

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



NCETA

Australia's National Research Centre
on AOD Workforce Development



Flinders
UNIVERSITY

www.nceta.flinders.edu.au

National Centre for Education and Training on Addiction, Flinders University
© 2013

Produced with funding from the Australian Government Department
of Health and Ageing

This TIP Sheet 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.

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

Feeling Deadly, *Working Deadly*



NCETA
Australia's National Research Centre
on AOD Workforce Development



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.

References

Australian Institute of Health and Welfare (2011). *Life Expectancy and Mortality of Aboriginal and Torres Strait Islander People*. Cat. no. IHW 51. Canberra: AIHW.

Dawe, S., Atkinson, J., Frye, S., Evans, C., Best, D., Lynch, M., Harnett, P., Moss, D. (2007). *Drug Use in the Family: impacts and implications for children*. Canberra: Australian National Council on Drugs.

Ganesharajah, C. (2009). *Indigenous health and wellbeing: the importance of country*. Canberra: Australian Institute of Aboriginal and Torres Strait Islander Studies.

Grieves, V. (2009). *Aboriginal spirituality: Aboriginal philosophy, the basis of aboriginal social and emotional wellbeing*. Darwin: Cooperative Centre for Aboriginal Health.

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.

Royal Australian College of General Practitioners (2010). *Cultural Safety Training: Identification of cultural safety training needs*. South Melbourne, Victoria: RACGP.

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

Australia's National Research Centre
on AOD Workforce Development



Flinders
UNIVERSITY

www.nceta.flinders.edu.au

National Centre for Education and Training on Addiction, Flinders University
© 2013

Produced with funding from the Australian Government Department
of Health and Ageing

This TIP Sheet 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.

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

Feeling Deadly, *Working Deadly*



NCETA
Australia's National Research Centre
on AOD Workforce Development



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.



NCETA

Australia's National Research Centre
on AOD Workforce Development



Flinders
UNIVERSITY

www.nceta.flinders.edu.au

National Centre for Education and Training on Addiction, Flinders University
© 2013

Produced with funding from the Australian Government Department
of Health and Ageing

This TIP Sheet 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.

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

Feeling Deadly, *Working Deadly*



NCETA
Australia's National Research Centre
on AOD Workforce Development



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

Organisational 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.

- 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/>



NCETA

Australia's National Research Centre
on AOD Workforce Development



Flinders
UNIVERSITY

www.nceta.flinders.edu.au

National Centre for Education and Training on Addiction, Flinders University
© 2013

Produced with funding from the Australian Government Department
of Health and Ageing

This TIP Sheet 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.

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

Feeling Deadly, *Working Deadly*



NCETA
Australia's National Research Centre
on AOD Workforce Development



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

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.

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
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

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.

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

Australia's National Research Centre
on AOD Workforce Development



Flinders
UNIVERSITY

www.nceta.flinders.edu.au

National Centre for Education and Training on Addiction, Flinders University
© 2013

Produced with funding from the Australian Government Department
of Health and Ageing

This TIP Sheet 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.

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

Feeling Deadly, *Working Deadly*



NCETA
Australia's National Research Centre
on AOD Workforce Development



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/>



NCETA

Australia's National Research Centre
on AOD Workforce Development



Flinders
UNIVERSITY

www.nceta.flinders.edu.au

National Centre for Education and Training on Addiction, Flinders University
© 2013

Produced with funding from the Australian Government Department
of Health and Ageing

This TIP Sheet 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.

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

Feeling Deadly, *Working Deadly*



NCETA
Australia's National Research Centre
on AOD Workforce Development



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.



NCETA

Australia's National Research Centre
on AOD Workforce Development



Flinders
UNIVERSITY

www.nceta.flinders.edu.au

National Centre for Education and Training on Addiction, Flinders University
© 2013

Produced with funding from the Australian Government Department
of Health and Ageing

This TIP Sheet 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.

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