

Feeling Deadly, *Working Deadly*



NCETA

Australia's National Research Centre
on AOD Workforce Development

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ABOUT THIS KIT

The '*Feeling Deadly: Working Deadly*' Resource Kit is aimed at reducing stress and burnout and enhancing wellbeing amongst Aboriginal and Torres Strait Islander¹ alcohol and other drug (AOD) workers.

The Kit has been developed by the National Centre for Education and Training on Addiction (NCETA) and was funded by the Australian Government Department of Health and Ageing. It forms part of NCETA's program of work on Aboriginal and Torres Strait Islander worker wellbeing.

Copies of resources developed as part of the *Feeling Deadly: Working Deadly* Kit are available for download from the NCETA website: www.nceta.flinders.edu.au

A DVD-Rom containing copies of all the resources is included with this kit.

Who is the Kit for?

This Kit is intended for use by Indigenous AOD workers, their managers and supervisors. Mainstream AOD workers and managers may also find the Kit useful. The Kit aims to reduce the risks of stress and burnout among this critically important, but vulnerable, group of workers.

Rationale

Indigenous AOD workers find aspects of their jobs very rewarding, including helping their people, enhancing community services and improving Indigenous health outcomes and life expectancies.

Nevertheless, Indigenous AOD workers face many unique stressors. These include:

- Heavy work demands resulting from working with clients who have complex health and social problems
- Defining roles and boundaries with their clients
- Role stigmatisation stemming from negative attitudes towards AOD work and from racism towards them and their client group
- Translating mainstream work practices to match the needs of Indigenous clients
- A lack of cultural understanding and support from non-Indigenous health workers
- Isolation when working in remote areas.

Many Indigenous AOD workers also carry heavy personal loads in terms of economically dependent children, parents, elders, and other family members, as well as broader community commitments. Hence it is very likely that their personal situations will impact on them as workers.

As a result of these pressures, it is important to have measures in place to protect the wellbeing of Indigenous AOD workers and enable them to undertake their valuable work.

¹ The terms Aboriginal & Torres Strait Islander and Indigenous are used interchangeably throughout this document. We understand that some people have a preference for using one term over the other and we have used the terms interchangeably to be sensitive to these differing perspectives.

The Kit's Content

The Kit contains the following components.

2 DVDs	<ol style="list-style-type: none">1. A DVD containing all of the Kit's written resources.2. A video resource which takes a humorous look at a day in the life of an Indigenous AOD worker.
Handbook - Staying Deadly	The Handbook of strategies for preventing stress and burnout among Indigenous AOD workers.
7 Theory Into Practice (TIP) Sheets for managers and supervisors	<p>These TIP Sheets are targeted specifically at managers and supervisors of Indigenous AOD workers to help them enhance the wellbeing of their staff. They can be used either as a package or individually. The supervisors' TIP Sheets address:</p> <ol style="list-style-type: none">S1. The complex personal lives of Indigenous AOD workersS2. Indigenous ways of workingS3. Rewarding workersS4. MentoringS5. Recruiting and retaining workersS6. Clinical supervisionS7. Developing teams.
4 Theory Into Practice (TIP) Sheets for Indigenous AOD workers	<p>These TIP Sheets are targeted specifically at Indigenous AOD workers to help them enhance their wellbeing and help prevent stress and burnout. They can be used either as a package or individually. The workers' TIP sheets address:</p> <ol style="list-style-type: none">W1. Worker wellbeing – A Guide For WorkersW2. Mentoring – A Guide For WorkersW3. Clinical Supervision – A Guide For WorkersW4. Goal setting – A Guide For Workers.
5 Case Studies	The Case Studies are designed to act as discussion starters concerning problems faced by Indigenous AOD workers.
A Talking Circle Guide	A guide for conducting talking circle discussions which can be a very useful way to bring staff together to identify and address issues that can contribute to stress and burnout in the workplace.
A Workforce Development Checklist	An Indigenous Workforce Development Checklist for the AOD field.
Online Directory of Worker Resources	Provides Indigenous AOD workers with easy and user-friendly access to worker wellbeing resources throughout Australia. To access a copy of this Directory go to the NCETA website . A copy of the Directory is also available on the DVD-Rom accompanying this kit.
Other Resources	Bookmark.

How to use the Kit

The Kit has been designed as a flexible, practical, user-friendly resource that can be used by managers, supervisors and workers in a variety of situations. The Kit can be used in its entirety or individual components can be used as needed for specific purposes.

For example, the Kit and/or its individual components may be used:

By Indigenous supervisors and managers to:

- enhance staff wellbeing and help prevent stress and burnout
- assist workers to enhance their wellbeing and reduce work-related stress
- conduct professional development activities – both within their own organisation and with other organisations
- inform workplace human resource policies and procedures.

By Indigenous workers:

- As a means of debriefing with colleagues
- To better understand *their* own personal stressors and ways to manage them
- To identify what aspects of *their* work environment could be changed to make it less stressful and to provide a basis for workers to negotiate for such change.

By non-Indigenous workers and managers:

- To guide communication in staff/team meetings
- To address relevant HR issues for Indigenous staff in their mainstream service.

NCETA's Worker Wellbeing Program of Work

This Kit is part of a broader program of work undertaken by NCETA which aims to enhance the wellbeing of Indigenous AOD workers. Findings from the other components of the program of work are presented in separate reports:

Gleadle, F., Freeman, T., Duraisingam, V., Roche, A., Battams, S., Marshall, B., Tovell, A., Trifonoff, A., and Weetra, D. (2010). *Indigenous Alcohol and Drug Workforce Challenges: A literature review of issues related to Indigenous AOD workers' wellbeing, stress and burnout*. National Centre for Education and Training on Addiction (NCETA), Flinders University, Adelaide SA.

Roche, A., Tovell, A., Weetra, D., Freeman, T., Bates, N., Trifonoff, A., and Steenson, T. (2010). *Stories of Resilience: Indigenous Alcohol and Other Drug Workers' Wellbeing, Stress, and Burnout*. National Centre for Education and Training on Addiction (NCETA), Flinders University, Adelaide SA.

Duraisingam, V., Roche, A.M., Trifonoff, A., and Tovell, A. (2010). *Indigenous AOD Workers' Wellbeing, Stress, and Burnout: Findings from an online survey*. National Centre for Education and Training on Addiction (NCETA), Flinders University, Adelaide SA.

Roche, A.M., Duraisingam, V., Trifonoff, A., and Tovell, A. (2013). The health and wellbeing of Indigenous drug and alcohol workers: Results from a national Australian survey. *Journal of Substance Abuse Treatment* 44 (1), 17-26.

NCETA has also undertaken work to minimise stress and burnout among the broader AOD workforce. Publications from this work include:

Skinner, N., & Roche, A. (2005). *Stress and Burnout: A prevention handbook for the alcohol and other drugs workforce*. National Centre for Education and Training on Addiction (NCETA), Flinders University, Adelaide SA.

Duraisingam, V., Pidd, K., Roche, A.M., & O'Conner, J. (2006). *Satisfaction, Stress and Retention among Alcohol and other Drug Workers in Australia*. National Centre for Education and Training on Addiction (NCETA), Flinders University, Adelaide SA.

Duraisingam, V., Roche, A.M., Pidd, K., Zoontjens, A., & Pollard, Y. (2007). *Wellbeing, Stress, and Burnout: A national survey of managers in alcohol and other drug treatment services*. National Centre for Education and Training on Addiction (NCETA), Flinders University, Adelaide SA.

A Workforce Development TIPS kit for the broader AOD field is also available from NCETA:

Skinner, N., Roche, AM., O'Connor, J., Pollard, Y., & Todd, C. (Eds). (2005). *Workforce Development TIPS (Theory Into Practice Strategies): A resource kit for the alcohol and drugs field*. National Centre for Education and Training on Addiction (NCETA), Flinders University, Adelaide, SA.

Copies of these resources are available from NCETA. For details of these and related projects visit the NCETA website: www.nceta.flinders.edu.au

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The photography for the Kit was supplied by Colleen Raven Strangways, an Arabuna woman from Lake Eyre, central South Australia, founder and operator of Nharla Photography. Colleen's cultural vision, and photographic skill create unique and powerful images of Aboriginal people connected to their past, but with a stronghold on a positive future.



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Staying Deadly:

Strategies for preventing stress and burnout
among Aboriginal and Torres Strait Islander
alcohol and other drug workers



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Preface

This booklet is part of the *Feeling Deadly: Working Deadly* Resource Kit aimed at reducing stress and burnout and enhancing wellbeing amongst Aboriginal and Torres Strait Islander alcohol and other drug workers. The Kit has been developed by the National Centre for Education and Training on Addiction (NCETA) and was funded by the Australian Government Department of Health and Ageing. It forms part of NCETA's program of work on Aboriginal and Torres Strait Islander worker wellbeing.

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This is part of a wider program of work undertaken by NCETA. Please see the references at the end of this document for more information.

Use of Terminology

The terms Aboriginal and Torres Strait Islander and Indigenous are used interchangeably throughout this document. We understand that some people have a preference for using one term over the other and we have used the terms interchangeably to be sensitive to these differing perspectives.

NCETA

The National Centre for Education and Training on Addiction is an internationally recognised research centre that works as a catalyst for change in the alcohol and other drugs (AOD) field.

Our mission is to advance the capacity of organisations and workers to respond to alcohol- and drug-related problems. Our core business is the promotion of workforce development (WFD) principles, research and evaluation of effective practices; investigating the prevalence and effect of AOD use in society; and the development and evaluation of prevention and intervention programs, policy and resources for workplaces and organisations.

NCETA is based at Flinders University and is a collaboration between the University, the Australian Government Department of Health and Ageing and the SA Department of Health.

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Introduction

This booklet is about preventing and dealing with stress and burnout among Aboriginal and Torres Strait Islander alcohol and other drug (AOD) workers. The booklet was developed in consultation with Indigenous AOD workers and other groups. Quotations from the consultations appear in italics in the booklet.

While stress and burnout can be serious problems for Indigenous AOD workers, doing this work can still be very rewarding.

Most Indigenous AOD workers work in this field to improve the health and wellbeing of their communities with whom they feel unified in heart and spirit.

Many workers feel rewarded and satisfied from their work in spite of the stress, pressure and demands placed on them and the conditions under which they are often required to work.

Rewarding aspects of Indigenous AOD work include:

- Being connected to community and building relationships
- Giving and receiving knowledge
- Speaking up for communities and peers
- Mentoring and training Indigenous (and non-Indigenous) co-workers
- Creating new services for communities and peers
- Seeing culturally appropriate accountable services provided for Indigenous people
- Involvement in decision-making and problem solving processes
- Being employed ethically in the Indigenous community
- Being part of solutions to improve Indigenous health and increase access to services.

"The rewarding thing is when they (Indigenous people) come up to me in the community and they say, 'thanks for helping us!' ... that sort of stuff, that's rewarding. That's the stuff you can't measure on quarterly reports."
(Indigenous worker)

What is Work-Related Stress and Burnout?

Stress occurs when people feel they can't cope with the demands placed upon them. Work stress refers to what happens when work demands get too much over a short-term period.

Burnout is different to stress (but it may include signs and symptoms of stress). Burnout is a longer-term process where workers don't function well at work and develop negative and cynical attitudes towards clients and work in general. Stressful working conditions and job demands can result in worker burnout over time.

"...what causes burnout? Frustration, overloaded, and the community's expectations." (Indigenous worker)

When people are burnt out they:

- Feel emotionally exhausted (feeling over-extended and emotionally and physically drained)
- Have a negative, detached or cynical view of their work
- Feel like they are not accomplishing much at work
- Feel they are stupid or that nothing they do has any effect.

"Burnout, believe me, is shocking. I laid on the floor, and I was sleeping with my eyes open. I couldn't think, and I didn't want to go to work, you know. I didn't want to walk out that door. And your life becomes unmanageable." (Indigenous worker)

Stress, Burnout and Indigenous Alcohol and Other Drug Workers

Work stress and burnout are major threats to the wellbeing of Indigenous AOD workers.

Workers in health and welfare jobs often have high levels of work-related demands and stressors. They are more likely than other workers to experience stress and burnout.

Mainstream AOD workers face challenges related to:

- Their clients (e.g., complex lifestyles, stigmatisation and not wanting treatment)
- Negative community attitudes towards people with AOD problems (and the people who work with them)
- The need to always develop and refresh knowledge and skills as a result of new treatments and complex clients
- Poor working conditions (e.g., pay, availability of training, job security, access to clinical supervision, client workloads).

The situation can be even harder for many Indigenous AOD workers for a range of reasons.

There are 10 major sources of work-related stress which affect Indigenous AOD workers.

Workloads	Workloads can be very high and clients can have unmet needs.
Expectations	Workers often want to do their job very well but there are also complex community obligations that workers need to fulfil.
Boundaries	Many workers feel the need to be available 24/7 as part of their cultural obligations. As a result it can be difficult to “draw the line” around work lives.
Recognition, respect and support	Workers may not get the recognition or respect they deserve or they may be solo or isolated workers without enough support.
Working conditions	Working conditions can be hard and stressful, especially among workers in rural and remote settings.
Racism and stigma	There is a high level of stigma attached to AOD work just as there is about the Aboriginality of the clients and the workers. Co-workers and the mainstream community may also be racist.
Complex personal circumstances	Many workers have complex home lives themselves, such as being single parents or having dependent children, elderly and other family members. Many workers have had significant losses, domestic violence problems, and previous problems with AOD. Family members may also be AOD clients.
Loss, grief and Sorry Business	Deaths at a young age, including suicides, happen often in Indigenous communities. Mainstream bereavement leave may not be enough. Co-workers and managers may not realise the importance of Sorry Business and loss overall.
Culturally safe ways to work	Many workplaces don’t understand about Indigenous ways of working. This can cause conflict and clashes with mainstream co-workers and can have bad effects on the health and wellbeing of both clients and workers.
Funding job security and salaries	Short term funding and/or short term jobs with low salaries can lead to high stress levels and high turnover rates.

