

This article is downloaded from



<http://researchoutput.csu.edu.au>

It is the paper published as:

Author: Bradbery, Patrick.

Title: Management education for Australian Aborigines: The Murdi Paaki experiment.

Published in: International Journal for the Humanities

Volume: 6 **Issue:** 3 **Year:** 2008 **ISSN:** 1447-9508

Published: Common Ground, Urbana-Champaign, 2008

Abstract: The plight of the Indigenous Nations of Australia is well documented. Despite the best of intentions, interventions in Aboriginal and Torres Strait Islander communities have not succeeded in overcoming the endemic disadvantage of Indigenous people vis a vis the non-Indigenous population. Life expectancy, infant mortality, education levels, crime rates, imprisonment and employment are just some of the markers that demonstrate the magnitude of the gap. Recent changes in Commonwealth Government policies have acknowledged implicitly that the conventional wisdom is that the "problem" needs to be "managed" out of existence. This reflects a belief, probably widely shared in non-Indigenous Australia, and even in some parts of Indigenous Australia that Indigenous people are somehow inferior in ability and capacity. However, there is little evidence that supports this theory. This paper describes the genesis of an integrated educational program developed in partnership by Charles Sturt University, TAFE NSW and the Murdi Paaki Regional Enterprise Corporation (MPREC). The program was developed as a response to the recognition of the educational disadvantage of the Aboriginal employees of MPREC. The program is based on a developmental perspective of learning for both the individual and the organisation and as a consequence promises to succeed where past interventions have failed.

Authors address: pbradbery@csu.edu.au

URL: <http://ijh.cgpublisher.com/product/pub.26/prod.1359>

http://researchoutput.csu.edu.au/R/-?func=dbin-jump-full&object_id=9546&local_base=GEN01-CSU01

Management education for Australian Aborigines: The Murdi Paaki experiment

Introduction

The relative disadvantage experienced by the Indigenous population of Australia is well documented (McCallum and Eades, 2001; Stanley *et al*, 2003; Zon *et al*; 2004, Hunter, 2007). Almost every indicator of physical and social well-being provides evidence that this disadvantage is not only resilient, but in some respects the disadvantage is increasing.

The reasons for this collective disadvantage are numerous and widely debated. Among the reasons put forward is the notion that somehow Australian Aboriginal and Torres Strait Islander people are genetically inferior to mainstream Australians. However, there is no compelling evidence to support this belief. Thus the reasons must be sought elsewhere.

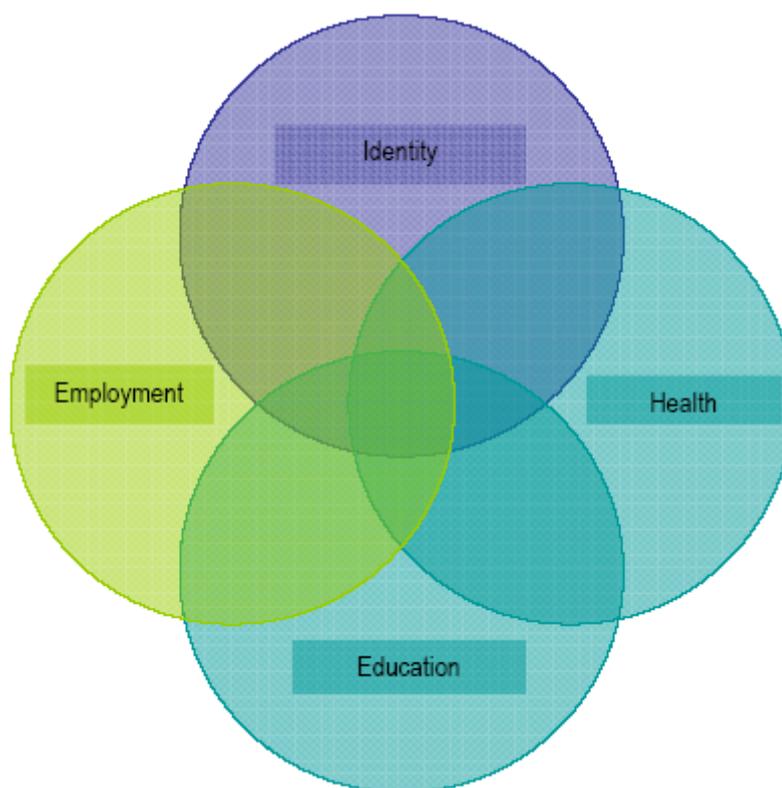


Figure 1: The Self-Reinforcing Cycle of Disadvantage

There is some evidence that the root of the problem lies in the self-reinforcing cycle of identity-health-education-employment (Figure 1). Where this cycle starts and ends and the sequence is debatable, but there seems little doubt that in a collective sense the Indigenous population of Australia is affected by all four of the interacting components of this cycle.

The challenge addressed in this paper is how to intervene to convert the cycle from a vicious cycle into a virtuous one. Such an intervention will need to address all four of the identified components of the cycle at the same time, rather than one at a time, the general practice in the past.

The geographic focus of the paper is the Murdi Paaki Region of New South Wales, Australia, which has been recognised as a place where significant thought has been applied to the dilemma, and significant groundwork has been laid in anticipation of a wholistic solution.

