

## **Recognition of knowledge: Indigenous<sup>1</sup> Australian Social-Health informing Tertiary Academic Theory.**

### **ABSTRACT**

This paper gives an insight into my current research and highlights its relevance to helping professionals' practice – informing from the top down. Recent media reports demonstrate that Indigenous families and children continue to be amongst the most vulnerable people in Australia. Social, emotional and physical health statistics of Indigenous families and children remain stubbornly static. Services and policies focus and operate at a delivery level, informed by academic theories that are sited in a Western framework: Indigenous knowledge is not adequately represented, except as the 'client' or the 'other'. This research takes a top down approach and intends to make Indigenous knowledge accessible and meaningful for Indigenous students and their colleagues. It is aimed at developing Indigenous Australian Social-Health Theory into a tertiary academic format, by collecting and collating the theory of Indigenous helping praxis. Aboriginal Grounded Research, research that is grounded in Aboriginal culture (King, 2006), is the methodology used in this research.

### **Key words:**

Aboriginal and Torres Strait Islander; Indigenous Australian; theory; Indigenous Social-Health Theory; Aboriginal Grounded Research; Indigenous Social Work.

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### **Introduction**

Recent media reports demonstrate that Indigenous families and children continue to be amongst the most vulnerable people in Australia. It is concerning to note that in any time since colonisation/invasion this statement would have been, and still is, relevant (Griffiths, 2006). Currently there is a 'law and order' focus on Indigenous families and children suffering from abuse and violence, but these issues are not new discoveries for Indigenous people have been speaking out about this for years. Countless people and many reports have raised these issues and their underlying causes and discussed ways forward (such as: Atkinson, 2002; Calma, 2006a, 2006b; Dodson, 2002, 2003; Gordon, Hallahan, & Henry, 2002; Greiner, Larson, Herr, & Bligh, 2005; Queensland, 2000).

Social, emotional and physical health statistics of Indigenous families and children remain stubbornly static. The reasons for this vulnerability are complex and include such causes as the impact of colonisation and the ensuing and continual marginalisation from enjoying the health freedom and opportunities available to mainstream Australians. Just as the sources of such

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<sup>1</sup> I use the term Indigenous to mean Indigenous Australian, and to refer to people who identify themselves as Aboriginal and Torres Strait Islander or a mixture of both.

vulnerability are complex, “the solutions are complex, multi-faceted and require long term focus and commitment to address” (Calma, 2006a).

Education is seen as a vital part of any proposed solution: education for Indigenous people and education for non-Indigenous people who work with them (Gordon et al., 2002; Nakata, 1997; Queensland, 2000; Rigney, 1997). Education, however, is not benign: when curricula represent only one world view, it can be used as a tool of oppression and colonisation and in Australia it remains “very White” (Gair, Thomson, Miles, & Harris, 2003, page 42; Young, 2004). Gunaratnam notes that “whiteness is naturalised and left to stand as a de-racialized (and also de-ethnicized) norm, with ‘race’ being the defining property and experience of ‘Other’ groups” (2003, page 29).

In textbooks and literature the term ‘we’ is used to describe someone else. For Aboriginal and Torres Strait Islander people are classed as other (Lynn et al., 1998), certainly not the implied or assumed target audience of the authors. I reject the use of ‘we’ to mean ‘white/dominant class’. Resistance, political integrity and privileging Indigenous voices are fundamental to Indigenist research according to Rigney (1997). This research offers resistance to the euro-centric nature of social work literature by privileging our voices. In this project the information and knowledge will come from ‘US’ with our people as the intended audience.

Services, and the policies that direct these services, focus and operate at a delivery level informed by academic theories that are sited in a Western framework: Indigenous knowledge is not adequately represented, except as the ‘client’ or the ‘other’ (Young, 2004). Social work and the helping professions, I believe, are poorer for this euro-centric framework. Current moves by the School of Social Work and Community Work, James Cook University, to challenge this and indigenise the curriculum (Gair et al., 2003) provide an example of how and where the inclusion of Indigenous theory at a tertiary academic level can inform the practice of people who work with vulnerable families and children.

This paper gives an insight into my current research and highlights its relevance to helping professionals’ practice – informing from the top down. By collecting and collating the theory of Indigenous helping praxis, this research intends to make Indigenous knowledge accessible and meaningful for Indigenous students and their colleagues. It is aimed at developing Indigenous Australian Social-Health Theory into a tertiary academic format.

### **Research**

The Research Question this project examines is: What are the significant aspects that identify Indigenous Australian social welfare theory and practice as unique?

Indigenous Social-Health Theory, as I understand it to be, is a holistic model of practice that incorporates the many disciplines where the social, emotional (spiritual) and physical health of our people is central to practice.

