



Chapter 6: Labour Force Participation as a Determinant of Indigenous Health

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Introduction

It has long been recognised that social inequalities are associated with health inequalities (Marmot & Wilkinson 1999). Extensive research has shown that income, employment, education and community connectedness impact both on the health status of individuals and on the community more generally (Baum 1998; Wilkinson & Marmot 1998).

The positive link between employment, resultant income and health status is generally acknowledged and accepted. Employment is the means by which financial income is generated, which in turn provides the means to purchase the essential prerequisites for good health, such as adequate housing and nutritional food. This cycle is further embedded, since income may facilitate the opportunity for further education and attainment of knowledge and skills, which potentially secures a type of upward spiral of economic mobility.

The labour force characteristics of Indigenous Australians have been steadily documented over the years, providing some indications of the nature of Indigenous labour force participation and its consequences. It is thus widely known that the Indigenous population in Australia is broadly characterised by high unemployment, low employment and employment in low-skill jobs.

The ongoing low labour-market status of Indigenous people is due to a variety of interdependent factors that can be summarised as historical (including the failure of successive policy regimes), locational and cultural. The history of Aboriginal Australians differs significantly from other Australians, most notably in regard to their exclusion from the mainstream provisions of the Australian State until the late 1960s (Hunter 2001). Sixty-nine per cent of the Indigenous population lives outside the major urban areas and around 25 per cent live in remote areas of Australia where the lack of a developed labour market and the limited availability of services reduce the opportunities for mainstream employment (ABS 2004). Cultural factors are also a major determinant of labour force status. Indigenous peoples in remote areas may be unwilling to migrate for employment because they have

other important cultural priorities. On the demand-side, there is also the likelihood that employer discrimination impacts on Indigenous labour force participation, and this is an area that is in much need of research.

The health status of Indigenous Australians has also been a subject of much research and policy concern. It has been consistently documented that Indigenous Australians have the poorest health of any subsection of the Australian population (RACP 1999). Substantial inequalities exist between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians, particularly in relation to chronic and communicable diseases, infant health, mental health and life expectation. It is also well established that Indigenous Australians have relatively poor education attainment levels, poor housing, and high crime and incarceration rates. Australian Aboriginals are disproportionately concentrated in deprived areas and also suffer the consequences of racial discrimination, barriers in accessing services, and language and cultural barriers to accessing information and services (Hunter 1997; Taylor & Hunter 1998).

Although there are a number of studies that explore matters related to the labour force status of Indigenous Australians, such studies really only scratch the surface of the *nature of the linkage* between labour force participation and Indigenous health. This paper reviews a body of literature related to labour force participation trends and the resultant socio-economic and health status of Indigenous Australians. This overview is set against a critique of the methodology used in the vast majority of the sourced studies. Current studies using Western-centric understandings and measures of health and work do not allow for a clear relationship to be detected between the two factors in the Indigenous Australia context. This is primarily a result of the continued application and use of Western understandings (and measures) of concepts, which do not accurately reflect the cultural specificity of the Indigenous Australian context. Thus there is little attempt to 'unpack' the nexus between labour force participation and health, since this is a vexed issue and the causal direction is entirely unclear. This reinforces the need for a different type of methodology in any future research. Throughout this paper it is argued that notions of work and health in the context of Aboriginal Australia need to be reconceptualised in a more Indigenous-specific

and informed way if we are to truly understand the meaning both of 'work' and 'health' (appropriately defined) and the complexities of the relationship between the two.

Labour force participation of Indigenous Australians: Context

Standard economic theory assumes that labour force participation is determined in a two-stage process. First, individuals 'decide' whether or not they are going to supply their labour to the market. Following this, a number of factors determine whether or not individuals are employed, including incentives to search for work, willingness to accept any job offers and labour demand conditions. The conventional economic models of labour supply (the first stage) are limited in that they allow only a minor role for social environmental factors. In such models, social factors only affect labour supply through their effect on an individual's or a family's preference for leisure versus 'work'. As Hunter (2000) correctly states, such assumptions are not warranted in the Indigenous population, where a history of social exclusion from the mainstream institutions of Australian society due to beliefs of racial inferiority have had long-lasting and direct implications for behaviour and the desire to 'work' in the market economy.