Murdi Paaki Region

The Murdi Paaki Region was defined by the creation of the Aboriginal and Torres Strait Islander Commission (ATSIC) in 1989 (Aboriginal and Torres Strait Islander Commission Act 1989). Although it has since been disbanded with the dissolution of ATSIC in 2005, the forward thinking of the Murdi Paaki ATSIC Regional Council resulted in the creation of the Murdi Paaki Regional Enterprise Corporation (MPREC), which in some measure has been able to retain the positive identity created during the ATSIC years.

The Murdi Paaki ATSIC Region extended from Collarenebri in the East to Wentworth in the South-West and Tibooburra in the North-West (Figure 2). This comprises the most remote part of the state of NSW. Apart from the City of Broken Hill, almost the whole of the region is classified as remote or very remote, according to the Accessibility/Remoteness Index of Australia (ARIA)¹. Two statistical local areas (Bourke and Brewarrina) are classified as very remote, while Cobar, Coonamble, Walgett, Central Darling and Unincorporated Far West statistical local areas are classified as remote. This remoteness of the Region is a contributing factor to many of the social issues including poor health, low levels of education, high unemployment and high crime and imprisonment rates.

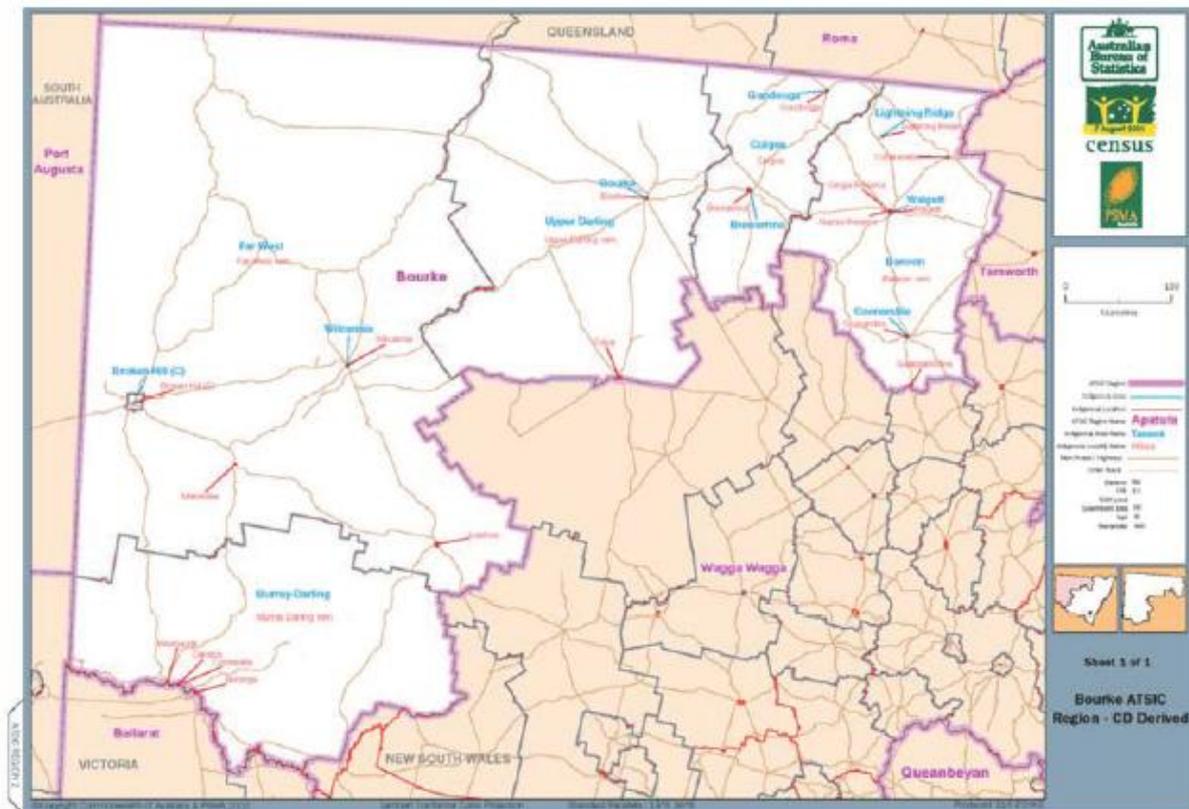


Figure 2: Map of the Murdi Paaki ATSIC Region, *Source: Australian Bureau of Statistics Indigenous Statistics Unit, Darwin*

¹ The ARIA was developed by the Commonwealth Department of Aged Care and the National Key Centre for Social Application of GIS. It measures the remoteness of a point based on the physical road distances to the nearest urban centre.

As well as considering the remoteness factor, it is important to investigate the antecedents of the disadvantage suffered by the Aboriginal people of the Murdi Paaki Region, if a solution is to be viable and sustainable. These antecedents are traced in the next section.

