

Chapter 4

Results

Positioning outcomes within the NSW health system

There are two main types of organisations where Aboriginal Health Workers are employed in New South Wales (NSW). The first is the Aboriginal Medical Service (AMS), which is controlled by the Aboriginal community, subject to public funding accountability mechanisms (see Appendix 4). The second is the mainstream health services, which are organised through the NSW Department of Health (see Appendix 5). Both these organisations are responsible for the provision of health services to Aboriginal communities in NSW. They differ from one another in that community-controlled services predominantly provide primary health care, while mainstream organisations offer secondary and tertiary health. However, mainstream services may provide primary health care when needed by local communities and when community services are not available. The different service styles developed out of the movement by Aboriginal communities in the 1970s to provide culturally appropriate health services that are more empowering through increased Aboriginal involvement in decisions about health. (National Aboriginal Health Strategy, 1989).

In delivering primary health care, community-controlled services currently offer a variety of programs across NSW which generally include antenatal care, dental health, diabetes education, vascular health, drug and alcohol, HIV/AIDS, family support and hearing health services. In addition, some Aboriginal Medical Services also have specialists such as psychologists and dieticians visiting local and remote communities (see Appendix 5).

Most Aboriginal medical organisations in New South Wales also employ non-Aboriginal health professionals in their services. These non-Aboriginal health professionals include nurses, allied health professionals and doctors who (hopefully) work as part of a team delivering clinical services. However, Aboriginal Health Workers generally do not report directly to these non-

Aboriginal health professionals. Instead, they usually have an Aboriginal team leader for their day-to-day management and support. Some Aboriginal Health Workers occasionally work under the clinical supervision of a health professional such as a community nurse or psychologist although they report to Aboriginal management for all policy and administrative issues. Currently there are approximately 40 Aboriginal Medical Services in New South Wales and over 100 across Australia.

Most of the Aboriginal Medical Services come under the umbrella of a peak body known as the National Aboriginal Community Controlled Health Organisation (NACCHO) (see Appendix 6) that represents health care in urban, rural and remote areas:

NACCHO represents the health interests of Aboriginal communities at the national level. It promotes holistic and culturally appropriate health to Aboriginal communities (Hunter 1999).

Each of these services operates with a management structure that is drawn from the local Aboriginal community and elected each year at an Annual General Meeting (usually comprised of Elders). The elected management structure (usually a Board of Directors) then decides on policies and programs, health and otherwise, to assist in the development and advancement of their local community.

The Chief Executive Officer (CEO) of the organisation manages the day-to-day running of the organisation, including the co-ordination of programs. The CEO reports directly to the Board of Directors on both executive, strategic and day-to-day management issues. Thus, the CEO is usually also responsible for staffing and staff development.

Aboriginal health work: The context

In providing secondary and tertiary health care, mainstream services employ two main types of generalist Aboriginal Health Workers: Hospital Liaison and Health Education Officers. The Hospital Liaison Officer's main role is to assist Aboriginal people to access mainstream health services and to act as an advocate for Aboriginal people while they are in hospital. However this may vary depending on Area Health Service and if the Service has an Aboriginal Health

Education Officer to do other duties. They also assist the patient to attend specialist appointments and plan the patient's discharge from hospital.

Participant 9:

The role varies, in different states and different health services, I'm a mediator between the Aboriginal clients and patients and the health system doctors, nurses, specialists, do like a lot of social work stuff, cultural awareness with any white staff that come into the hospital and the health system ...

Even though this Aboriginal Health Worker is separated from the next participant, they both experience the same workplace issues.

Participant 10:

Also, one of my duties was to encourage Aboriginal people to come into hospital an' to specialist appointments.

The Aboriginal Health Education Officer's function is to provide education on health programs in the community, including screening and early intervention.

Participant 9:

I collate and do, um, stats on the Aboriginal inpatients and outpatients, um, just to see what the different patterns or health concerns are in the community, and that can vary from season to season ... summer winter. Um, do some case management. Um. So really I do, I do a bit of everything.

Specialist positions include Drug and Alcohol, Sexual Health and Women's Health and their main purpose is to supplement generalist services with specialised activities.

Participant 9:

... also do education with the, um, not only with staff but with our Aboriginal patients. Education on, you know what their health problems are and, um, and help them to understand their, um,

medical problems and um, and um, try and get them the power to take control of their own health.

Thus, workers give clients the knowledge to empower themselves about their health decisions.

Participant 10:

... I was actually going in and was given the opportunity to knock down barriers and give in-services and education talks with new doctors and nurses as well as midwives, and the trust appeared to be right across the board ...

This is a good example of how participants bridged the cultural gap between non-Aboriginal medical staff and the Aboriginal community.

Participant 10:

... Um, I felt that I was simply there to find out what Aboriginal people was all about and try to interpret for mainstream systems ...

The Aboriginal Health Workers mediate between their communities and the wider health system to ease any language and cultural barriers. These Aboriginal Health Workers are specialist workers who are trained in particular areas of health. They are also required to have some basic understanding of health education and promotion principles. However, they are often required to undertake unrelated work not specified in their duty statement, such as clerical duties and meal preparation.

Ahmat (1999) states that there was a pervasive sense that the Aboriginal Health Worker must be a 'jack-of-all-trades' and their duties are a response to the variety of roles they must perform in both the community and hospital environments. The participants confirm this:

Participant 10:

... Firstly when I got my job description I thought it was a bit overwhelming, there were at least 40 different aspects of the job that I had to touch ...

This extensive list of expectations is often a great source of anxiety and confusion for AHWs:

Participant 11:

Um, with my job, it sucks. I have to do so many things, not just the thing I'm supposed to do, you know. You know, I wrote a letter to the boss once about the other Aboriginal Health Worker here, she was supposed to be doing Health Education stuff but she was f... around interfering with other stuff, and I said to the boss, 'How about you get that one to do what she was employed to do?' Well, f..., I nearly caused world war three, the boss went off her f... head at me. Mate, I tell ya, they're f... hopeless.

Due to these pressures, the AHWs respond with anger and bewilderment. Despite clear recommendations on the role of AHWs from the National AHW conferences, these recommendations have never been consistently implemented. The Aboriginal Health Worker role has basically been determined by the vagaries of local non-Aboriginal management with no overarching competency standards or professional body to guide the professional development of the role.

