Prelude

REIMAGINING SOCIAL WORK
FROM AN ABORIGINAL
THEORETICAL PERSPECTIVE

I am not an Aboriginal, or indeed Indigenous. I am . . . [a] first nation’s person. A sovereign person from this country.
Rosalie Kunoth-Monks (2014)

Notions of professional social work knowledge, theory and practice rest uneasily within the context of the interests, aspirations and sovereignty of first nations peoples. It has long been so, and it remains a challenge in contemporary social work. This new edition of Social Work: From Theory to Practice provides us with an opportunity to explore the cultural components of social work theory, and to use these insights to support and encourage practice that is responsive to cultural needs.

It is often said that the whole is greater than the sum of its parts, and so it is within a holistic framework of social justice and self-determination that Aboriginal health and well-being must be approached. This is a perspective that encompasses the well-being of the collective, provides recognition of the Aboriginal world-view and validates the cultural memory of an ancient oral tradition filled with stories and connections to country. It is through reconciliatory and decolonised practices that these elements can be framed, and from which equitable and socially just outcomes for Aboriginal communities can be achieved.

Professor Taiaiake Alfred (2013), in his 2013 Narrm Oration, maintains that the fundamental objective of historical colonisation was possessing land, and that the result was the dispossession of land from Aboriginal people. Connecting and reconnecting with country must therefore be both the main objective in addressing contemporary colonisation and the impetus for achieving improvement in health, education, employment and other areas in which the effects of colonisation are so stark (Alfred 2013). Taking this as the position from which to discuss social work theories, practice frameworks and knowledge as they relate to Aboriginal people provides a foundation for
self-reflection and construction, revision of social discourse and consideration of social work values.

Aboriginal by definition, world-view or understanding

All too often, institutions and those who work in them are bound by their administrative processes, which operate to label, catalogue, order and identify. The Aboriginal community in Australia – which, since European invasion, has experienced some of the most profound and de-humanising labelling – contends on a daily basis with the notion that its indigeneity is wholly represented by the tick in the ‘yes’ box next to ‘ATSI’ on the registration form its members are handed. Whether in the health sector, the justice system, the workforce or the education system, the government’s processes of identifying Aboriginal status have contributed to a distinct disparaging of the concept of ‘indigeneity’ and what it means to be an Aboriginal person.

While identification in any public system of service delivery is mandatory and works towards the provision of Aboriginal-specific services, and targeted funding and policy development, it also necessitates a definition of ‘Aboriginal’, and has served to fuel a very complacent attitude across a number of sectors for the purpose of identification. The idea that we can frame ‘Aboriginal’ using a three-pronged government definition is naïve; furthermore, the concept that by the very nature of identifying Aboriginal people we have improved our service delivery does a significant injustice to the Aboriginal community. While the data will do an accurate job in informing funding and policy at a broader level, how does this personal information inform and improve the human service provided to the Aboriginal community? Does it support those who work within the community to engage in decolonised practice? What does social work practice look like in this context?

Reflection

Patients are identified within the system but we usually only know if they are Aboriginal or Torres Strait Islander if the Aboriginal Liaison Officer or the patients themselves tell us. This helps us to know what services to engage but it doesn’t really change the way we work because we practise service equality and treat all our patients equally.

Hospital social worker

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Aboriginal world-view

If you listen deeply and pay close enough attention you will hear the songs and whispers of the land’s people – those hard-to-hear voices that speak of the ancestors and which are framed by an Aboriginal world-view.

The concept of a world-view may be seen as a ‘social lens’ through which we view the world, and that develops and evolves across a lifetime through our social interactions with one another. Hart (2010: 2) describes world-views as ‘cognitive, perceptual, and affective maps that people continuously use to make sense of the social landscape’, while Kovach (2010: 40) makes reference to the story-telling that maintains Aboriginal world-views, rendering them ‘relational at [their] core’. Aboriginal expression is supported by many generations of keepers and protectors of knowledge. It is knowledge that Aboriginal people, receptive to the infinite resources that the land is able to offer, have been able to harness, manipulate and build upon for 60 000 years. The Aboriginal world-view is conveyed by an oral tradition of sharing knowledge through story, song and dance, and is subsequently communicated and sustained down through successive generations.

As the keepers of knowledge about medicinal plants, seed stocks and seasonal growth, a group of women travel the paths of their ancestors to gather stores. They walk in single file so as not to damage the delicate biodiversity, each step taken placed in that of those ahead of them, securing the sustainability of the environment for generations to come.

This practice has been taught and learnt by grandmother, mother, aunt and daughter, and frames their understanding of dependence and the survival of not only themselves but their ancestors, descendants, culture and environment. As a common factor among Aboriginal people all over the world, the relationship with the land and its resources situates connectedness, reciprocity and accountability as central to the Aboriginal world-view, and therefore to our indigeneity (Smith 2003; Kovach 2010).

