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'Getting A Job': Aboriginal Women's Issues and Experiences in the Health Sector

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Abstract:

Indigenous participation in employment has long been seen as an indicator of Indigenous economic participation in Australia. Researchers have linked participation in employment to improved health outcomes, increased education levels and greater self-esteem. There has been a dramatic increase in the number of Indigenous workforce policies and employment strategies as employers and industries attempt to employ more Aboriginal and Torres Strait Islander people. Coupled with this has been a push to employ more Indigenous people in specific sectors to address the multiple layers of disadvantage experienced by Indigenous people, for example, the health sector. This paper draws on interview discussions with Aboriginal women in Rockhampton, Central Queensland, along with findings from the research of others to offer a greater understanding of the mixed benefits of increased Indigenous employment. What is demonstrated is that the nature of Indigenous employment is complex and not as simple as 'just getting a job'.

Introduction

In Australia, employment has long been seen as an important indicator of individual economic participation and as a means of improving one's life circumstances. Employment has therefore additionally been seen as an indicator of individual (personal) and collective (community) Indigenous economic participation and as a means of 'uplifting' individual lives and the lives of communities. When we as Indigenous people participate in employment we are also seen to be participating in the broader market economy. Individuals and communities who do not participate in employment have been regarded as 'passive welfare' recipients, living in 'dysfunctional' communities and are often 'pathologised' by a range of agencies. Maggie Walter (2007) explains that those "marginalised from the market economy become 'social problems' external to the system, and the solution to those problems is deemed to lie in the reform of the individual who constitutes the problem" (2007, 162). The previous government in Australia lead by John Howard introduced a range of new welfare reform measures aimed at Aboriginal individuals regarded as 'welfare dependents', including programs that have come to be known by the terms Mutual Obligation, Income Management, and The Intervention (Cronin 2007). These 'new' welfare reform measures have been maintained by the new Kevin Rudd lead government. Darryl Cronin (2007, 179-200) demonstrates in his research how white possessive investments still maintain Aboriginal people as objects of welfare reform rather than as sovereign subjects with rights just as they have in the past. This results in little change even with successive governments who argue from different political angles or points of view.

Outcomes that have been associated with increased employment include access to increased income and improved health status, self-esteem and wellbeing (Altman, Biddle and Hunter 2008; SCRGSP 2007; Walter 2008). These outcomes are also the expected outcomes for Aboriginal people should we participate in employment. The sentiment expressed in a number of government policies, Australian newspapers, and letters to the editor across a range of newspapers that all will be well if Aboriginal people 'would' or 'could' just 'get a job' fails to consider the historical processes and impacts of colonisation and the racialised social structures that impact on the daily lives of Aboriginal people and Aboriginal communities.

So much so, that "welfare dependency is depicted as the source of social and economic marginalisation rather than marginalisation seen as enforcing welfare dependency" (Walter 2007, 162). In essence, we as Aboriginal people are depicted as deficient and requiring change, rather than the systems that maintain the dominance and structural inequalities.

The issues associated with Indigenous employment have long been an issue but seem to have increased in importance for Australia's most recent governments. There is documentation regarding the types of jobs and industries we work in, how many of us work, whether that work is full-time or part-time, the geographical locality of where we live and work and the types of payments we receive from the Federal Government when we are not engaged in employment. All of this documentation does not tell the whole story of our employment and why or why not we engage in employment or support the employment of other Indigenous people. This paper will briefly explore some of the issues associated with the employment of Aboriginal people in the health and human services arena. It will additionally draw on the insights of Aboriginal women who were interviewed as part of a research project in Rockhampton, Central Queensland. A number of the women interviewed demonstrated a personal in-depth analysis of the issues surrounding employment and Aboriginality. I share these within this article to give the reader an understanding of how the issues are not as simple as 'getting a job'.