In the NSW State Government system, Aboriginal Health Workers who are based in community health centres usually have a non-Aboriginal team leader. Aboriginal Hospital Liaison Officers working in the hospital setting are usually based in the Social Work Department with non-Aboriginal team leaders. Health Education Officers may be positioned in a health promotion unit also with a non-Aboriginal person as the team leader. While the mainstream hospital and education officer positions have specific identifiable functions, their roles mainly intertwine with one another and both usually work collaboratively to co-ordinate patient discharge and referrals and offer education programs (depending on local community needs). The Area Health Services usually also employ an Aboriginal Health Co-ordinator at an executive level who manages Aboriginal health policy and planning locally. In most Area Health Services, the Aboriginal Health Co-ordinator does not supervise the Aboriginal Health Worker but acts in a purely supportive role without any formal line relationship or management responsibility of the Aboriginal Health Worker.

Regardless of where they are positioned in the organisation or to whom they report, there is still some confusion between the roles of the non-Aboriginal staff and the role of the Aboriginal Health Worker. This confusion can lead to professional conflict and workplace bullying where Aboriginal staff are relegated to the bottom of the hierarchy if they try to encroach on the expertise of non-Aboriginal staff (Winsor 2001).

Participant 8:

... the attitudes of their ... not only their immediate line managers, it's also other RNs and other workers within the 'ealth system. Question 'em as to what they're doin' an' they naturally answer to 'em without realising that 'I don't have to answer to this person'. And that the ... only since I've been telling 'em that they they've realised that they don't have to answer to everybody. I've been sayin' to 'em, 'Just because they asked ya, doesn't mean you have ta answer 'em, y'know, you've been taught to be polite but you don't have ta tell everyone your business.

This participant seems to be reflecting how many Aboriginal Health Workers feel powerless and without a voice, which can generate an aggressive response. It also reflects a patronising approach by some staff who may want to help, but assume the person needs instruction.

Participant 8:

... but within mainstream there is no empowerment of anybody, everybody competes with everybody and the workplace bullying that happens in mainstream is no different to racism ... At least this way [i.e. giving voice through being interviewed] we might get people to open their ears and listen where we are coming from ... people here don't listen ...

For this participant, a willing ear would go a long way to giving the AHWs a sense of belonging, as opposed to feeling marginalised.

Participant 11:

Ya know, I was working in this hospital one day and my pager went off to come to the ward, and when I got up there the discharge planner one was waiting for me, and soon as I went near her she asked me straight away what was my qualifications, she just shamed me in front of everyone 'cause, you know, they all looked, but I come back and said to her if I needed my lawyer here with me I would have f... rang him.

Failure to recognise community knowledge as an essential, legitimate part of discharge planning is often a source of great animosity for AHWs working in the community-controlled sector.

Despite this confusion in roles and duties, it is the community's needs that are the Aboriginal Health Worker's reason for being and the main source of intrinsic work satisfaction for him or her.

Participant 1:

... I done that for the community, not for my ego or anything, or for the money or anything, um, I did that for the community ... second, I'm here for the community and it's good that I'm getting paid, but this is what the upshot is, this is where my job comes from, the community need, it's what the community wants and says ...

Participant 1:

... and the stresses can come from both sides ... the community wants ya to do this and that and that, um, but also the ... um ... the managers have got their demands as well and it can be truly hard to satisfy both, um, I had burn out feelings ...

These participants describe how they feel in a double bind as the 'meat in the sandwich'. The competing demands between mainstream management and the Aboriginal community is a major issue. These stresses can cause the AHW to go into a 'burn out' unexpectedly, which may go unrecognised for long periods.

Participant 10:

... Also one of my duties was to encourage Aboriginal people to come into hospital and, um, again there was a block. How could I promote the service to the Aboriginal people, when I wasn't allowed to go into the community and connect to the grass roots people? So there became a double struggle ... you know, and it was at this point in time my feelings became more noticed too much and the tension too great ...

These participants describe a constant fear of failing to live up to expectations that are placed on Aboriginal Health Workers from the Aboriginal community and the mainstream health services.

Participant 1:

We were not immunised to mistakes, we are ... no, we make mistakes and the community are the people who can just turn on ya ... like savage dogs ... we make the mistakes and when that ... if that happens then ya can be turned on ... and make ya look like something that come out from the end of a dog and make ya feel that way, so you have got these politics that you can get caught up in and ya got the community expectations, and for them fellas to handle it the way a white fella would and that's not something new ...

Additionally, the Aboriginal Health Worker must tread a delicate, diplomatic line when dealing with various members of their community and must balance their many roles. For example, Aboriginal communities are not homogenous; there are often various factions that can lead to tension.

Participant 4:

One thing ya have to ... ya can't be seen to take sides in the community. You have to, you have to work with all factions of community, y'know, little towns and Aboriginal communities, there are many different factions who at differing times do not get on with each other ...

The Aboriginal community is expected to cope with a variety of roles while employed in mainstream health and most of the AHWs do their best to fulfil these roles by setting aside their own family commitments and leisure time until later.

Participant 6:

Our roles in society, community and the workplace are not easy ones and most of the time we have to balance the two. Maybe we are the best jugglers around.

Factionalism can undermine the effectiveness of the health programs and the capacity of AHWs to effectively do their job.

Participant 3:

I have never been a strong advocate for AMS, reason being is because they are so factionalised and, um, at one stage ya have one family in and the other family won't access the medical service, because that other faction is in there and they gonna say, arr, 'they going to have access to our medical records' and we not going to go there because the reception knows someone down the road and they are going to turn around and say, see, so and so was in there.

Participant 9:

Well, um, there's a lot of people in the health system that choose to work mainstream for their people instead of AMSs. I'm not a big fan of AMSs.

The result is that considerable pressure is placed on the Aboriginal Health Worker who is forced to adapt to working under these difficult conditions in their respective environments. Each of these is discussed in detail in the following sections.

The current project

In this project, the participants spoke of a number of diverse and complex issues that were impacting on their work performance and satisfaction. These were broadly classified into culturally appropriate practice, funding arrangements,

racism and approaches to management. These issues emerged from the analysis of both mainstream and community-based services:

- **Culturally appropriate practices:** Aboriginal cultural differences clash with the Western management models in the health system.
- **Funding:** access to and genuine control of resources.
- **Racism:** entrenched non-Aboriginal management practices that subvert AHW self-determination and Aboriginal advocacy.
- **Management style:** inconsistent application of workplace rules between Aboriginal and non-Aboriginal staff and between Aboriginal managers and workers.