The Antecedents of Disadvantage

Prior to the European invasion of the Region, which began in 1818 with Oxley's visit to the Coonamble area, the Region was occupied by people belonging to many different language groups. These include the Ngiyambaa, North and South of Cobar, Gamilaraay, Yuraalaraay, Wayilwan (a dialect of the Ngiyambaa) and Wiradjuri in the East near Collarenebri, Walgett and Coonamble, and Murawari around Weilmoringle. Much of what is now known as the Darling River was occupied by the Paakantji people.

By 1829, Sturt had reached what is now Wentworth. When he was followed by Mitchell in 1836, there was already evidence of smallpox and other exotic diseases causing widespread death among the Aboriginal inhabitants.

Mitchell had earlier explored the Walgett and Collarenebri area in 1832, and had reached Wilcannia and Bourke in 1835, where he also noted evidence of smallpox. He later visited what is now Goodooga in 1846.

During the early 1840s, Eyre and Sturt both travelled up the Darling. The first paddle steamer reached Bourke in 1859.

By 1840, the area around Gulargambone and Coonamble had been colonised, in just over twenty years from Oxley's first visit. In similar time-frames the European exploration of other areas led to rapid colonisation. The overland movement of cattle to South Australia from 1838 led to the opening up of the lower Darling and the area around the Murray-Darling confluence.

While colonisation took place most rapidly around the rivers, from the 1850s the land away from the rivers was also colonised. While there was some respite in the 1850s as a result of the gold rushes, the colonisation continued rapidly until by the 1870s virtually the whole of the Region was colonised.

This rapid colonisation inevitably led to competition between the invaders and the residents for the land, leading to a number of massacres as the local people resisted the invasion.

Over time, the Indigenous people of the Region generally chose one of two paths. They chose either to retreat to more remote areas, such as the big camp that was established at Pooncarie from about 1880, or to remain on or close to their traditional lands and work for the pastoralists who had taken over. This latter choice provided the basis for much of the prosperity of the pastoral industry in the Region well into the 20th Century.

Towards the end of the 19th Century, the Government began to set up reserves and missions in the Region, beginning with a reserve at Brewarrina in 1885, which became Brewarrina Mission in 1893. Other missions were set up at Euraba and Pilliga and in 1906, the Angledool Mission was established. The reserve at Pooncarie also eventually became Pooncarie Mission.

The establishment of the mission network increased the pressure on the Indigenous residents to move, in many cases being forcibly trans-shipped. Despite this, many returned to their traditional areas by leaving the missions. During the early 20th Century many of the dry land people were pressured into moving to Carowra Tank in between Ivanhoe and Cobar. In 1923 the Gingie Mission was set up at Walgett. In 1933, the Menindee Mission was set up, with people being moved from Carowra Tank, as well as other places along the Darling, including Pooncarie.

At about the same time, a large number were moved from Byrock and from the Angledool Mission to the Brewarrina Mission.

During the 1940s, many people moved away from the Mission at Menindee to take up pastoral employment around Dareton and Wilcannia. This led to the closure of the Mission at Menindee in 1949, with many of the remaining residents moving to Murrin Bridge near Lake Cargelligo on the Lachlan River.

The second half of the 20th Century saw the increasing use of motor cycles and other machinery. It also saw closer settlement, partly as a result of the post World War II Soldier Settlement Scheme. These, together with the decline in the pastoral industry, combined to create redundancy pressure for the Aboriginal pastoral workers. This began a drift from the properties into the towns and the beginning of long term unemployment. The introduction of equal pay exacerbated the pressure and the resultant drift to towns and long term unemployment for many Indigenous residents of the Region.

The Current Reality

According to the ABS 2001 Census, the total population of the Murdi Paaki ATSIC Region was 55,361 people, with 28,858 (52.1%) of these being male, and 26,503 (47.9%) being female. The largest population centre is Broken Hill with 20,275 persons. The smallest of the concentrated Aboriginal communities included in the Region is Enngonia with 115 persons.

Indigenous Statistics

It should be noted that Indigenous statistics are generally understated, because of a degree of non-declaration of Indigenous status in the Census and elsewhere. Of the total population of the Region, 7,542 or 13.6% indicated that they are Indigenous, with 3,791 males (13.1%) and 3,751 females (14.2%). Thus, the Indigenous population of the Region does not share the gender imbalance of the overall population. The reason for this is not obvious, but could be related to higher death rates among young males.

Geographic Distribution

The largest proportion of the Indigenous population of the Region lives in the City of Broken Hill, which accounts for about 14% of the Indigenous population, followed by Bourke (11%), Walgett (10%), Brewarrina (10%) and Coonamble (9%). About 14% of the Indigenous population lives more remotely. This 14% live outside the communities with a population of 100 or more (Figure 3).