The study of Indigenous labour force status is thus rendered complex by Indigenous-specific cultural/social and historical factors, the behaviour and preferences of potential employers, and the interaction between these supply and demand side factors. For example, although gainfully employed, Aborigines pursuing traditional hunter-gather lifestyles in remote areas are not counted among the officially employed, since they do not conform to the standard criteria for employment as working for pay or profit (Altman & Taylor 1989), even though they themselves may take the view of being self-employed within the confines of standard criteria.

Employment is the major factor determining economic security enjoyed by most Australians. The fundamental importance of the provision of decent and realistic work opportunities for those who wish to participate cannot be underestimated. However, before uncritically importing notions such as the fundamental importance of work into an analysis of labour force status and its impact on Indigenous health, it is necessary to consider the *meaning of work* in a cross-cultural context.

At the outset it is important to note that while the overwhelming majority of Indigenous Australians want employment opportunities (Gray & Hunter 1999; Hunter 2002), there are legitimate historical and cultural reasons why some may choose to opt out of mainstream or Western work structures. As Graham (1996, cited in Sully 1997 and in Probert & Macdonald 1996) points out, attitudes to work are affected by the historical experience of work. Traditionally, Indigenous Australians defined work in quite different ways to the colonially imposed 'Protestant work ethic'; the identity of Indigenous people was not bound up in work to the extent that it was for Europeans—success was broader than success at work, and it encompassed art, spirituality and other community activities.

It should thus be considered that *not* having any employment in the Australian labour market may actually empower and free many Indigenous people to hunt, fish, paint and live on the land. Indeed, the extra hours of 'spare' time may facilitate more extensive participation in ceremonial activities, thus increasing what may be defined as 'social capital' (Hunter 2000). Nor should employment be viewed as automatically contributing to social capital, since some forms of employment actually diminish the extent of shared values and trust. Work that involves or leads to frequent movement of the workforce, such as some types of casual or seasonal work, could uproot the worker's family and thus weaken links to the local community (Hunter 2000).

Past experiences are also likely to impact on the choice of Indigenous Australians to participate in mainstream Western employment. Aboriginal labour history, while being slow to emerge as a distinct field of study (Curthoys & Moore 1995), has started to provide accounts of Indigenous Australians' experiences as workers. These accounts, while differing in their interpretations of the nature of the employment interaction between Aboriginal labour and the wider society, all commonly emphasise the brutal and humiliating conditions under which Indigenous Australians worked.

For example, Evans, Saunders and Cronin's (1975) *Exclusion, Exploitation and Extermination: Race Relations in Colonial Queensland* provides an examination of racial thought, expression and behaviour by colonial Australians to the racial minority groups of Aboriginals, Chinese and Melanesians in the nineteenth century. Their account highlights the use of violence in the management of Aboriginal labour to ensure their economic usefulness. Aboriginals were engaged only in '... tasks considered demeaning and arduous by whites—such as scrub clearing or the traditional hewing of wood and

drawing of water' (Evans, Saunders & Cronin 1975:110). They were unable to rise any higher in occupational status than this and '... received only the roughest and cheapest food and clothing for work at which they were [as] competent as any white man ' (Evans, Saunders & Cronin 1975:112).

Another history emerging is the experience of Indigenous women who were removed from their homes and families on Aboriginal reserves and set to work as domestic servants for white families. A number of labour historians (Huggins 1987 & 1995; Walden 1995) have provided informed accounts of the experiences of the women subjected to government policies of the day, which viewed domestic service as a fitting vocation for Aboriginal women (Huggins 1987) and one in which assimilation into white society could be facilitated. These women worked extremely long hours undertaking tasks ranging from manual, physical labour to cleaning and childminding and rearing. They were often subjected to both physical and sexual abuse by their white employers and punished severely for perceived incompetence. While a variety of individual State and Territory legislation existed that provided a framework for the determination of wage payment to Indigenous workers (see, for example, Williams 1992:91), the majority of Indigenous women domestic service workers did not receive a wage (Huggins 1987; Haskins 2005).

Indeed, one of the striking features of the history of Indigenous employment (one that is quite recent) was the widespread practice of not rewarding their labour with the payment of wages (see, for example, Williams 1992). The lack or insufficient payment of wages to Indigenous employees throughout history has commonly been linked to the exclusion of Aboriginals from the wage-setting system in Australia.