Each of these issues manifests in both mainstream and community-controlled services, but in different ways. Both types of service have their own ways of managing (and mismanaging) organisational issues. The result is that considerable pressure is placed on the Aboriginal Health Worker who is forced to adapt to working under these diverse conditions in their respective environments.

Culturally appropriate practice

There are many cultural issues that Aboriginal Health Workers face while being employed in mainstream health services. Biomedical discourse and managerialist practices predominantly control mainstream decisions in an environment built on the economic rationalism that has swept public services in the last 20 years. One of the greatest dilemmas that Aboriginal Health Workers are confronted with is that they are expected to use non-Aboriginal discourse and practices under non-Aboriginal managers who have little or no Aboriginal cultural knowledge. Additionally, some of these non-Aboriginal managers appear unwilling to assist the Aboriginal Health Worker to navigate his or her way through a health system that is heavily structured with biomedical and non-Aboriginal discourse and practices. In this environment, for these participants, being able to relate to Aboriginal people on their own terms is essential.

Participant 2:

... comes from mainstream, like the Koori workers there, but they work on white man's basis, and black fella is to black fella, they are mates, this is noticeable, and that frightens people ... you go and talk to a blackfella with those big words and they will hunt you, and they don't want anything to do with ya, and they don't see them as Aboriginal people, they see AHWs as white people...

Non-Aboriginal managers are not trained to manage Aboriginal services and they often react to situations in inappropriate ways rather than being proactive.

Participant 1:

... when I first started in that position I used to have a boss, and I do think this is a big problem with a lot of managers of Aboriginal health workers is that anything else ... they don't have any idea and they don't seem to do any training or have any Aboriginal awareness so they don't have any history themselves ...

Many AHWs sense that there are often racist undertones to the difficulties they experience with mainstream non-Aboriginal managers.

Participant 8:

Too many jobs are set up and then operated and, y'know, operated by people that don't know what they're about or can't do 'em even. That's what I've noticed since I've come in the public sector ... that's what I've noticed. There's an awful lot of jobs in the public system, and this is not Koori people, I'm talkin' about, this is mainstream white people. They're in these jobs and they haven't got one iota of a skill to operate them jobs and they've been in these jobs for years. How does that happen? When a Koori person can't even get a job unless they're ten times better than anyone else in the world, y'know. Here I'm sittin' getting' real worked up, eh ...

Moreover, the way Aboriginal positions are construed leaves AHWs suspecting that they have been 'set up'.

Participant 10:

... we are talking about reconciliation that the hospital, um, are putting us Aboriginal people in these jobs and setting us up to fail.

For the participants in this project, one of the problematic cultural issues is the practice of mainstream health services employing a single Aboriginal Health Worker within a unit or hospital.

Participant 11:

I find it very hard working in my job, 'cause if there is a man in here then I will only go and see him, not because he may need help but to see him because I know him and just to have a yarn, I don't fix up his business. Some time I have to tell a white lie, but the boss don't care about having to separate women's and men's business, they won't listen ...

The employment of a lone AWH makes it impossible for the Aboriginal Health Worker to separate men's and women's health care, as both of these issues are treated separately in Aboriginal culture. This becomes a problem when they are the only gender dealing with both female and male health issues.

Participant 11:

... My boss forced me to go and see this man after he said he wanted to see someone, I would go, and, mate, did I get into big trouble, see, 'cause they kept paging me. Still, I told 'em but they never listen, and they don't care ...

The Aboriginal Health Worker can find themselves being directed by non-Aboriginal managers and health staff to attend the needs of Aboriginal clients of the opposite sex without due consideration of the possible cultural ramifications of the situation.

Non-Aboriginal mainstream managers generally do not see the need for the Aboriginal Health Workers they supervise to attend any cultural functions in the community. Attendance at funerals, which is a common and important obligation

in most Aboriginal communities, is a good example of a key cultural function. This places considerable strain on the Aboriginal Health Workers who are required to pay their respects to the elderly and to the families who are affected by the death, but are pressured by the manager not to attend.

Although attending funerals is a cultural obligation and part of the provision of care for a community, some managers expect workers to do it on their own time, at their own expense.

Participant 8:

[name] rang me from [name] 'ere, I told you, eh. Did I tell you about that? She pulled 'im up in front of a patient an' told 'im the next time 'e wanted to go to a community funeral, to put in a leave form, and I went off my 'ead. And then she rang me up an' I said, 'If you keep expectin' these workers to be choosin' you and the Health Service over the community, you're gunna lose 'em.' She's backed off ever since. An' I took it to the Hospital Board that they've been asking to put in leave forms for them to go to funerals, and I said, 'As far as I'm concerned that's a form of asking Aboriginal people to pay for their own genocide that's unfolding before our eyes now.' I said, 'How are the 'ealth workers any more responsible for the community deaths than we can say any one of you people are sittin' 'ere are? Why should they pay for their own leave to go to funerals?'

Another participant reiterated this problem:

Participant 11:

... You know, in the town I live there was a well respected Koori woman died in Sydney and when they bought her home for her funeral I wasn't allowed to go. I asked all the time why can't I, but they never used to tell me, they would just say no, you know, that made me feel no good ...

In contrast, staff from Aboriginal Medical Services are allowed to attend funerals in their local community.

Participant 2:

We all go to the funerals, and we support, doesn't matter who it is, we support them, even if we don't know them so well, we still go, to represent us and to support the family, and there's no restriction on when you're attending funerals. No, none whatsoever. We are encouraged to attend, because we are seen to support our community.

There are other occasions when Aboriginal Health Workers are culturally obliged to attend to their community responsibilities in a variety of organised events (such as the National Aboriginal and Islander Day Observance Committee (NAIDOC) week of celebrations and cultural practices) and discharging community responsibilities (such as providing services to Elders).

Aboriginal Health Workers are forced to work in a Western model of management that is predominantly reductionistic and biomechanical and is not culturally attuned to the holism of traditional Aboriginal health practices. This situation often forces Aboriginal Health Workers to operate against their cultural norms. This is a source of much tension for the workers.