Indigenous Persons

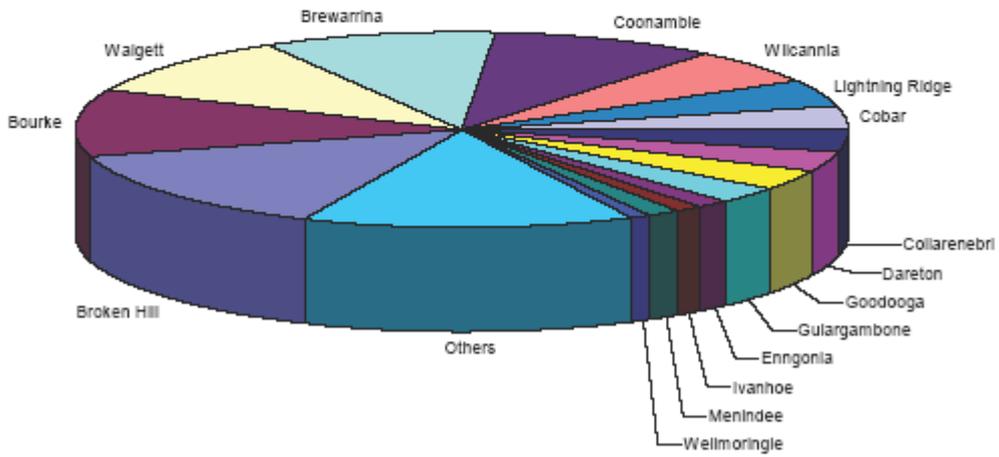


Figure 3: Geographic Distribution of Indigenous Population in Murdi Paaki

Population by Age Structure

The age structure of the Indigenous population of Australia is typical of developing nations. That is, it has a high proportion of young persons when compared to the age distribution of the total population. The age distribution for the Murdi Paaki Region is not dissimilar (Figure 4).

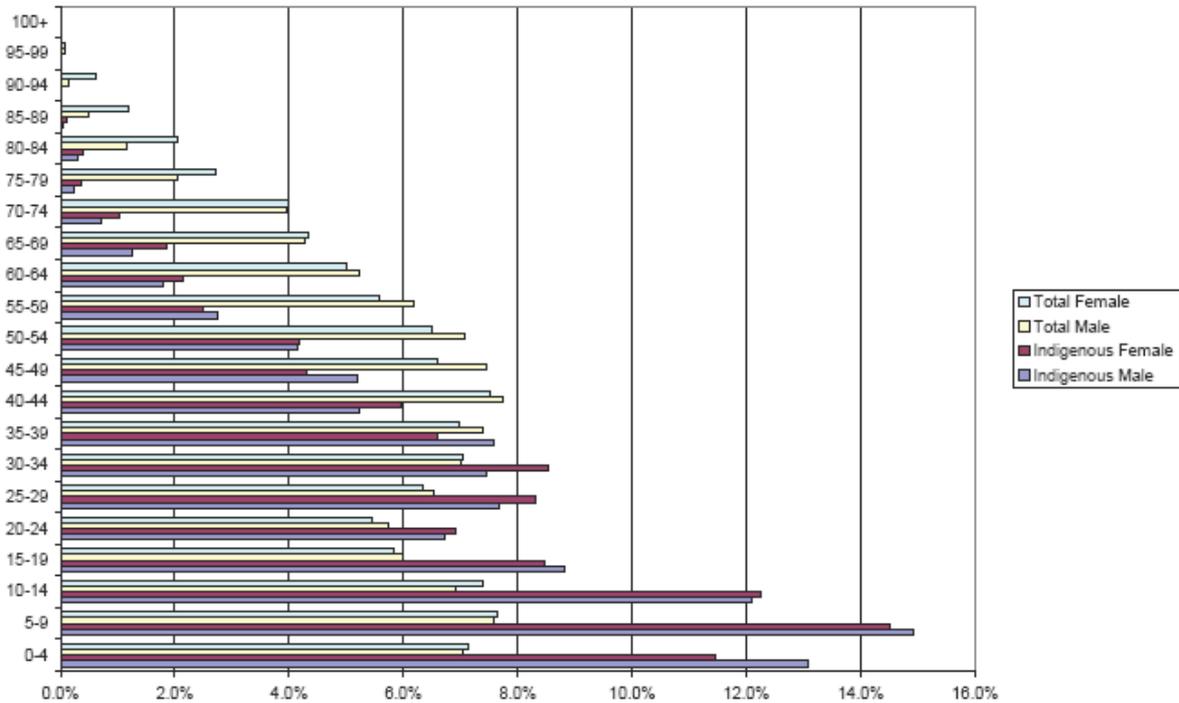


Figure 4: Age Distribution by Racial Origin in Murdi Paaki ATSIC Region

The higher birth rates and mortality rates for Indigenous persons in the Region lead to a declining proportion of Indigenous persons in older age groups. Although 13.6% of the total Regional population identify as Indigenous, in the 0-14 years age group almost a quarter (23.9%) are Indigenous, while in the 65 years plus age group, only 3.2% are Indigenous. As with the total population, Indigenous females generally live longer than Indigenous males.

The median age of the Indigenous population in Murdi Paaki is about 20 for males and 22 for females. This is about 11 years less than the median age for all persons in the Region, which is 32 for both males and females. It is about 14 years lower than the median age for the total population in both NSW and Australia (35 years).

This “developing nation” age distribution contributes to the challenges facing Indigenous communities in the Region. The fact that approximately half of the Indigenous population is under the age of 21 adds to the social pressures in the communities. It indicates the need for a relatively high provision of education, health and other family support services.

Language

The language spoken by the Indigenous population of the Murdi Paaki Region is predominantly English, with 98.7% of males and 99.2% of females speaking English only. Less than 1% of both males and females speak an Indigenous language, and an even smaller proportion of the population speak another language. By comparison, over half of the non-Indigenous population in the Region speak a language other than English (as well as English in the vast majority of cases).