Suddenly, there were more Indigenous jobs

The employment of Aboriginal people is a strategy that has been used by health and human services workplaces primarily to address the health needs of Aboriginal people that they service. This strategy has also been used in other arenas too, for example, Centrelink, housing and education. This was identified as a strategy by both Indigenous and non-Indigenous peoples within the health sector and other sectors in the 1970s. It was later identified through policies implemented by governments and institutions such as Affirmative Action and Equal Employment and Opportunity that there was a need to increase the numbers of Aboriginal and Torres Strait Islander people in these workplaces and indeed the overall health workforce. Large organisations and governments have additionally implemented Indigenous employment strategies to increase the recruitment and retention of Aboriginal people within their workplaces. For example, most large government agencies and universities now have an Indigenous Employment Strategy or an Aboriginal Employment Strategy.

Over time, Australia has additionally witnessed the growth in the number of specialised Aboriginal positions also termed 'identified' or 'Aboriginal specific' or 'Indigenous designated' positions. Today, identified positions can be found in most government departments and agencies, and in some large non-profit community-based organisations. There are positions such as Aboriginal hospital liaison officers, Aboriginal program co-ordinators, Aboriginal field workers, Aboriginal health workers, Aboriginal research officers, Indigenous health promotion officers, Aboriginal chronic disease coordinators, Aboriginal teacher-aides, and many more such positions. There may also be positions which have (Indigenous) or (Aboriginal) written after the position title, for example, Public Health Nutritionist (Aboriginal and Torres Strait Islander Health), Lecturer (Indigenous Health), Researcher (Indigenous Health). This is not unique to the health arena, any one government department or state or territory. For example, you can find Aboriginal liaison officers, Indigenous project officers and policy officers in corrective services, juvenile justice sections, policing, housing, education and legal services. This approach has been replicated many times and this, coupled with the areas in which Aboriginal people work, has resulted in a strongly segregated Indigenous workforce in terms of occupational type and employment sector (Barnett 2007a & b; Walter 2007). A large proportion of Aboriginal people work in government employment and, despite the growth of the private sector employment market, Indigenous employment has declined within this market since 1991 (ABS 2001; Walter 2007).

While there has been a growth in the number of Indigenous specific positions, it should not be assumed that, because the position has Aboriginal or Indigenous before or after the position title, these positions are occupied by an Aboriginal or Torres Strait Islander person. In addition, just because people are working within an Aboriginal and Torres Strait Islander unit in a government department, agency or university or within an Indigenous field of study or research does not mean that they are an Aboriginal or Torres Strait Islander person. There are instances where even identified or Indigenous designated positions are occupied by non-Indigenous people who meet the position selection criteria and who are deemed by the job selection panel as the most suitable individuals for the positions at that point in time.

This is not necessarily an issue when there are no suitably qualified Aboriginal people available to undertake the position and a strategy is developed so that there will be qualified Aboriginal and Torres Strait Islander people for such positions in the future. It becomes an issue in communities or workplaces when there are deemed to be (by Aboriginal and Torres Strait Islander people) a number of Aboriginal and Torres Strait Islander people who are suitable for the position and who are not selected. In addition, it may become an issue increasingly when a non-Indigenous person occupies a permanent or tenured position while there are Indigenous people waiting for that person to move on to another role, retire or realise that the reason they gained the position is no longer applicable or that there may be other ways to assist Aboriginal and Torres Strait Islander peoples and the struggle for social justice.

There may be instances where what is deemed as suitable may be different for management and for Aboriginal and Torres Strait Islander people. For example, an Aboriginal person who has had little experience working within the Indigenous community may be employed by a non-Indigenous employer as a project officer or program manager to work with Indigenous communities. Being an Indigenous person does not necessarily mean that you have highly developed conflict resolution skills, negotiation skills, know how to write a project plan or budget for a program. When this type of employment occurs, the National Health and Medical Research Council (NHMRC) (1996) suggests that these employees "can do more damage than good, by 'rubber stamping' an idea that belongs to somebody else – often a non-Indigenous employer" (1996, 38).

