**Online Forum: Managing Vicarious Trauma, Burnout and Staff Retention**

**18th May 2022 1pm – 2.30pm**

**Minutes**

**Introduction** *Robyn Phillips (Human Trafficking Foundation)*
A few housekeeping bits before we get started.

* Please stay on mute throughout the Forum
* Feel free to use the chat function to connect
* There will be a Q&A session at the end, Phil do you want to say hi
* And we will be recording the session but please note only the Speakers will be shown so audience members won't be so feel free to have your cameras on or off it's up to you.

Thank you so much for joining us for this Human Trafficking Foundation online Forum, discussing Vicarious Trauma, Burn Out and Staff Retention in the anti-slavery sector.

This is a Forum we've been talking about organising for a while and when the Care Quality Commission found staff within the Modern Slavery Victim Care Contract are dedicated and caring individuals who go above and beyond, but also found there are challenges around recruitment and retention in the sector, we knew it was time to put this Forum on.

Firstly, as one of our speakers Jack is going to highlight later, anti-slavery organisations are not alone in facing this issue. Recruitment and retention is a challenge across the charity sector. If we think about what attracts people to working for charities – it’s clearly not the salary! – it’s because people care. But when you work for a cause you care so much about, how do you separate personal and professional? How are you supposed to have work / life balance?

It's interesting once you start talking about this, all the different things that come up. There can be hesitation about taking time out of work for clinical supervision or taking time off in lieu as it takes time away from work and therefore fighting for what you believe; there can be feelings of Oh gosh should I have been working last night? when you receive an email at 10pm;

One thing I’ve noticed is there is a lot of hedging – managers or policy workers dismissing their own struggles because those working directly with survivors and hearing their trauma must have it harder; and then frontline workers dismissing their own struggles by saying the individuals they are working with have it harder still. And it’s true that everyone has had different experiences and responds to things differently. But if you’re watching policies you’ve worked hard on over the years regressed in an instant, or you’re working with a system that has its limitations, or if you’re watching the news and listening to the current legislation being proposed – it’s easy to despair and it’s ok not to feel ok.

And for those with their own experience of trauma, modern slavery or other forms of abuse, trying to protect ourselves and work out where those personal boundaries lie is an art in itself.

I’m looking forward to unpicking this today and asking how we can best support ourselves, so we can then support others.

Some of the speakers will be sharing their personal experiences of burn out, so please look after yourself. If you need to take time out at any point, please do so and you’re welcome to re-join or you can always watch the rest of the Forum on the HTF website next week. Resources will be shared in the chat and I’ll be staying on the call at the end once the recording has stopped if you’d like to talk about anything.

We have an incredible line up of speakers today, talking about experiences and recommendations for front line staff, managers and people with personal experience of trauma working in the sector. Let’s get started with the first one!

**Leading by Example: Good Practice in Employee Support** *Lara Bundock (Snowdrop)*

Thank you for inviting me, I feel very passionate about this.

Provide long-term support for victims of trafficking and policy and advocacy work. This is an important topic as I have previously worked as a social worker and in NRM safehouse. First time I experienced burnout I did not see the signs but my body completely shut down – I could not do anything. When I set up Snowdrop, I wanted to make sure my organisation did not do this to any of our staff. It holds me accountable.

Talking about this issue from management perspective. *Info on slides*

It is a very tough time at the moment. If you are feeling it, I want you to acknowledge that currently things are very difficult. Have to balance productivity and staff well being – managers who look after staff can increase productivity and quality of work. Encourage you to look at why this issue is not reflective in finance/policy.

Recruitment – make sure you give a clear job description. Do not hire people who have no experience of working with trauma – they are likely to experience trauma, high staff turnover, poor service to clients.

Finance – Snowdrop aims to provide average/above average salary. Can you compete with others in the sector? What staff benefits can you offer if high salary is not an option?

Burnout:

1. Directly work related. Out of hours are expected – but unsaid. Note to managers – please look at your TOIL and how many hours you put in. Use the ‘schedule send’ function on emails. If you give yourself more hours, you will find more work to do. If you are not serious about your time and not accountable for it, it sets the culture for your staff. Supervision is very important. Catch up with staff on what is happening with them. Use this as a proactive measure vs reactive measure.
2. Responsibility and control. This sector is high pressure, to be responsible for a person with trauma. IMB – despair is felt in the sector. Make space in your organisation to speak about this. When you are dealing with a situation you cannot control, create a safe space just for staff. Be creative in management and leadership. Managers need to be open and honest and vulnerable for staff to do the same.

*Vicarious trauma handout attached.*

**Running Hot, Burning Out: An Analysis of the Voluntary Sector Barometer***Jack Larkham (Pro Bono Economics)*

*Report and slides attached*

Our job is to influence policy and improve quality of life in the UK. Will be sharing recruitment challenges, the impact on staff, how the sector compares to the private sector, impact of cost of living crisis, and why we can afford more optimism in the coming year.