"... work is hard enough. It's really difficult doing the jobs I gotta do. I can deal with that to an extent, ... you just keep going and going and going."
(Indigenous manager)

Clients can also have very complex needs and may have experienced high levels of trauma. Indigenous client trauma can stem from:

- Unresolved grief and loss
- Abuse
- Family and domestic violence
- Substance misuse
- Physical health problems
- Identity issues
- Child removals
- Being jailed
- Family breakdowns
- Cultural dislocation
- Racism, discrimination and social disadvantage.

Dealing with these problems on a daily basis can leave Indigenous AOD workers feeling stressed and burnt out.

"We know that there are layers upon layers of issues that the individual or their families are currently dealing with and the impacts of that stem from colonisation, stolen generations and premature death within our community." (Indigenous manager)

Strategies to Prevent and Reduce Stress and Burnout among Indigenous AOD Workers

There are two main ways to prevent and reduce stress and burnout among Aboriginal and Torres Strait Islander AOD workers.

1. The first way is for health agencies and the systems within which they are located to provide better support for their workers.
2. The second way is for workers to do things that reduce their own stress and burnout.

Things That Organisations Can Do to Prevent Stress and Burnout

A lot of work stress comes from the ways that organisations are run. To improve worker stress, it is important that these things are addressed.

Understanding Aboriginal and Torres Strait Islander Ways of Working

Many workers get little support for Indigenous ways of working. Indigenous ways of working uphold the values, beliefs and social structures of land, family and kinship and are shaped by the impact that the colonisation of Australia has had on Indigenous culture.

There are important differences between Indigenous and non-Indigenous ways of working. It is important for managers to understand these differences and create culturally safe workplaces to reduce stress on Indigenous AOD workers.

Working in Culturally Appropriate Ways

Helping workers, organisations and communities to provide culturally appropriate (Indigenous) and culturally safe (mainstream) AOD services is important to reduce the stress experienced by Indigenous AOD workers.

"Sick of it always being Aboriginal ways having to adapt to white, mainstream ways. Wish it would happen the other way round for once."
(Indigenous worker)

Measures that can be introduced include:

- Having flexible working arrangements
- Recognising the importance of connections and obligations to land, community and kin
- Consulting widely with communities.

Salaries

Indigenous AOD workers do difficult and valuable work and deserve appropriate salaries. Equivalent salaries for staff from government, community controlled and non-government health services are important.

"...the greatest issue is disparity of salary across NGOs, community and government. For example, government salaries have incremental increases allowing for promotional opportunities but NGOs are not able to provide these incentives." (Indigenous manager)

Hiring and Keeping Staff

Challenging working conditions may discourage people from becoming Indigenous AOD workers especially in remote areas.

This can be improved by:

- Telling Indigenous people about the good things involved in being an Indigenous AOD worker
- Offering professional development opportunities
- Providing career paths
- Offering mentoring and 'buddy' programs
- Improving 'work readiness' by supporting:
 - » basic reading, writing and maths courses, job rotations, traineeships, apprenticeships and on-the-job programs
 - » Indigenous high school students getting into courses that will prepare them for advanced education.

Career Paths

Often there are limited promotion opportunities for Indigenous people in AOD work. This can make it difficult to attract and keep staff. It is important for agencies to provide career paths for staff and to create senior staff positions that can be worked towards.

Qualifications and Training

Indigenous AOD workers and their managers may need additional and ongoing training to allow them to do their jobs well. A range of training programs and opportunities are needed. These programs need to go beyond the level of Certificate III and Certificate IV. Improved training and advanced skill development will also help reduce stress levels among workers.

Role Clarity

Many Indigenous AOD workers have very broad job descriptions. This can mean that workers try to be all things to all people and may not be clear about their core role. Better job descriptions let workers know what their roles are within their organisations.

Mentoring

Mentoring involves more experienced workers (mentors) working with less experienced workers (the protégés). Mentoring is important because it builds on the skills and knowledge of the current workforce and helps develop the workforce of the future.

Mentoring provides a safe and supportive way to help the person being mentored learn to manage stressful and hard situations. It also helps them develop problem solving skills to address issues and problems that happen in the AOD field.

Mentoring, along with clinical supervision and debriefing, can help workers to understand their roles and help them put limits on what is expected of them.

Clinical Supervision

Clinical supervision usually involves an experienced worker helping a less experienced worker to develop their clinical skills by providing support and guidance. For Indigenous AOD workers, this needs to occur in an Indigenous-specific and culturally safe way. This is a very important way of preventing and managing stress but it is not widely used by agencies employing Indigenous AOD workers.

Debriefing

Debriefing involves helping workers to carefully reflect on stressful events. This includes factors such as what led to the event, the worker's reactions to the event and how future stressful events can be prevented. This can be an effective way to reduce stress, but many Indigenous AOD workers are not provided with the chance to debrief. It is important for organisations to provide appropriate debriefing that best suits their workers.

Team and Co-Worker Support

Team and co-worker support is important for all workers but it is particularly important for Indigenous AOD workers, especially those

working in remote areas. Co-worker support is considered so important to Indigenous worker wellbeing that it is recommended that Indigenous workers should never be appointed in isolation. Rather, appointments should be made in pairs – at a minimum – to ensure that daily support is always available. This is especially important for young or new workers.

"I have to say they are very supportive of me and they have left me to my own elements to do what I do; and for that I am thankful." (Indigenous worker)

Flexible Work Times

Flexible work times are especially important for Indigenous AOD workers. It allows workers to balance work, family and community commitments and includes:

- Flexible working hours
- Time off in lieu for extra hours worked
- Access to additional cultural leave.

Regularly Consulting With Staff About Their Workloads

Many Indigenous AOD workers feel a strong obligation toward their communities. It can be difficult to decline requests for help. As a result, workers can easily become overloaded. This can be a major source of stress. Managers should ensure that:

- Staff are not overloaded
- Workloads are shared evenly
- Staff are involved in decision-making concerning issues which impact on their work.

Improving Administration and Coordination

Making administrative processes as simple as possible can help to ensure that workers don't get "bogged down" in administrative work instead of helping clients and communities. Better coordination with other services can also help streamline client care and provide greater networking opportunities.

- Building professional and social networks
- Letting staff know when they do well
- Giving staff lots of chances to attend training
- Paying for workshops and training costs
- Building informal networks with workers from other agencies
- Having training programs available in management and leadership.

Many of these strategies can be put in place easily and cheaply. Others are more complex and will need more funds and other forms of resourcing to make change possible.

Other Measures

Other things that organisations can do to reduce stress and burnout among Indigenous AOD workers include:

- Ensuring that there are enough staff to do the work
- Providing training that focuses on stress management
- Offering pampering sessions to staff (e.g., neck massages)
- Allowing staff to take cultural leave, including taking time off for Sorry Business and funeral leave to enable them to grieve properly
- Providing rostered days off for case managers if they have worked on the weekend or done overtime
- Providing staff with flexible working arrangements

Individual Strategies to Help Worker Wellbeing and Reduce Stress and Burnout Among Aboriginal & Torres Strait Islander AOD Workers

Despite doing stressful, difficult jobs many Indigenous AOD workers are very resilient even in the face of extreme pressure. Workers can put helpful stress management steps in place themselves. Regardless of the stress prevention or management strategies that staff use, they need to use them regularly and over a long period of time.

Individual stress reduction strategies should be used in conjunction with organisational stress management strategies, not in isolation.

It is important for workers to recognise how they personally respond to stress in their work role. This is different for each person. Understanding the factors and events that trigger stress and applying strategies to lower stress levels is essential for worker wellbeing.

"We learn a lot off them too. They learn off us of course, but we learn a lot off them. We learn it's not a one-way thing, where we expect them to listen to us, but we've got to listen to them too. We hear their stories." (Indigenous worker)

Cultural Backgrounds

Many Indigenous people have overcome extraordinarily difficult experiences and have gained great strength and resilience from their cultural backgrounds.

Key elements in maintaining worker wellbeing include:

- Having close family bonds
- Telling and hearing cultural stories
- Spirituality.

Connections to Community

Doing work that allows workers to keep and strengthen their links with their communities is an important stress management tool for many workers. Being able to give to and receive support from their communities is extremely important to worker wellbeing.

Laughter

Laughter is a helpful way to remain positive and resilient. Humour can also be used within the workplace as a way to manage distressing events and contain minor irritations.

"Aboriginal people joke all the time. It could be about a death, but we try and make something funny about it, just to cheer everyone up. It's good to have a cry, but you have to laugh too." (Indigenous worker)

Having Realistic Expectations

Developing an understanding of what can and can't be done, and being aware that it is not possible to help everyone, is essential for worker wellbeing. Developing realistic expectations can reduce the stress on Indigenous AOD workers. Recognising stressful situations that are likely to occur as part of Indigenous AOD workers' roles can help reduce stress when these situations do arise.

Prioritising Work

Prioritising the jobs to be done at work is important to reduce stress, particularly where workloads are overwhelming. Prioritising tasks is a key way to keep on top of the demands and expectations from communities, peers and managers. It is important to learn techniques and strategies to prioritise work tasks that are most important and need to be attended to first.

Work/Life Balance

Work/life balance concerns the relationship between work and the commitments in the rest of workers' lives and how they impact on one

another. Many Indigenous AOD workers struggle to balance work and the responsibilities of caring for children, community and kin.

"Community often forget that you as a health worker are also a member of the community and are suffering just as much." (Indigenous worker)

There is no ideal work/life balance. Everyone is different and the 'right' balance may change as commitments change.

Flexible work arrangements help to manage work and life demands, for instance by allowing employees to work in patterns and places that fit their personal commitments. Having a good work/life balance can lead to improvements in overall quality of life. Organisations can also benefit from employees' higher morale and commitment.

Enjoying the Successes

Working with clients, particularly one-on-one, and helping them to achieve their goals is a major source of worker satisfaction. Seeing clients who previously had AOD problems living, working, and participating in community activities is rewarding and can balance out the stress and demands experienced by workers.

Focussing on successes, no matter how small, is very important.

“...you don’t see somebody for two or three years and you see them after a couple of years and they’re being sober. And you think great, they’re doing fine.

And that’s the most rewarding thing ... when I see people completing and staying successfully off the drugs and alcohol for a few years ... It makes it worthwhile working here.” (Indigenous manager)

Things that Indigenous AOD workers can do to reduce their stress

Traditional things	<ul style="list-style-type: none"> Take time out to participate in traditional activities Go home to community Practice your spiritual understanding of the world
Recreational things	<ul style="list-style-type: none"> Take time out to participate in an enjoyable activity Listen to music Meditation, yoga, breathing exercises Go for a walk with a friend/dog Have a regular massage
Social things	<ul style="list-style-type: none"> Share knowledge Learn new things Have a close personal support network Spend time with family Visit friends Eat well, go out for dinner Laugh
Domestic personal things	<ul style="list-style-type: none"> Take a nap Turn off the phone, lights, TV; spend time alone Do not answer the door Enjoy a movie or favourite TV show Go for a long drive Gardening Have regular medical checks Practice healthy living (i.e., do not smoke, drink, use illicit drugs)
Work-related things	<ul style="list-style-type: none"> Have a coffee and debrief informally with work mates Have a routine Take one day at a time Consider things from another perspective Accept your limitations Look forward to the end of the working day; do not take work home.

Where to Get More Information on Aboriginal and Torres Strait Islander Workforce Support

For more information about what is available to you locally, we recommend that you contact your relevant state or territory's peak community controlled health organisation.

Most of these organisations offer a wide variety of workforce support options, including workforce development units, health worker networks, accredited training courses and newsletters and magazines. In most instances they should be able to refer you to an appropriate organisation in your region.

ACT: Winnunga Nimmityjah Aboriginal Health Services
Ph: 02 6284 6222

NSW: Aboriginal Health and Medical Research Council of New South Wales (AH&MRC)
Ph: 02 9212 4777

NT: Aboriginal Medical Services Alliance Northern Territory (AMSANT)
Ph: 08 8944 6666

QLD: Queensland Aboriginal & Islander Health Council (QAIHC)
Ph: 07 3328 8500

SA: Aboriginal Health Council of South Australia (AHCSA)
Ph: 08 8273 7200

TAS: Tasmanian Aboriginal Centre Inc.
Ph: 03 6234 0700

VIC: Victorian Aboriginal Community Controlled Health Organisation (VACCHO)
Ph: 03 9411 9411

WA: Aboriginal Health Council of Western Australia (AHCWA)
Ph: 08 9227 1631

References and Further Reading

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S1. THE COMPLEX LIVES OF ABORIGINAL & TORRES STRAIT ISLANDER ALCOHOL AND OTHER DRUG WORKERS

Theory Into Practice (TIP) sheet for managers/supervisors

This TIP sheet is intended for supervisors and managers of Aboriginal and Torres Strait Islander¹ alcohol and other drug (AOD) workers. It is part of a suite of resources that has been produced by the National Centre for Education and Training on Addiction (NCETA) at Flinders University to enhance Indigenous worker wellbeing and reduce work-related stress.

The resources were developed following a review of relevant literature; and an extensive consultation process involving public submissions, a national on-line survey, interviews and focus groups. Quotations from the consultations appear in italics in the TIP sheets.

Introduction

Indigenous AOD workers find many aspects of their jobs very rewarding, including helping their people, enhancing community services and improving Indigenous health outcomes and life expectancies.

"First thing, always for me, is to help my people." (Indigenous worker)

Indigenous workers bring with them a deep understanding of, and links to, their communities that are essential for them to function effectively in their roles. This understanding often results from increased experience of, or exposure to, life events which are common in Indigenous communities and have the potential to cause serious psychological distress.

These include:

- High levels of grief and loss
- Trauma
- Abuse
- Violence

¹ The terms Aboriginal & Torres Strait Islander and Indigenous are used interchangeably throughout this document. We understand that some people have a preference for using one term over the other and we have used the terms interchangeably to be sensitive to these differing perspectives.

- Substance misuse
- Physical health problems
- Identity issues
- Child removal
- Incarceration
- Family breakdown
- Cultural dislocation
- Racism, discrimination and social disadvantage.