McCorquodale (1985), analysing all major Conciliation and Arbitration Commission decisions in Western Australia and New South Wales between 1922 and 1968, reminds us that throughout Australian history, employment legislation has been enacted to exclude Indigenous Australians from employment and/or subverted industrial action to those who did gain employment. Legislation included:

1842 *Breach of Contract Act* which was used with the 1849 *Aboriginal Native Offenders Act* 'to provide a whipping got up to two dozen lashes in lieu of or in addition to imprisonment if an Aboriginal worker objected to his/her employment conditions or who absconded; the *Wine, Beer and Spirit Sale Act* (1880) in Western Australia which allowed any person to give

liquor to Aboriginal people in place of wages; ... the 1901 *Post and Telegraph Act* which restricted mail contracts to non-Aboriginal Labour the Workmen's Compensation Ordinance of 1923 in the Northern Territory, which excluded people from receiving workers' compensation... (Williams 1992:91).

The effect of these and other legislation was no accident. They were deliberate attempts to marginalise Indigenous Australians from the mainstream economy. As McCorquodale (1985:3) states:

[T]he edifice of legislative discrimination and repression was no mere oversight, or momentary aberration of government. It was systematic, continuous, organized, and designed to remove and eliminate forever any prospect of a reservoir of peons, cheap black labour.

Such historical institutional processes lead Williams (1992:93) to conclude that, '... Australian Aboriginal "unemployment" was a built-in feature of Australian economic history...'

A potentially complex interplay of supply and demand side factors is thus involved in understanding Indigenous labour force participation, since historical, racial and institutional discrimination not only influence the probability of available employment (Altman & Daly 1993), but also impact on whether or not the choice is made to enter employment.

In addition to impediments posed by the potential misunderstanding of what 'work' and 'employment' mean for Indigenous Australians, and alongside the complex interaction of supply and demand issues, Indigenous-specific institutional features such as the Community Development Employment Projects (CDEP) scheme need to be taken into account. The CDEP scheme poses a crucial difference between the Indigenous and mainstream labour market, and complicates comparative analysis. According to the latest statistics from the Australian Bureau of Statistics (ABS 2004) 25 per cent of Indigenous employment is in the CDEP scheme. Under the CDEP scheme, Indigenous communities get a grant of a similar magnitude to their collective unemployment benefit entitlement to undertake community-defined 'work'. The recipients are then expected to work part-time for their entitlements.

Historically, the CDEP scheme was available on a one-in-all-in basis for each community. The current policy, which evolved gradually in the mid 1990s, means that when the CDEP scheme is provided in a community, the unemployed have the choice as to whether or not they participate (Sanders 1993). Often viewed as the first 'work for the dole' program in Australia, the CDEP scheme has been regarded as an extremely effective way of facilitating the movement of Aboriginal people into mainstream employment. However, given the limited employment opportunities in rural and regional areas and the racial discrimination faced by urban Indigenous job-seekers, the CDEP scheme quickly became a destination for Aboriginal employees. Since 2005 the conservative-led Federal government has implemented major reforms to the CDEP scheme—such as requiring its participants to register with a formal job network provider and limiting the participation in the scheme to twelve months—in an attempt to get more Aboriginal people into 'real jobs' (DEWR 2005). Such reforms have been viewed negatively by Aboriginal lobby groups, which argue that the reforms are based on the flawed assumption that there are both jobs available to Indigenous Australians and employers that wish to hire Indigenous Australians. They argue that the reform serves an assimilation strategy and marks the destruction of yet another Indigenous Australian initiative (Graham 2006).

One of the earliest explorations of labour supply decisions in an Indigenous context was undertaken by Altman and Nieuwenhuysen (1979:201–04). They presented a standard neo-classical model of labour supply that explored the implications of Indigenous preferences. They identified that something akin to (what eventually would become) the CDEP scheme would serve as a potential means to boost Indigenous labour supply, mainly by the introduction of flexible working arrangements that would appeal to remote Australian communities.

Another seminal study was conducted by Daly (1995), who attempted to explain labour force participation of individual Indigenous males and females in terms of a basic set of education, marital status and geographic variables. Daly's findings are consistent with the basic human capital model, and while the importance of Daly's work is not denied, a more Indigenous-specific approach may be more appropriate (Hunter 2000). For example, a more culturally appropriate and sophisticated analysis of labour supply might focus on collective models of family labour supply that explore the interaction between household production and labour

provided to the labour market (Blundell & Macurdy 1999, cited in Hunter 2000). Unfortunately the data required to test such models does not exist in the Indigenous context.

