The forgotten frontline: Workplace trauma in SHS

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We are the frontline—but we're the forgotten frontline. We're the last stop. We work with the people who have no one—no family, nowhere to stay. They're sleeping rough, in cars, on trains. It's incredibly hard. And the hardest part? We don't have any houses to put them in."

Acknowledging country

This presentation covers...

1. What **causes harm** to frontline workers?

2. How are frontline workers (and organisations) **impacted**?

3. What is needed to **reduce workplace trauma and risk of trauma? How** can we make change?

Methods

- **Interviews with key stakeholders**; (N = 8)
- A **national survey** of frontline staff in housing and homelessness sectors (N = 376)
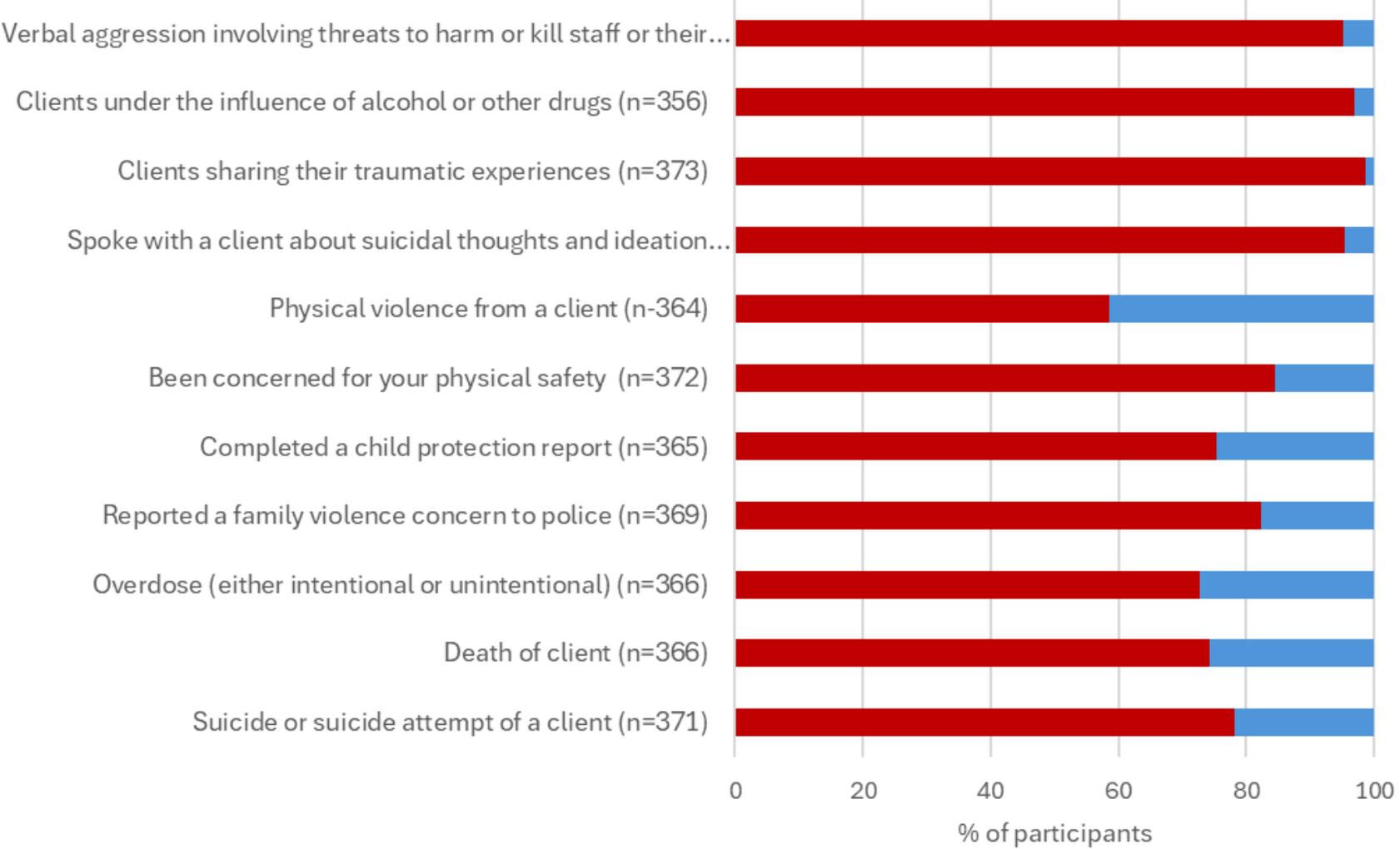- **Interviews with frontline staff** in SHS (in VIC, TAS and NSW) (N = 9)

What causes harm to frontline workers?