Many Indigenous AOD workers also carry heavy personal loads in terms of economically dependent children, parents, elders, and other family members, as well as broader community commitments. This background makes it highly likely that aspects of their own community, family and personal situations will impact on them as workers.

This TIP sheet provides managers and supervisors with an overview of some of the complexities Indigenous workers' lives entail and offers some potential responses.

Community Obligations and Commitments

Many Indigenous AOD workers have a strong commitment to their communities – this is at the heart of what it means to be an Indigenous person. This commitment can mean the professional boundaries that separate work and home life can become blurred as a result of the requirement to uphold cultural integrity and reciprocity within their communities.

"I think one of the hardest things for Indigenous workers is about professional boundaries, because if you're a worker working in a community, whether it be an urban community, a rural remote community, you're connected to that community. You have family in that community, you have friends in that community, you have a whole range of connections and of course everybody knows you ... and so workers are never off duty." (Indigenous manager)

For many mainstream workers, their sense of self is defined and shaped by their professional identity (e.g., "I am a doctor/nurse/police officer/mother/gardener"). In contrast, the primary source of identity for many Indigenous workers is as a "community member".

"You wake up in the community, you go to sleep in the community, you're a community member." (Indigenous worker)

Identity, personal allegiance and commitment are primarily linked to community. When employed in roles involving supporting their communities, workers may see themselves as never "off duty" and always required to respond to community needs.

Being "on-call around the clock", as opposed to working "9-5", is a common source of cross-cultural conflict and stress for workers. It also raises the issue of when being "fully committed" tips over to becoming "over committed".

"This 9 to 5 concept, it doesn't happen in Indigenous communities or for workers who are in their communities." (Indigenous worker)

The distinction between professional and personal boundaries is one of the major differences between Indigenous and non-Indigenous perspectives. For many Indigenous workers, their professional self and the personal self are "one and the same thing".

The depth of community inter-relationships can create complexities for workers, especially if non-Indigenous managers are unaware of the importance of the community to the identity of workers.

Family Commitments

Having family and community support is essential for Indigenous AOD workers to function effectively. It can also be a source of mixed feelings and complex relationships as this support can come with demands and obligations.

"We all have commitments, you know at home, look after your family, look after your children, look after your old people, you look after your house too, and working." (Indigenous worker)

For some workers, the greatest challenges arise from commitments to their own family and associated demands and expectations. Many workers find that working with clients who are family members, or part of extended kinship networks, can be a stressful and isolating experience. Clients may not understand the constraints of the worker's role, and expect help beyond the boundaries of that role and outside working hours, especially in crisis situations.

"I've had Elders ringing and they want you to come out at 10pm, you can't say no, once you say no you lose all respect from the community and that's hard to get back. You just go deal with it." (Indigenous worker)

It can also be difficult for workers to shift between different roles with the same groups of people. For example, issues may arise within workers' own families which lead to the need to treat family members as clients.

Indigenous AOD workers not only have to deal with individual clients but also the client's family and the client's community. This may include families and communities with multi-generational AOD problems.

Female Workers

A large proportion of the Indigenous AOD drug workforce is female. Female workers tend to have more family and domestic responsibilities, including child care, that include broader family and support roles. It can be particularly difficult for Indigenous single mothers employed as AOD workers to achieve and maintain a balance between work, family and community commitments.

High levels of sick leave and absenteeism can occur among Indigenous AOD workers. This can stem from the stress of trying to balance a demanding work life with many pressures, long working hours, and managing a complex personal life with significant responsibilities and obligations.

It is therefore very important that mechanisms are in place to support workers, especially female staff and single parents, to meet their family responsibilities.

"...it can be hard to separate family and personal life and fulfilling the role of health worker. Might be family arguments over the weekend and then during the week you have to put that to one side and treat them as a patient." (Indigenous worker)

Loss, Grief and Sorry Business

Aboriginal & Torres Strait Islander people experience much higher death rates than non-Indigenous Australians across all age groups and for all major causes of death (Australian Institute of Health and Welfare, 2011). The depths of grief and loss experienced by Indigenous AOD workers can be profound and well beyond experiences encountered by mainstream society.

The death of young people and children, including suicides, in Indigenous communities is a major contributor to overwhelming grief and loss issues for Indigenous workers and their communities. The pervasive nature of loss and grief is not always well understood by non-Indigenous people.

For mainstream workers, attendance at a relative's funeral is not compulsory; it is up to the individual. In contrast, Indigenous workers are obliged to attend funerals. The high premature death rate among this population means that Indigenous AOD workers are likely to be required to attend a disproportionately large number of funerals as part of their cultural obligations. There is also a range of traditional laws and protocols concerning the grieving period (Sorry Business) which may mean that certain work is unable to be undertaken during these times.

"When Aboriginal people want to go to a funeral, the system that our people work in doesn't allow them to attend. You can honestly say that the system is racist because they're not prepared to change it." (Indigenous worker)

The sense of grief, loss and stress associated with community responsibilities can be exacerbated by the requirement to explain to non-Indigenous people, including their managers, the significance of such deaths. This is particularly the case when the nature of the relationship with the deceased person is inconsistent with mainstream society's understanding of family structures.

"Just imagine being in a small community and there's a death, and everyone is related to each other in some way, through blood or skin. Then someone asks what relation they [the deceased] are to them [the worker]! They ask, 'well is that your brother, or your sister, or what'. Don't understand kinship and skin relationships." (Indigenous worker)

Workers' Personal Histories

Indigenous AOD workers may also have first-hand experience of AOD-related problems, and other problems such as family/domestic violence and sexual abuse. Like many other Indigenous Australians, AOD workers may have used alcohol or drugs as a way of blocking out pain and grief associated with loss and trauma. It can be stressful for workers to deal with clients who have similar difficulties to those that they may have experienced themselves. Work-related stress, on top of stress from personal histories, may contribute to increased levels of AOD use among overworked and under-supported Indigenous workers.

Little attention has been directed to the extent to which work-related stress contributes to AOD use problems among Indigenous workers. There is a significant duty of care owed by employers to the welfare and wellbeing of their staff in this regard.

Some workplaces provide Employee Assistance Programs (EAP). However, unless they are provided in a culturally safe way, they may not work well for Indigenous workers.

Summary and Suggested Responses

In essence, the deep insights into their communities which Indigenous AOD workers bring to their role are essential to respond to the needs of clients. These insights often come with feelings of grief, dispossession and community obligation which are part of the experience of many Aboriginal & Torres Strait Islander people.

A range of complex personal factors and circumstances can contribute to stress among Indigenous AOD workers. This includes the challenge faced by workers to maintain an appropriate work/life balance. This can be particularly difficult for a workforce that is relatively young and inexperienced and where family demands and relationships play an influential role. In these circumstances, it is not unusual for Indigenous workers to experience high levels of absenteeism and sick leave.

A range of proactive strategies can be implemented to support Indigenous AOD workers to balance their complex personal circumstances and work requirements. These strategies need to be responsive to the needs of Indigenous workers and recognise the distinctive nature of the stressors and constraints that confront them.

Flexible working arrangements are important so that workers can balance work, family and community commitments. This includes:

- Flexible working hours
- Time off in lieu of hours worked
- Access to additional cultural leave entitlements.

It is also important to:

- Frequently consult with staff about their work loads
- Ensure that workloads are evenly distributed
- Involve staff in decision-making concerning issues which impact on their work
- Ensure that appropriate formal and informal debriefing and mentoring strategies are in place to support workers (this could involve other staff from within or outside the worker's own agency)
- Ensure that EAPs are conducted in a manner that is culturally appropriate
- Provide opportunities for learning and ongoing professional development.

Implementation of these measures is likely to enhance workers wellbeing and enhance their loyalty to the organisation.

Where to get more information on Aboriginal and Torres Strait Islander workforce support

To find out more information about what is available to you locally, we recommend that you contact your relevant state or territory's peak community controlled health organisation. Most of these organisations offer a wide variety of workforce support options,

including workforce development units, health worker networks, accredited training courses and newsletters and magazines. In most instances they should be able to refer you to an appropriate organisation in your region. Contact details are provided below.

ACT: Winnunga Nimmityjah Aboriginal Health Services
Ph: 02 6284 6222

NSW: Aboriginal Health and Medical Research Council of New South Wales (AH&MRC)
Ph: 02 9212 4777

NT: Aboriginal Medical Services Alliance Northern Territory (AMSANT)
Ph: 08 8944 6666

QLD: Queensland Aboriginal & Islander Health Council (QAIHC)
Ph: 07 3328 8500

SA: Aboriginal Health Council of South Australia (AHCSA)
Ph: 08 8273 7200

TAS: Tasmanian Aboriginal Centre
Ph: 03 6234 0700

VIC: Victorian Aboriginal Community Controlled Health Organisation (VACCHO)
Ph: 03 9411 9411

WA: Aboriginal Health Council of Western Australia (AHCWA)
Ph: 08 9227 1631



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S2. UNDERSTANDING ABORIGINAL & TORRES STRAIT ISLANDER WAYS OF WORKING AND CREATING CULTURALLY SAFE WORKING ENVIRONMENTS

Theory Into Practice (TIP) sheet for managers/supervisors

This TIP sheet is intended for supervisors and managers of Aboriginal and Torres Strait Islander¹ alcohol and other drug (AOD) workers. It is part of a suite of resources that has been produced by the National Centre for Education and Training on Addiction (NCETA) at Flinders University to enhance Indigenous worker wellbeing and reduce work-related stress.

The resources were developed following a review of relevant literature; and an extensive consultation process involving public submissions, a national on-line survey, interviews and focus groups. Quotations from the consultations appear in italics in the TIP sheets.

Introduction

Indigenous AOD workers may face many unique stressors. These stem from:

- The complex needs of their clients
- Role stigmatisation (stemming from negative attitudes towards AOD work and from racism towards them and their clients)
- A lack of cultural understanding and support from non-Indigenous health workers.

Culturally safe working environments are critically important to reduce these stressors and maximise workers' ability to contribute to services.

A culturally safe working environment is where:

- Employees are valued
- There is no threat to, or denial of, employees' identities, or their needs
- Respect, listening, dignity, having a shared understanding, knowledge and experience is ensured
- Staff learn, live and work together with dignity (Aboriginal Health Council of Western Australia, as cited in Royal Australian College of General Practitioners, 2010).

¹ The terms Aboriginal & Torres Strait Islander and Indigenous are used interchangeably throughout this document. We understand that some people have a preference for using one term over the other and we have used the terms interchangeably to be sensitive to these differing perspectives.

There are some important cultural differences between Indigenous and non-Indigenous ways of working. Understanding these differences is essential to creating culturally safe environments and reducing the stressors experienced by Indigenous AOD workers.

Understanding, acceptance and respect for Indigenous ways of working is growing slowly. However, a recent survey of Indigenous AOD workers found that it is still more likely the exception rather than the rule (Roche et al., 2010). Many workers reported receiving little acknowledgment or support for Indigenous ways of working. Typically, mainstream norms were expected to be adopted and Indigenous ways of working were given tokenistic, if any, recognition.

Indigenous ways of working uphold the values, beliefs and social structures of land, family and kinship.

Post-Colonial Indigenous History

Colonisation dramatically changed the experience of family life for Indigenous Australians from the way it had been for 60,000 years. It resulted in:

- Traumatic distress
- Chronic anxiety
- Physical ill-health
- Mental distress including fear and depression
- High levels of substance misuse problems
- High imprisonment rates.

"We know that there are layers upon layers of issues that the individual or their families are currently dealing with and the impacts of that stem from colonisation, stolen generations and premature death within our community."
(Indigenous manager)

This has resulted in incalculable trauma, depression and major mental health problems for Indigenous Australians across several generations (Dawe et al., 2007). Understanding this is fundamental to creating culturally safe working environments.

Kinship

For Indigenous people, kinship connects a wide range of individuals through blood, marriage, and skin relationships. Complex, extended kinship systems are fundamental elements of Indigenous communities and part of connectedness to each other, spirit and country. In kinship relationships:

- There need not be a biological relationship for a family bond to exist
- Sibling status can extend to cousins, regardless of birth generation
- Aunts and uncles may take on parental, or often grandparental, status
- A range of social and behavioural structures exist which define obligatory roles and strengthen communities through upholding respect and reciprocity.

"I don't think there is much of a separation between the words 'family' and community and that Aboriginal community sees the whole community as their family. So making that separation is just not as easy as you would do."
(Indigenous worker)

Many Indigenous AOD workers experience a lack of understanding from employers and colleagues in regard to kinship systems and the obligations they entail.

Commitment to Community

Many Indigenous AOD workers have a strong commitment to their communities – this is at the heart of what it means to be an Indigenous person. For Indigenous AOD workers it means:

- Their principal source of identity is as a "community member" while for many mainstream health workers their sense of identity is shaped by their professional role (e.g., being a health worker/doctor/nurse)
- Personal allegiance and commitment to community come first and other roles and identities are secondary
- Workers may feel that they are never "off duty" and always available to respond to community needs

- Boundaries that separate work and home life can become blurred as a result of cultural obligations
- Many have a strong desire to effect change and address social inequities.

"You wake up in the community, you go to sleep in the community, you're a community member."
(Indigenous manager)

Grief and Loss

Indigenous Australians experience much higher death rates than non-Indigenous Australians across all age groups and for all major causes of death (Australian Institute of Health and Welfare, 2011). Grief and loss experiences of Indigenous AOD workers can be profound; well beyond experiences encountered by mainstream society.

"People talk about compassion fatigue, well maybe there is grief fatigue." (Indigenous manager)

The death of young people and children, including suicides, is a major contributor to overwhelming grief and loss issues for Indigenous workers and their communities.

The pervasive nature of loss and grief is not always well understood by non-Indigenous people and Indigenous workers may be discomforted by the need to justify their grieving processes for community or kinship members.

Many workers may experience a lack of support in this area and conventional bereavement leave may be inadequate and create further stress for Indigenous AOD workers.