As noted above, Indigenous-specific cultural factors are particularly important in determining labour force status. In an attempt to understand the relationship between cultural factors and labour force participation, Hunter and Gray (2001) explored a number of variables, notably access to traditional lifestyles, whether a person spoke an Indigenous language, or engaged in hunting and gathering. While their study is some distance from a truly Indigenous understanding of work *per se*, the study did yield some interesting findings. It found that the access of an individual to traditional lifestyles and whether a respondent speaks an Indigenous language or engages in hunting and gathering are associated with significant reductions in labour supply and declines in the desire to work in the mainstream labour market. The study also found that a high proportion of Indigenous female workers reported childcare and other family responsibilities as the major reason for not looking for work. While this result may be surprising given the extensive family networks and high rates of informal care typical of Indigenous families, there is evidence that these networks are often not well suited to providing the reliable and predictable childcare that is required for participation in paid employment (Hunter & Gray 2002).

Health and labour force status

The notion of '(good) health' typically involves objective measures such as morbidity, mortality and limitations in activity. While the usefulness of such considerations may appear to be self-evident, the notion of 'health' can be culturally determined. The World Health Organization, adopting a holistic and multi-faceted view of health, defines health as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity' (cited in Devitt, Hall & Tsey 2001:1).

The National Aboriginal Health Strategy (NAHS) Working Party also adopts a holistic approach, but extends the definition by proposing that wellbeing is an attribute of communities, as well as of the individuals within a community. In this way, cultural wellbeing, along with social and emotional wellbeing,

is identified as being equally central to health. In the NAHS definition, health is thus recognised as having physical, mental, social and spiritual components:

Not just the physical well-being of the individual but the social, emotional and cultural well-being of the whole community. This is the whole-of-life view and it also includes the cyclical concept of life–death–life (NAHS Working Party 1989).

Using the conventional conception of 'health', Indigenous Australians suffer a clear health disadvantage relative to their non-Indigenous counterparts, with lower life expectancy and higher morbidity and mortality in all jurisdictions with adequate data quality (ABS & AIHW 1997). Part of a broader approach to measuring health, however, is to ask people to assess the state of their own health. Subjective health assessment has become a critically important component of contemporary health research (Albrecht 1994), which some argue is as reliable as, and perhaps even more reliable than, biomedical measures (Epstein 1990). It should, however, be remembered that this measure is dependent on an individual's awareness and expectation of their own health. As such, it may be influenced by factors such as access to health services and health information.

Until recently, little was known about Indigenous peoples' subjective assessment of their own health. The 1994 National Aboriginal and Torres Strait Islander Survey (NATSIS) included a global question on health and thus provided the first population-based information on the self-assessed health status of Indigenous Australians.¹

The NATSIS 1994 survey found that labour force status was significantly associated with self-assessed health status, even after adjusting for age. For both females and males, people who were unemployed or not in the labour force were significantly more likely to report fair or poor health than those employed in mainstream jobs (that is, jobs other than CDEP jobs). Females who were employed in CDEP scheme jobs were more likely than those in non-CDEP jobs to report fair or poor health. Although the opposite was true for males, the difference was not statistically significant after adjustment for age (Cunningham, Sibthorpe & Anderson 1994).

¹ Overall, about 17 per cent of Indigenous Australians reported their health as fair or poor. This is similar to observations made in the 1995 National Health Survey (NHS) for all Australians, but this overall similarity obscures differences in self-assessed health status within particular age groups. A large difference was observed between the two surveys among people aged thirty-five to sixty-four years, with Indigenous Australians in those age groups in the NATSIS about twice as likely to report poor or fair health than non-Indigenous Australians in the NHS.

Hunter (2000) also analysed and interpreted the 1994 NATSIS data on a range of social indicators including labour force status (specifically, in this case, unemployment) and health. Analysing only the self-assessed health status category of 'long-term health condition', he found overall that among Indigenous people there is little or no relationship between ill health and labour force status. For example, Hunter (2000) found that unemployed males and females in non-urban households are between 9 and 4 percentage points less likely to have a long-term health condition than workers in mainstream employment. However, in urban households, there is no significant difference between the health outcomes of the unemployed and those in mainstream employment. This is consistent with existing studies, which show that Indigenous labour force status appears to be largely unrelated to health outcomes (Hunter & Gray 1999). The only group that consistently has poorer health than the unemployed are those in the 'not-in-the-labour-force' (NILF) category, many of whom may not be participating in the labour force because of a health condition.