Reflection
The women keep walking behind me, in single file, down the corridor. How can I explain to them that they don’t need to follow me when we walk together? Why don’t they walk next to me so we can chat?

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Bishop et al. (2002: 611) state that ‘understanding worldviews of both the targeted community and ourselves is imperative if we are going to do more good than harm’. The social work profession’s relationship with Aboriginal communities is a fraught one. Burdened with its history of colonising and dispossessing practices, endorsement of and participation in cultural genocide through child-removal policies and its use of Western-framed human behaviour and social systems theories to define Aboriginal experiences, the complexities of social work practice with Aboriginal communities are significant (Briskman 2014). Social work practice is, however, strengthening in its burgeoning shifts in thinking and understanding of a decolonised practice, as articulated by the Australian Association of Social Workers (AASW) in its introduction of ‘Indigenous ways of knowing, being and doing’ as one of four core curriculum content areas to be included in all AASW-accredited social work programs (AASW 2014: 20). Bessarab and colleagues (2014) have subsequently used this as the impetus for their teaching and learning framework that specifically situates social work practitioners’ and students’ understanding of Aboriginal world-views as central to effective engagement with Aboriginal communities.

Reconciliatory practice frameworks and knowledges

When you step into an Aboriginal community-controlled organisation, you step into an environment that is, by its very nature, an expression of self-determination. Born of the Black Power era of the 1960s, many Aboriginal community-controlled organisations are the culmination of the Aboriginal political movement that sought to achieve the collective rights that Hemingway (2012) maintains ‘tested the liberal democratic principles upon which Australian citizenship is based’. Organisations such as the Victorian Aboriginal Health Service provide comprehensive primary health care to their Aboriginal communities, reflective of each community’s collective health needs and priorities, and consistent with the National Aboriginal Community Controlled Health Organisation’s (NACCHO 2014) definition of health, which refers to:

not just the physical well-being of an individual but refers to the social, emotional and cultural well-being of the whole Community in which each individual is able to achieve their full potential as a human being thereby bringing about the total well-being of their Community. (NACCHO 2014)
While not all social workers will work within an Aboriginal community-controlled organisation, such services provide a practical demonstration of the culturally safe practice frameworks that are used effectively by social workers. Such self-determining articulation within Aboriginal communities reflects a history of Aboriginal resistance and protest against colonial control, despite the fact that control over Aboriginal health continues to rest with the government (Briskman 2014).

William Barak, traditionally known as Beruk, was taught the ways of traditional practice by his Uncle Billibellary and, in a similar style to his Elder, provided leadership for his people with a foresight that challenged the colonial intentions. In 1863, when the Wurundjeri people had been dispossessed of their country and placed on government-run missions, dying of starvation, introduced disease and massacres, William Barak and his cousin, Simon Wonga (Billibellary’s son), among others, recognised the inevitabilities that lay ahead. In response, they initiated, through negotiation of the political arena, the establishment of Coranderrk, a self-sufficient Aboriginal reserve near Healesville that soon became a thriving community and a very successful enterprise selling wheat, hops and vegetables. Through his work to establish Coranderrk, and by challenging the authorities of the time for it to remain Aboriginal community-controlled in 1881, William Barak demonstrated the self-determination and fighting spirit of a true visionary. (Andrews, Murray & Torrens 2012: 9)

Decolonised practice

Colonisation and colonial constructs and theories are structures that are created within our contemporary lives through social, political, economic and cultural processes that are defined by the dominant discourse (Alfred 2013). The parallel standpoints that are generated by this, emphasised by colonial power relations, highlight a fundamental aperture between Aboriginal and non-Aboriginal world-views. Briskman (2014: 88) describes this as a ‘disjuncture’ between competing value systems of the social work profession itself, organisations within which social work practice takes place and Aboriginal communities. She suggests that as values underpin the core of social work’s ideology, consideration of their application and how they differ from those of Aboriginal people is critical. Similarly, Nakata (2007) argues for the recognition of the complexity of the space in which Aboriginal people now live – the cultural interface – and proposes an alternative Aboriginal theoretical standpoint to
account for Aboriginal experience of this space. Differing value systems and an Aboriginal standpoint that encompasses a knowledge system built far outside that of the governing Western knowledge framework, uniquely frame the needs of Aboriginal people within a praxis of being, and command a decolonised lens through which practice must be defined and articulated.