Sorry Business

Following the death of an Indigenous person there is a mourning period called Sorry Business which can have an immense impact on Indigenous workers.

"So much grief and loss, always in Sorry Business mode ...hard to do your job."
(Indigenous worker)

Without adequate support to participate in Sorry Business and culturally appropriate ways of mourning, feelings of sorrow and bereavement may accumulate over several generations. This is known as intergenerational grief and loss.

For Indigenous AOD workers, not taking time to attend a funeral and pay one's respects reflects very badly on them. Attendance is a cultural requirement. Indigenous workers may need more bereavement leave days than currently available under most workplace policies.

Holistic Approaches to Health

Holistic care is a fundamental feature of Indigenous ways of working. It involves seeing and understanding individuals within the context of their family and community, rather than in isolation.

Indigenous AOD workers have reported that their clients want their care provided within the context of their family and the broader community. This often involves greater time commitment and more intensive use of resources.

"... want recovery to happen within their family. One service places a lot of emphasis on the individual, which doesn't work very well with Aboriginal people because not only are they the client's issues, but the current environment's as well." (Indigenous manager)

Women's Business, Men's Business

According to long-established Aboriginal and Torres Strait Islander lore, sharing responsibility between men and women reveres the strength, knowledge and essence of what it means to be a man or a woman. The assignment of "roles and life ways" is determined by gender.

For Indigenous workers, maintaining cultural integrity within the workplace and recognising Women's Business, Men's Business, is of crucial importance. This can be complicated where cultural needs and work expectations do not fit well with traditional gender roles.

Some organisations may require workers to carry out duties which conflict with their cultural values and beliefs. This can be a major source of stress for workers.

"Some people that you can't deal with because women won't open up to a bloke. Like you got Women's Business and Men's Business. It's pretty important to have a female worker as well." (Indigenous manager)

Indigenous Concepts of Time

A major difference between Indigenous and non-Indigenous ways of working involves the concept of time. Indigenous AOD workers may have a more contemplative and considered approach to tackling tasks. This may necessitate greater allocation of time than might usually be required.

Incorporating Indigenous ways of working into workplace practice also means allocating time to decision making processes and including the intricate, complex system of consultation that embodies Indigenous cultural practice.

Community consultation is often an essential requirement for workers. It takes time to ensure that the appropriate people have been consulted. It involves seeking and listening to the views and knowledge of Indigenous people in order to develop, implement and evaluate the way AOD services should be provided.

"Some people may say we're lazy but we're not. We're thinkers, we're talkers. You see a group of Elders sitting, nutting something around and around till suddenly they find the right answer, that's how we work as people." (Indigenous manager)

Respect for Elders

Showing respect for Elders is a further central feature of Indigenous culture. Elders are the foundation of community, imparting knowledge, wisdom and guidance through story. This is achieved through a system of reciprocity whereby workers and Elders support each other.

The position of Elders within Indigenous society is extremely important, as it is recognised that with age comes status and wisdom. It can also be difficult, and culturally inappropriate, for Indigenous AOD workers to refuse requests from Elders.

The "tug of war" between work requirements, and cultural expectations and obligations can be a source of stress for Indigenous workers.

"I've had Elders ringing and they want you to come out at 10pm, you can't say no, once you say no you lose all respect from the community and that's hard to get back. You just go deal with it." (Indigenous worker)

Connection to Country and Health

"Country" refers to the lands to which Indigenous peoples have a traditional attachment or relationship. Connection to Country occurs through specific localised knowledge of a region's natural history coupled with complex layers of past personal and family experiences, and deeper connection to the past (and therefore to Indigenous) identity via traditional stories and beliefs.

Connection to land and people is maintained through hunting and gathering and simply being on Country. Indigenous peoples' relationship with Country is complex and multifaceted.

Country and connection to Country is linked to:

- Caring for Country
- Maintaining health and cultural life
- Identity
- Individual autonomy
- Indigenous sovereignty (Ganesharajah, 2009).

There are two important implications for employers of Indigenous AOD workers:

1. The first is the strong obligation workers may feel to care for Country and all within it.
2. The second is that as a result of the limited availability of services, Indigenous clients are often required to travel some distance to receive AOD treatment and care. It is important to acknowledge what it means for these clients to be *out of their own lands* and often in a foreign nation, with all the attendant disorientation and homesickness. This can be a major source of stress for workers who may feel that by not referring clients to culturally safe, local services they are failing to provide appropriate care.

Connection to Country, and behaviours that are related to Country, are now recognised and understood to be an important determinant of health and central to wellbeing, for both clients and workers. Incorporating the importance of Country into workplace practices is central to creating culturally safe environments.

Summary

Indigenous AOD work must be understood from a historical and cultural context in order to fully comprehend the source of threats to Indigenous workers' wellbeing and to create culturally safe working environments.

Indigenous ways of working incorporate practices that:

- Reflect Indigenous knowledge
- Uphold cultural integrity
- Include principles of reciprocity.

When these principles are undermined it impacts on the health and wellbeing of the Indigenous community and Indigenous workers and contributes to work-related stress.

Culturally unsafe working environments can significantly undermine the ability of Indigenous AOD workers to undertake their roles. Such

environments can force workers to choose between conforming to the requirements of the work environment or meeting kinship, community and Country expectations.

A failure by supervisors and managers to recognise the importance of community consultation, gender roles, the need to respect Elders, the importance of Country and different concepts of time add to difficulties in managing and treating often severely disadvantaged clients.

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S3. RECOGNISING AND REWARDING DEADLY WORKERS

Theory Into Practice (TIP) sheet for managers/supervisors

This TIP sheet is intended for supervisors and managers of Aboriginal and Torres Strait Islander¹ alcohol and other drug (AOD) workers. It is part of a suite of resources that has been produced by the National Centre for Education and Training on Addiction (NCETA) at Flinders University to enhance Indigenous worker wellbeing and reduce work-related stress.

The resources were developed following a review of relevant literature; and an extensive consultation process involving public submissions, a national on-line survey, interviews and focus groups. Quotations from the consultations appear in italics in the TIP sheets.

Introduction

Rewards and recognition for good work and effort are very important. They are essential for worker satisfaction and motivation. But this is often overlooked or misunderstood.

Workers want to be appreciated and recognised for the work that they do and expect a fair balance between what they do for the organisation (e.g., skills, knowledge, effort) and the rewards they get in return (e.g., pay, promotion, support, recognition). If workers feel their efforts go under-recognised, or that they are receiving insufficient rewards, this can lead to them leaving the organisation.

Ensuring that workers are fully and appropriately recognised and rewarded for their work is not only a matter of fairness and equity it is also good for workers' health and wellbeing. It can also reduce stress. This is particularly important for Indigenous AOD workers whose work can be difficult, demanding and stressful.

"...the greatest issue is disparity of salary across NGOs, community and government. For example, government salaries have incremental increases allowing for promotional opportunities but NGOs are not able to provide these incentives." (Indigenous manager)

¹ The terms Aboriginal & Torres Strait Islander and Indigenous are used interchangeably throughout this document. We understand that some people have a preference for using one term over the other and we have used the terms interchangeably to be sensitive to these differing perspectives.

Recognising and rewarding deadly Indigenous AOD workers

The rewards that workers value are often different to what might be expected.

Developing reward systems based on workers' needs and preferences is likely to be most effective. What one person may find rewarding may not appeal to another. Always ask the "experts" – the workers themselves.

For many workers, the rewards that they value most are not necessarily monetary. Nevertheless, it is essential that all workers receive fair and appropriate salaries and financial recognition for their work. Some organisations can also give financial rewards such as bonuses or pay rises, but for many organisations financial rewards are not an option.

Non-Financial Rewards

Non-financial rewards might include:

- Acknowledgement of extra effort or dealing with difficult situations. This might be done in private between a worker and supervisor, or more publicly
- Public recognition of effort and contribution: this could be within the team, the organisation or at the sector level or beyond
- Award certificates or plaques to note a major achievement or milestone
- Celebrations to recognise important achievements: BBQs, morning teas
- Chances to work on favourite work activities (and/or have a break from tasks they don't like)
- Additional time off, flexi-time or extra leave in recognition of a specific achievement

- Support for professional development activities (e.g., paying for or giving paid time off)
- A chance to act in higher duties
- Attending workshops/conferences
- Celebrations for good work.

"...people get burnt out because no-one gives them the congratulations." (Indigenous worker)

Performance appraisals are also good opportunities to recognise good work and contributions to the organisation. This also helps ensure a clear link between performance and effort and rewards. The appraisal interview can also be used to support workers by discussing barriers and challenges and ways they can be overcome.

When developing recognition and reward practices for workers also think about:

- Whether workers' roles are too hard and may lead to frustration and a sense of failure
- Rewarding progress towards longer-term or more difficult goals (i.e., rewarding achieving short-term objectives). Providing rewards for making progress towards a goal can help to keep effort levels up and avoid feelings of anger and disappointment.

Reward systems need to be fair to all workers and be seen to be fair. Workers will decide if they think the reward system is fair based on:

- Whether what needs to be achieved to receive the reward is realistic
- The importance of the work they have done
- The importance of their work compared to the work of others
- Whether all workers are rewarded consistently.



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S4. SUPPORTING ABORIGINAL & TORRES STRAIT ISLANDER ALCOHOL AND OTHER DRUG WORKERS (INCLUDING MENTORING)

Theory Into Practice (TIP) sheet for managers/supervisors

This TIP sheet is intended for supervisors and managers of Aboriginal and Torres Strait Islander¹ alcohol and other drug (AOD) workers. It is part of a suite of resources that has been produced by the National Centre for Education and Training on Addiction (NCETA) at Flinders University to enhance Indigenous worker wellbeing and reduce work-related stress.

The resources were developed following a review of relevant literature; and an extensive consultation process involving public submissions, a national on-line survey, interviews and focus groups. Quotations from the consultations appear in italics in the TIP sheets.

Introduction

Indigenous AOD workers may face many unique stressors. These include:

- Heavy work demands resulting from working with clients who have complex health and social problems
- Difficulties in defining roles and boundaries with their clients
- Stigmatisation of their roles stemming from negative attitudes towards AOD work and from racism towards them and their client group
- Difficulties in translating mainstream work practices to meet the specific needs of Indigenous clients
- A lack of cultural understanding and support from non-Indigenous health workers
- Challenges of isolation when working in remote areas.

It's important to have a range of measures in place, such as mentoring programs, to support workers and the important work they do and to prevent stress and burnout.

¹ The terms Aboriginal & Torres Strait Islander and Indigenous are used interchangeably throughout this document. We understand that some people have a preference for using one term over the other and we have used the terms interchangeably to be sensitive to these differing perspectives.

Outlined below are some basic steps that may help to make sure that your workplace offers sound workplace support (including mentoring) for Indigenous AOD workers.

What are Some Effective Ways of Supporting Indigenous AOD Workers?

- Ensure that new workers receive a comprehensive orientation to their workplace and roles
- 'Buddying' new workers during their orientation period to help them adjust to the work environment
- Be conscious of employees' cultural experiences and values and be willing to learn and adopt alternative ways of working.

Types of Workplace Support

1. Social/emotional support is focused on meeting workers' needs to feel valued, cared for, respected and liked.
2. Instrumental support is focussed on providing workers with practical assistance with their roles, responsibilities and tasks.

There is no set way for working out the best combination of social/instrumental support from the organisation, supervisors and co-workers. The best strategy is to find out from workers themselves the kinds of support they need.

	Social/emotional support	Instrumental support
Organisation	<ul style="list-style-type: none"> • Ensuring fair treatment • Providing valued rewards • Ensuring supportive supervision 	<ul style="list-style-type: none"> • Ensuring good job conditions (physical safety, job security, promotion paths, job freedom) • Dealing with work overload • Access to high quality resources and equipment
Managers/Supervisors	<ul style="list-style-type: none"> • Making sure that organisational support reaches workers • Providing praise encouragement, caring, respect • Recognising and rewarding good work • Involving workers in decision making 	
Co-workers	<ul style="list-style-type: none"> • Providing praise encouragement, caring, respect 	<ul style="list-style-type: none"> • Providing help and advice • Filling in when others are away • Helping with heavy workloads • Giving helpful feedback • Giving appreciation and recognition • Sharing duties and responsibilities

Management and Organisational Support

The following are examples of Management and Organisational Support that managers/supervisors may use to support their workers.

Management Support

- Include in job descriptions the requirement for workers to provide a range of different forms of support to colleagues such as buddying, mentoring and debriefing
- Ensure each worker's job description is accurate, specific and up-to-date
- Identify professional development activities opportunities and support workers' attendance at relevant training and activities
- Ensure that regular performance reviews are undertaken.

Organisational Support

- Ensure orientation manuals reflect organisational commitment to creating a culturally safe working environment for indigenous staff in mainstream organisations
- Offer networking opportunities for staff to meet other Indigenous workers from the organisation or from organisations that provide similar or complementary services
- Provide time and resources for formal support and debriefing sessions between co-workers, mentors, supervisors and/or managers
- Provide opportunities for community members and clients to learn about the role of workers and what the organisation/worker can or can't do for clients
- Seek input from workers on internal policies and procedures and organisational goal setting.

Mentoring

What is Mentoring?

- Mentoring is an informal and flexible approach to leadership, supervision and professional development
- Mentoring is a supportive partnership relationship between a more experienced worker (the mentor) and a less experienced worker (the protégé)
- It can provide a safe and supportive place in which the protégé can learn to manage stressful and difficult situations and develop problem solving skills to address issues and challenges related to working in the AOD field
- Mentoring relationships can occur between a mentor and a protégé (or a small group of protégés) or it may involve peers who act as mentors for each other
- Mentoring can help create a sustainable workforce by building on the skills and knowledge base of the current workforce.

What Mentoring is Not

Mentoring is *not* about providing counselling on personal issues. If personal counselling is required, this should be provided by a qualified counselling service such as an Employee Assistance Program (EAP). It is important that EAPs providing services to Indigenous workers do so in a culturally appropriate manner.