Sometimes an effort will be made to recruit Aboriginal people with the necessary skills, abilities and qualifications or the ability to gain these within a short period of time. On other occasions, Aboriginal people may be employed based on kinship and community relationships to those who can influence appointments. These individuals may or may not have the necessary skills, abilities and qualifications and are not necessarily the best person for the job. Increasing the number of Aboriginal people employed in designated Aboriginal services is about the affiliation of the organisation and services provided with the Aboriginal community that it serves. It concerns itself with ownership, comfort, cultural understanding and Aboriginal people being part of the self-determining and self-management of 'Aboriginal business'. There is a demonstrated commitment by some government agencies to the employment of Aboriginal people within Aboriginal designated programs or programs with a high number of Aboriginal clients. I will now turn to Aboriginal women who are clients of numerous government and non-government agencies that deliver health and human service programs.

Aboriginal women's subjectivity

When compared to other women in Australia, Aboriginal women are considered the most socially and economically disadvantaged and have the poorest health status (ABS 2008). The processes of colonisation since invasion and the ongoing impacts have disempowered Aboriginal women and left some with considerable fear of dominant governments, institutions, services and agencies (Fredericks 2007a). Aboriginal women continually find themselves in alien situations where the dominant culture is in control. This includes accessing hospitals, health services, accommodation options, buying goods and services, finding a job, participating in sporting groups, clubs and organisations. It can also be extremely difficult trying to find or make a space for Aboriginal cultures, languages and individual and collective expression within structures and systems of dominance. More importantly, every interaction between an Aboriginal woman and a white service that is experienced as negative can reinforce this fear within Aboriginal women and serve to re-traumatise them. (See Fredericks 2007a for an individual case study.)

The dominant non-Indigenous Australian viewpoint designates Aboriginal women as 'Other', away from the centre, living in or at the margin. Fanon (1971) explained that for the "native, objectivity is always directed against him" (61). The problem for us as Aboriginal women arises when the objective view is seen as more reliable and more accurate than our own stories and understandings about ourselves. Sometimes people who have studied Aboriginal history at university or worked in an Aboriginal program with the government or worked within or at the fringes of an Aboriginal community seem to acquire the innate ability to be 'more objective' and to understand Aboriginal people, what Aboriginal people are doing and how and why Aboriginal people are doing it. The same principle applies to the study of animals. The difference is that animals cannot talk. We as Aboriginal people can talk, think, do, and interpret for ourselves. The State also supports this when it engages the 'objective view' of Aboriginal women developed by non-Indigenous experts. Some of these accounts also include Aboriginal subjective

information (narrative) in the form of quotes. Therefore, non-Indigenous people use Aboriginal subjectivity to substantiate their arguments about Aboriginal people. When Aboriginal women use their own stories and understandings, it is sometimes seen as being too subjective, 'too close' to what is happening. I have heard that Aboriginal women when using the first person speak from the "emotional and not the analytical". This example illustrates the words of Jackie Huggins (1994) and Moreton-Robinson (2000) who have both explored and detailed how feminism is constructed and enacted within Australia. Moreton-Robinson (2000) provides an exposé of how white race privilege manifests itself within the subject position of middle class white woman and the dominance of ideological constructions of womanhood in Australia. She also demonstrates what happens when Aboriginal women attempt to highlight and address this dominance (Moreton-Robinson 2003a; 2007), while Nielsen (2004; 2007) demonstrates how further marginalisation of Aboriginal women and maintenance of white race privilege and domination can impact on Aboriginal women when they attempt to highlight and address issues utilising Australian race discrimination laws. Furthermore, race discrimination laws that are supposed to protect workers within Australia instead serve the interests of white people thus reproducing white colonial relations of the past within the present (Nielsen 2007).

When non-Indigenous women speak to a point or a position they are generally not deemed 'too close' to, 'too emotional' or subjective about the issues of non-Indigenous women or indeed all women. They are deemed 'passionate about the issues'. Aboriginal women have long been exposed to intellectual imperialism and constantly struggle to defend our worldviews against those who wish to own them, write about them and depreciate them (Moreton-Robinson 2000; 2003a). Part of the overall struggle for Aboriginal women is the right to define ourselves. When we stand alone in defence of our rights, we are also seen as not worthy of defence. We need non-Indigenous women to stand with us in defending our right to define ourselves.