Critical reflection

Decolonised practice requires a critical reflective approach that fosters a mindful and critical awareness of the cultural self and the value of cultural and professional humility. Defined by Fook and Gardner (2007: 14) as a process for ‘unearthling individually held social assumptions in order to make changes in the social world’, critical reflection primarily focuses on the method of working rather than the outcome. It necessitates a way of working that requires an introspective analysis of where practitioners position themselves in relation to the experiences of Aboriginal people. Reflective practice challenges the notion of self and the knowledge that informs it – in other words, how some people come to understand the world and make meaning from it may not be the same way Aboriginal people come to know the world (Nakata 2007). Briskman’s (2014) disjuncture and Nakata’s (2007) cultural interface lie central to critical reflective practice in that they are spaces that hold the racial ‘other’, the perpetuation of power and privilege and colonial constructs.

The consciousness of self is not the closing of a door to communication. Philosophic thought teaches us, on the contrary, that it is its guarantee. (Fanon 1968: 247)

Burchall and Green (2014), in their work against violence towards women in Central Australia, discuss the role of social work in this context, and contend that ‘an enduring collusion with colonisation remains invisible and has not undergone rigorous critical reflection’. A fundamental component of critical reflective social work practice in Australia is the acknowledgement of the profession’s agency in colonisation and the social worker’s own participation in the dominant culture that, by its very nature, perpetuates the power structures that maintain white privilege and Aboriginal marginalisation. Burchall and Green (2014) reframe the discourse and promote a ‘gendered and raced’ approach to men’s violence towards women in the remote communities of Central Australia. Such an approach does three things: it contests the a priori Western feminist
discourse; it highlights the multidimensional facets of Aboriginal oppression; and it raises unique challenges for social workers with respect to both positioning and assumptions.

Oral tradition, identity and yarning

Aboriginal oral tradition and the encompassed narrative and story-telling underpin the relational aspect of Aboriginal world-views (Kovach 2010), and form what Jan Assman (1995) defines as cultural memory. Drawing on Maurice Halbwachs’ mid-nineteenth century theory of collective memory, Assman describes cultural memory as a social archive maintained through generations by cultural practices (dance, story, rite, ceremony, song) that underpin the unity of the group, referred to as ‘figures of memory’ (1995: 129). Distinguished from ‘communicative memory’ by its distance from the everyday, Assman differentiates cultural memory by its reconstructive value, and contends that ‘it always relates its knowledge to an actual and contemporary situation’ (1995: 120). We can see the significance of this when we consider the experiences of Indigenous peoples the world over, whose oral histories and cultural memories have been damaged and interrupted by colonisation but who maintain a collective consciousness of unity that has been reframed to reflect their contemporary situation (Assman 1995).

Cultural memory is a ‘repository for knowledge’ and identity, and is what facilitates the positioning of indigeneity in contemporary societies (Leiden University Institute for History 2014). It challenges the colonial essentialism that dichotomises indigeneity, which Edmunds (2012: 26) describes as either ‘traditional’ or ‘urban’ (and therefore ‘maintained’ or ‘lost’), and Paradies (2006) says is either ‘exclusively Indigenous or exclusively non-Indigenous’ and perniciously underpinned by an ‘intense questioning of authenticity’. The discourse and narrative defining what it is to be ‘Indigenous’ or ‘Aboriginal’ have largely been framed by non-Aboriginal people, and are often historically immersed and built around a deficit-based representation of the ‘other’ – the dying race, the noble savage, the ill-fated, the protected, the at-risk . . . the colonised. Recent re-authoring of indigeneity has seen Aboriginal voices reframing the narrative, which as much frees Aboriginal people from the colonial ‘gaze’ as it does non-Aboriginal people from the coloniser’s vice. Reconnecting with indigeneity through ‘figures of memory’ (Assman 1995: 129), such as song, dance and ceremony, seeks to express a reconstructed story, reconciling that within Aboriginal cultural memory and the contemporary Aboriginal experience.
Reframing occurs in ... contexts where Indigenous people resist being boxed and labelled according to categories which do not fit. This is particularly pertinent in relation to various development programmes, government and non-government. In the case of Māori, for example, a Māori language initiative for young children from birth to school age – known as Te Kohanga Reo, or Māori language nests – constantly has to explain why it is not a child-care centre but a language and culture initiative for young children. The problem of definition is important in this case because it affects funding, but the constant need to justify difference is experienced by many other communities whose initiatives are about changing things on a holistic basis rather than endorsing the individualized programme emphasis of government models. The need to reframe is about retaining strengths of a vision and the participation of a whole community. (Smith 2003: 153)

In this sense, social work approaches to healing require an understanding of positioning (both personal and professional), of Aboriginal experiences of the dominant discourse and what that discourse is, and of the process of reframing representations of alterity. Aboriginal story-telling and yarning between Elders, adults and children provide the foundation for connectedness, reciprocity and accountability, which position people in relation both to one another, and to the land and the spiritual world. Smith (2003: 144) says that the important thing about individuals’ stories is that ‘they contribute to a collective story in which every Indigenous person has a place’.