## Method

Aboriginal Grounded Research is used in this research (Fejo cited in King, 2006). Grounded in Aboriginal culture, Aboriginal Grounded Research incorporates: an analysis of the “relevant issue, Aboriginal kinship systems, lived experience, shared stories, a circle of women, includes[ing] men, Grandmothers Law” and is “empowering research” (Fejo cited in King, 2005, 2006).

## Grandmothers Law

The Grandmothers, referred to by Fejo, had to be women of standing and knowledge in the community (cited in King, 2005), in this research, Elders/Leaders in Social-Health will be the experts in the ‘Law’. A core panel of ‘experts’ will ensure the cultural safety and appropriateness of this work and who are recognised as Elders/Leaders/Experts in the Indigenous Social-Health community.

## Indigenous research

Cultural protocol will be followed: an Elder/Leader’s edict is greater than younger members, as is a person/people who are considered expert in an area. That is not to say some issues will not be debated or that some adaptation occurs in different generations, however the Elders’ wisdom would be privileged. By constructing this project so that it can only proceed with the support of Elders and Indigenous Social-Health professionals, cultural safety is ensured.

Data is being accessed through focus group and individual interviews. Participants are not described as, or considered to be research subjects and will retain ownership of the knowledge that they are prepared to share in the course of this project, and referenced accordingly should they so wish.

Common elements of Indigenous, or Indigenist, research methodology apply including the requirement for cultural safety, recognition of intellectual ownership, sharing of information, and the honouring of the concept that all people are equal (AIATSIS, 2000; Atkinson, n.d.; Martin, 2001; Morgan, 2001; NHMRC, 2003; Smith, 1999; Worby & Rigney, 2002). Consensus based, respecting and privileging the knowledge of our Elders, this research demonstrates political integrity (AIATSIS, 2000; CRCATH, 2003; NHMRC, 2003).

## Preliminary Interviews

Issues discussed so far:

- Political and historical knowledge, and the sharing of this knowledge is seen as being necessary for social-health workers
  - to understand how different Indigenous peoples had been manipulated by colonisation and government policies,
  - to enable helping between Aboriginal and Torres Strait Islander people,
  - to challenge stereotyping and parochialism,
  - as an integral part of strengthening identity.

- Identity is a topic that is commonly raised in discussions so far, particularly in the way in which issues surrounding identity can affect a person's sense of wellbeing.
- Knowledge of protocols is an important prerequisite for working with Indigenous Australians, particularly basic gender issues. Knowledge of basic protocols can assist in working successfully with different Aboriginal and Torres Strait Islander peoples.
- Spirituality is seen as a way of connecting with others as well as a world view, belief structure and value system.
- Wellbeing incorporates a holistic approach to a helping model of practice that incorporates the social, emotional (spiritual) and physical health of our people (Greiner et al., 2005).
- Our knowledge as equal.

In June 2006, I presented this work-in-progress to the inaugural NCATSISW<sup>2</sup> conference, *Raising the Standard and Vision: The Voices of Aboriginal and Torres Strait Islander Social Workers*, where I received positive peer review, evaluation and validation of this project.

#### A sneak preview

It is envisaged, at this stage, that the completed project will contain an overview of the core values, worldview and connectedness that will form an overarching statement of the foundation of this theory.

It will then branch out to illustrate concepts and principles and how these relate to practice. Case examples will be used to demonstrate how this theoretical framework informs practice in the different contexts of Indigenous social, emotional and physical helping professions, such as mental health, family support services, traditional owner groups and so forth.

#### Discussion

Many of the Indigenous workers currently working in the welfare area are highly skilled social-health professionals though not always qualified through mainstream education (Lynn et al., 1998; Queensland, 2004). Career paths are usually severely limited or non-existent (Queensland, 2004). Liaison workers, or cultural guides, employed in the welfare sector have a body of knowledge that enables them to work with Indigenous Australian cultures and also be adept in mainstream culture (Eckermann et al., 2006). This knowledge enables Indigenous workers to liaise with other Indigenous people, translate information and cultural aspects back and forth, yet this knowledge is not recognised formally.

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<sup>2</sup> National Coalition of Aboriginal and Torres Strait Islander Social Workers.

This project can ensure that our future students have confidence in the legitimacy and richness of their people's knowledge, and can draw on it as a clear reference for their practice. Translating oral Indigenous theory into an academic format also ensures that it is available and accessible to inform interested non-Indigenous workers. Access to this knowledge can create the opportunity for considerable benefits to the wellbeing of vulnerable families and children as Indigenous families and children continue to be over-represented in the welfare system.

I see this project as being one small piece in the re-claiming and de-colonising of our knowledge (King, 2005; Rigney, 1997; Smith, 1999).

The challenge is will our knowledge be accepted alongside mainstream knowledge – as an equal.

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