In looking at our positioning in its entirety, Aboriginal women are at the margin and at the centre, within and without, inside and outside all at the same time. Within the duality and the mixed societal positionings, there are questions such as what is the margin? What is the centre where Aboriginal women live inside as well as outside one's Self? We know what our experiences are; what our lives are like and we have the capacity to theorise about ourselves from our positionings, to know what is best for us. Aboriginal women know when we are compared to non-Indigenous people that we are collectively sicker, poorer, less educated, more unemployed, less skilled, face greater numbers of our family in jail, die younger, attend a greater number of funerals in any one year, are subject to higher levels of violence, racism, sexism, are regarded as marginal, a minority and more, than non-Indigenous women. We live with the day-to-day reality that our lands and rights as Indigenous women are constantly under threat. We do have the capacity and can theorise from our experiences of these multiple, interrelated issues and oppressions which include class, racism, sexism and homophobia. These oppressions operate simultaneously. Our theorising allows Aboriginal women the opportunity to move from the position of individual to suggest changes and to inform our activism, and for other members of the community and society to do so also.

Analysis of Aboriginal women's experiences of and access to health care, education, employment and, indeed, all areas of their lives need to be grounded in their everyday experiences. We cannot understand the issues of Aboriginal women's lives, including employment and economic participation, without their own articulations and understanding their lived experiences. Aboriginal women in Rockhampton, Central Queensland who participated in this research project shared some of their lived realities, including some thoughts on employment.

These women were interviewed as part of a research project exploring 'how the relationship between health services and Aboriginal women can be more empowering from the viewpoints of Aboriginal women' (Fredericks 2003). The assumption underpinning this study was that empowering and re-empowering practices for Aboriginal women can lead to improved health outcomes. The focus of the study arose from discussions with Aboriginal women in the community as to what they wanted me, another Aboriginal woman, to investigate as part of a formal research project. The terms empowering and re-empowering were raised through these early exploratory discussions. They were later discussed during the interviews. Re-empowerment was discussed from the viewpoint that Aboriginal women were once empowered as sovereign women who had control of all aspects of their lives. Aboriginal women became disempowered as a result of colonisation and thus the term re-empowering was discussed and agreed upon. The word re-empowerment is additionally discussed in the same context in the United

States of America in the work of Redbird (1995). In discussions specifically about the terms and meanings of empowerment and re-empowerment, employment was not a factor. In what follows I will try to understand the lack of reference to employment as a form of empowerment and re-empowerment within the discussions with Aboriginal women.

The ethics process included presentations before an Indigenous inter-agency meeting of over 50 representatives from community organisations and Indigenous work units; an Aboriginal women's meeting; and an individual organisation that was recognised as having specific responsibility for women's issues. This was in addition to the university ethics process. A panel of supervisors oversaw the project, including Priscilla Iles, an Aboriginal woman recognised for her long-term involvement in Aboriginal women's activism. She was nominated by other Aboriginal women in the community as the most appropriate person to be a cultural supervisor and to assist in any cultural dilemmas. She worked with the other two supervisors, Ronald Labonte and Daniela Stehlik, who additionally provided specific research roles within the university environment. (See Fredericks, 2008 & 2007b for an overview of the method and selection of supervisors). Twenty Aboriginal women participated in in-depth, semi-structured, face-to-face interviews in a participatory-action research process, which incorporated the principles of an Indigenous methodology as put forward by Rigney (2001), the decolonising concepts asserted by Smith (1999), and intellectual sovereignty discussed by Warrior (1999). In addition, the process drew heavily from the field of ethnography (Bowling 1997; Creswell 1998). Ethnographic data collection as understood from the writings of Creswell (1998) can include documents, observations and interviews. These were all tasks that were undertaken in this project. The benefits of ethnography allow for interviewees to provide 'rich and quotable material', and 'enable them to give their opinions in full on more complex topics.'(Bowling 1997, 231). Moreover, it allows for concepts of reciprocity and reactivity to be enacted within the research process and for the researcher to be immersed in the day-to-day lives of the members of the research group (Creswell, 1998, 58). For me as a member of the Rockhampton Aboriginal and Torres Strait Islander community, this was imperative.

