriginal and Torres Strait Islander health, the RACGP recommends that staff and members follow both the National Health and Medical Research Council statement and one of two national research ethics guidelines specifically developed for conducting research into Aboriginal and Torres Strait Islander health. The two key guidelines are:

• The Australian Institute of Aboriginal and Islander Studies *Guidelines for ethical research in Australian Indigenous studies*, available at www.aiatsis.gov.au/research/ethical.html.

• The National Health and Medical Research Council *Values and ethics: Guidelines for ethical conduct in Aboriginal and Torres Strait Islander health research*, which provides guidance for ethical health research concerning Aboriginal and Torres Strait Islander peoples, based on a framework of Aboriginal and Torres Strait Islander values and principles. It is available at www.nhmrc.gov.au/_files_nhmrc/file/health_ethics/human/conduct/guidelines/e52.pdf.

Terri Janke, a Sydney-based intellectual property lawyer with family connections to both the Torres Strait Islands (Meriam) and Cape York Peninsula (Wuthathi) has written a paper: *Writing up Indigenous research: authorship, copyright and Indigenous knowledge systems*, which is available at www.terrijanke.com.au/documents/WritingupIndigenousresearch_14Sep09.pdf.

Principles applying to staff and member research in Aboriginal and Torres Strait Islander health may also be extended to decisions about external stakeholders

who participate in the College's conference and faculty based workshops. It is important to be aware of the risk that Indigenous ownership will be downplayed or overlooked by some external individuals or organisations, and of the need to be vigilant in ensuring that all elements of the College's activities, including presentations by external stakeholders sponsored by the RACGP, adhere to these key principles.

Meaningful involvement of people in projects and research can be expensive in both time and other resources (eg. travel); it is important to plan project and research budgets with this in mind.

Resources

Additional reading

- Horton D (Ed). *Encyclopaedia of Aboriginal Australia*. Canberra: Australian Institute of Aboriginal and Torres Strait Islander Studies, 1994.

- Human Rights and Equal Opportunity Commission. *Bringing them home: National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families*. Sydney: HREOC, 1997. Available at www.hreoc. gov.au/pdf/social_justice/bringing_them_home_report.pdf.

- The Australian Institute of Aboriginal and Torres Strait Islander Studies is the world's premier institution for information and research about the cultures and lifestyles of Aboriginal and Torres Strait Islander peoples, past and present. Visit its website at www.aiatsis.gov.au/index.html.

- The Australian Museum website has a section called 'Stories of the Dreaming', which shares some stories of the history and culture of Australia's Indigenous people, handed down since the beginning of time at www. dreamtime.net.au/Indigenous.

- The National Health and Medical Research Council's publication: *Keeping research on track: A guide for Aboriginal and Torres Strait Islander peoples about health research ethics*, is available at www.nhmrc.gov.au/_files_nhmrc/ file/publications/synopses/e65.pdf.

- The Nursing Council of New Zealand website has *Guidelines for cultural safety, the Treaty of Waitangi, and Maori health in nursing education and practice* (2009) at www.nursingcouncil.org.nz/download/97/cultural-safety09. pdf.

- The Koori History website of Aboriginal activist/academic Gary Foley is part of a major historic archive collected over the past 45 years. It contains a huge online collection of digital indigenous education materials. Available at www. kooriweb.org/foley/indexb.html.

Protocols for using Aboriginal and Torres Strait Islander intellectual and cultural property

Visual arts: Protocols for producing Indigenous Australian visual arts, Australia Council, 2008
www.australiacouncil.gov.au/resources/reports_and_publications/artforms/ visual_arts/visual_arts_protocols_for_producing_indigenous_australian_visual_ arts

Performing arts: Protocols for producing Indigenous Australian performing arts, Australia Council, 2008
www.australiacouncil.gov.au/resources/reports_and_publications/artforms/ dance/performing_arts_protocols_for_producing_indigenous_australian_ performing_arts

Media arts: Protocols for producing Indigenous Australian media arts,
Australia Council, 2008
www.australiacouncil.gov.au/resources/reports_and_publications/artforms/
indigenous_arts/media_arts_protocols_for_producing_indigenous_australian_
media_arts

Music: Protocols for producing Indigenous Australian music, Australia
Council, 2008
www.australiacouncil.gov.au/resources/reports_and_publications/artforms/
music/music_protocols_for_producing_indigenous_australian_music

Writing: Protocols for producing Indigenous Australian writing, Australia
Council, 2008
www.australiacouncil.gov.au/resources/reports_and_publications/artforms/
literature/writing_protocols_for_producing_indigenous_australian_writing

Useful websites

- National: National Aboriginal Community Controlled Health Organisation
  www.naccho.org.au
- ACT: Winnunga Nimmityjah Aboriginal Health Service
  www.winnunga.org.au
- NSW: Aboriginal Health and Research Council of NSW
  www.ahmrc.org.au/index.htm
- NT: Aboriginal Medical Services Alliance Northern Territory
  www.amsant.org.au
- QLD: Queensland Aboriginal and Islander Health Council
  www.qaihc.com.au
- SA: Aboriginal Health Council of South Australia
  www.ahcsa.org.au
- Tasmanian Aboriginal Centre: no website available; contact TAC Health
  Service, Hobart at: (03) 6234 0700
- Torres Strait Islands: Queensland Aboriginal and Islander Health Council
  www.qaihc.com.au
- VIC: Victorian Aboriginal Community Controlled Organisation
  www.vaccho.org.au
- WA: Aboriginal Health Council of Western Australia
  www.ahcwa.org.au

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9 . Australian Human Rights Commission. Bringing them home education module. Sydney: AHRC; 2011 [cited 2011 Sept 13]. Available at www.humanrights.gov.au/education/bth/glossary.html.

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