Participant 1:

... the problem that I encountered was, um, that when I first started in that position I used to have a boss, and I do think this is a big problem with a lot of managers of Aboriginal health workers, is that, if nothing else, they don't have any idea, that and they don't seem to do any training, or have any Aboriginal awareness so they don't have any history themselves. And when they created these positions and when they just picked somewhere to put ya table and chair and nothing else except your telephone extension and, *voila*, whether that's in a building that you're five kms from a hospital or in a health centre that is 10km from a hospital, you're a hospital liaison officer, um, the bosses tend to question you all the time, 'Why are you out of the office, why are you working out of area?' The boss is constantly looking at my vehicle running sheet. I had gone to a house and spent one minute there and they need to know why was I only spending

one minute there at a house, and I told him, well, I was only dropping off a patient, and I said to him, 'I will go in and have a cup of tea, if you like, next time!'

Participant 8:

I find it a bit bizarre ... bizarre that he knows that you're from a different cultural area and wants to set you up and send you out in the Aboriginal community to do cultural awareness packages and training, and knowing perfectly well that that's gonna affect you as an Aboriginal person, yeah, and to expect the community to give a non-local person, local ... knowledge ... sacred information.

Sacred information would not be discussed in non-Aboriginal meetings or shared with non-Aboriginal people.

Aboriginal Health Workers in the AMS stress is reduced because they are:

- managed by Aboriginal supervisors
- permitted to attend cultural events in Aboriginal communities
- allowed to attend funerals of community people in any Aboriginal community
- allowed to appropriately separate men's and women's health issues.

For these participants, community-controlled services empower Aboriginal Health Workers to be effective cultural brokers. This brokerage role seems to be more readily nourished in community organisations, which can lead to greater self-determination.

Participant 8:

Whereas working in community-based organisations, you feel the real sense of empowerment, your basic everyday working ... day-to-day running ... you're empowering people just by letting those people know they are entitled to make their own decisions ...

Empowerment means gaining power, and power, by its very nature, is always political. Thus, the potential for competition will always exist without the controlling influence of accountability and transparency in the AMS. Further, several participants pointed out that genuine self-determination has been removed from some Aboriginal Medical Services and replaced with self-interested and self-serving individuals in powerful management positions who put their own personal and family interests ahead of those of their community.

Participant 8:

The biggest issue that I'm facin' out 'ere is the torn cultural values and the misguided loyalties of the Aboriginal people themselves ... an' they won't rock the boat for fear of upsettin' the so-called friends in the white community that they think support affairs but who are not real supports ... who are, y'know, there lookin' after their own interests really because they don't really understand what their real issues really are ... an' they're not really advocatin' on their behalf so they're miss ... they're really misguided loyalties ...

Participant 7:

Yeah, I'm tired of the, um, the management structure in this place, the day-to-day management, I'm tired of the games that the CEO and the board of directors can play. I s'pose I'm basically tired of the board of directors when they get put in place because the level of people that we're getting on these boards that can't read and write an' people are only putting 'em up because it's their aunty or it's their mother or it's their brother or it's just ... y'know what I mean? I'm getting tired of that. It's not about putting people on these board groups an' manage this whole building properly, it's because they're related. Oh yeah, that's fine we'll put so and so 'cause that's, y'know, he's got 20 votes compared to that person that should be there with two votes. So I'm getting tired of that politics too ...

Some of the participants see the AMS as not working to its full potential. AMS management could be far more effective if they had skills that enable them to secure long-term money and stable resources. But these types of skills are

described as in short supply in community-controlled services, and consequently the effectiveness of the services is compromised.

Participant 5:

... working for a community-based organisation where they have a board of directors, and one of my concerns is that the community-based board of directors ... I feel that they don't have skills or understandings of policies, procedures, or funding arrangements or funding procedures when they make decisions about programs or about individual workers, they're not well informed, they don't have the skills. Their heart's in the right spot but I don't think they have the skills to ... to make informed, uh, decisions based on policy ...

Aboriginal community-controlled services can have a wide variety of programs running at any one time under the supervision of Aboriginal Health Workers. However, many programs remain ineffective because of issues relating to the 'handout' mentality of community-controlled services which often only encourages passive dependence by the community.

Participant 9:

Um, and yet we have all these Aboriginal people and Torres Strait Islander people employed but nuthin's improved for our people ... our people are still dying younger ... Um, they get all this funding from the Government and you don't see them out in the community doing anything. Actually, the way I look at them, they are just putting a Band Aid on things and they're the ones that still keep their people in the welfare mentality, making appointments for them, paying for their scripts, um, and to me that's not helping, that's not helping our people. That's not helping our people. That's not helping no one.

Another powerful cultural practice is 'yarning', or informal social conversation, which is a major aspect of communication in Aboriginal communities. From the perspective of the AHW, yarning is a ritual where access to the community is gained. As well it is used as a means of gathering and giving information and

paves the way for deeper levels of communication, building trust and safety. Thus, yarning is expected in most social interchanges. Services are culturally more welcoming when they encourage yarning as they provide a secure space of trust and a means to share community resources and information.

Participant 2:

... Yes they come here after hours, just to have a yarn, go for a drive, and just to settle them down and what not, they go through a lot of trouble, ya know, with racism and what not! Um, lack of work, no income, and what not! This just turns 'em upside down, in this place, they just need someone to come and talk to, ya know ...

Aboriginal Community Controlled Services are structured to include yarning and sharing to allow for the nourishment and genuine expression of identity in a non-threatening way.

Another cultural consideration for the AHW is the influence of local politics on the distribution of local resources and information. Each AMS distributes resources based on the way working relationships are formed politically within and between Aboriginal organisations that service their communities. If the Aboriginal Health Worker is not familiar with these political mechanisms and machinations within their community, they will prefer to maintain the status quo and not 'rock the boat'. As a result, they will be much less effective in their community sensitivity and capability to fit into the local community.

One essential feature of navigating local politics is not being seen to take sides in the political workings of the community. Thus, the Aboriginal Health Worker can provide what is perceived in their community to be a balanced service. Unfortunately, in reality, AHWs are often unwittingly drawn into the factionalism and local political disagreement by being forced to take sides on major decisions concerning the community. If AHWs resist being drawn into disputes they can be shamed, silenced, ignored and/or physically abused, and most will want to avoid this.



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A key bureaucratic model which is currently favoured for health service delivery is based on 'partnerships'. However, while this is fine in theory, in practice, 'partnerships' are not always genuine partnerships.