It is important to note that this research process was developed in consultation with Aboriginal women in the community. Research processes were sought and discussed that would not only be academically rigorous but that would not perpetuate further disempowerment and marginalisation for the Aboriginal women involved and the Aboriginal women in the community. The interviews that resulted presented a powerful insight into the lives of Aboriginal women, past and present. The insight and information gained is valuable in contributing to a deeper understanding of the past and present interactions between Aboriginal women and health services in Rockhampton. From these understandings, conclusions can be drawn as to ways to improve health services and their interactions between Aboriginal peoples. One of the areas discussed in the interviews included the employment of Aboriginal and Torres Strait Islander people. Elements of these discussions, along with the findings of others drawn from the literature, will be included in the following section, which will explore some of the mixed benefits of increased Indigenous employment.

Working out the real benefits

There are benefits of employing Aboriginal and Torres Strait Islander people within broader services such as 'having a black face' within the organisation, increased visibility to the Aboriginal and Torres Strait Islander community of an Aboriginal or Torres Strait Islander person whom they can contact, and of teaching the non-Indigenous people within that workplace more about servicing Aboriginal and Torres Strait Islander peoples if those workers are open to such learning. I am not going to cover the issues already discussed in the *Aboriginal and Torres Strait Islander Health Workforce Strategic Framework* (Standing Committee on Aboriginal and Torres Strait Islander Health 2002) which addresses the need for health workforce reform and consolidation between Commonwealth, State and Territory governments and the Aboriginal and Torres Strait Islander community control health sector (2002, 1). Nor will I address education and training issues being addressed by such groups as the Medical Deans of Australia and New Zealand (CDAMS 2004). There is some exemplary work being carried out in terms of recruiting, educating, training and graduating Indigenous and non-Indigenous health professionals. I do not wish to take away from their work; I am trying to add to the discussion and present some insights as to the complexity of Indigenous employment. I draw on my research to demonstrate that it is not as easy as 'just getting a job' with increased health outcomes and economic participation following automatically. Indigenous employment has many benefits; some assist us as Aboriginal and Torres Strait Islander

peoples, some do not, but instead help to benefit those already advantaged by the stratified social order that confines us. The following paragraphs address some of these mixed benefits.

One of the respondents in the study outlined what she saw as the benefits of having Aboriginal people employed in broader health services. She argued that there needs to be employment of,

> Aboriginal people to be in those, to work in those mainstreams ... we got no Aboriginal people that they can go to and to ask them for their support and that's why they don't go. If we had more Indigenous people employed in those positions it would make it a lot better for our people to access because they won't do it …

A number of the women interviewed wanted to see more training to 'train up' Indigenous people so that Aboriginal people could have more contact and access options and possibly have more Indigenous services, doctors, nurses and "more Indigenous people all over the place" (Sharon). Sharon and the other women were also prepared to be involved in the education and training and one woman wanted to have a say in 'who should be talking about what' in the training of health professionals. Sharon in fact named a number of issues as put forward by Wallerstein (1993) and Tsey (1997) around empowerment, education and training. There are increasingly more Aboriginal people being trained, educated and employed. In some worksites, this has had an impact in the number of Aboriginal people accessing those services, and in other cases little difference has been noted within the community. It was discussed with several of the women interviewed that if more Aboriginal workers are being employed this does not mean that the sole responsibility for servicing Aboriginal clients should shift from all workers within a workplace to only the Aboriginal workers. The situation should not arise where Aboriginal people are not served if the Aboriginal worker is not available. An Aboriginal person may choose to wait for the Aboriginal worker but that is their choice. Other workers should still offer assistance and utilise the knowledge and skills of the Aboriginal worker to improve their communication with Aboriginal peoples.