While only focusing on one response category of self-assessed health, the findings reported by Hunter (2000) above contradict those of Cunningham, Sibthorpe and Anderson (1994). Hunter (2000) himself argues that the result of finding little or no relationship between ill health and labour force participation is consistent with the literature on the health effects of unemployment. The international literature appears to indicate that marginalised groups may respond realistically to their disadvantaged labour market position and experience lower levels of anxiety, financial strain and concern over being unemployed than do the employed.

Hunter (2000) did, however, find that health problems are issues in Indigenous households where there are several unemployed residents. He found that households with a concentration of unemployed tend to be unhealthier than those where only one person is out of work (although this pattern did not hold for males in urban areas). This may highlight the culture-specific emphasis on 'community', since each household could be construed as a community or sub-community, a point that Hunter neglects to consider. Other findings included that among the urban unemployed, the long-term unemployed are more likely to have a long-term health problem.

It is somewhat curious against the backdrop of these results that Hunter maintains that the 1994 NATSIS data reveal that there is little or no relationship apparent between ill health and labour force status. He does, however, qualify this conclusion (Hunter 2000:24)

Notwithstanding the apparently weak relationship between unemployment duration and health, the result is worthy of further discussion. Length of time out of work is frequently found to be unrelated to affective well-being and employment commitment, but job search attitudes remain significantly less positive among people who have been unemployed for prolonged periods. The explanation sometimes provided for this observation is that health improves after a person accepts their circumstances, in particular that the possibility of getting a job is small. Notwithstanding any positive side effects, these fatalistic attitudes and other adaptive behaviours are themselves an elusive cost and an impediment to enhancing job search intensity and, ultimately, Indigenous employment outcomes.

Hunter (2000) goes on to conclude that if it were possible to control for this 'downward levelling of norms' (or psychological adaptation), the health impact of being unemployed for more than twelve months would be larger.

In a later study that analysed the Department of Employment, Workplace Relations and Small Business's (DEWRSB) data from a longitudinal survey of Indigenous job seekers, Hunter *et al.* (2000) found that health issues negatively impacted on prospects of gaining and retaining employment. This study revealed that health-related factors are much more important for Indigenous job seekers than was indicated in the 1994 NATSIS data. The main reason for this is that the DEWRSB survey data specifically identified that the health condition is related to an individual's capacity to perform work. This is the first study to explicitly highlight the effect of poor Indigenous health on labour force status. Given that health problems are defined in this study as 'those which affect the ability to perform one's job or get work in the first place', it is not surprising that health is associated with job retention. Hunter, Gray & Jones (2000) found that 10 per cent of males who have held the same job for at least twelve months had a health problem, while more than a quarter of male non-retainers had a health problem that may effect their work performance or capacity to find work (28.2 per cent). The importance of poor health in explaining poor Indigenous employment outcomes is confirmed in this study

by a regression analysis. Having poor health is estimated to decrease the probability of employment for males and females by 20 and 13 percentage points respectively.

The recently released 2002 National Aboriginal and Torres Strait Islander Social Survey (NATSISS) data (ABS 2004) provide us with an up-to-date snapshot of labour force participation and Indigenous health, and a comparison with the 1994 NATSIS data.² The current data reveal that there has been some shift in reporting health status from 'good' to 'fair/poor' since 1994, with a higher proportion of people assessing their health as 'fair/poor' in 2002 (up from 17 per cent to 23 per cent). When the employment trends are examined, the increase in 'fair/poor' self-assessed health goes against the traditional linkage between employment and health outcomes.

The NATSISS data reveal that while the total proportion of the number of Indigenous Australians in the labour force remained constant, at approximately 60 per cent in both 1994 and 2002, there were marked changes in employment status at time of interview. The proportion of employed people increased from 36 per cent to 46 per cent over the eight-year period. The CDEP scheme increasingly contributed to Indigenous employment, accounting for one in four jobs held in 2002, and the proportion of Indigenous Australians employed in mainstream jobs also increased (from 28 per cent to 34 per cent). Between 1994 and 2002 the proportion of unemployed Indigenous people at the time of interview fell from 22 per cent to 14 per cent. These proportions translate to unemployment rates of 38 per cent in 1994 and 23 per cent in 2002. Improvements in long-term unemployment were also evident. In 1994 about half of all unemployed Indigenous people had been unemployed for one year or longer; by

2002 this proportion had reduced to one-quarter. Given this apparently (slightly) more positive account of Indigenous labour force participation, the higher self-reporting of 'fair/poor' health poses a number of questions, mostly related to the type of employment that is being generated, and the way it is being experienced by Indigenous people. This issue will be explored in greater depth later in this paper. For now, a closer look at labour status and health is warranted.