Cost of living crisis – increasing demands with falling incomes. 75% of senior managers concerned for staff. Over 50% wanted to leave the sector during the pandemic.

Charities are none the less trying to grow their organisations. 30% said their workforce had grown. Workload has increased, alongside the hours worked by staff. This will inevitably correlate with a decrease in staff well being. Lots of charities reporting they are experiencing a fall in quality of service delivery. The larger the charity the bigger the problem of retention.

Issues with pay, competition with sector biggest issues relating to retention.

Growing levels of economic inactivity is a challenge – charities reported low number of applicants with relevant skills.

Recruitment challenge not unique to charity sector.

Charity sector – staff get paid 7% less than other employees. Charities are finding it difficult to compete for this reason, given also the challenges of the cost of living crisis.

Economy is slowly improving.

*Survey open until 23rd May.*

Hi folks, thank you for having me - I have to leave now - if you have any questions for me please email me jack.larkham@probonoeconomics.com. If you do have time i'd be incredibly grateful if you could complete our survey https://www.ntu.ac.uk/research/groups-and-centres/projects/vcse-data-and-insights-national-observatory/vcse-barometer-survey

**Survivor to Social Worker: From Being in the System, to Working in the System** *Alicia*

*Refer to (script?) and slides*

Usually provide perspective from survivor perspective – this can be challenging, but it is easy to speak from my own experience of services etc.

As a social worker, this topic of burnout is a tough one. The reflective practitioner in me asked myself why I found this difficult.

Frontline workers are expected to ‘just know’ how to deal with trauma.

Being vulnerable to trauma = incompetent

Take on the socks and sandals of the enemy

Trauma can be very similar between survivors and staff

Depersonalisation – they visited me, but were not really present. This can be picked up by service users. Cancelling appointments can break trust.

Support was only received when a crisis point was reached.

Saviour syndrome – can be oppressive and disempowering.

From a survivor perspective – I was not aware that social workers could also experience trauma.

Staff have a ‘just get on with it’ attitude.

Disagree that we should not get too emotionally involved – just need to find healthier ways to do this.

Invisible badges – ‘real social worker/I can’t say no’

Are you actually irritated or just exhausted?

When you do not have anything emotional to give, or are not emotionally present, that is the time you need to take some time off.

Oxygen mask analogy – you can only take care of others if you have taken care of yourself first.

There is no shame or guilt in admitting that it is difficult to help others.

**Building Survivor and Trauma Informed Organisations** *Nahja Martin (Sanar Wellness Institute)*

Define vicarious trauma – the indirect exposure to traumatic experiences that we internalise as our own trauma. Likely to experience burnout and fatigue as a result of this.

We are not built to be constantly in a state of high alert. We are not going to be as effective in helping ourselves or others in this state

What is a trauma informed organisation? Realises the widespread impact of trauma and realises ther are pathways in helping to alleviate this. Responds by implementing procedures in policy. Actively seek to create a safe space for staff.

Why be a trauma informed org? Taking care of staff increases productivity and quality of service.

What is a survivor informed org? Why is it important for retention? Empowerment based – we are seeking to empower not only survivors, but also anyone with lived experience of trauma. When we empower staff like we empower staff, we give them agency to look after themselves and look after service users effectively.

Do we need disclosure from staff to be trauma informed? Trauma is a universally experienced feeling – we need to recognise this.

Creates space for impact of vicarious trauma.

If a policy was created 10 years ago with the landscape changing, it is no longer valid – we need to change with the times.

We want the approach to trauma to look the same from survivor to staff to management.

Supervision check-ins – just like clients have this, staff need this. Leaders need to demonstrate that they care about staff, their goals and other problems. They will then come to you as a thought partner.

Occupational wellness goals – take a walk, go for a coffee.

Taking time away should be respected with no questions asked.

What does self care look like for a person? What are their boundaries?

Exit interview – use this as a time to reflect on the organisation.

## If you have additional questions, you can reach me at nahja.martin@gmail.com

U.S. Substance Abuse and Mental Health Services Administration's Trauma-Informed Organization Toolkit:

[**https://www.samhsa.gov/resource/dbhis/trauma-informed-organizational-toolkit**](https://www.samhsa.gov/resource/dbhis/trauma-informed-organizational-toolkit)

The Sanar Institute has many prerecorded webinars on this topic and others available in our Training Portal absolutely free. You can access the portal here after registration: <https://sanar-institute.org/training-portal/>

**A Personal Journey – Dr Laura Wood** *Laura Wood (VITA Network)*

# There are many of us who are going through/have been through a tough time. Feeling like my body and brains are disassociated/wanting to curl up in a ball/wanting to disappear/powerful smell memory triggers

Child protection work – when I worked closely with children with trauma – I found myself recoiling in my home life.

Why is this happening? What is happening in the brain?

Fear + helplessness = trauma. Receptors (smell/vision) instantly trigger stress/ups inflammatory response.