Aboriginal workers face the risk of becoming 'ghettoised' within the larger programs in which they work or within the department or institution in which they work. These employees may work in situations where they are marginalised and become easily overloaded by the increasing workload within the Aboriginal community. Workers can be left unsupported or with co-workers not knowing how best to support them. The designated positions in most instances have extremely limited career path opportunities and these tend to be in administration and up to middle management. They may be health workers, liaison officers, dental assistants, program coordinators, education workers and support workers. Those occupying the designated positions tend to become known as Aboriginal specific workers by both the Indigenous arena and the broader arena. This further limits and marginalises Aboriginal workers.

Sometimes Aboriginal workers are told that it is Aboriginal people who need to be leading the work with Aboriginal communities or to take on a role as a committee member or in a working group or to be out there on the ground talking to 'your people'. Certainly in my 25 plus years of involvement within the community-based organisational sector and in my 20 plus years of employment in health I have been told what I should be doing, need to do and how I should be doing it by white people who think they know more than Aboriginal people about what is best for Aboriginal people. I know what it is like to feel like the meat in the sandwich with your employer telling you to do one thing and the Aboriginal community wanting you to do another. I know what it is like to be elected the chairperson of a large community health service and have a young government bureaucrat tell you what you should be doing in your employed workplace, all the while you are advising their senior officers in matters of broader Indigenous health issues and making decisions about whether the health service will work on a program with that young government bureaucrat. I know what it is like to see some Aboriginal people struggle in their workplaces; struggle to perform their work tasks and to meet the demands of the community and their employer. I have also witnessed others seduced by white privilege, which allows them to gain access to help with tasks and to be promoted above their skill level. Parallels can be drawn between health workers, liaison officers, project workers, assistants, etc. in many other arenas. Aboriginal people can be left to feel as a failure in the job but also a failure to their own communities, while witnessing others who are rewarded for co-operating get ahead. Some Aboriginal people are improving their knowledge, level of skills and undertaking further training and formal education (Tsey 1997) in order to gain career advancement and, as discussed already, others are given employment opportunities at higher levels *without* the necessary skills, abilities and training. These workers spend their whole time just trying to

keep their 'head above water' in the job and usually fending off the assumptions by non-Aboriginal and Aboriginal people about their skills, abilities and qualifications and how they gained employment.

There may be another reason why at times particular Aboriginal people might not be employed or employed. Another interviewee, Kay provides the following insight,

> … the white world sometimes wants us to be puppets in a way, [it wants] Aboriginal people who don't have as much experience, knowledge, and competition. White race privilege doesn't take empowered people, they don't want empowered people, they encompass you because they can do everything for you ...

What Kay is articulating is that being an empowered Aboriginal woman can place you in a position of disadvantage. She raises the dialogue around white race privilege and around the desires of others to encompass or do things for Aboriginal people**.** Further to this, they want people who can just fit in to the white world, the 'mainstream', to be "puppets in a way", or to be told what to do. In a sense Aboriginal people in these situations are expected to do little more than play the role that Deloria (2004) terms, a "house pet" (29). Mihesuah (2004) in writing about Indigenous people in university environments explains that sometimes Aboriginal people are wanted for "window dressing" (44), that is, 'universities want us but not our opinions'. Deloria (2004), Mihesuah (2004) and Monture-Angus (1995) offer an understanding of the dynamics that can exist and that Aboriginal people may be confronted with in a range of workplaces. What can be gained from the literature and the interviews is that, if you are an empowered Aboriginal woman who can articulate what you want and need, you may not get the same assistance or be asked to participate because other workers don't necessarily know how to relate to you as you don't fit within their white way of seeing Aboriginal women. How do they "encompass" and "do everything for you" as an empowered Aboriginal woman? I believe this is an historical phenomenon connected to past colonial practices and the belief that the dominant society was trying to 'rescue' and 'save' Aboriginal women. It is about nurturing dependence, benevolence and paternalism. It is also about measuring Aboriginal women up to a standard that is not our own and one that is based on a society that believes itself to be better than us. The question of how to work with Aboriginal people who have a sense of their own personal empowerment is still being worked through by both non-Indigenous people and Aboriginal people. I believe that there is personal discomfort at times for some people in facing and working with Aboriginal people who have a sense of their own personal empowerment.