Participant 3:

I am not an advocate for partnerships because I am yet to see a partnership work ... the reason being it has become very autocratical and dictatorial, it can go either way ... it can either go with the area health or it go, um, with the Aboriginal Medical Services and with the Area Healths, with where I work, I seen it didn't work down there 'cause you had, um, Area Health dictating to the Aboriginal community ...

For these participants it seems that mainstream health services generally have more money and resources available to spend on health programs than community-controlled services.

Participant 7:

... plenty of resources in mainstream, I felt that I had direction in mainstream, the day-to-day management of me and the program was delivered with, um, more structure. Resources never, never seemed to be a problem.

Participant 6:

Sometimes I have enjoyed working in mainstream services because I've had absolutely anything I've needed in terms of doing my job. Um, I've had a desk with a computer in a reasonable space, right, anything I needed I could just get from the store storeroom, that sort of thing, y'know what I mean? As far as working environment, working conditions, those sorts of things, it's been spot on.

Participant 4:

... right, whereas within mainstream organisations, that isn't there, y'know, that same sorta, y'know, you operate in a completely different level, right? Um, mainstream, um, mainstream is well funded.

However, even though AMSs generally have fewer resources, they still seem to retain respect from within the community. AHWs are forced to be more imaginative in the way they utilise their scarce financial resources being also held fully accountable financially. This imagination is respected and acknowledged by the community.

Participant 6:

... but we weren't provided for my funding, or my co-workers' funding. But no money to do any programs with. Y'know, that sorta thing. Um, but people had the respect for us.

The need to continually process submissions for funding through mainstream services by Aboriginal Health Workers enables non-Aboriginal 'gate keepers' to make decisions on Aboriginal funding and programs. In many circumstances the AMSs, do not pursue funds because they are either unaware that they are entitled to submit funding proposals, or the offer of the funding comes too late in the funding cycle and with very little notice.

Participant 11:

First off, I didn't know about applying for funding 'cause no one told me. You know, they come and tell me too late about stuff, or they walk up to ya real smart an' say, 'What can you do for me in this week so we can get this money for this program?' I showed 'em once but then what they done, they used the money for something else, but when I wanna do something they never tell me of other ways I can get money ...

The absence of appropriate funding procedures results in the money being lost or channelled away from Aboriginal communities to other areas of health, and therefore lost to these communities. Continuous competition, rationalisation and applications for funds is denigrated as 'white fella' practice and generally perceived as abhorrent by the AHW and simply ignored. Examples of these arrangements are evident in what the participants say about their relationships with the funding process.



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... What I have seen with area health services, and it's been a big flaw, is that they will employ an Aboriginal person because they are black, they think, ah... well, they will solve all Aboriginal health issues, whether they are employed as the AHEO or the hospital ALO or the mental health worker, and they expect them to get out there and do the job, and what they will do is employ 'em and they will solve that problem ... but they may not have the educational background or the ability to do the job. So what happens, the health worker starts to do the home visits in what we call the 'cuppa tea round', fair enough ... she's getting variable information from those families she's visiting but she's in the position where she's got no idea what's she's doing, she's got no proper supervision, um, so it creates a problem, when all of a sudden management starts saying 'hey what are you doing?' ...

This important issue flows over into other aspects of their work and personal lives.

Participant 3:

... in a particular town, um ... they renovated a new community health centre and there is nothing there to indicate that marginalised groups are welcome, like, Aboriginal people, um, gay men or lesbians, can access that service, so when you look closely at the community health they are providing a very white middle class service delivery to the community, they are not there for what they are actually implemented for ...

At times the AHW is marginalised with suggestions of 'reverse racism' which patronise and devalue the difficulties faced by the AHW.

Participant 3:

I can remember very, very, very vividly that there was one registered nurse who I was working with in sexual health, turned around and said to me, she said, '[name] because you're black you're going to get further than what I'll ever get' ...

Non-Aboriginal managers often assume that because an Aboriginal person is employed in a mainstream service, they will automatically think that the Aboriginal person will carry the entire load of Aboriginal programs, even if the Aboriginal person is not employed to do so.

Participant 1:

Mainstream health services are the most racist people I have ever known and if ya don't stick up for ya self then that's it. When I sort of got this other job, I got the job as a mainstream worker and they wanted me to work on Aboriginal projects, and I said if I want to work with blackfellas, I wouldn't have left me other job. They was saying, 'Ah, isn't it great we have someone to work with Aboriginal community people' ...

Participants were often subjected to stereotypical abuse as well as physical isolation. Because they were often the only Aboriginal employees, they felt alone and unsupported.

Participant 10:

... they didn't see me as a professional person in my job ... I have to go and have a meeting with my boss every week, just to give him a update of where I was at and what I was up to, he didn't trust me one bit, but every time I would go and meet that man there was like a hidden agenda I suppose, with sexist remarks towards myself, about myself and just racist remarks in general, about 'you people, I know you, know what you people are like when you'd drive company cars and you let your people drive around in the car as well ... When I first started there I was in a office no bigger than a broom closet, I suppose, um, I didn't have a chair, no computer for 12 months, I never had no access to any kind of admin stuff, you know, paper work, photo copying, fax, etc, pens, rulers, glue, you know, the basic stuff ...

Participants found that they were treated differently to non-Aboriginal people in hospital rituals and generally not provided with a parity of resources to do their job effectively.

Participant 10:

... you see when mothers leave with new born babies, policy is that they place the baby in the capsule, but the Koori women had to leave *without* putting their baby in a capsule and they never really cared on how they left because they just thought they walked off anyway ... So this was my turning point in my career and all throughout my 18 months of employment, I think after eight months that's when I started to see, hear, and feel the racism, and feel the hardship, my self confidence was going, I was losing it slowly but surely. The top heavies was slowly grinding me down. This job description was just the beginning, you know, the burn-out from travelling from one end of the coast to the other with no help, no support, no supervision, etc, but yet they wanted you to perform these miracles, most of which was beyond a joke. I was just one person doing such a demanding job in such a large area.

Participants describe Aboriginal people working as health workers as denigrated on many counts. To them, the health worker role seemed to have poor professional status within the health system.