Table 1 displays self-assessed health status according to labour force status. Mainstream employed Indigenous Australians are more likely to report their health status as 'excellent/very good', while the unemployed and those not in the labour force are much more likely to report their health as 'fair/poor'.

The NATSISS data on income source at time of interview echo the changes in employment status. CDEP and non-CDEP wages and salaries combined accounted for a larger proportion of Indigenous Australians' main income source in 2002 (39 per cent compared to 33 per cent in 1994). Government pensions and allowances was the main source for 50 per cent of Indigenous people in 2002 (compared to 55 per cent in 1994). Mean equivalised gross household income has risen from \$345 per week in 1994 to \$387 per week in 2002.

When 2002 data are recalculated for the population aged eighteen or over (the population age target of most general social surveys), this is a mere 55 per cent of the relevant income level for non-Indigenous persons (\$665 per week). Income data from the 2001 and 1996 population censuses in *Population Characteristics, Aboriginal and Torres Strait Islander Australians 2001* (Cat No. 4713.0) confirms that

TABLE 1: Health and disability by labour force status 2002

Health status	CDEP %	Non-CDEP %	Unemployed %	NILF %
Excellent/very good	47.6	54.2	46.3	33.6
Fair/poor	14.4	13.9	20.2	35.1
Has a disability or long-term health condition	31.2	24.4	35.2	48.8

Source: ABS (2004) *National Aboriginal and Torres Strait Islander Social Survey 2002*, ABS cat. no. 4714.0

² Caution needs to be taken when interpreting results from the comparison of the 1994 and 2002 data, as the sampling frame of the 1994 survey differed slightly to the 2002 survey.

TABLE 2: Health and disability by income quintile 2002

Health status	Lowest %	2nd %	3rd %	4th and 5th %
Excellent/very good	38.0	42.8	49.2	56.7
Fair/poor	29.7	23.0	16.5	12.4
Has a disability or long-term health condition	43.5	33.3	30.5	25.3

Source: ABS (2004) National Aboriginal and Torres Strait Islander Social Survey 2002, ABS cat. no. 4714.0

while Indigenous mean equivalised gross household income has increased, the gap between Indigenous and non-Indigenous incomes has not narrowed.

Table 2 displays health status against income quintile. From the table, it can be seen that with a higher income there is a greater likelihood of a positive health self-assessment. Conversely, Indigenous people in the lower quintiles have much lower self-assessed health, and are far more likely to have a disability or long-term health condition.

Table 3 displays labour force status by income quintile, and reveals that Indigenous employees in mainstream employment are much more likely to be in the upper-earnings grouping. While CDEP workers are clustered in the middle quintiles, the Indigenous unemployed and those not in the labour force are (not surprisingly) in the lower-income grouping.

Table 4 displays the variables of health, labour force status, income and job search factors by location (remote versus non-remote). The data reveal that Indigenous people in non-remote locations assess their health as lower (that is, fair/poor) than those in remote Australia, and that Indigenous Australians in non-remote locations are more likely to be unemployed or in mainstream employment than those in remote areas. Indigenous people in remote areas have greater difficulty finding work due to the lack of jobs and/or the lack of 'appropriate' jobs than Indigenous Australians in non-remote areas and are more likely to be in the lower income quintiles. While it is difficult to translate this sort of 'splintered' data into a coherent story, the data does suggest some support for Hunter's

(2000) suggestion of the 'downward levelling of norms' (or psychological adaptation) of Indigenous Australians in remote areas. This can be seen in their more favourable self-assessed health status against the backdrop of comparatively less employment opportunity (aside from CDEP employment) and earnings. The data also suggest that there may be some link between higher levels of self-assessed health and CDEP employment, with the majority of those participating in CDEP being located in remote areas.

Having viewed labour force participation from an aggregate perspective and exploring some of the differences between the various labour force status groupings, the focus will turn now to those qualitative studies that have looked at the experience of Indigenous Australians who are in employment. At the outset it needs to be said that there is a dearth of literature in this area. There is a great need to undertake qualitative ethnographic research, which can help us understand what 'work' means to Indigenous Australians, how they perceive their employment experiences and the resultant impacts on health.