Keoner's honours thesis (2001) on the topic of reconciliation in Rockhampton includes a discussion on Aboriginal people and employment, which could be referring to the same issues with a twist regarding skin colour and adds to this discussion. One of the women Keoner interviewed (Grace) implied that at times it is those Aboriginal people who fit into the frameworks of whiteness who may more easily gain employment (2001, 90), that is, Aboriginal people who the white system identifies with either because of the way they look or because of the way they work comfortably within the framework of whiteness. In these instances the employment of Aboriginal people serves the interests of the dominant culture and continues the maintenance of the stratified social order that keeps us in 'our place'. In a sense they become agents of the dominant culture. This also works in the context of which Aboriginal people gain the ear of the dominant culture at any one point in time. Bell hooks describes this process in part in her analysis of white women and feminism when explaining that, "Black women are treated as though we are a box of chocolates presented to individual white women for their eating pleasure, so they can decide for themselves and others which pieces are most tasty" (1994, 80). Hooks' example can be drawn upon in relation to how and which Aboriginal men and women in Australia are deemed to be the most tasty over and over again in terms of what they are saying, writing or doing or not saying, writing or doing. They are the sweetness that offers an accompaniment to what the government wants to do or what key non-Indigenous decision-makers want to do. As a result of being selected they are offered the listening ear of the dominant culture and its government and media outlets, and in some cases offered employment in key positions or appointment on vital decision-making boards. The government can say 'Aboriginal people agree with us' or 'this Aboriginal person agrees with us'. The flip side of this is that the Aboriginal people who are deemed unpalatable by members of the dominant culture because of what they say, write or do are not offered the same access to power despite the qualifications and/or experience they hold or their level of on the ground communal support. They may be positioned as trouble-makers, radicals or stirrers and in some cases their opinions are pitted against those of the Aboriginal people who are seen to agree with the dominant culture. This can happen on a national scale, for example, the

ideological and practical implementation positions espoused on welfare reform and the Northern Territory Intervention through to regional or localised positions such as Native Title, land use or health service provision to subject positions taken in workplace events such as planning for an Australia Day activity or specific Aboriginal events.

Even if some of the occurrences or processes described in this essay are put in place, the power does not sit with Aboriginal people but is located and invested within the dominant culture that still maintains Aboriginal people as objects rather than as sovereign subjects with rights. Altering existing or mainstream programs to make them culturally appropriate (Phillips 2003) and offering cross-cultural awareness training (Fredericks 2006) does not address these concerns. Phillips argues that sometimes workplaces "try to make health programs culturally appropriate by merely placing Indigenous workers in programs without concurrently decolonising non-Indigenous theoretical frameworks and methodologies and reconstructing specific locally appropriate ones" (2003, 129). Steve Larkin discusses in his research exploring health policy that Indigenous staff within a multitude of health environments are now also asked to contribute to evidence-based policy approaches in an attempt to address Aboriginal health care issues, while at the same time, evidence-based health policy-making is negating Indigenous sovereignty (2007, 168-178; 2006, 17-26). This approach is also being used in other spheres where it is having the same impact. Larkin argues that

> the systematic, racialised denial of Indigenous sovereignty in evidence-based processes in health limits our capacity to contemplate the possibilities of thinking about/doing things differently, and how things might be different from the way they are…" (2007, 178)

He adds that, "white policy-makers and researchers need to become vigilant to how their whiteness shapes the production of knowledge and the interpretation of what gets to count as evidence when considering Indigenous health policy" (2007, 178). If Indigenous people participate in evidence-based health policy-making without interrogation and analysis, we can add to the negation of our own sovereignty. That is, we as individuals can add to the ongoing dispossession where "Indigenous people's position within the nation state is not one where colonising power relations have been discontinued" (Moreton-Robinson 2003b, 38). Larkin's powerful analysis of evidence-based policy-making can be drawn upon by other disciplines and fields that are also implementing evidence-based policy-making processes.