Participant 10:

Even after I was able to do this kind of stuff, the people on the inside still didn't recognise me as a professional person, they didn't think I had any skills or qualifications, even after that report was launched ... and you know they still referred to me as a trainee ... they still didn't recognise me ... I actually had a midwife ask me what qualifications do you actually have to have to be an Aboriginal expert on our culture and, you know, I felt that was very shameful, very shameful for this, well, so-called educated person to be asking those sorts of questions like that, and you know the pay was lousy ...

the structure of it was lousy ... especially for the work we had to do
... the many hats we had to wear and that award that we come under.

Many non-Aboriginal people, through their silence, fail to take responsibility for racism in the workplace. When selected individuals are unrestrained in their racist actions and not held accountable by the system, racism is, in effect, turned against the 'victim' (Winsor 2001). The perpetrators use stereotypes as the rationale and basis for racist behaviour. Racism disconnects people from one another and destabilises the workforce.

Longstanding racism is difficult for many of the participants and has caused them to lose self-confidence and to feel oppressed in the places where they work. Some of the participants respond with militant anger.

Participant 4:

See, you look back at all of them sort of things and then ya look at all their ... all of what they do to us over our history and what that Assimilation Act is still doing' to us. And you think, y'know, how long are we going to be passive? And how long are we going to be tolerant, and put up with what they do to us? And not say anything, and not, y'know, pussyfoot around and play with words instead of saying it how it is.

This oppression results in the participants being unable to retain their cultural identity and makes it difficult for them to establish their own future in a safe and secure workplace environment. Their main response to racism is to simply leave their job, and sometimes their home

Participant 1:

... I think after five years of one area health service, and burn-out, I left, I pulled up roots and moved house.

The loss of land, culture and heritage has caused psychological illness and spiritual despair for many of the participants. This dispossession is highly

personal and discursively experienced and remains one of the driving issues to be addressed by this project and others of its type.

Participant 7:

All we did was exist on our land and they had their own agenda. They came here and f...ed us over and are still f...ing us over. You can't *get any poorer* than us. And we're feeling' sorry for them! Y'know, and people sit around feeling' sorry for them! An' no one in this society can say that they're not responsible for what's happened to Aboriginal people because as long as they're reapin' the rewards of what Cook's laid out for 'em, they're responsible. They're responsible for what's happening to Aboriginal 'ealth now, and what happened to Aboriginal people back then, and what 'appens to 'em in the future, an' if they choose not to do anything about it, then they're supportin' the genocide that that's created an' built this country, and it's still goin' on in this country 'til this day.

One of the participants succinctly delineated the power mechanisms underpinning the cold, hard reality of racism, and why the dominant culture has the tendency to perpetuate this current state of affairs.

Participant 8:

Well, the level of power and the amount of power that they can operate depends on the power that operates them and the mentality that's behind that power, whether it gives power to internalised racism or whether that power educates itself on the Aboriginal history and tries to do better and not, y'know, make right the wrongs rather than reiterate the wrongs over and over again ...

Most noticeable was how the participants spoke of the racism they experienced and having to cope with that racism each day. Finding the skills to survive by manipulating their own thinking and doing was a continuous, ongoing process, while being constantly relegated to the 'other' and reminded of their difference. They are made all too aware of the subtleties of racism through what is not said

and done, the dismissive expressions, closed body language and general apathy about Aboriginal issues.

Approaches to management

The majority of Aboriginal Health Workers in the NSW Health Department report directly to a non-Aboriginal manager, which does little to empower Aboriginal Health Workers. Informants describe how this disempowerment results from non-Aboriginal managers' failure to understand how cultural and social issues in Aboriginal communities must be negotiated, and that this negotiation must be done with sensitivity and be appropriate to local circumstances. In fact, there is enormous diversity in Aboriginal Australia and social mores can vary widely between clans and tribes — 'one size' does not fit all circumstances. Moreover, to these informants it appears that the health system continues to promote this cultural ignorance.

Participant 1:

Should this boss of mine be learnt on how to work with Aboriginal persons and what the job was about? And not doing any culture awareness, didn't understand the history of why Aboriginal people are the way we are ...

This participant's quote indicates that the boss did not understand Aboriginal people in general and lacked cultural awareness.

Participant 8:

... It's the lack of empowerment, the lack of encouragement, the lack of support to do things our way, the lack of encouragement to please the community rather than please the health services.

Participant 10:

Also, one of my duties was to encourage Aboriginal people to come into hospital and, um, again there was a block. How could I promote the services to the Aboriginal people, when I wasn't allowed to go into the community and connect to the grass roots people? So there became a double struggle, you know, and it was at this point in time

my feelings became more noticed, too much stress and the tension too great. This was between myself and superior officer and I knew things wasn't going to work the way that they want it to work there and I found it difficult to work in that way ...

One of the participants advocated that Aboriginal people use the available health facilities. Frustration with what she viewed and describes as the systemic obstruction and lack of support from front-line managers caused her to eventually resign from the position.

Participant 8:

Y'know, and all we're askin' for is the bastards to move over and let us operate the way we need to operate to serve our people. That's all we ask of 'em, mate, and they can't f...ing do that!

Each of the participants responded to this cultural ignorance in their individual ways. Community-based services were seen to be more flexible and to work more appropriately to meet Aboriginal community health needs.

Participant 4:

... Community-based ones are more flexible or seem to be to people looking in, y'know. Mainstream things are more structured. You have things which you have to stick to. You have guidelines an' should you go outside them, you're really in deep trouble, but community-based ones are more flexible, or seem to be to people looking in, y'know. I don't ... I've never worked there so I don't know if they are, but to outsiders looking in on those kinds of organisations they seem more flexible in the way they operate ...

Participant 8:

[name] rang me from [name] 'ere, I told you, eh. Did I tell you about that? She pulled 'im up in front of a patient an' told 'im the next time 'e wanted to go to a community funeral, to put in a leave form ... An' I took it to the Hospital Board that they've been asking to put in

leave forms for them to go to funerals, and I said, 'As far as I'm concerned that's a form of asking Aboriginal people to pay for their own genocide that's unfolding before our eyes now.' I said, 'How are the 'ealth workers any more responsible for the community deaths than we can say any one of you people are sittin' 'ere are? Why should they pay for their own leave to go to funerals?' ... Working' in mainstream, y'know, the amount of players you've got to worry about, an' it's the hidden agendas that you have to watch for in your, y'know ... you're working' under an illusion that you're workin' toward something when you're not really workin' towards anything. All you're doin' is bein' a blanket to cover up what's really goin' on ... too much stress, emotional stuff and isolation, but after being in mainstream I found myself totally exhausted on my survival skills being able to cope in life. I felt like I was on the rock bottom, totally stressed, teary all the time, completely emotional ... Everything in life went wrong, everything went bad for me, and I don't feel like I am going to stay mainstream and work in that area. I will feel like a traitor to the people if I stay there because I feel like I owe it to them that it will be okay ...