- **Working with people experiencing homelessness in distress with unmet needs**
- Organisational issues
- Sector issues
- Systemic

Cumulative harm: Negative events and experiences

Horizontal stacked bar chart showing % of participants for each negative event or experience, split between "I experienced, witnessed or this occurred in my workplace/team" (red) and "This did not occur in my workplace" (blue).

Categories (top to bottom):
- Verbal aggression involving threats to harm or kill staff or their…
- Clients under the influence of alcohol or other drugs (n=356)
- Clients sharing their traumatic experiences (n=373)
- Spoke with a client about suicidal thoughts and ideation…
- Physical violence from a client (n-364)
- Been concerned for your physical safety (n=372)
- Completed a child protection report (n=365)
- Reported a family violence concern to police (n=369)
- Overdose (either intentional or unintentional) (n=366)
- Death of client (n=366)
- Suicide or suicide attempt of a client (n=371)

X-axis: % of participants (0, 20, 40, 60, 80, 100)

Legend:
- ■ I experienced, witnessed or this occurred in my workplace/team
- ■ This did not occur in my workplace

Cumulative harm: Negative events and experiences

Increasing complexity: *"Thirty or forty years ago, we didn't have the level of client complexity that we do today... Now, we're working with clients who have severe mental health issues, serious drug and alcohol problems, legal issues, and involvement with child protection. There are just so many layers of need. We desperately need more staff to manage the complexity we're dealing with now."*

Regular exposure: *"I would say, that threshold of hitting a duress alarm, 'I need help now' in the office, happens every two days. But we also have a bunch of other sites. So, I'm getting alarms from every site across the state. We only have [<10] sites, but definitely there's an alarm that goes off every day somewhere."*

The reality of the frontline

Despair: *"Knowing that I can't help you in a system that can't help people. Those repeated experiences of despair are soul destroying. You're trying to help someone who is equally experiencing despair."*

Bearing witness: *"It's this long-term stuff that you carry because you walk beside these people that have had the most amazingly difficult life and are still functioning. You hear their stories and you have such rapport for them that when the world kicks them in the arse, you just go, "Fuck, really? How much more can one person take?"*

The reality of the frontline

Turning people away: *"There was a young family with a child who has (disability). They weren't given crisis/temporary accommodation because they hadn't looked at enough rental properties within their affordability range. But the reality was—they couldn't find enough options they could actually afford. They were told they hadn't met their obligations, so they were left with no choice but to sleep rough for the weekend."*

What causes harm to frontline workers?

- Working with people experiencing homelessness in distress with unmet needs

- **Organisational issues**

- **Sector issues**

- Systemic

Organizational/sector wide issues

Overwork: *they're ...putting all this pressure on targets, but they're just dividing targets amongst the workers that they deign to employ. We have vacancies that go unaddressed for months and months on end, and depending on who your team leader is, you might just be expected to pick up the slack and continue meeting a program KPI. That's messed up. We need safety nets against that.*

Under staffing: *We could have 10 more staff and we'd still be struggling—but it would make a huge difference ... We've got a waiting list now, with each worker carrying around 25 clients ... We've got around 80 unallocated clients—that's 80 men waiting for a case worker, and all of them are homeless.*

Sector wide issues

Insecure funding: *"I'm often only finding out whether we need to move people into new roles weeks before the end of the funding … You have people coming to talk to you about, 'Well, what's happening with my job?' And you're like, 'Well, I actually genuinely don't know the answer to that.' "(Stakeholder)*