Mentoring is also different to supervision and performance reviews. These are separate processes and should not be confused with mentoring.

Mentoring is also not just having a friendly chat from time to time. Mentoring involves setting goals and objectives and should be regarded as a developmental, rather than a social activity.

Why is Mentoring Important?

Mentoring can address a range of workforce development challenges by:

- Building on the skill base of both experienced and less experienced workers, as the mentors develop their own teaching and management skills, whilst the protégés develop organisational and clinical skills
- Providing worker support especially during periods of organisational change
- Helping retain experienced and valued workers, this can further develop their own professional skills and experiences
- Supporting worker wellbeing, by providing opportunities to discuss stressful work events, by developing helpful strategies and discussing and clarifying the worker's roles and responsibilities related to the job
- Facilitating work practice change.

What's Needed for a Successful Mentoring Relationship and Program?

A successful mentoring relationship requires mutual respect, trust and confidentiality between the mentor and protégé. This can be developed by each person making a commitment to:

- Being aware about their own personal strengths and weaknesses, and being willing to learn from the other person
- Listening to both positive and negative feedback, and welcoming ideas to improve work practice and learn from mistakes
- Setting and attending regular meetings, whilst trying to be flexible about meeting times
- Ensuring that discussions are kept confidential.

The organisation, or the work environment, also has an important role to play in the development of successful mentoring programs. The work environment should:

- Be prepared to make time for mentors and protégés to meet regularly
- Provide a culture of trust and fairness, commitment to staff development and learning, good communication processes and the sharing of problems and responsibilities.

Who Should Be Involved in Mentoring Programs?

Each new or junior Indigenous AOD worker should be offered the option of participating in a mentoring program but the protégé always has the final say in who they would like to accept as a mentor. In most instances, an Indigenous worker will best be mentored by a more experienced Indigenous colleague either from their own organisation or a similar one. The issue of the best gender match also needs to be considered carefully; often male:male and female:female matches are preferable.

Participation in mentoring programs should not be limited to new and junior employees. Most employees, including managers, can benefit from involvement in a mentoring program.

How to set goals and objectives in mentoring

To get the maximum benefit from a mentoring relationship, it is helpful for the person being mentored to identify what they would like to get from the relationship and the investment.

To achieve this, it is useful to specify specific goals and objectives to be worked towards.

- Goals are the long term outcomes that the person being mentored is aiming to achieve or change.
- Objectives are the more specific shorter term actions, behaviours and work practices that will be needed to reach the goal.

Practical Tip:

Use a mentoring meeting form divided into the following columns to identify goals and to track steps being taken to achieve the final goal(s).

Goal	Objective	Task	Review Date	Comments	Progress
Goal #1					(e.g. None, some, a lot, complete)
Goal #2					
Goal #3					

Where to get more information on Aboriginal and Torres Strait Islander workforce support

To find out more information about what is available to you locally, we recommend that you contact your relevant state or territory's peak community controlled health organisation. Most of these organisations offer a wide variety of workforce support options,

including workforce development units, health worker networks, accredited training courses and newsletters and magazines. In most instances they should be able to refer you to an appropriate organisation in your region. Contact details are provided below.

ACT: Winnunga Nimmityjah Aboriginal Health Services
Ph: 02 6284 6222

NSW: Aboriginal Health and Medical Research Council of New South Wales (AH&MRC)
Ph: 02 9212 4777

NT: Aboriginal Medical Services Alliance Northern Territory (AMSANT)
Ph: 08 8944 6666

QLD: Queensland Aboriginal & Islander Health Council (QAIHC)
Ph: 07 3328 8500

SA: Aboriginal Health Council of South Australia (AHCSA)
Ph: 08 8273 7200

TAS: Tasmanian Aboriginal Centre
Ph: 03 6234 0700

VIC: Victorian Aboriginal Community Controlled Health Organisation (VACCHO)
Ph: 03 9411 9411

WA: Aboriginal Health Council of Western Australia (AHCWA)
Ph: 08 9227 1631

NCETA resources on how to set up a mentoring program

McDonald, J. (2002). Mentoring: An age old strategy for a rapidly expanding field. In A.M. Roche & J. McDonald (Eds.), *Catching Clouds: Exploring Diversity in Workforce Development for the Alcohol and Other Drug Field* (pp. 105-114). National Centre for Education and Training on Addiction (NCETA), Flinders University: Adelaide.

National Centre for Education and Training on Addiction (NCETA) (2005). *A Mentoring Resource Kit for the Alcohol and other Drugs Field*. National Centre for Education and Training on Addiction (NCETA), Flinders University: Adelaide.

Roche, A.M., Todd, C., & O'Connor, J. (2007). *Clinical supervision in the alcohol and other drugs field: An imperative or an option? Drug and Alcohol Review*, 26(3), 241.

Todd, C. (2005). Mentoring. In N. Skinner, A.M. Roche, J. O'Connor, Y. Pollard & C. Todd (Eds.), *Workforce Development TIPS (Theory Into Practice Strategies): A resource kit for the alcohol and other drugs field*. National Centre for Education and Training on Addiction (NCETA), Flinders University: Adelaide.

Other useful sources include:

National Aboriginal Community Controlled Health Organisation (NACCHO) Aboriginal health workforce: <http://www.naccho.org.au/activities/workforce.html>

Australian Indigenous HealthInfoNet web pages on substance misuse and health workers:
<http://www.healthinfonet.ecu.edu.au/health-risks/substance-misuse>
<http://www.healthinfonet.ecu.edu.au/health-systems/health-workers>

National Indigenous Drug and Alcohol Committee (NIDAC): <http://www.nidac.org.au/>

National Centre for Education and Training on Addiction (NCETA): <http://www.nceta.flinders.edu.au>

Bush Support Services (formerly known as the Bush Crisis Line): <http://bss.crana.org.au/>
Bush Support Line: Telephone 1800 805 391

Making two worlds work: resource kit:
http://www.whealth.com.au/ourwork/making_two_worlds_work.html

Koori practice checklist: A cultural audit tool for the alcohol and other drugs services sector: <http://www.ngwala.org/>

AMSANT administration manual for Aboriginal primary health care services in the Northern Territory: <http://www.amsantmanual.com/>



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S5. RECRUITMENT AND RETENTION AMONG ABORIGINAL & TORRES STRAIT ISLANDER ALCOHOL AND OTHER DRUG WORKERS

Theory Into Practice (TIP) sheet for managers/supervisors

This TIP sheet is intended for supervisors and managers of Aboriginal and Torres Strait Islander¹ alcohol and other drug (AOD) workers. It is part of a suite of resources that has been produced by the National Centre for Education and Training on Addiction (NCETA) at Flinders University to enhance Indigenous worker wellbeing and reduce work-related stress.

The resources were developed following a review of relevant literature; and an extensive consultation process involving public submissions, a national on-line survey, interviews and focus groups. Quotations from the consultations appear in italics in the TIP sheets.

Introduction

The AOD workforce in general encounters significant staff recruitment and retention challenges. These can stem from heavy workloads and client pressure; inadequate resources, pay, training, support and autonomy; and stigmatisation.

The Indigenous AOD workforce faces these difficulties and more, including having a client base with particularly complex needs which require culturally appropriate responses. Lack of culturally appropriate resources and support from mainstream organisations can make workers' roles more difficult. Challenges can be further exacerbated by intermittent and uncertain funding, comparatively low salaries; and a lack of clearly defined roles, training protocols, and career opportunities for Indigenous AOD workers.

Recruitment

Many Indigenous health agencies have difficulty recruiting AOD staff and filling vacancies. There are not enough new Indigenous workers coming

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into the health field generally and this problem is particularly acute in the AOD field. Even where funding and resources are made available to increase staff numbers, agencies often have difficulty in achieving a full staff complement.

"We've only ever held the Health Worker workforce capacity above half way. Even though we've got those positions, we've never reached 100% capacity for various reasons." (Indigenous manager)

It is not just difficulties associated with filling vacancies that are problematic. Recruitment can sometimes result in the appointment of staff who are not the best match for the job. Such appointments can stem from pressure from Indigenous communities to fill vacancies quickly. This may be in response to unmet community needs and a perception that "any person in the job is better than no person at all".

However, poor recruitment choices (i.e., poor person-job fit) can have a range of negative consequences for the organisation, the worker and the community including:

- Higher rates of turnover
- Reduced performance and effectiveness
- Lowered job satisfaction
- Reduced work motivation.

Increasing the number of Indigenous AOD workers is important. It not only ensures that there are enough staff to provide the services but can also impact positively on the existing workforce by reducing their workloads. This, in turn, can help future recruitment and retention as workloads become more realistic and the jobs, more desirable.

Strategies that can improve recruitment of Indigenous AOD workers include:

- Promoting a positive image of the AOD field to potential applicants
- Paying above award wages and providing other incentives such as increased annual leave to staff as a way of recruiting and retaining them

- Ensuring that an up-to-date job description exists which contains information related to:
 - » specific tasks and activities required for the job
 - » the knowledge, skills and abilities required for effective performance by the job incumbent
- Having an effective recruitment strategy which considers:
 - » appropriate sources of recruitment (i.e., advertisements, personal referrals, employment agencies, direct applications)
 - » appropriate recruiters (e.g., supervisors or co-workers).
- Evaluating the recruitment strategy to determine its efficacy. For example, conducting a cost-benefit analysis of the number of applicants referred, interviewed, selected, and hired and comparing the effectiveness of applicants hired from various sources
- Recruiting Indigenous high school students into tertiary education by pre-employment workshops, support for literacy and numeracy, prevocational and introductory courses
- Flexible traineeship and apprenticeship on-the-job programs.

Retention of Existing Staff

Retaining workers is a major issue for the AOD field in general and for organisations employing Indigenous AOD workers in particular. Keeping effective workers is important for a number of reasons including ensuring:

- A highly skilled and effective workforce exists
- The organisation receives a return on the costs of formal and informal worker training
- Development of groups and teams that work well together
- An available pool of mentors and supervisors exists.

A range of factors can influence a worker's decision to leave an organisation, including issues unrelated to work (e.g. illness, spouse's new job). Many employers of Indigenous AOD workers

experience difficulties with staff turnover or a continual “bleeding out” of existing staff.

Factors contributing to high staff turnover include:

- Poor pay
- Lack of job security and tenure
- Lack of career development opportunities
- Poor working and employment conditions
- Short-term or uncertain funding
- Using non-government organisations as a “stepping stone” to more attractive jobs in the government sector
- Poor people skills of the manager/supervisor
- Difficulties of working in rural areas (e.g., isolation)
- A lack of training opportunities
- The stigma associated with working with clients with AOD issues
- Having conflicting roles and responsibilities (e.g., administration and clinical work).

Turnover creates a substantial drain and impost on Indigenous health services in general and on AOD services in particular. Turnover can be costly, particularly when it involves the unplanned loss of workers who leave voluntarily and whom employers would prefer to keep.

In addition to the direct costs of recruiting a replacement, indirect costs of turnover include:

- Lost productivity
- Decreased worker morale
- Increased stress
- Reduced quality and availability of services.

“What needs to happen is more places for Aboriginal workers to come on board. You can share that workload and not carry all of that burden. So you’re not the one who’s out there in the community being questioned by client’s family members on a constant basis.”
(Indigenous manager)

However, reducing turnover is not necessarily the optimal outcome in all circumstances. Workers who choose to remain in their jobs but are disaffected and do their job poorly can be just as costly to productivity as high staff turnover.

Offer Professional Development Opportunities

An important way to retain existing staff is to ensure that effective professional development programs are in place. Professional development refers to the ongoing provision of opportunities to develop and improve skills, competencies and knowledge. Apart from helping to retain workers, professional development programs have a range of benefits for individuals, organisations and clients, including:

- Improved worker performance and skill base
- Increased confidence and motivation
- Improved service delivery
- Higher levels of commitment to the organisation.

There are five important steps in implementing an effective professional development program:

1. Conduct a needs assessment for individuals, teams and the organisation which determines the professional development requirements of individual workers, teams and the organisation as a whole.
2. Set goals for professional development to ensure that activities are of greatest relevance and benefit.
3. Instigate a professional development plan to coordinate all aspects of a program including the individual, team and organisational goals and needs identified in the previous two steps.
4. Identify and implement activities beyond education and training. A range of approaches can be provided in-house to use “corporate” skills and knowledge already held in the organisation. Alternatives to education and training include mentoring, clinical supervision, study groups, site visits, cross-organisational exchanges and online learning.
5. Conduct an evaluation to make sure that the greatest benefit is obtained from an activity, and to identify future improvements.

More Retention Strategies

Strategies to retain effective staff include:

- Providing an effective and formalised induction and orientation program for new workers to help them understand the organisation, their role and where they “fit” within the organisation
- Offering a mentoring or “buddy” system, in which new workers are paired with experienced workers from a similar area to “show them the ropes” (see the TIP sheet on Supporting Aboriginal & Torres Strait Islander Alcohol and Other Drug Workers)
- Offering measures to reduce work-related stress and prevent it escalating to burnout (see other TIP sheets in this series)
- Maintaining sound supervisor-worker relationships which allow for open communication
- Providing professional development opportunities to enable workers to develop their knowledge, skills and abilities
- Providing challenging and varied work to workers
- Ensuring that adequate clinical supervision is provided
- Offering rewards and recognition for good work
- Supporting workers’ capacity to balance work and family life
- Providing new or potential workers with realistic work expectations in regard to professional development opportunities, promotion opportunities and career mobility
- Conducting exit interviews to identify organisational issues or problems.

Where to get more information

To find out more information about what is available to you locally, we recommend that you contact your relevant state or territory’s peak community controlled health organisation. Most of these organisations offer a wide variety of workforce support options, including

ACT: Winnunga Nimmityjah Aboriginal Health Services
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workforce development units, health worker networks, accredited training courses and newsletters and magazines. In most instances they should be able to refer you to an appropriate organisation in your region.