Informants described how some mainstream managers seem to discourage any collaboration between AHWs and mainstream and community-controlled services. The workers describe how they felt that they were selling out their community by staying employed in the mainstream service.

Participant 4:

... but I've not had a great deal to do with 'em. There, I have not been to any meetings. The only meeting I've been to with all the health workers was at [name] early last year and there's been no occasion for us to get together, and what there has been has been for specific things, y'know, like it might be for health, um, mental health workers an whatever, but generally as health workers ta get together, there isn't a great deal of that ... bosses don't like it.

Mainstream services are perceived as more controlling and seem to prefer to employ more formal surveillance mechanisms in managing Aboriginal Health Workers.

Participant 1:

... bosses tend to question you all the time, 'Why are you out of the office, why are you working out of area?' The boss is constantly looking at my vehicle running sheet. I had gone to a house and spent one minute there and they need to know why was I only spending one minute there at a house, and I told him, well, I was only dropping off a patient ...

The racism is demonstrated because this level of policing is not applied to non-Aboriginal workers at similar levels.

Participant 8:

... they have ta justify their time that they go an' spend with people an' then they, y'know, people try to limit the time that they wanna spend. Like, if they go out an' visit the people in the homes, the people like to offer 'em a cuppa tea and sit down and yarn with 'em and talk about issues, an' they go back and then they're questioned about why they spent that much time in any one 'ouse, y'know. An' it's about the holistic perspective on health, it's about lookin' after the whole person and not just the physical person. So by spendin' that time, you're lookin' after the spiritual, physical and the emotional, y'know.

The surveillance of AHWs in mainstream health is noticed by the AHWs from AMSs and the Aboriginal community in general. This may result in them losing face and possibly result in an AHW being shamed out of the community.

Participant 3:

... well, for them to go out into the community to have a yarn to people ... they have to get the okay from their boss, um, they tell 'em how long they're going to be, they have to set times, back at set

times, and they have to go and explain to the bosses and tell 'em why they have been out there ...

After each appointment, the Aboriginal Health Worker is expected to return to the office before continuing on to the next client, unlike non-Aboriginal workers. This not only makes the Aboriginal Health Worker realise that they are not trusted, it is also an extremely inefficient way to conduct a service to the community and undermining for the workers. The Aboriginal Health Workers feel that they are constantly questioned as to why they do things the way that they do (for policing rather than professional development reasons).

Mainstream workers are described as having a general lack of respect for Aboriginal Health Workers. They insist on their mainstream approach by questioning issues and do not appear to have an understanding of Aboriginal culture. More cultural awareness could break down barriers between mainstream and Aboriginal health.

Participant 8:

Well, the male worker seems to be constantly bein' challenged, not so much now since I've been around, since I've, y'know, mediated between them an' bein' an advocate for 'im, but I think his, um, authority constantly gets challenged and it's constantly bein' challenged by a younger woman, an' there's a real role model issue there, younger woman who is the age of f...g the team leader, and because he's a Koori male, y'know, that's an issue because of role issues ...

Participant 8:

They tried to down a Koori man because he hadn't 'ad is Year 10 Certificate. An' I let that slip over my head on the job description, that went down as an example that's gonna go about as a dividable. But he was, he came from alcoholism, gave up alcohol to live with an' was working' at the 'ospital. An' he coulda taken up on those trainee positions. It would been an ideal opportunity for 'im. He was also a role model to the young workers. He 'ad life experience

Participant 11:

Every day I'm questioned by the young team leader at work, she is only about 25. She has no respect, she's rude, she always saying 'been out seeing your people like you're employed to do'. Hey, they don't trust us, you know. I was having some people come up to me once for a meeting and nearly everyone in the building asked me what was going on ...

Participant 10:

I tried to explain to them that my position would be better off on the outside of the hospital rather than coming doing the service intakes. While I was in the hospital, I thought that I could promote the services better outside the hospital, you know, that the Koori people know of that services and delivery offer. Also, one of my duties was to encourage Aboriginal people to come into hospital and, um, again there was a block. How could I promote the service to the Aboriginal people when I wasn't allowed to go into the community and connect to the grass roots people? So there became a double struggle, you know, and it was at this point in time my feelings became more noticed, too much stress and the tension too great ...

Mainstream approaches to managing AHWs do not seem to account for the potential injury to the AHW. Divided loyalties are a harsh reality for AHWs.

Participant 8:

Yeah, well it's killed the hope and prob'ly desire in thinkin' that, y'know, anything can ever change for us because, y'know, they lose hope an' despair and their wellbeing goes down in the mud that many times it's not funny, y'know. They don't think that makin' complaints is going to get 'em anywhere, although I encourage 'em to. One of 'em from [place] made a complaint the other day about bein' employed as an AHEO an' then got demoted as a trainee an' sent off into the Associate Diploma, and lost 'er pay as an AHEO an' went in an' got the pay as a trainee as well. She challenged it. And I think it's going to turn out that the Health Service owes 'er money.

Cultural reciprocity and family obligations are often cited as an excuse for nepotism and empire building with Aboriginal community-controlled health services.

Participant 7:

Yeah, I'm tired of the, um, the management structure in this place, the day-to-day management, I'm tired of the games that the CEO and the board of directors can play. I s'pose I'm basically tired of the board of directors when they get put in place because of the level of people that we're getting on these boards that can't read and write an' people are only putting 'em up because it's their aunty or it's their mother or it's their brother or it's just ... y'know what I mean? I'm getting tired of that. It's not about putting people on these board groups an' manage this whole building properly, it's because they're related. Oh yeah, that's fine, we'll put so and so 'cause that's, y'know, he's got 20 votes compared to that person that should be there with two votes. So I'm getting tired of that politics too ...

These practices lead to extreme frustration for Aboriginal Health Workers and can be a powerful influence on how they are able to perform their duties.