This dearth of ATSI language speakers emphasises the loss of cultural markers such as language. These markers can contribute to the development of a secure sense of identity in individuals and consequently within their communities.

Marital Status and Family Structure

Marriage is not the typical state of Indigenous males over the age of 14 in Murdi Paaki ATSI Region. Only 36% of these Indigenous males report that they are married or in a *de facto* marriage, while 50% of Indigenous females over the age of 14 report that they are married or in a *de facto* marriage.

This is a curious imbalance, which could have a number of explanations. It may be the result of Indigenous females establishing marriage relationships with non-Indigenous males, rather than Indigenous males. It may also be the result of a varying perception of the relationship across genders. The females may regard the relationship as one of marriage, while the males do not.

The family structure of Indigenous families in the Region is less likely to include a couple than is a non-Indigenous family. Only 62.4% of Indigenous families reported as couples, compared with 83.2% of other families. An Indigenous family is also more likely to include children, which is consistent with the age distribution, discussed above. Only 19.1% of Indigenous families have no children, compared with 43.2% for other families.

Health

The specific health status of Indigenous persons living in the Murdi Paaki Region is difficult to determine. Apart from the universal problem of under-enumeration, the absence of up-to-date small-area statistics means that the health status can only be estimated by extrapolation. While it is reasonable to assume that this status is typical of Indigenous persons throughout Australia, there are some data which allow better estimates to be made. The following is an attempt to weave a picture of the health status of the Murdi Paaki Region using a number of threads.

The Murdi Paaki Region is comprised of approximately half of the Greater Western Area Health Service. This allows some reasonable estimates to be made from the statistics reported at an area level by NSW Health.

Life Expectancy

The life expectancy at birth of Indigenous persons in New South Wales has been estimated by the Australian Bureau of Statistics to be 56 for males and 64 for females. The equivalent life expectancy for non-Indigenous residents of New South Wales is 76 and 82 respectively. These estimates share the common difficulty of under-enumeration of Indigenous persons.

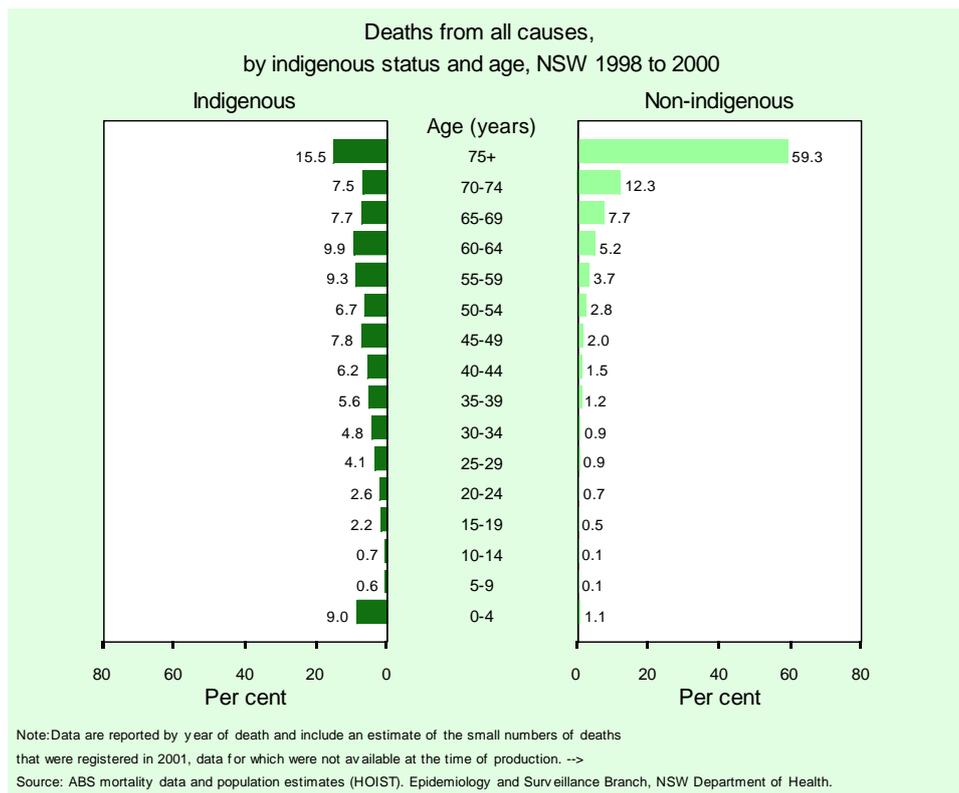


Figure 5: Deaths from All Causes in NSW 1998 to 2000, *Source: Public Health Division. The Health of the People of New South Wales – Report of the Chief Health Officer. Sydney: NSW Department of Health Available at: http://www.health.nsw.gov.au/public-health/chorep/atsi/atsi_premdth.htm*

Mortality

The mortality rates for Indigenous persons in NSW follow a different pattern than do those for non-Indigenous persons. Nine per cent of Indigenous deaths occur before the age of 5, compared with just 1.1% for non-Indigenous children (Figure 5).

