

Feeling Deadly, Working Deadly



**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.

### **Ouestions**

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:

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

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.



Feeling Deadly, Working Deadly



**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:

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

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.



Feeling Deadly, Working Deadly



### **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 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:

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

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.



Feeling Deadly, Working Deadly



**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 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:

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

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.



Feeling Deadly, Working Deadly



**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 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 yarndi, 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:

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

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.