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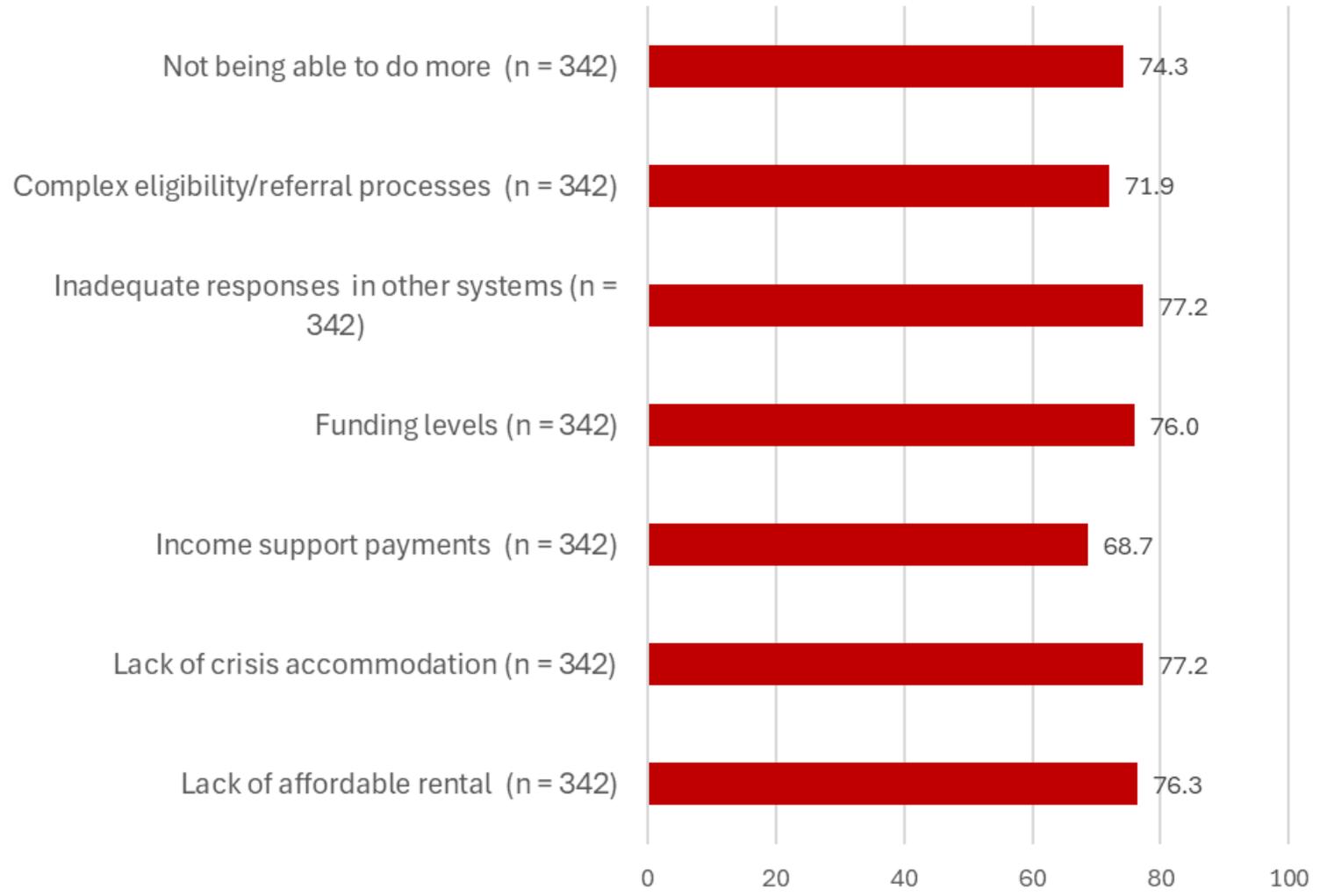
- Sector issues

- **Systemic**

Systems trauma

"Clients yell and scream at us all the time — that doesn't traumatise me at all. I know they're not yelling at me; they're yelling at the system. And honestly, I'd love to yell and scream at the system too. I get it."