At the other end of the scale 59% of non-Indigenous deaths and 16% of Indigenous deaths are of persons aged 75 or above. In every age group below 65 years, the mortality rate for Indigenous persons is higher than the corresponding rate for non-Indigenous persons.

In NSW, the median age of death is 51 for Indigenous males and 59 for Indigenous females. Taking into account the remoteness factor for Murdi Paaki Region is likely to reduce the median age of death below that for the whole of NSW. The fact that only about 7.5% of Indigenous persons in the Region are over the age of 55, supports this proposition.

Causes of Death

The causes of death cannot be accurately determined for the Murdi Paaki Region Indigenous population because of lack of reliable data, but it is unlikely that they will differ greatly from the national pattern. Diseases of the circulatory system (including heart diseases

and stroke) are believed to be the leading cause of death for both Indigenous males and females. The rates are about three times the equivalent rates for the total population.

For Indigenous males, the next most frequent cause of death is injuries and poisoning (including transport accidents, intentional self-harm and assaults), again at a rate approximating three times that for the total male population. This is followed by neoplasms (cancers) at about 1.6 times the equivalent rate for the total population, diseases of the respiratory system (4.4 times the total rate), and endocrine, nutritional and metabolic disorders (mainly diabetes) at about 8 times the equivalent rate.

For Indigenous females, the second most frequent cause of death is neoplasms (1.6 times that of the total female population), endocrine, nutritional and metabolic disorders (12 times the rate of the total population), injuries (3 times the rate of the total population) and diseases of the respiratory system (4 times the rate of the total population).

Health Related Behaviours

Three harmful health-related behaviours – smoking, drinking alcohol at risk levels and overweight/obesity are prevalent in the Murdi Paaki Region. These health behaviours contribute to the high morbidity and death rates reported above.

Twenty-three per cent of males and 20% of females over the age of 16 in the Greater Western Health Area are current smokers according to the 2002 to 2005 NSW Health Surveys. While these are challenging enough, it was estimated in the 1997 and 1998 NSW Health Surveys that 43% of rural Indigenous persons are current smokers, and it is suggested that these levels are likely to apply in the Murdi Paaki Region.

For the unhealthy use of alcohol, the Greater Western Health Area again scores high for males at 42% having ‘risk-drinking’ behaviours (compared with 37% for the State), although the females are more moderate at an estimated 25% (a little less than the state average of 27%). The Indigenous males in NSW are much higher than the state average with 54%, while the females come in at 38%. Once again, the 1998 figures for rural Indigenous persons (and hence for Murdi Paaki Indigenous persons) exceed these figures at a very serious level of 67%.

For the conditions of overweight and obesity, the Greater Western Area males are again high, with an estimated 62% of males being overweight or obese. This can be compared with a State average of 58%. The females also rate high in this area at 50% overweight or obese (State average 42%). The 1998 figures for rural Indigenous persons at 49% indicate that being overweight or obese is not a particularly Indigenous issue, although it is far from good news in any event at the reported levels.

Education

The statistics available with respect to education emphasises the social disadvantage of Indigenous persons in Murdi Paaki Region. This disadvantage extends across current attendance at educational institutions. It also extends to the historical qualifications obtained. Furthermore, the disadvantage applies to contextual matters such as access to the internet.

Starting with school attendance, it is apparent that current school attendance in the Region is less likely for Indigenous males and females than it is for their non-Indigenous counterparts. This is particularly so beyond the age of 15, with only 31% of Indigenous males and 44% of Indigenous females aged 15-19 attending an educational institution, compared with 58% of non-Indigenous males and 64% of non-Indigenous females.

It is more likely that an Indigenous person left school at an earlier stage of education. It is also about 3 times as likely that an Indigenous person never attended school, than it is that a non-Indigenous person never attended school.

An Indigenous person living in the Region is much less likely to have completed Year 12 or equivalent. Only 8% of Indigenous males and 10% of Indigenous females have reached this level, compared with 22% of the non-Indigenous males and 26% of the non-Indigenous females.

Only about 10% of Indigenous persons in the Murdi Paaki Region possess any form of post-school qualification. For the non-Indigenous population, about 25% have a post-school qualification. Once again, it is necessary to remember that the age demographics make this disparity even greater than it appears at face value. The older members of the population are less likely to possess post-school qualifications, and there are more of them in the non-Indigenous population.

Employment

Employment of Indigenous persons in Murdi Paaki ATSIC Region provides further reasons for concern regarding social outcomes. In the first instance, the stated level of unemployment runs at more than twice that of non-Indigenous persons. This is the case for both males and females. However, if CDEP² employment is added in, the underlying rate of unemployment is over four times that of non-Indigenous for both genders.

Once again, the age distribution needs to be factored into interpretation of the figures. This is particularly so for those not in the labour force. For both Indigenous and non-Indigenous males, the figures approximate to the proportion younger than 15, plus that older than 65. For females, additional numbers are engaged in full-time child-rearing – which is more common among Indigenous women, because of the relatively larger proportion of children.