Participant 7:

People just don't care. People think it's okay to put their aunty up because she's sitting there an' she's 60-something an' she's deaf an' she can't read or write. Y'know, people think that's okay to have them on the board. Y'know, people think it's okay for, y'know, one person ta, like, the person that I'm talkin' about lives in the next town an' it's okay to put 'er there because, 'Oh, that's Aunty, y'know, that's Aunty So an' so, she's okay, y'know, she talks to us, she's good in our comm.' It's not okay. It's not okay. An' I try to get this information out to people, y'know, an' I just get so exhausted with it. Who wants to be in a Koori organisation when you've gotta put up with that shit? Who wants to be?

Community members on interview panels for positions in Aboriginal community-controlled health services can be unskilled in the way they select job applicants. Empires are built using family members, resulting in inappropriate people being placed into AHW positions.

Participant 4:

... Gee, um, community-based health services, well, I'm working in one now, um ... the issues that I find coming out of working in a community-based health service now is the day-to-day management. I just feel that it's not controlled enough. I feel it's not supervised enough for myself as a worker ...

Because of the difficulty in separating work from community obligations, organisational problems within AMSs normally flow over into the community. The results can be factions, divisions and the social strain of services not being delivered equitably.

Participant 3:

... people might think we might have HIV/AIDS or they might judge us straight away, 'But we're seeing [name] because, y'know, she manages a sexual health team', or 'We seen [name] because she's got the mental health worker on 'er team so that they think that we're mad.' So that's, that's some of the stuff that's happening now. People are, women especially are frightened to come to us in the building too an' say, 'Is [name] there?' because straight away there might be other community people in that building too that might see them an' they might think, 'Oh, why's she seen' the sexual health team or why's she seen' y'know, so an' so?'

Participants also noted that members of particular families are provided with increased services and special privileges. It was concluded that families get preferential treatment by being associated with and continually managing the local community health service, while other families are on the periphery of decision-making and services.

Participant 7:

I'm getting tired of that. It's not about putting people on these board groups an' manage this whole building properly, it's because they're related. Oh yeah, that's fine we'll put so and so 'cause that's,

y'know, he's got 20 votes compared to that person that should be there with two votes.

In principle, Aboriginal Medical Services should be self-determining through a sharing/caring philosophy of self-empowerment; however, the reality is that in many circumstances they lack self-determination for a variety of structural and political reasons. These reasons include funding controls (as discussed above), the pressure to continually apply for funds and the timing of the funding that does not coincide with community needs. One particular participant indicated that Aboriginal Medical Services have veered away from their original purpose.

Participant 9:

... AMSs ain't working' to their full potential and I think they've lost the vision of what, you know, the vision that I'm sure the founders of the first AMS had. I'm sure their vision was different to the way that the AMSs are run today around the country, you know. And I think somehow they've lost, yeah, they've lost that ...

Aboriginal community-controlled organisations generally have less surveillance and formality in how work is structured and delivered. This makes working in these services more autonomous and sometimes less stressful.

Participant 8:

... I found that easier to work in than, um, workin' in mainstream, y'know, the amount of players you've gotta worry about an' it's the hidden agendas that you have to watch for in your, y'know ... you're working' under an illusion that you're workin' toward something when you're not really workin' towards anything. All you're doin' is bein' a blanket to cover up what's really goin' on ... easier to work in community-controlled ...

Aboriginal community-controlled medical services provide an opportunity for more variety in health care experiences and exposure to a wider range of situations related to health issues. This exposure can result in the AHWs delivering their services in a more encouraging and holistic way because they are

able to address more diversity in their work and feel less surveillance in how work is structured and delivered.

Participant 12:

I have worked in the AMS for years now and I come with no education to offer but my personal experiences. I have gained a lot since but I wouldn't work anywhere else but the AMS.

Participant 8:

... just seein' Koori faces every day in a building compared to non-Koori faces, y'know, for the last few years of my work, y'know what I mean? It's different. It makes ya feel good. It makes ya energetic. An' ta think once ya in there an' ya see all this other internal stuff happening an' how people are bein' spoken to an' treated an' it just. ... it's very, uh, it's sad. It's just sad. But me, as a person, I was happy ta go there because, like I said, I'd see Koori people every day an' I's happy ta be in that environment. Then I started seeing, 'cause of bein' treated like this, an' y'know ...

AHWs in Aboriginal community-controlled medical services are often looked upon as role models and, according to these participants, are often more accepted.

Participant 7:

I'm actually working in a building now that's bein' visited by Koori people, I have more access to Koori people, have more access to a lot of information, I don't have to worry about boundaries, it's culturally ... this service allows me do a lot of that working role that I wanna do with these services, with the programs an' with clients.

AHWs are described as having had a sense of belonging when working in their own environment with Aboriginal people.

Participant 6:

In relationship to community-based health services, well, your social responsibility goes without sayin', y'know. Ya first responsibility, regardless of the fact that you're a health service an' a person might

wanna see a doctor or a dentist or whatever else, y'know, what you're gonna provide, your first social responsibility is you acknowledge that person an' make them welcome, y'know. Um, y'know, an' you provide those basic things that are required in the first place, right. And half, y'know, your social responsibility is to make sure that that person is provided for adequately to the maximum by your service.

Participants also perceive that CEOs often function at a distance from the Aboriginal Health Workers because their roles are often strategic rather than functional. This results in the Aboriginal Health Workers feeling as if no one listens.

Participant 6:

Well, I've worked, my working life is, uh, I've worked in both mainstream an' Aboriginal organisations. Um, I'm working down at [name] now, um, and I have to say it's one of the most dysfunctional places I've ever worked in my life.

Participants also implied that the CEO needs to be seen as being responsive to the needs and issues of Aboriginal Health Workers and to be involved in the day-to-day work of the service.

Participant 7:

There's no management structure in there whatsoever, an' I say that very clearly 'cause I have not seen that yet. An' that's from a board of direction management to a CEO, yeah. 'Cause one of the things that brought to this, that surfaced all this, was we had some big internal problems here with the, again with the CEO day-to-day management of things not bein' followed through ... An' look at the geographical area. Don't take that away from me, we are doing good stuff, but there's a lot of internal stuff, gaps, y'know, board of directors, CEO, management, y'know, cultural stuff that's just not, that's not nice. An', uh, y'know some of the things that are done an'

some of the decisions that are made an', ah, y'know, who controls what an' how an', y'know, I think, 'you make me sick'.

Although AHWs working in these Aboriginal community-controlled medical services do have some grievances with the ways in which the services operate, the cultural being and connectedness remains strong and binding.