Narrative approaches hold a certain congruence with the nature of Aboriginal yarning, described by Bessarab (2012) as a ‘culturally safe’ form of conversation. Story-telling is a useful framework for social work practice as it enables the deconstruction and reconstruction of a story, uncovering its layers of meaning and reframing them to be ones that validate and legitimise culture, foster pride and confidence in the cultural self and can thereby lead to healing (Raphael and Swan 1998). Denborough and colleagues (2006) describe the narrative ideas that were used to simultaneously engage two communities experiencing the effects of suicide and facilitate the sharing of stories between them. Their article highlights Aboriginal connectedness and the rediscovery of strength and cultural knowledge through yarning.

Of particular relevance for non-Aboriginal social workers, however, is the importance of understanding who the keepers of stories are and acknowledging that not all Aboriginal knowledges within stories can be shared. In her 2014 Narrm Oration, Professor Linda Tuhiwai Smith (Smith 2014) begins by
defining the many different types of Aboriginal knowledges and proposes the following definition:

It is about the understanding of the human person and communities, and their relationships to all other non-human, non-sentient agents. It is about concepts of time and space that connect earth to earth’s universe and beyond, and that connects humans to ideas a million times greater than the idea of humankind. It is about imagination inspired by experience over the generations.

It has been honed, tested, shaped by experience, by our own social controversies, by traumatic crises, by the resilience of our ancestors. Indigenous knowledges are philosophies, systems, applications, laws, values and practices created by diverse Indigenous peoples as a coherent way of living in the world. It is produced by Indigenous peoples and continues to be created.

From this we understand that stories and yarns will include many different forms of Aboriginal knowledges, much of which can be shared, but some of which can not. There are many questions and uncertainties that will arise for practitioners, and fear, doubt and anxiety will all contribute to a reflective process of decolonised practice. Indeed, Smith (2014) goes on to pose the question of who the experts are when it comes to Aboriginal knowledge and cites aunties, grandmothers, Elders, hunters and artists, among other community people, some of whom are the very people many social workers will cross paths with. Recognising this expertise and the knowledges they bring to the storytelling requires an approach of ‘informed not-knowing’ and thereby acknowledges the dynamics of power and privilege (Mandell 2007: 7).

Deep listening

The dominant discourse about Aboriginal people and the effects of colonisation are often framed as the ‘Aboriginal problem’; this tends to be narrated outside of Aboriginal communities (Alfred 2013). The call from Aboriginal communities for a self-determining path to health and well-being continues to fall upon the deaf ears of those who generate and subscribe to the discourse. Listening to Aboriginal communities and enabling the time and space for thought and introspection are the strategies being requested of governments, government organisations, service providers, academics, clinicians and many others.

Deep listening is defined as an intuitive awareness and presence that requires ‘listening with the heart’ (Bennett 2010). Verbal communication only partly
involves deep listening, with silence and unspoken interaction used comfortably and non-threateningly. Miriam-Rose Ungunmerr-Baumann (2002: np.) describes deep listening, known as *dadirri* in her language:

As we grow older, we ourselves become the story-tellers. We pass on to the young ones all they must know. The stories and songs sink quietly into our minds and we hold them deep inside. In the ceremonies we celebrate the awareness of our lives as sacred.

The contemplative way of *dadirri* spreads over our whole life. It renews us and brings us peace. It makes us feel whole again . . .

In our Aboriginal way, we learnt to listen from our earliest days. We could not live good and useful lives unless we listened. This was the normal way for us to learn – not by asking questions. We learnt by watching and listening, waiting and then acting. Our people have passed on this way of listening for over 40 000 years . . .

There is no need to reflect too much and to do a lot of thinking. It is just being aware.

My people are not threatened by silence. They are completely at home in it. They have lived for thousands of years with Nature’s quietness. My people today, recognise and experience in this quietness, the great Life-Giving Spirit . . .

From these words, we can revisit those of Kovach (2010: 40), who describes Aboriginal world-views as ‘relational at [their] core’, making reference not only to interpersonal relationships but also to relationships with the land and the spiritual world. Awareness of the world around us and our place within it, with accountability and reciprocity central to the interaction, frames the survival that only 60 000 years of history could foster.

**Reflection**

I went into the Emergency Department to see an Aboriginal family. When I asked the grandmother about the incident, how it happened, she started telling me about her grandmother. About how she used to sing. I couldn’t see the point initially but I sat down . . . what she revealed to me was a story of generational heartache, child removal and trauma, but one that also spoke of survival, strength and cultural resilience. At the end she sat in silence, as did I, until the doctor arrived. I’ve never had a response to a basic question quite like that and it has changed the way I practise. I heard what she said, but I also heard what she didn’t say. I realised that how the incident had happened didn’t really matter and that my ‘social worky’ way of going about my day, working to get tangible outcomes for people, didn’t really allow me to just be with people, and for some, such as this grandmother, that was all they needed.

Hospital social worker