The age group representation for those employed other than in a CDEP provides further evidence of how poorly Indigenous persons fare in the competitive job market in Murdi Paaki ATSIC Region. While 80% of non-Indigenous males aged 25-34 were in such employment, only 32% of this Indigenous cohort managed to get such employment. Similarly, while 68% of the non-Indigenous females aged 35-44 were in such employment, only 33% of the Indigenous cohort was so employed.

Occupation of Employment

As would be expected, there is also a different pattern for occupations filled by the Indigenous and non-Indigenous residents of Murdi Paaki Region. Given the lower levels of education achieved by Indigenous persons in comparison to non-Indigenous persons, they are more likely to have commensurate “lower level” occupations.

By far the most common type of occupation filled by Indigenous males is that of Labourers and Related Workers. This is followed by Intermediate Production and Transport Workers, with Tradespersons and Related Workers filling third spot. For Indigenous females, the most common occupation is that of Intermediate Clerical, Sales and Service Workers. This is followed by Labourers and Related Workers, with Professionals third on the list.

Summary of the Current Reality

This brief review of Indigenous statistics for the Murdi Paaki Region leaves no doubt of the magnitude and breadth of disadvantage experienced by the Indigenous population. As

² Community Development Employment Program – a form of work-for-Government-benefits scheme.

proposed in the Introduction to this paper, there is clear evidence of the disadvantage in each dimension. The identity dimension is evidenced by the engagement in deleterious health related behaviours. In employment, education and health outcomes, the Indigenous residents of the Murdi Paaki Region have been and continue to be seriously disadvantaged *vis a vis* the non-Indigenous residents.

A Step in the Right Direction

Since the 1967 Referendum, when the Indigenous population of Australia was recognised as having equal rights to the non-Indigenous population, progress has been slow. Although there are outstanding examples of Indigenous people who have demonstrated their ability to excel in sport, academia, politics and business, the lot of the common people has not improved. In some respects it has deteriorated. At least in part, this was the unintended consequence of winning the right to equal pay. This resulted in widespread unemployment, as employers, mostly in agricultural industries, decided that it was no longer in their best interests to employ Indigenous stockmen etc. One can only conjecture how much this change also contributed to the demise of the Australian sheep industry.

Successive Commonwealth Governments strove to address the challenge of delivering the benefits of the legislative rights gained by the 1967 Referendum. They were assisted and challenged in this endeavour by two landmark court cases, *Mabo* and *Wik*, which granted land rights to Indigenous people. Policy makers have grappled with the implications of these decisions without demonstrating a complete acceptance of their intent.

Murdi Paaki Regional Enterprise Corporation

One of the important decisions made by the Commonwealth Government was the establishment of the Aboriginal and Torres Strait Islander Commission (ATSIC) in 1989. The creation of ATSIC meant, among other things, that the principle of self-determination was enacted, with the creation of thirteen elected regional councils reporting to and governed by the national elected body. In the case in point, this resulted in the creation of the Murdi Paaki ATSIC Regional Council.

From its inception, the Murdi Paaki Regional Council took a leadership role in establishing a vision for its people, and taking the appropriate action to bring that vision to fruition. As a consequence, they gained far more than their fair share of government funding for housing, health and other support. As a case in point, Murdi Paaki Regional Council established the Maari Ma Aboriginal Health Corporation, which contracts with NSW Health to manage hospitals and other health services in the North West part of the Region.

As it became apparent that ATSIC was to be disbanded by the Howard Government in 2005, the Murdi Paaki ATSIC Regional Council took steps to ensure the continuity of the essence of the Council's success by establishing the Murdi Paaki Regional Enterprise Corporation (MPREC). MPREC has continued to grow and to provide services for the Indigenous population of the Region.

Nevertheless, the outcomes on the vital factors of identity, education, health and employment have continued to languish in the Region, as they have throughout Australia. MPREC has identified the importance of the four vital factors as keys to the progress of its people. In the first instance, they have recognised that within their own organisation there are skill shortages that impact on the ability of their Indigenous employees to progress in their careers. Whether that progress is to be within the organisation, or as a vehicle for external employment and/or the establishment of business enterprises within the Murdi Paaki communities, it is constrained by those skill shortages.

As a consequence, MPREC approached Charles Sturt University (CSU) to discuss the possibility of extending an Integrated Program in Business Studies established in Griffith five years previously. It was proposed by MPREC that up to sixty of its employees would access the program over a number of years in order to address their skill shortages. The delivery of the program would be by distance education supported by block release sessions to be held at the Dubbo campuses of CSU and TAFE NSW. The geographical dispersion of the employees of MPREC requires that this kind of delivery model be adopted.

The Integrated Program

The Integrated Program in Business Studies is a partnership model developed by CSU and TAFE NSW. It provides the opportunity for participants to enrol in both institutions concurrently, and through a series of cross-crediting arrangements, over a three year period of full time study qualify for the award of a Vocational and Technical Education (VTE) Certificate IV in Business, a VTE Diploma of Business, a VTE Advanced Diploma of Business and a Bachelor of Business Studies degree.

As a consequence of the approach by MPREC, discussions began among MPREC, the Western Institute of TAFE NSW (WITAFE) and CSU. As these discussions proceeded, it became apparent that there was a high degree of commitment to the success of the proposal from all three partners. Rather than being the routine roll-out of a successful program in a different context, it was recognised that the proposal contained the opportunity to make a more significant impact than had at first been realised.

