

Virtual Learning Together Series Webinar Recap

Supporting the Wellbeing of Staff in Shelters and Substance Use Centers – Part I

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Presented by:

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Psychosocial demands, traumatic stress, and COVID-19 responses among homeless sector workers

Over the last six years Jeanette Waegemakers Schiff has been researching the psychosocial needs and stressors of frontline staff in the homeless sector.

The research found that:

- Staff working to support individuals who were homeless were at significantly high risk of experiencing traumatic events as part of their job.
- Reported rates of traumatic stress that would qualify for a post-traumatic stress disorder (PTSD) diagnosis were:
 - Between 33 percent (original study) and 41 percent (five years on) of staff
 - 56 percent of staff who worked mostly remotely during the pandemic and 52 percent of staff who worked directly with clients daily (both groups had more people with higher levels of traumatic stress than the previous studies).
- 24 percent of staff reported burnout – a consistent finding across all the studies. The studies show, however, that staff are more stressed out than burned out.

With burnout, compassion satisfaction is reduced (i.e. don't care anymore). Symptoms include physical and emotional depletion; frustration; anger; depression; depersonalization; changes in appetite or sleep habits. With acute traumatic stress and PTSD, compassion satisfaction remains high (i.e. still care). Symptoms include anxiety; fear; depression; avoidance behaviour; intrusive reminders of traumatic events; sleep difficulties; issues with trust, safety, control, intimacy.

The COVID-19 research data is being analyzed to determine the greatest stressors for staff, such as lack of physical and/or psychological safety or adequate time off to recover from stress; their critical roles in assuring the safety of extremely vulnerable people; availability of supervisory supports; or loss of income due to illness.

Supporting the wellbeing of frontline staff and the quality of their work involves addressing the threats and opportunities.

Threats:

- Inadequate staff education, training and supervisory support.
- Lack of training in trauma-informed care.
- Lack of recognition of the vital role of frontline workers in supporting and taking care of extremely vulnerable people at much higher risk for contracting COVID-19 and suffering serious consequences.

Opportunities to further develop and increase support for staff include:

- Putting in place provincial and federal policies focused on staff recognition and supports.
- Increasing training and relevant education for staff.
- Providing multiple and diverse staff supports.
- Implementing trauma-informed care at all levels of the organization.

How Fred Victor is helping its staff

Fred Victor is a social service charitable organization that fosters long-lasting and positive change in the lives of people experiencing homelessness and/or poverty in Toronto. The charity has over 500 staff in 22 locations across Toronto and has been helping people find place and purpose for more than 127 years.

Ongoing staff supports include:

- The Employee Assisted Program (EAP)
- A partnership with the Ontario Psychotherapy and Counseling Program
- Increased harm reduction supports for staff
- Ongoing collaboration with the Union
- Staff recognition
- Ongoing coaching for staff and managers.

Enhanced staff supports, developed during the COVID-19 pandemic, include:

- An expanded EAP – to include all staff including relief and project staff
- Implementing pandemic pay and bonuses for frontline staff and managers
- Increased collaboration with the Union – weekly meetings
- Coaching for managers
- In-house psychotherapy at staff meetings and supervision
- Staff recognition – including meals for staff and tokens of appreciation from board members.
- Billboards thanking staff in a Toronto shopping mall and along various highways

- Quick acquisition and distribution of personal protective equipment (PPE) to staff.

Questions and discussion points

Do the clinical profiles of clients differ, prior to and during the pandemic?

Clinical profiles are now more complex, with much higher distress levels. Individuals who were quite service-resistant in the past have started reaching out for support.

Can you explain the research finding that shows frontline workers and those working remotely from home are both experiencing high levels of stress?

Jeanette is looking into this; her original thinking was that people working from home have greater control over their work environment. It may reflect a greater level of stress we are all experiencing during the pandemic. Stress levels may rise due to partners also working at home, looking after children at home, having limited space and/or access to outside space and increased workloads. Staff who do community contacts still have to go out as well as working remotely from home, which may also be a factor.

How has the peer support model been adapted at Fred Victor during the pandemic?

Staff come into the office on rotation and aim to be in at the same time as colleagues, for better brainstorming around client issues than over Zoom. Fun online activities are arranged to combat the social isolation impacting a lot of the staff teams. Some staff struggle with some of the virtual resources that need to be used during this time and get one-on-one support with this.

How do you manage the lack of control that staff may feel (for example, in terms of tech skills or the pandemic regulations and how long they may be in place) and keep them motivated and focused?

Fred Victor made some big shifts, including bringing in psychotherapists to work with their teams. Supervisions are ideally done one-on-one in the office rather than over Zoom to provide structure for staff working remotely. Managers ask staff if they need to rejig their schedule to cope with working at home and perhaps also needing to support their children.

How can managers best deal with their worries about staff who have no choice but to work in frontline roles, and may have additional risk factors that make them vulnerable?

The research data is still being gathered and analyzed, including what kind of impact the pandemic is having on staff with lived experience of homelessness and whether the pandemic or this kind of work has any different implications for them than for people without lived experience.

Employer, school and public health COVID protocols are not all the same. How do staff working at home decide which protocols are “right” and what should be their safe space or sanctuary?

Work with staff one-on-one about this and shift their schedules when possible. Many people are currently opting for “safety first” (in other words going with the highest level of restriction). There's no easy way to balance these shifting protocols, it's an individual answer.

We need to factor in the impact of anti-black racism on our collective consciousness, for staff and clients. It's not just the pandemic that's traumatizing, but the impact of racism.

Once you're in a traumatizing situation you become hypervigilant. In this case the hypervigilance is positive because it's helping us to become more sensitized and sensitive to issues that have always been there that we haven't paid enough attention to. If we're always being client-centered and staff-centered – thinking about how we deliver service and how we receive service – we'll make some good progress in this area. It's not easy, as it's two difficult things happening interchangeably.

Some people are enjoying working from home (with more flexibility around self-care and managing their time), but the accountability usually found in a traditional office structure has completely flipped in the virtual world. It highlights the importance of being trauma informed, not just as a statement but as organizational culture.

Fred Victor are working towards having a common understanding across the organization about trauma-informed care. Through a combination of virtual tools that allow checks and balances, and ongoing conversations with staff, the organization can trust its staff to continue to do incredible work and meet funders' expectations. Trauma-informed care intersects with issues of power and control; when you give more of the control and the power to individuals, you give them a sense of self-efficacy and will probably get equal if not better results.

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