The experience of Indigenous Australians at work

In a study of Koori workers, Sully (1997) attempted to identify some of the specific work and family cultural needs of Koori workers. Sully was particularly interested in the composition of Aboriginal families and the roles of family members, the differences between Aboriginal and non-Aboriginal communities in terms of values, and the consequences of these differences for the workplace, as well as any associated difficulties balancing work and family needs. The study also attempts to explore employment practices designed to assist workers with family responsibilities, positive benefits of family-friendly practices and any barriers to their introduction.

TABLE 3: Labour force status by income quintile 2002

Labour status	Lowest %	2nd %	3rd %	4th and 5th %
CDEP	9.3	17.8	11.5	3.4
Non-CDEP	8.9	33.6	61.5	84.8
Unemployed	20.8	11.2	7.9	4.7
NILF	61.0	37.3	19.1	7.1

Source: ABS (2004) National Aboriginal and Torres Strait Islander Social Survey 2002, ABS cat. no. 4714.0

TABLE 4: Characteristics of Indigenous Australians by remoteness 2002

Health status	Remote %	Non-remote %	Total %
Excellent/very good	44.2	44.0	44.1
Good	35.1	31.4	32.4
Fair/poor	20.0	24.5	23.3
Has a disability or long-term health condition	35.4	36.9	36.5
Labour force status			
CDEP	32.5	4.5	12.1
Non-CDEP	19.2	39.7	34.1
Unemployed	5.9	16.7	13.8
NILF	42.5	39.1	40.0
Unemployed—difficulty finding work due to:			
No jobs at all	29.4	8.2	10.7
No jobs in local area or line of work	18.3	10.5	11.4
Own health or disability	3.9	6.0	5.8
Racial discrimination	0.7	2.4	2.2
Income			
Lowest quintile	40.5	43.2	42.5
Second quintile	37.4	25.3	28.3
Third quintile	12.8	14.5	14.0
Fourth quintile	5.9	10.3	9.2
Fifth quintile	3.5	6.7	5.9
Personal stressor experienced in past 12 months:			
Not able to get a job	24.8	27.8	27.0
Involuntary loss of job	4.9	9.7	8.4

Source: ABS (2004) National Aboriginal and Torres Strait Islander Social Survey 2002, ABS cat. no. 4714.0

Sully (1997) rightly proposes that the issues of family responsibilities take on a particularly interesting and challenging aspect when considered in relation to the employment of Aboriginal people. This is especially pertinent, since multi-family households are more common in Indigenous households, and Indigenous families are generally larger than non-Indigenous 'nuclear' families. These differences in terms of family composition and roles can have direct implications for employment. Sully noted that leave provisions did not accommodate kinship expectations in relation to bereavement or assistance to family members. For Indigenous employees in the public sector, for example, grandparents have not come under the definition of 'immediate family' for the purposes of paid bereavement leave.

Moreover, the basic values, mores and laws of Indigenous and non-Indigenous communities can be contradictory. Sully (1997) posits that Indigenous people stress the importance of the group, while non-Indigenous Australians emphasise individual achievement and individual development. The values of Indigenous people may thus clash with the typical culture found in mainstream employment. Family obligations (attending funerals, for example) can often be a higher priority for Indigenous people than work. Huggins (1987:10), for example, states:

to Aboriginal people, the deep, religious and spiritual significance of funerals places a huge onus on relatives and friends to attend these important events. A funeral is viewed as paying final respects to a worthy and cherished person. No matter whether the deceased is a close relative or community acquaintance, attendance is unassumably [sic] commanded.

Given that mortality rates are also much higher in the Indigenous community, the requirement to attend funerals may, in some cases, be greater than that experienced by other employees.

Sully also suggests that methods of communication are qualitatively different. It can be culturally inappropriate to force eye contact, or to touch an Indigenous Australian unless you are well known to the person. The significance of this for a multicultural workplace situation cannot be underestimated, since the emphasis on politeness and non-

verbal communication may be misconstrued as 'shyness or rudeness, hostility or lack of knowledge' by the white observer in interpersonal interactions (Sully 1997).