"I really do feel like housing services, homelessness services are not even the ambulance at the bottom of the cliffs – we're at the bottom of the cliff when the ambulance didn't show up… in the same way that our clients are treated like they don't matter. I think homelessness sector staff get treated like they don't matter as well"
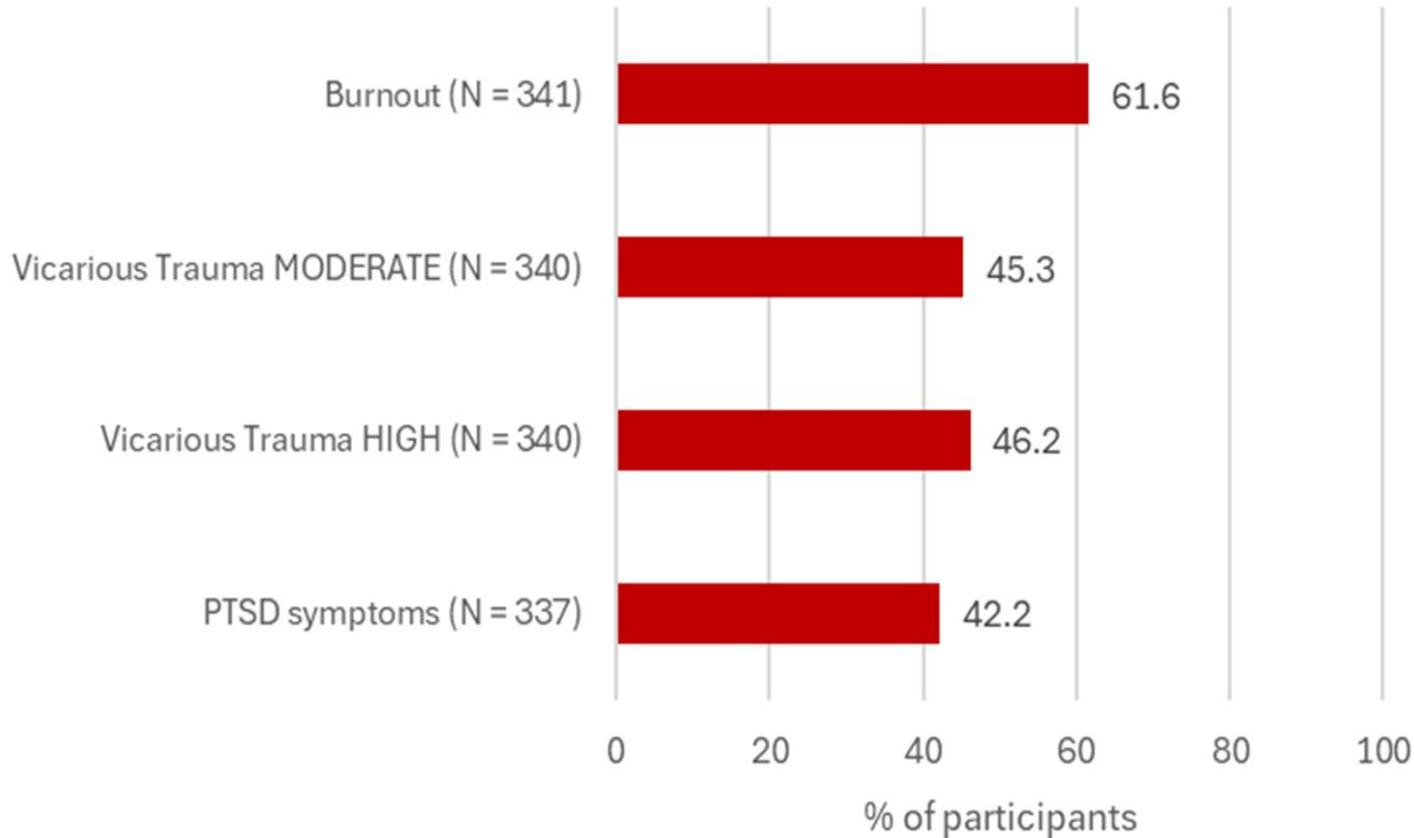
Systems trauma (Kerman et al 2022)

Category	Value
Not being able to do more (n = 342)	74.3
Complex eligibility/referral processes (n = 342)	71.9
Inadequate responses in other systems (n = 342)	77.2
Funding levels (n = 342)	76.0
Income support payments (n = 342)	68.7
Lack of crisis accommodation (n = 342)	77.2
Lack of affordable rental (n = 342)	76.3

"Any time I meet someone at a barbeque, or at a party, or something like that, and then I tell them what I do, the first thing that comes out of their mouth is always, "Wow, that must be so rewarding." The reality is that it's not. The reality is that it's frustrating, it's sad. I'm banging my head against a housing crisis, I'm banging my head against a lack of funding."

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Documenting the impacts on workers

Burnout (N = 341): 61.6
Vicarious Trauma MODERATE (N = 340): 45.3
Vicarious Trauma HIGH (N = 340): 46.2
PTSD symptoms (N = 337): 42.2

% of participants

"I was ruminating a lot on that stuff and leaning on informal supports quite a bit. Friends and my partner. Through to losing sleep at times, and having stress and anxiety symptoms on the weekends: gut pains, trouble sleeping, just not being able to wind down."

"In the past month I've had a number of staff I used to supervise call – saying this is untenable. I don't even supervise them anymore – they don't have that relationship at work for them to seek that support, with someone with the clinical expertise to help unpack the experience they had in the workplace. Some of them have thoughts of self-harm, some are acting on it."