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S6. CLINICAL SUPERVISION

Theory Into Practice (TIP) sheet for managers/supervisors

This TIP sheet is intended for supervisors and managers of Aboriginal and Torres Strait Islander¹ alcohol and other drug (AOD) workers. It is part of a suite of resources that has been produced by the National Centre for Education and Training on Addiction (NCETA) at Flinders University to enhance Indigenous worker wellbeing and reduce work-related stress.

The resources were developed following a review of relevant literature; and an extensive consultation process involving public submissions, a national on-line survey, interviews and focus groups. Quotations from the consultations appear in italics in the TIP sheets.

Introduction

Clinical supervision aims to develop Indigenous AOD workers' clinical practice skills through support and guidance from a more experienced supervisor. The unique nature of Indigenous AOD workers' role means it needs to be undertaken in an Indigenous-specific and culturally safe way.

Indigenous AOD workers also have a deep understanding of their communities which is essential in responding to the needs of their clients. These insights often come with feelings of grief, dispossession and community obligation, which are part of the experience of many Indigenous Australians.

The Indigenous AOD workforce overall is relatively young and inexperienced with clients who often have complex needs. Clinical supervision is a very important strategy to ensure that these clients receive the best possible care and that AOD workers are well supported.

"I think one of the critical elements in all of this, no matter where you train, or who you train with, or whatever, it's about clinical supervision. Good clinical supervision is a must, no matter what level of training you're at." (Indigenous manager)

¹ The terms Aboriginal & Torres Strait Islander and Indigenous are used interchangeably throughout this document. We understand that some people have a preference for using one term over the other and we have used the terms interchangeably to be sensitive to these differing perspectives.

What is Clinical Supervision?

The clinical supervision relationship involves a regular and detailed exploration of a supervisee's work with clients. It is usually a working partnership between an experienced and less experienced practitioner. It can also involve two practitioners of equal seniority and experience. It is preferable that the clinical supervisor is not the worker's manager or supervisor.

Clinical supervision aims to:

- Improve clinical practice
- Help the supervisee meet required professional standards (e.g., ethical, best practice)
- Support and encourage the supervisee/s
- Meet the standards required by the employing organisation.

Clinical supervision has a range of benefits for workers and the organisation, including:

- Supporting supervisees and providing a forum to discuss clinical issues
- Maintaining clinical skills and quality practice
- Standardising core skills across the organisation and/or field
- Improving and/or attaining complex clinical skills
- Increasing job satisfaction and self confidence
- Improving communication amongst workers
- Improving worker retention
- Reducing professional development and administration costs.

Each supervisory relationship will vary according to the needs and experience of the supervisee and the style of the supervisor. It may also change over time and across different clinical settings.

Clinical supervision may involve:

- Counselling, teaching and consultation
- Personal and professional support and development
- Skills building

- Developing supervisees' professional credentials.

Clinical supervision can be undertaken in-house or externally.

- *Internal supervision*: usually suitable if supervisees can acknowledge some area for improvement in their clinical practice without having other aspects of their work performance viewed negatively by their manager/supervisor
- *External supervision*: (i.e., where a supervisor from a different organisation is paid on a sessional basis) may be more suitable if a worker's performance is viewed negatively by a manager or supervisor. External supervision is usually made available in addition to internal supervision. External supervision may be the only option available for workers in rural and remote locations.

Clinical supervisors can come from a wide range of backgrounds.

The "Four A's of clinical supervision" describe a good clinical supervisor as:

1. **Available**: open, receptive, trusting, non-threatening
2. **Accessible**: easy to approach and speak freely with
3. **Able**: having real knowledge and skills to transmit
4. **Affable**: pleasant, friendly, reassuring.

Regular clinical supervision sessions are more likely to occur if the clinical supervisor:

- Builds a solid working relationship with the supervisee
- Assesses the supervisee's counselling skills
- Writes a contract that ensures regular supervision sessions
- Determines the supervisee's learning goals.

Supervision sessions should be centred on the needs of the supervisee. The supervisee should be able to "own" the process, rather than feeling that it is driven and dominated by external factors.

Should Clinical Supervisors be Indigenous?

There are several advantages in having Indigenous clinical supervisors for Indigenous AOD workers. Indigenous clinical supervisors are more likely to have a deeper understanding of the issues being experienced by the client group and the pressures experienced by the supervisees.

Where it is not possible to have Indigenous supervisors for Indigenous AOD workers, at the very least, the clinical supervision should be undertaken in a manner that is culturally appropriate. Non-Indigenous supervisors need to understand the pressures that Indigenous workers experience from their family, community and workplace.

Indigenous workers may also need to be provided with cultural supervision to enable their clinical practice to be culturally appropriate. This may also help workers recognise differences between Indigenous and non-Indigenous ways of working. Cultural supervision may also involve cultural mentorship through the involvement of Elders.

For clinical supervision programs to be successful it is important that:

- The organisation is committed to ensuring that the supervisor and supervisee have the time and resources available to undertake clinical supervision
- Clinical supervision meetings occur regularly (e.g., weekly or fortnightly)
- Resources, such as a clinical supervision manual and a supervisee workbook for personal reflection are provided.

An effective approach to clinical skill development is to incorporate modelling/demonstration by “expert others” (i.e., supervisor) and action learning. As shown in Figure 1, clinical supervision should incorporate observation, action and critical reflection in the development of supervisees’ skills, knowledge and experience.

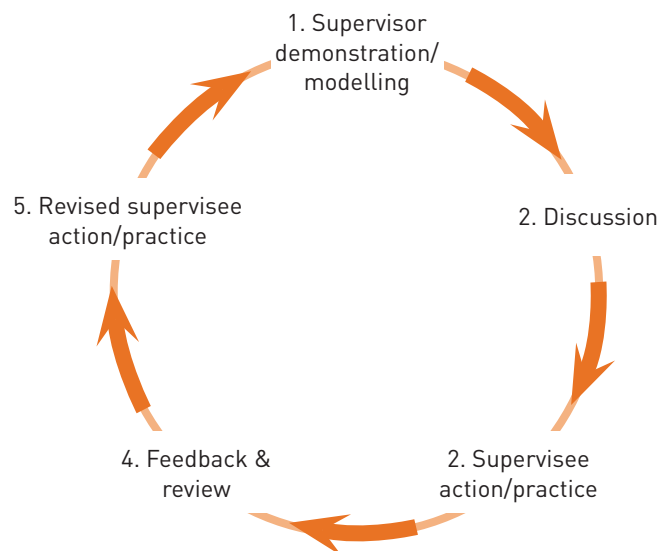


Figure 1: Action learning in supervision.

What Clinical Supervision is Not

- Clinical supervision is different to administrative or managerial supervision, which focuses on the worker’s day-to-day administrative issues. To maintain an appropriate distance between administrative and clinical roles, many organisations use external supervision (i.e., sourcing clinical supervisors from another organisation).
- Clinical supervision is also not about providing counselling on personal issues. Personal counselling should be provided by a qualified counselling service such as Employee Assistance Programs (EAPs).
- Clinical supervision is also not just having a friendly chat from time to time. Rather, it is a highly structured activity focussed on enhancing the clinical and professional skills of the supervisee.
- Clinical supervision is not an add-on or optional extra. It needs to be viewed as a core component of an organisation’s activities and a requirement for all frontline workers, which is costed into an organisation’s funding structure.

“Supervision is sometimes incorrectly viewed as being an add-on extra. In fact, it needs to be viewed as a requirement for all frontline workers and should be costed into an organisation’s structure.” (Indigenous manager)

Establishing a Clinical Supervision Program

Setting up a clinical supervision program involves three stages:

1. Program planning

- Identifying and engaging with the target groups (including supervisors and supervisees)
- Establishing clear goals and objectives for the supervision program
- Recruiting supervisors and supervisees
- Developing a supervisor-supervisee matching strategy
- Ensuring sufficient training and support for supervisors
- Establishing an organisation's clinical supervision policy.

2. Program implementation

There are underlying protocols and guidelines that should be followed when implementing clinical supervision programs. These include:

- Confidentiality
- Professional boundary setting and conduct
- Therapy for supervisee's personal issues is not to be conducted
- Supervisors should not force the adoption of a theoretical clinical orientation
- Dispute resolution protocols should be clearly defined.

3. Program evaluation

Three key issues should be addressed in evaluations of clinical supervision programs:

- To what extent have the program objectives been achieved (as established in the planning stage)?

- Has the program met the needs and expectations of supervisors, supervisees and the organisation?
- Has the program produced benefits or improvements to work practice?

Reference

Todd, C. (2005). Mentoring. In N. Skinner, A.M. Roche, J. O'Connor, Y. Pollard & C. Todd (Eds.), *Workforce development TIPS (Theory Into Practice Strategies): A resource kit for the alcohol and other drugs field*. National Centre for Education and Training on Addiction (NCETA), Flinders University: Adelaide.

For a comprehensive guide on clinical supervision in the AOD field, refer to NCETA's Clinical Supervision Kit.

Components include:

An Overview Booklet containing information about the Kit

A Practical Guide including practical recommendations for conducting supervision programs and sessions

A DVD containing a scripted demonstration with discussion breaks and DVD Discussion Booklet

A CD Rom containing the Guide, PowerPoint slides with notes, and training booklet.

These are available at www.nceta.flinders.edu.au or contact NCETA: ph 08 8201 7535, nceta@flinders.edu.au

Other useful sources include:

National Aboriginal Community Controlled Health Organisation (NACCHO) Aboriginal health workforce: <http://www.naccho.org.au/activities/workforce.html>

Australian Indigenous HealthInfoNet web pages on substance misuse and health workers:

<http://www.healthinonet.ecu.edu.au/health-risks/substance-misuse>

<http://www.healthinonet.ecu.edu.au/health-systems/health-workers>

National Indigenous Drug and Alcohol Committee (NIDAC): <http://www.nidac.org.au/>



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S7. DEVELOPING DEADLY TEAMS

Theory Into Practice (TIP) sheet for managers/supervisors

This TIP sheet is intended for supervisors and managers of Aboriginal and Torres Strait Islander¹ alcohol and other drug (AOD) workers. It is part of a suite of resources that has been produced by the National Centre for Education and Training on Addiction (NCETA) at Flinders University to enhance Indigenous worker wellbeing and reduce work-related stress.

The resources were developed following a review of relevant literature; and an extensive consultation process involving public submissions, a national on-line survey, interviews and focus groups. Quotations from the consultations appear in italics in the TIP sheets.

Introduction

Teams can be a great source of support and can lead to effective working environments. But working well in teams doesn't always occur

easily or naturally. Making sure that teams work well is very important to Indigenous AOD workers. It is important for both client care and worker wellbeing.

A team is two or more people who:

- See themselves, and are seen by others in the organisation, as a team
- Work towards common goals or purposes and work together to achieve these goals
- Perform work as a group for which team members are all responsible.

Teams can also be:

- Ongoing (work together over long periods of time, have specific roles, meet frequently) or
- Temporary task-specific teams (having defined or flexible roles meeting occasionally and disbanding after achieving their goals).

There are no hard and fast rules about which team structures, processes or membership work best. How well a team works depends on a range of factors, including the tasks to be performed and the kind of organisation involved.

"Workers get strength from their shared experience, having support groups, getting involved with community, families, friends, colleagues." (Indigenous worker)

¹ The terms Aboriginal & Torres Strait Islander and Indigenous are used interchangeably throughout this document. We understand that some people have a preference for using one term over the other and we have used the terms interchangeably to be sensitive to these differing perspectives.

What Needs to Happen to Build and Support Effective Teams?

Step 1: Work out the team's goals and objectives

Good teams have a “shared mission” identified by clear goals and objectives. Goals are the overall long-term outcomes that the team is aiming to achieve. Objectives are more specific shorter-term actions, behaviours and work practices that are needed in order to reach the goal.

Setting team goals and objectives can:

- Increase motivation and effort
- Encourage team members to cooperate, communicate, coordinate and plan better
- Develop a sense of shared purpose and mutual gain.

Team members' commitment to their goals and objectives is likely to be stronger if goal setting is conducted together and all team members participate in discussions.

Step 2: Set up the team structure and processes

Careful thought and planning is needed to make sure that team membership achieves a balance between maintaining a manageable size, and including a mix of skills, knowledge and experience. There are four aspects to this:

1. Getting the team size right

There are no set rules regarding the team size that is likely to produce the best teams. Group size also depends on a group's task. In general, teams of 4-7 members are likely to be most effective. Groups of this size avoid difficulties with coordination, communication and decision-making that may occur in larger groups.

2. Having diverse teams and managing this

Diverse teams can be helpful for problem-solving, creative work and comprehensive clinical care because these teams can draw

on their collective knowledge and experience. To make sure these teams run smoothly it is important to:

- » Include a range of expertise
- » Rotate the team leader role
- » Make sure that the team leader shows the other team members how to best work in diverse teams.

3. Give the teams enough freedom to do their jobs to a high standard in the best way they can. This:

- » Improves motivation, job satisfaction, commitment and confidence
- » Provides opportunities to use current skills and learn new skills.

4. Clarifying roles and responsibilities

It is important that all team members are clear about each other's roles and responsibilities, otherwise there can be problems with team effectiveness and job commitment.

Step 3: Establish workplace supports

It is important to:

- Provide performance feedback to individual team members as well as to the group as a whole.
- Provide rewards linked to performance outcomes. Rewards do not have to be financial. Effective non-financial rewards include:
 - » Public recognition and praise
 - » Team celebrations
 - » Preferred work assignments, roles or responsibilities
 - » Opportunities to act in higher duties
 - » Attendance at workshops/conferences.
- Provide managerial/supervisory support including the necessary resources (e.g., backfilling, rostering, time in lieu) to enable regular team meetings.



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W1. Worker Wellbeing: Working Deadly: A Guide for Workers

Theory Into Practice (TIP) sheet for Aboriginal & Torres Strait Islander AOD workers

This TIP sheet is for Aboriginal & Torres Strait Islander¹ alcohol and other drug (AOD) workers. It is part of a series of resources produced by the National Centre for Education and Training on Addiction at Flinders University. These TIP sheets aim to enhance Indigenous worker wellbeing and reduce work-related stress. The TIP sheets were developed in consultation with Indigenous AOD workers and other groups. Quotations from the consultations appear in italics in the TIP sheet.