The cultural differences in the interaction patterns and societal norms that Indigenous people bring to the workplace can often be compounded by stereotyping, tokenism and the racist remarks of other staff. As Sully (1997) asserts, the consequences for Indigenous employees of working for employers or supervisors who hold these stereotypes are not insignificant. Indigenous employees may be seen as tokens rather than individuals who bring specialised and useful skills to the organisation. This tokenism in turn can lead to feelings of isolation, strong pressures to succeed and exclusion from organisational groups. All of these factors contribute to an extremely complex and challenging situation for employers who seek to create a workplace that responds to the work, family and cultural needs of Indigenous people, and in so doing creates a quality of work-life relatively free of stressors that may impact negatively on health.

Using data from the Australian Workplace Industrial Relations Survey 1995, Hunter and Hawke (2000a; 2000b) attempted to explore how Indigenous Australians experienced their workplaces and conditions of employment. The study provides us with some insight as to how some Indigenous Australians may experience 'mainstream' employment. The main findings relating to Indigenous workers for the purpose of the discussion here reveal that Indigenous employees experience significant disadvantage in the workplace. They were more likely to be short-term employees than other workers in workplaces with Indigenous employees, and were more likely to prefer more hours of work per week. Similarly, Indigenous employees were less likely to get holiday pay and paid sick leave, and were more likely to be on a fixed-term contract. While more likely to be able to get permanent part-time work, Indigenous employees were less likely to be able to access maternity/paternity leave or bonuses for job performance than non-Indigenous respondents. Indigenous employees were more likely than other workers to have days off work because of work-related injury and illness. Indigenous employees were consistently less likely to report that they had control over their working environment, and were less likely to indicate that they had been consulted about any work-related changes in the previous twelve months. They were more likely to indicate they had no influence over the type of work or how it was done, their start and finishing times, pace of work and other decisions that affect workers.

These last points—work-related injury/illness and a limited locus of control in the workplace—are likely to be related and warrant further attention. Indeed, several European studies (see, for example, Marmot *et al.* 1997, Peter *et al.* 2002) have shown that people's health suffers when they have limited opportunity to use their skills and/or have little control over the way they undertake their work. In the absence of Indigenous-specific data, one can only speculate as to the nature and causes of the workplace injuries and illnesses that are being experienced by Indigenous employees and, again, this is clearly an area for further research and data collection. Possible reasons for the occurrences may be work-related stress due to the lack of locus of control, and perhaps also as a result of direct or systemic discrimination in the workplace, as well as a lack of training so as to avoid injury. Again, this is an area in which further qualitative-based research is sorely needed.

Conclusion and recommendations

This paper reviewed a number of studies that explore matters related to the labour force status and associated health of Indigenous Australians. The aggregate-level quantitative studies reveal that unemployed Indigenous Australians and those not in the labour force are more likely to experience ill health than those who are employed, and that the extent of the impact on health is qualified by locational factors. The literature also suggests, however, that Indigenous people who are in employment may be subject to certain 'risk' factors for health in the workplace. While the reviewed research sheds some light on labour force participation and health, such studies really only scratch the surface of the *nature of the linkage* between the two. The nature and direction of the causal nexus between labour force participation is a vexed issue and current understandings of health and work do not allow for a clear relationship to be detected. This is primarily a result of the continued application and use of Western understandings (and measures) of the concepts of 'work' and 'health' in the context of Indigenous Australia.

As we have tried to show throughout the paper, the concepts of health and work for Indigenous Australians can be quite different than those for non-Indigenous Australians. If we are truly to understand the meaning of both 'work' and 'health' (appropriately defined) and the complexities of the relationship between the two, we then need to hear about the experiences and meanings of these concepts from

Indigenous Australians themselves. It is only by understanding the meaning and significance of work and non-work to Indigenous Australians that an essential starting point can be made in the identification of casual relationships. There is thus a great need for ethnographic research to illuminate the *meaning of work* for Indigenous people, and how this in turn may impact on health.

Qualitative and ethnographic research would facilitate a richer understanding of Indigenous perspectives of labour force status and its impact on health. For example, such an approach would help us understand how Indigenous Australians view the *experience* of employment, unemployment and job searching, as well as why decisions are made as to whether to enter the labour force or otherwise. While further quantitative data is also needed, it is exploratory qualitative research that should inform existing and future quantitative data related to labour force participation and Indigenous health to ensure the accuracy of the collection of Indigenous-specific data. This interdependent relationship between the two methodologies will ensure that future surveys incorporate measures of 'work' and 'health' that are both appropriate and meaningful to Indigenous Australians. Both types of research are necessary, but in order to understand the complex *linkage* between work and Indigenous health, there is now a crucial need for a more culturally appropriate and sophisticated ethnographic approach.

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