

Feeling Deadly, *Working Deadly*



NCETA
Australia's National Research Centre
on AOD Workforce Development



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