This opportunity was to address all four of the key factors in the context of the program. It had the potential to contribute to the improvement of the identity of the participants, to their education, to their employment prospects and to their health, as well as having the potential to contribute to the well-being and prosperity of their resident communities.

Obviously, the central focus of the program is the achievement of educational outcomes. Taking advantage of the unique combination of VTE and university education, it allows for participants to “find their level”. If they deem it desirable to do so, they can exit the program after just six months having achieved a Certificate IV qualification. They can return to the program at a later time in order to complete the higher qualifications. However, it is recognised by the joint providers that the achievement of any or all of the qualifications by each of the participants may require support beyond that provided for mainstream participants. A part of the response to this recognition will be the appointment of local mentors in each participant’s home community.

These features of the educational program will also contribute to boosting the identity of the participants by virtue of the stepped achievement opportunities, and the attention and support provided. The contextualisation of the learning materials to provide recognition of and support for Indigenous cultures will also be an important contributor to the identity factor. Career progression will also contribute to the development of identity.

One important characteristic of the program is that it is being delivered to those who are already in employment. Thus it reduces the probability of outcomes so often encountered by other programs – that of preparing participants for employment that does not exist. Although all may not choose to remain in their present positions after completion of the program, they are secure in the knowledge that they can do so if they choose.

Finally, the health outcomes will be directly addressed within the program as part of the content, as well as being a natural flow on from improved identity, education and employment outcomes. Attention to health issues is recognised as an important part of business education by both CSU and TAFE NSW. As an important focus of risk management, attention to employee health is an important aspect of the program.

Extending the Partnership

Grasping this opportunity required the extension of the discussions to include government agencies representing Local, State and Commonwealth Governments. In particular, it was recognised that the NSW Department of State and Regional Development (DSRD) could be a key player in the initiative. As the participants in the course progress, some will seek opportunities to establish business enterprises in their communities, in some cases sponsored by MPREC. DSRD will be able to provide guidance regarding the viability of such enterprises and in some cases may be able to source seed funding.

As the program develops, it is likely that other partners will be identified and invited to participate in the initiative. Already identified as potential partners in this respect are the Local Government Councils in the Murdi Paaki Region. These are often significant employers of Indigenous employees, but mostly in so-called unskilled occupations. The opportunity for them to address their own endemic skill shortages while contributing to Indigenous career development is important.

Conclusion

The plight of Aboriginal communities in the Murdi Paaki Region, as with the rest of Australia, is problematic. On almost every indicator of well-being the Indigenous population demonstrates that they suffer serious disadvantage *vis a vis* non-Indigenous Australians. In health, housing, education, employment, crime and incarceration rates they are disadvantaged.

The reasons for this disadvantage can be traced back to events that commenced with the invasion of the continent by the English in 1788. The English brought with them diseases and fire power that began the rapid deterioration of the well-being of the Aboriginal nations of the land. Although often well meaning, successive government policies have contributed to the continuing deterioration of the prospects for Aboriginal people in Australia.

Since the establishment of ATSIC, the Murdi Paaki Region has been outstanding as an innovative place where different approaches have brought about different outcomes. With the demise of ATSIC, these innovative approaches have been continued by MPREC.

The latest round of this innovative approach is now well advanced through the engagement of MPREC with CSU and WITAFE in a partnership approach to learning and development of their employees.

Although still at the planning stage, the Integrated Program in Business Studies holds the promise of succeeding where other interventions have failed. The key to this success is the attention to identity, health and employment, as well as educational outcomes. It lies also in the integration of personal development with organisational and community development.

References

Australian Indigenous HealthInfoNet, *Summary of Indigenous health*, October 2003
Available at: www.healthinonet.ecu.edu.au

Hunter, E., 2007, Disadvantage and discontent: A review of issues relevant to the mental health of rural and remote Indigenous Australians, *Australian Journal of Rural Health*, Vol. 15, pp. 88-93.

McCallum, S. and Eades, D., 2001, Response to 'New Directions in child protection and family support in Western Australia: A policy initiative to re-focus child welfare practice', *Child and Family Social Work*, Vol. 6, pp. 269-74.

Murdi Paaki ATSIC Regional Council, 2002, *Community Governance Handbook Vol 2 – Policy Framework*, Bourke: ATSIC.

Public Health Division. *The health of the people of New South Wales - Report of the Chief Health Officer*. Sydney: NSW Department of Health Available at: <http://www.health.nsw.gov.au/public-health/chorep>

Stanley, J., Tominson, A. and Pocock, J., 2003, *Child Abuse and Neglect in Indigenous Australian Communities, Child Abuse*, National Child Protection Clearing House, Issues Paper No. 19, Australian Institute of Family Studies, Melbourne (available on-line: <http://www.aifs.gov.au/nch/issues19.html>).

Zon, A., Lindeman, M., Hayes, C., Ross, D. and Furber, M. 2004, Cultural Safety in child protection: Application to the workplace environment and casework practice, *Australian Social Work*, Vol. 57, No. 3, pp. 288-97.