The agenda for change –more than training and lunchtime yoga
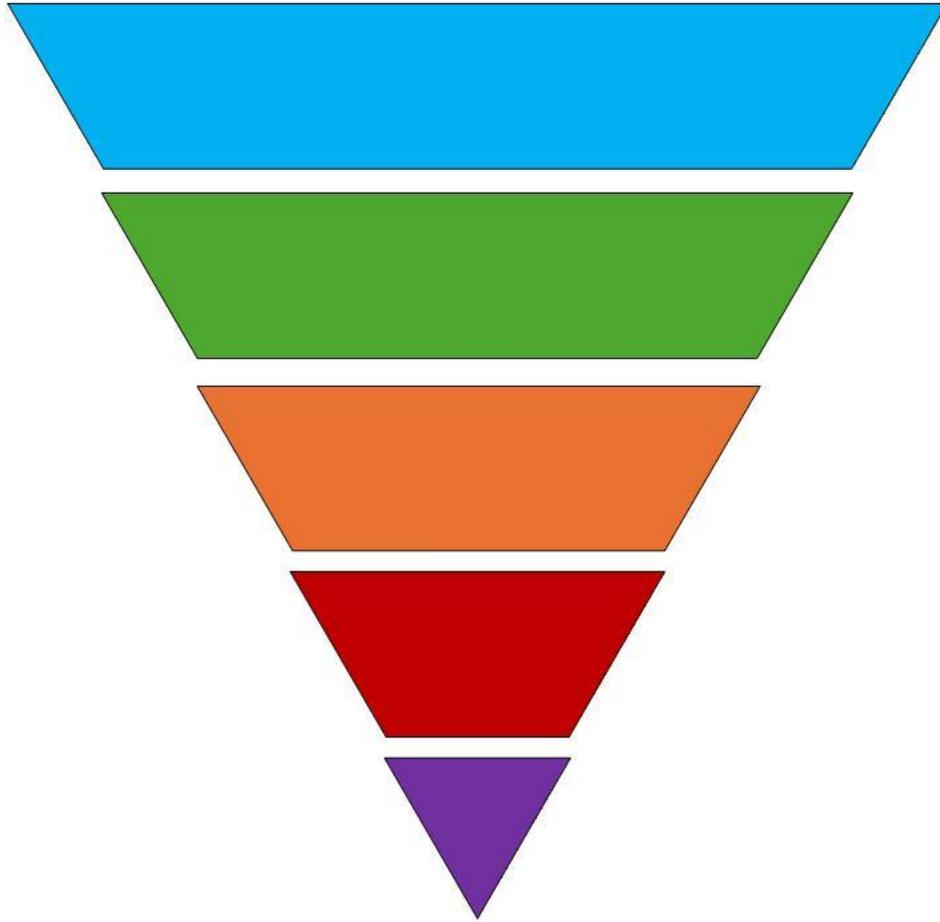
Levers for change – who needs to do what

Industrial – Unions et al
- Improve award conditions
- Job design
- Advocacy/campaigning

What government needs to do
- Changes to service commissioning
- Service guidelines
- Funding
- Mandating and resourcing cross sector collaboration
- Accountability for allied sectors
- Social housing and crisis accom
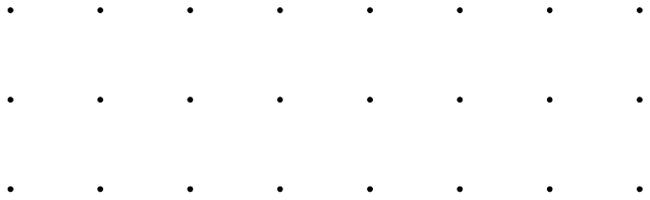
What the SHS sector can do
- Advocacy/campaigning
- Sharing information
- Training

Employers
- OH&S obligations
- Job design
- Position descriptions
- Policies and procedures
- Job rotation
- Advocacy

https://www.ahuri.edu.au/research/final-reports/455

https://www.mindyourhead.org.au/

ASU Toolkit for Mentally Healthy Workplaces

asuvictas.com.au/VICTAS/Campaigns/

Questions for discussion

1. What changes are most relevant for the NSW context?
2. Which of these actions are most important to you?
3. What else do we need to know? What else do you need to take action?
4. Is there anything we need to do that I've left out?
5. What is one thing you will do following the session today to help change things in your workplace/in the sector?

Workplace trauma?

- Workplace trauma arises from direct or indirect exposure to traumatic events, situations or information as a result of a persons' work, and the consequences of this exposure.

- Exposure could be to a one-off event or more likely a series of events that have a cumulative impact.

- An umbrella term incorporating a range of terms used in the literature