Anything we fear can lead us to feel rejected. We are wired to be around people – to survive, we must be around people.

Increased heart rate/gut starts churning – the soul nerve. Shame and horrible feelings are felt in the abdominal. These physical symptoms are building me up to flee or collapse.

Sleep – my body will not be able to sleep as I am at risk.

Dreams/double vision – symptoms linked to stress response.

Instead of hating these symptoms, which can add to angst and aggression, I go to a safe place. Quiet, no phone. I will say – what are you actually afraid of? What can we practically do to make it better?

I will write down some of my worries. Research says that we believe what we tell ourselves. I will say thank you brain and body to trying to protect me, but you can step down now.

We spend more time with ourselves than anyone else – we need to be compassionate towards ourselves.

Some trauma symptoms coincide with physical illness.

What does it look like to be a good person? Always say yes, be there for everyone else – when this goes unchecked, we can feel a lot of shame about us not being a good person. Some of this is as a result of culture.

Professor Audre Lorde ‘Caring for myself is not self-indulgence, it is self-preservation, and that is an act of political warfare.’

If you work with children, young people, clients who had childhood trauma or if you have journeyed through childhood trauma, I highly recommend Betsy de Thierry's 'simple guide to trauma' series available in any good book shops. [https://www.amazon.co.uk/Simple-Guide-Child-Trauma-Guides/dp/1785921363/ref=asc\_df\_1785921363/?tag=googshopuk-21&linkCode=df0&hvadid=310973726618&hvpos=&hvnetw=g&hvrand=12612072789169839065&hvpone=&hvptwo=&hvqmt=&hvdev=c&hvdvcmdl=&hvlocint=&hvlocphy=9046327&hvtargid=pla-562733876150&psc=1&th=1&psc=1](https://www.amazon.co.uk/Simple-Guide-Child-Trauma-Guides/dp/1785921363/ref%3Dasc_df_1785921363/?tag=googshopuk-21&linkCode=df0&hvadid=310973726618&hvpos=&hvnetw=g&hvrand=12612072789169839065&hvpone=&hvptwo=&hvqmt=&hvdev=c&hvdvcmdl=&hvlocint=&hvlocphy=9046327&hvtargid=pla-562733876150&psc=1&th=1&psc=1)

**How to Self-Care Working in the Field of Trauma** *Anya Chaurnaud (ANC Therapy)*

Trauma specialist/psychotherapist – 11 years of experience, especially around burnout and self-care.

When we experience burnout, we can experience dissasociaion/anxiety/isolated/alone

Gabor Mate ‘The very same brain centres that interpret and feel physical pain also become activated during experiences of emotional rejection. In brain scans, they light up in response to social ostracism, just as they would when triggered by physically harmful stimuli.’ Book recommendation ‘ ‘When the body says no’

Dan Siegal ‘Being Kind is not enough’

Mentalisations, not identification. Where do we end, and where does our work begin?

Who am I? What are my experiences and how do I manage them?

Understanding trauma theory is very important – recognising what is happening to you is essential when trying to tackle the issue.

Outer actions – recognise your limitations, you cannot ‘save’ a person but can be a part of a team that empowers them.

Attitude of I don’t have the right to complain or take time off –

Man’s search for meaning, Viktor Frankl – book recommendation

Clinical supervision – is lifesaving for many people. Self compassion is important.

**Q&A with panelists and Rosie Riley (Vita Network)**

When recruiting, what is an appropriate/suggested way to ask people about how they manage trauma/wellbeing and expect to build this into their working practice?

It is responsible to ask this question. We might be hearing graphic detail about a person – what is the experience of hearing this? What do you do when you are stressed? Leave space for people to say that they do not have anything in space.

# What coping mechanisms can you put in place re the impact your work can have on home?

Preparation is important. Kick boxing/martial arts speaks to me as strength, which is the opposite of fear. Careful about nutrition – happy bacteria in stomach is closely linked to mental health. I look at what exhausts me – tons of interruptions eg. I no longer wear a smart watch. My house is quite minimalists, got rid of clutter that was visually unhelpful. Sexual violence is of highest vicarious trauma – working with sexual violence offenders – helpful to humanise them vs. villainise them.

There will be points when working with clients when there is not a yes/no right/wrong answer. How is best to deal with this and build trust?

Be honest with the person you are working with and be open that I do not have the answers but we can work on it together. Honest reflections. Do not overdeliver/promise.

We are working together – I am not the expert on you, but we can learn from each other and work together. Do not set the environment of I am the professional and you are not. Take the power out of the professional identity. Alleviate the power dynamic. Co-regulation.

What can we do to best encourage institutional change in organisations that say ‘just get on with it’?

Culture change – this can happen through conversations. We need to invite a platform that invites these conversations. Having clinical supervision/having a named safe person in the team. Gut health – we have to think about fermenting things, which takes time.

**AOB & Close** *Robyn Phillips (Human Trafficking Foundation)*

Going to gather all insights in one document to share. Recording on website next week.