Introduction

Indigenous AOD workers often have high levels of work-related demands and stressors which make them more likely to have problems with stress and burnout. This TIP sheet aims to help Indigenous AOD workers prevent stress and burnout and recognise when they are occurring.

¹ The terms Aboriginal & Torres Strait Islander and Indigenous are used interchangeably throughout this document. We understand that some people have a preference for using one term over the other and we have used the terms interchangeably to be sensitive to these differing perspectives.

Why is worker wellbeing important?

From an Indigenous perspective, health and wellbeing is more than just about the physical wellbeing of the individual. It is also about the social, emotional and cultural wellbeing of the whole community (Office for Aboriginal and Torres Islander Health, 1989). For most Indigenous AOD workers, their main aim is to improve the health and wellbeing of their communities with whom they feel unified in heart and spirit. In doing this, it is important for workers, their supervisors and managers to understand what they (i.e. the worker) can do to improve their own wellbeing by reducing and preventing stress and burnout.

It is also important for workers to recognise how they personally respond to stress in their work role. This is different for each person. Understanding the factors and events that trigger stress and applying strategies to lower stress levels is essential for worker wellbeing.

In spite of the stress, pressure and demands placed on them and the conditions under which they are often required to work, many Indigenous AOD workers feel rewarded and satisfied from the work they do.

What is Stress and Burnout?

Stress occurs when people feel they can't cope with the demands placed upon them. Work stress refers to what happens when work demands get too much over a short-term period.

Burnout is different to stress (but it may include signs and symptoms of stress). Burnout is a longer-term process where workers don't function well at work and develop negative and cynical attitudes towards clients and work in general. Stressful working conditions and job demands can result in worker burnout over time.

When people are burnt out they:

- Feel emotionally exhausted (feeling overextended and emotionally and physically drained)
- Have a negative, detached or cynical view of their work
- Feel like they are not accomplishing much at work
- Feel they are stupid or that nothing they do has any effect

"Burnout, believe me, is shocking. I laid on the floor, and I was sleeping with my eyes open. I couldn't think, and I didn't want to go to work, you know. I didn't want to walk out that door. And your life becomes unmanageable."
(Indigenous worker)

Stress and burnout can lead to:

- Reduced job satisfaction
- Lower job performance (quality and quantity of work)
- Increased absenteeism and turnover
- Reduced commitment to work and the organisation.

Strategies to address stress and burnout

The best strategy to prevent (or reduce) stress and burnout is to take a two-pronged approach that focuses on both:

- Organisational responses
- Individual strategies.

Organisational responses

Organisational responses can start by addressing the aspects of the work situation that cause stress for workers. This could be things like:

- Heavy workloads
- Not having enough time off work to deal with problems at home, or loss, grief and Sorry Business
- Work conflicts
- Work pressure from communities
- Not being sure about work roles
- Stressful work events
- Poor physical working environment
- Lack of supervision, support and opportunities to use skills
- Being on short-term contracts
- Poor pay or other rewards.

"We should pat ourselves on the back for even a little job." (Indigenous worker)

Individual strategies

Individual workers can do a lot to reduce their stress and risk of burnout including:

- Having close family bonds, telling and hearing cultural stories, having close connections and spirituality
- Laughter can also be used within the workplace as a way to manage distressing events and not letting minor irritations get out of hand
- Having realistic expectations about what they can and can't do, and being aware that it is not possible to help everyone
- Prioritising work to manage the demands and expectations from communities, co-workers and managers
- Focussing on successes, no matter how small
- Doing traditional things
 - » Taking time out to participate in traditional activities
 - » Going home to their communities
 - » Practicing their spiritual understanding of the world
- Doing recreational things
 - » Taking time out to participate in an enjoyable activity like listening to music
 - » Meditation, yoga, breathing exercises
 - » Going for a walk with a friend/dog
 - » Having a regular massage
- Doing social things
 - » Sharing knowledge
 - » Learning new things
 - » Having a close personal support network
 - » Spending time with family
 - » Visiting friends
 - » Eating well, going out for dinner
- Doing domestic/personal things
 - » Taking a nap
 - » Turning off the phone, lights, TV; spending time alone
 - » Not answering the door
 - » Enjoying a movie or favourite TV show
 - » Going for a long drive
 - » Gardening
 - » Having regular medical checks
 - » Practicing healthy living (i.e., do not smoke, drink, use illicit drugs)
- Doing work-related things
 - » Having a coffee and debriefing informally with work mates
 - » Having a routine
 - » Taking one day at a time
 - » Considering things from another perspective
 - » Accepting their limitations
 - » Looking forward to the end of the working day and not taking work home.

"Aboriginal people joke all the time. It could be about a death, but we try and make something funny about it, just to cheer everyone up. It's good to have a cry, but you have to laugh too." (Indigenous worker)

"Have to learn your limitations and learn to enforce them. Cannot help everyone. Have to remember that work is a priority and that you are helping people there as well. Have to take time for yourself as you cannot help others unless you are well." (Indigenous worker)

Feeling Deadly/Working Deadly TIP Sheets

This is the first in a series of TIP sheets for Indigenous AOD workers. A series of TIP sheets have also been developed for supervisors and managers. The complete list is as follows:

Worker TIP sheets

- W1. Worker Wellbeing: Working Deadly – A Guide for Workers
- W2. Mentoring – A Guide for Workers
- W3. Clinical Supervision – A Guide for Workers
- W4. Goal Setting – A Guide for Workers

Supervisor TIP sheets

- S1. The complex personal lives of Indigenous AOD workers
- S2. Indigenous ways of working
- S3. Rewarding workers
- S4. Mentoring
- S5. Recruiting and retaining workers
- S6. Clinical supervision
- S7. Developing teams



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W2. Yarning About Work (Mentoring): A Guide For Workers

Theory Into Practice (TIP) sheet for Aboriginal & Torres Strait Islander AOD workers

This TIP sheet is for Aboriginal & Torres Strait Islander¹ alcohol and other drug (AOD) workers. It is part of a series of resources produced by the National Centre for Education and Training on Addiction at Flinders University. These TIP sheets aim to enhance Indigenous worker wellbeing and reduce work-related stress.

A TIP sheet on mentoring has also been developed for managers/supervisors (Managers/supervisors TIP Sheet No.S4) and forms part of this resource Kit.

- Problems using mainstream AOD treatments to meet the needs of Indigenous clients
- A lack of cultural understanding and support from non-Indigenous health workers
- Problems of isolation when working in remote areas.

Mentoring is a good way to get the support you need for the work you do and to prevent stress and burnout.

What is mentoring?

- Mentoring is like yarning. It is when a more experienced worker (the mentor) helps support and advise a less experienced worker (the protégé)
- It can provide a safe and supportive place where the protégé can learn to manage stressful and difficult situations and develop problem solving skills to address issues related to working in the AOD field
- Mentoring can happen between a mentor and a protégé or a small group of protégés or it may involve co-workers who act as mentors for each other
- Mentoring can make sure that workers know how to do their jobs well and make sure that knowledge is passed down to present and future Indigenous AOD workers.

Introduction

Indigenous AOD workers may face stress from:

- Heavy workloads and clients with complex health and social problems
- People having negative attitudes towards AOD work and from racism towards them and their client group

¹ The terms Aboriginal & Torres Strait Islander and Indigenous are used interchangeably throughout this document. We understand that some people have a preference for using one term over the other and we have used the terms interchangeably to be sensitive to these differing perspectives.

Why is mentoring important?

Mentoring can be very helpful because it:

- Allows experienced workers, as the mentors, to build their protégé's skills, as well as their own
- Provides support for workers by:
 - » allowing workers to discuss stressful work events
 - » helping workers develop good work strategies
 - » helping workers to be clear about their job roles and responsibilities
- Can help stop experienced workers from leaving organisations.

What mentoring is not

- Mentoring is not about helping workers with their personal issues. This is the job of qualified counsellors working for culturally appropriate Employee Assistance Programs (EAP).
- Mentoring is also different to supervision and performance reviews. These are separate processes and should not be confused with mentoring.
- Mentoring is not just having a friendly chat from time to time. Mentoring involves setting goals and objectives and is about developing the skills of the protégé.

What's needed to have a successful mentoring relationship and program?

A successful mentoring relationship needs mutual respect, trust and confidentiality between the mentor and protégé. Both need to:

- Be aware of their own strengths and weaknesses and be willing to learn from the other person
- Listen to positive and negative feedback, welcome ideas to improve work practice and learn from mistakes
- Allocate time to attend regular meetings
- Keep discussions confidential.

Who should be involved in mentoring programs?

Each new or junior Indigenous AOD worker should be offered the option of participating in a mentoring program. The protégé always has the final say in who they would like to accept as a mentor. In most instances, an Indigenous worker will best be mentored by a more experienced Indigenous worker either from their own organisation or a similar one. Often male:male and female:female matches are preferred.

A range of employees, including managers, can also benefit from involvement in a mentoring program so participation should not be limited to new and junior employees.

How to set mentoring goals and objectives

To get the most out of a mentoring relationship, it is helpful for the person being mentored to identify what they would like to get from the relationship and the time and effort it involves. Also have specific goals and objectives.

- *Goals*: are the long term outcomes that the protégé wants to achieve
- *Objectives*: are the more specific shorter term actions, behaviours and work practices that will be needed to reach the goal.



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W3. Clinical Supervision: A Guide for Workers

Theory Into Practice (TIP) sheet for Aboriginal & Torres Strait Islander AOD workers

This TIP sheet is for Aboriginal & Torres Strait Islander¹ alcohol and other drug (AOD) workers. It is part of a series of resources produced by the National Centre for Education and Training on Addiction at Flinders University. These TIP sheets aim to enhance Indigenous worker wellbeing and reduce work-related stress.

A TIP sheet on clinical supervision has also been developed for managers/supervisors (Managers/supervisors TIP Sheet No.S6) and forms part of this resource Kit.

Most Indigenous AOD workers are relatively young and inexperienced and their clients can have complex needs. They may need a lot of support to help them do a difficult job. Clinical supervision is important to ensure that these clients receive the best possible care and that AOD workers are well supported and up-skilled.

What is clinical supervision?

Clinical supervision usually involves working together regularly to examine a supervisee's work with clients or patients in detail. Clinical supervision can also involve two practitioners of equal seniority and experience.

Clinical supervision aims to:

- Support and encourage supervisee/s²
- Develop workers' high level skills so that they can provide the best possible care for their clients
- Help supervisees meet professional standards
- Meet the standards required by the employing agency

Introduction

Clinical supervision aims to develop Indigenous AOD workers' work skills with support and guidance from a more experienced worker. This supervision needs to be undertaken in an Indigenous-specific and culturally safe way.

¹ The terms Aboriginal & Torres Strait Islander and Indigenous are used interchangeably throughout this document. We understand that some people have a preference for using one term over the other and we have used the terms interchangeably to be sensitive to these differing perspectives.

² This TIP sheet uses the terms:

- Supervisor – the more experienced worker
- Supervisee – the less experienced worker

- Increase worker job satisfaction and self confidence
- Improve communication amongst workers
- Reduce the likelihood that good staff will leave.

"I think one of the critical elements in all of this, no matter where you train, or who you train with, or whatever, it's about clinical supervision. Good clinical supervision is a must, no matter what level of training you're at." (Indigenous worker)

Clinical supervision varies according to the needs and experience of the supervisee and the style of the supervisor. It may also change over time and in different clinical situations.

Clinical supervision may involve:

- Counselling, teaching and consultation
- Personal and professional support and development
- Skills building
- Developing supervisees' professional qualifications.

Clinical supervisors can come from within or outside the organisation and from a wide range of backgrounds. Having Indigenous clinical supervisors for Indigenous AOD workers can be helpful because they are more likely to have a better understanding of the issues experienced by clients and supervisees.

If it is not possible to have Indigenous supervisors for Indigenous AOD workers, at the very least the clinical supervision should be culturally appropriate.

"Need more clinical supervision available for workers, by Indigenous supervisors who know the Indigenous languages and culture." (Indigenous worker)

Indigenous workers may also need cultural supervision to support them in their efforts to ensure that their clinical practice is culturally appropriate. This may also help workers to recognise the differences between Indigenous and non-Indigenous ways of working. Cultural supervision may also involve cultural mentorship through the involvement of Elders.

What clinical supervision is not

- Clinical supervision is different to administrative or managerial supervision, which focuses on the worker's day-to-day administrative issues. It is best if a worker's clinical supervisor is not also their manager or line supervisor.
This is because clinical supervision issues can get mixed up with administrative or managerial issues thereby complicating the supervision process.
- Clinical supervision is also not about providing counselling for workers on personal issues. If personal counselling is required, this should come from a qualified counselling service such as Employee Assistance Programs (EAPs).
- Clinical supervision is also not just having a friendly chat from time to time; rather, it is focussed on enhancing the clinical skills of the supervisee.

Supervision sessions should be centred on the needs of the supervisee. The supervisee should be able to "own" the process, rather than feeling that the process is being imposed on them.



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W4. Setting Work Goals: A Guide For Workers

Theory Into Practice (TIP) sheet for Aboriginal & Torres Strait Islander AOD workers

This TIP sheet is for Aboriginal & Torres Strait Islander¹ alcohol and other drug (AOD) workers. It is part of a series of resources produced by the National Centre for Education and Training on Addiction at Flinders University. These TIP sheets aim to enhance Indigenous worker wellbeing and reduce work-related stress.

A TIP sheet on clinical supervision has also been developed for managers/supervisors (Managers/supervisors TIP Sheet No.S6) and forms part of this resource Kit.

Introduction

This TIP sheet looks at goal setting as a way to help Indigenous AOD workers perform more effectively. Goal setting is familiar to many AOD workers as a counselling technique. What is sometimes overlooked, however, is the value of goal setting as a tool to help workers stay motivated and on track.