I understand that it can be hard not to become embroiled in this process when kids need to be fed and schooled, and rent and bills need to be paid. It doesn't mean that an Aboriginal worker is loyal or agrees with his or her employer. This type of employment, however, when the position is one that is deemed identified or has a key role in implementing Indigenous programs can be dramatically impacted upon if the employee and employer do not undertake de-colonising and reconstructing work as asserted by Phillips (2003, 129). It can assist in feeding white race privilege and perpetuating the dominant system that maintains our marginalisation. In effect it supports white decision-makers enacting white supremacy and imperialist practices over and onto Aboriginal peoples. To change this requires hard work, constant critical reflexive practice within the workplace and within policy development and service delivery. It also requires a challenge to the government's understandings of dependency, the way in which it currently develops and implements policies that impact on Aboriginal peoples and the way in which Aboriginal peoples and Aboriginal sovereignty is viewed, controlled and suppressed in Australia (Cronin 2007; Larkin 2007; Moreton-Robinson 2007; Walter 2007, 2009).

The works of Wallerstein and Bernstein (1988) and Zimmerman and Rappaport (1988) are also useful to reflect on at this point. These researchers linked citizen participation, perceived control and psychological empowerment and, while their work was undertaken in the 1980s, it is still relevant to this discussion and to the current issues. The theoretical underpinnings in Zimmerman and Rappaport (1988) highlight the need to understand the broader view of where Aboriginal people sit within the broader political struggle and why this understanding needs to be adopted by governments and Australia's leading decision makers. To think that a job is only about increasing participation in Australia's economy, or a program or access to a service may be purely acting out the philosophy of assimilation. It requires our non-Indigenous and Indigenous co-workers to be open to working towards decolonisation of the existing theoretical frameworks and to reconstructing new ones (Phillips 2003, 129). It requires healing of

traumatised behaviours and the prevention of re-traumatisation. When we think of the broader political angles we can also think of the consequences and possible alternatives if required.

In order to make real differences for Aboriginal people, I argue that more Aboriginal people should be employed to participate in making organisational structural changes, to challenge the status quo and for addressing where ideological and theoretical differences can be developed and implemented. Real change will not happen if Aboriginal people are employed merely as an adjunct to maintaining the status quo or to make slight adaptations that continue to perpetuate white race privilege, domination, re-traumatisation and continued colonisation of Aboriginal peoples (Moreton-Robinson 2000). If health services, systems and governments only ever appoint or employ Aboriginal people who fit into the Eurocentric frameworks of whiteness and never challenge or question, then some cosmetic changes will occur and some minor improvements will take place, but the entrenched stratified situation will remain. Aboriginal people will continue to be re-traumatised, disempowered and our health status will remain poor. We will still be considered the most disadvantaged group of people in Australia (ABS 2008; Mowbray 2007; Walter 2009). Employers and government departments need to be aware and work out whether they want someone who will 'fit in' within their work environment, who will organise a NAIDOC display once a year and canvass Aboriginal clients, or whether they want to challenge the way they operate and function, their philosophies and even the core values of their organisation, institution or agency or whether they want to do both. Employers need to question their work practices and recruitment practices in light of the complex connections between Aboriginal health improvements, healing, re-traumatisation, self-determination and empowerment and their articulations of wanting to work towards improvements in Aboriginal health or the socio-economic status, housing or employment or some other area.

Conclusion

At a time when Indigenous individuals and communities who do not participate in employment and where there are limited chances of gaining employment are being labelled as 'passive welfare' recipients, living in 'dysfunctional' communities and being 'pathologised', it is worth remembering that the issues are highly complex. It is not about just getting a job and developing employment programs for Aboriginal people. Aboriginal health will also not improve just by having more Aboriginal people employed within the health sector. The historical processes and impacts of colonisation and the racialised societal structures that impact on the daily lives of Aboriginal people and Aboriginal communities also need to be addressed (Mowbray 2007; Walter 2009). What the literature and the voices of Aboriginal women offer us is a greater understanding of the issues as they are played out in places of employment and hence sites of economic participation.

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