Goals and objectives

Goals are targets. Longer-term goals and objectives are useful. Goals are the overall desired long-term outcomes, or what the individual worker and/or team are aiming to achieve or change. Objectives are more specific shorter-term actions, behaviours and work practices that are needed in order to reach the goal.

How does goal setting work?

Setting specific and challenging goals/objectives helps workers to do their jobs by:

- Helping them to focus on doing the things that are needed to achieve goals
- Encouraging workers to be persistent when times get tough
- Helping to work out whether workers, teams and organisations are achieving what they are setting out to achieve.

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Effective goal setting

In order for goal setting to be effective, five strategies are needed:

1. *Set specific and challenging goals and objectives*
Setting vague goals (such as “provide high quality service to clients”) is unlikely to be useful.

Specific goals and objectives:

- Refer to observable behaviours or work practices (e.g., exactly how will we work with clients)
- Clearly indicate the standards or outcomes that are required (e.g. how will we know when we have achieved our goals/objectives)?

Goals and objectives need to be both realistic and sufficiently challenging.

2. *Building and supporting your commitment to achieving the goal and objectives*
For goal setting to be effective, it is important that workers accept the goals and are committed to achieving them. This can be achieved by:

- Ensuring that workers are involved in the development and setting of goals and objectives
- Making sure that workers understand the benefits for clients, workers, the team and/or the wider organisation of achieving the goals and objectives
- Ensuring that supervisors/managers enhance the confidence of workers about achieving their goals and objectives.

3. *Feedback, rewards and recognition on the achievement of shorter-term objectives, as well as the final goals*

Goal setting and feedback go hand in hand. Without feedback, goal setting will not be effective. To maintain motivation and

commitment to a goal, it is important to give and receive feedback on short-term objectives which are steps towards achieving a longer-term goal, as well as the final goal itself. Feedback should be given on how the work (i.e., how were the goals and objectives achieved), as well as the final outcomes were achieved.

Just like feedback, recognising and rewarding achievement should focus on both shorter term objectives as well as achieving final goals. Rewards do not have to be financial.

Effective non-financial rewards include:

- Public recognition and praise
- Team celebrations
- Preferred work assignments, roles or responsibilities
- Opportunities to act in higher duties
- Attendance at workshops/conferences.

4. *Ensure that resources and support are available*
Resources and support are essential to achieve work-related goals and objectives. This could include things such as regular supervision (particularly important in the AOD sector), flexible working arrangements and having a good environment to work in. The goal setting process should include discussion with workers about ways to maximise supports and minimise problems in the work environment.

5. *Ensure that workers have the appropriate knowledge, skills and abilities required to achieve the goal and objectives*
It is worthwhile to take the time to assess whether workers have the skills and knowledge required to do the work needed to achieve the goals and objectives. Workers should seek assistance from their supervisor/manager to enhance knowledge or skills.



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Indigenous Worker Wellbeing

Case Studies

Instructions

Please read the case study below, and then in your group, look at the questions at the end and record the group's thoughts on butcher's paper, so your group can then share their ideas with the rest of the workshop participants.

Case Study 1

A male Aboriginal Health Worker (AHW) in a remote community had recently been to 2 after-hour callouts in which several community members had been seriously injured. Two of his non-Indigenous colleagues had complained to management that the worker had been rude to them when they had asked him why some of his administration work hadn't been done.

When management spoke to the AHW they heard the following concerns from him:

He feels that all of his daily work revolves around dealing with trauma and crisis or administrative tasks, and that he has little opportunity to sit with community to talk to them about how things are going, or to organise community events.

He also felt that the non-Indigenous workers had been unsupportive and disrespectful to him. In particular, he believes that they lack an understanding of his links to community and how events in the community can impact on him both personally and professionally.

The worker further stated that he felt burnt out and thinks that he should leave the organisation and health work altogether.

Questions

Thinking about what steps could be taken to help improve the situation so that the male AHW does not leave his job, please discuss the following questions:

1. What could his colleagues do?
2. What could management do?
3. What could the organisation do?
4. What else could be done?

Your Notes

[illegible]

This Case Study forms part of the 'Feeling Deadly: Working Deadly' Resource Kit on Aboriginal & Torres Strait Islander Worker Wellbeing developed by the National Centre for Education and Training on Addiction (NCETA) and funded by the Australian Government Department of Health and Ageing. For further details and the suggested citation please see the document 'About This Kit' in the full Resource Kit.

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Feeling Deadly, *Working Deadly*



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on AOD Workforce Development

Indigenous Worker Wellbeing

Case Studies

Instructions

Please read the case study below, and then in your group, look at the questions at the end and record the group's thoughts on butcher's paper, so your group can then share their ideas with the rest of the workshop participants.

Case Study 2

An Aboriginal single parent has been working as a receptionist in a metro Aboriginal Medical Service (AMS) for five years. She is well known and is highly respected within the community. Clients entering the service feel that she helps create a culturally safe environment for both new and existing clients.

However, since returning from maternity leave she has found balancing her family life with her work life difficult. She sometimes needs to arrive late or leave early to drop off/pick up her child.

She has tried to raise the issues of juggling work and family commitments with her direct supervisor, but the supervisor just told her that unless she can commit to working regular service hours which are 8.30am to 5.30pm she will need to find another position elsewhere.

She really likes her job and doesn't want to leave, but feels she has little choice.

Questions

Thinking about what steps could be taken to help improve the situation so that this receptionist does not leave her job, please discuss the following questions:

1. What could her colleagues do?
2. What could management do?
3. What could the organisation do?
4. What else could be done?

This image shows a single page of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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Case Study 3

A medium sized non-government organisation is going through a succession planning process, which means senior people are retiring soon and some current workers will have the opportunity to move into management positions. One of the positions will be the Manager of the Aboriginal Health Programs.

There are a number of experienced Aboriginal staff working in this program who have the skills to take on this role. But a less experienced, tertiary educated, non-Aboriginal person has been earmarked for this management position.

The Aboriginal workers are feeling disempowered, undervalued and deeply hurt, and don't know how to raise their concerns with the organisation. Some have applied for new positions in other organisations.

Questions

Thinking about what steps could have been, or should be taken to help improve the situation, please discuss the following questions:

1. What could their colleagues do?
2. What could management do?
3. What could the organisation do?
4. What else could be done?

Your Notes

[illegible]

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Case Study 4

A government drug and alcohol service receives recurrent funding to employ one Aboriginal drug and alcohol counsellor, within a team of 10 counsellors.

In 2 years, there have been 6 different people employed in this position. The 6th worker looks like they are also going to resign after only 6 months in the position.

The current worker is feeling tired because she has the greatest number of client cases. She also feels frustrated because she regularly has to deal with complaints from the community about the continual change in workers they have to deal with.

Questions

Thinking about what steps could be taken to help improve the situation, so that the service is able to support the worker, please discuss the following questions:

1. What could her colleagues do?
2. What could management do?
3. What could the organisation do?
4. What else could be done?

Your Notes

[illegible]

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Case Study 5

An Aboriginal Health Worker (AHW) in a regional health service has 10 years work experience in a sobering up shelter. He has been to a lot of short training courses about alcohol, and feels pretty confident about working with people who are intoxicated and helping to educate clients about the effects of alcohol.

The AHW has been approached by Elders concerned about reports they've heard of young people regularly using yandji, and sometimes other drugs like ice.

The worker is now worried that he doesn't have the skills and knowledge needed for the job. But he really wants to know how he might go about educating himself and the community about these other drugs.

Questions

Thinking about what steps could be taken to support the worker to meet this goal, please discuss the following questions:

1. What could his colleagues do?
2. What could management do?
3. What could the organisation do?
4. What else could be done?

Your Notes

[illegible]

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TALKING CIRCLES:

A Practical Guide

Introduction

Using a talking circle to bring people together is one of a number of strategies that managers and workers can use to identify and reduce stress, and improve the overall wellbeing of the workforce.

Talking circles can be used either separately or in conjunction with other resources that comprise the Feeling Deadly, Working Deadly Kit.

The following is a brief overview of talking circles. It provides managers and staff with suggestions on how to conduct talking circles in their workplace.

This document forms part of the National Centre for Education and Training on Addiction's (NCETA) Feeling Deadly, Working Deadly Kit for Aboriginal & Torres Strait Islander¹ alcohol and other drug (AOD) workers.

The aim of the Kit is to:

- provide a user friendly and culturally appropriate resource
- maintain and improve the wellbeing of Indigenous AOD workers.



¹ The terms Aboriginal & Torres Strait Islander and Indigenous are used interchangeably throughout this resource kit. We understand that some people have a preference for using one term over the other and we have used the terms interchangeably to be sensitive to these differing perspectives.

What is a Talking Circle?

1. Talking circles are a great way of bringing people together to create a safe and positive environment to raise and discuss various relevant issues.
2. In particular, talking circles are extremely useful for encouraging participants to share their experiences and communicate in groups.
3. Talking circles allow people to speak freely and to share what is on their mind.
4. They allow people who may not have been heard before to share their views and experiences.
5. Talking circles can also act as a valuable healing process as they provide an opportunity for people to talk, laugh, share knowledge and make decisions in a non-threatening and positive environment.
6. The energy created in a talking circle can be both very powerful and sacred.
7. Importantly, talking circles represent equality, interconnectedness and continuity.
8. Talking circles rely on both spoken and unspoken language and members of a talking circle show respect and trust by listening to one another.

The Talking Stone²

1. Talking Stones are special healing stones used to facilitate talking circles.
2. A Talking Stone is used to allow people to speak freely and to share what is on their mind.
3. When a Talking Stone is held with faith and belief, it empowers the mind to focus and attract positive thoughts.

2 The Talking Stone used by NCETA was specially designed by Irene Allan who is a descendant of the Tanganekald Clan from Kingston, South Australia. She has been painting and programming Healing Stones for over two decades.

How do you run a Talking Circle?

1. The person running the talking circle starts by holding the Talking Stone and acknowledging the traditional ancestors and owners of the land.
2. The talking circle can be used as an opportunity for a broad discussion or it can be used to focus on a particular topic or issue. For example, a facilitator can set the scene for the talking circle by giving the group a topic that they are able to discuss or explore further.
3. A talking circle can be a useful tool to help managers and staff to identify stressors and to develop strategies to maintain and improve wellbeing.
4. Once the facilitator has introduced the topic for discussion they then pass the Talking Stone to the person on their left with an invitation to speak.
5. When that person has finished they pass the stone again to their left.
6. This continues until everyone in the circle has been given the opportunity to hold the Talking Stone and to speak if they choose to do so.
7. Only the person who is holding the Talking Stone is able to speak. This ensures that the speaker's views, thoughts and experiences are fully respected and that the other members of the talking circle are able to give the speaker their undivided attention.
8. Anything that is of a personal nature must stay in the talking circle.
9. At the end of the talking circle, the facilitator thanks the participants for their involvement and summarises the key issues discussed.
10. The outcomes of the talking circles can then be used to implement additional strategies to foster resilience and wellbeing in the workplace.



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An Indigenous Workforce Development Checklist

Forty questions to work out if organisations are adequately supporting and developing their Indigenous AOD workers. If the answer is No to any of these questions, what can be done to address this?

	Yes	No	N/A
1. Do you regularly consult with Elders in your community?			
2. Does your workplace consult with community to identify current AOD trends within specific Indigenous communities?			
3. Does your workplace assess community needs and invest in developing services accordingly?			
4. Do you feel your workplace is well accepted by the community?			
5. Are Indigenous ways of working incorporated into AOD programs in your workplace?			
6. Are you involved in workplace planning, and community development processes?			
7. Does your workplace have strategies to incorporate Indigenous knowledge into policy and procedures?			
8. Does your organisation facilitate access to culturally relevant training/professional development?			
9. Does your workplace have policies and procedures to ensure worker safety in working with clients?			
10. Do you have an adequate bereavement/compassionate leave policy in your workplace?			
11. Do you have an adequate ceremonial leave policy in your workplace?			
12. Do you have an adequate leave policy in your workplace to participate in NAIDOC week celebrations?			
13. Do your managers/supervisors support networking, building and maintaining community relationships?			
14. Do your clients have access to culturally appropriate AOD services?			
15. Does your workplace have grievance procedures to deal with worker and/or client complaints?			
16. Are you able to access cultural healing practices for clients and workers?			
17. Do your managers/supervisors understand and support community obligation?			

cont...

	Yes	No	N/A
18. Does your workplace have policies and procedures to address racism?			
19. Does your workplace give recognition to Indigenous knowledge, and lived experiences of Indigenous AOD workers?			
20. Are non-Indigenous managers/supervisors/co-workers culturally accountable to Indigenous workers?			
21. Does your workplace have processes to recruit appropriate non-Indigenous staff?			
22. Does your workplace have policies to ensure confidentiality?			
23. Do you have policies to employ culturally safe practices within your workplace?			
24. Do you incorporate gender appropriate practices in your organisation?			
25. Does your workplace have Indigenous specified positions?			
26. Does your workplace support/create career paths for Indigenous AOD workers?			
27. Does your workplace have an Employee Assistance Program (EAP) for Indigenous AOD workers to access counselling services?			
28. Does your workplace have a high rate of staff turnover?			
29. Does your workplace regularly evaluate programs and cultural work practices?			
30. Do you have flexible work arrangements?			
31. Do you participate in clinical supervision?			
32. Do your supervisors/managers recognise signs of work stress in Indigenous workers?			
33. Do your managers/supervisors encourage self-care activities to enhance worker wellbeing?			
34. Do you have access to mentoring?			
35. Does your job specification accurately reflect the task you undertake in your role?			
36. Are you adequately supported by non-Indigenous co-workers?			
37. Do you feel your salary is adequate for the work you do?			
38. Do management/supervisors have realistic expectations of your work?			
39. Do you have a manageable workload?			
40. Do you regularly undertake performance appraisals?			

*This checklist has been adapted from: Bates, N., Weetra, D., & Roche A.M. (2010). *An Indigenous Workforce Development Checklist for the AOD Field*. National Centre for Education and Training on Addiction (NCETA), Flinders University, Adelaide SA.