

Staff Care

Introduction

Working with homeless people can be demanding. It requires a wide range of skills and can be emotionally challenging, as workers are often faced with traumatic situations.

Homeless people, and especially homeless people with mental health problems and/or addictions have multiple needs. They experience not only social exclusion but often also exclusion from services and/or stigma, even from professionals. Front line staff are repeatedly confronted with the suffering and trauma of those who have (often severe) mental health needs and have no home. People with such needs are likely to improve slowly – this can be frustrating for staff and lead to pessimism and less personal investment in the work. In addition, the environment is often unpredictable and somewhat chaotic.

Specialist work with homeless people is often marginalised within mainstream services, leaving specialist staff – and teams - feeling isolated and unsupported, and sometimes stigmatised themselves. These problems are further compounded by the lack of service coordination and networking.

There is an obvious burden, and a sense of continuous pressure, as staff try to meet the multiple needs of homeless people with mental health/addiction problems. This can be compounded by the additional strain of trying to deal with inflexible, fragmented and uncoordinated health and welfare systems. These strains are likely in the short term, to distress staff – who can become distracted and unable to maintain focus on the client's needs. In the longer term, staff can experience burnout, a defensive reaction in which staff can no longer effectively engage in the work.

So, there is a clear need to take care of the staff who work with homeless people.

The purpose of staff training and staff care is to:

- Increase resilience
- Maintain – and, hopefully, improve performance
- Help staff to deal with the stresses and frustration of work.
- Help staff to maintain a balance between the job and personal quality of life.

Specific objectives:

- To improve knowledge of the needs of homeless people with multiple and complex needs, including mental health problems and/or addiction or dual diagnosis
- To develop the various skills necessary for working with homeless people with multiple and complex needs.
- To facilitate multidisciplinary working and awareness of complementary roles in a team.
- To foster collaborative networking across services and organisations, trying to overcome the system's gaps.

Main Ideas

Training

The importance of the helping relationship and a client-centred approach needs to be built into team functioning; it cannot be assumed.

Training motivates, activates and reinvigorates staff. It should be preventative and not reactive. Organisations should be able to plan for the future training needs of their staff and put training in place - rather than training reactively to a situation which they could have predicted and planned for. This gives staff the tools with which to effectively deal with events and situations before they happen, making them more effective and in control of their work.

Staff training comes in many forms - essentially it can be **formal** or **informal**.

Informal training is casual and incidental, not usually planned. One trains and learns by experience while doing the job.

Training sessions delivered by staff members within an organisation can also be considered as informal training - where a staff member, who has strong skills or knows much about a particular area can provide ad-hoc training to co-workers on the job. This form of training can be particularly effective because it occurs naturally on the job, with real life examples and solutions to learn from. It also reduces the risk of miscommunication between learner and trainer. But – one needs to confirm that such informal training reflects the values of the organisation.

Formal learning is a set program in which the goals and objectives are defined. It is structured and designed and may result in a formal certificate or qualification for the learner.

Training should be strengths-based, to help staff to develop the skills they already have, building on existing knowledge and abilities. Such an approach acknowledges and affirms the capacity, skills, knowledge and potential of staff members.

Training needs assessments should be carried out to ensure that any training is relevant to staff needs, and the needs of their clients. Work with people with complex needs will demand quite specific skills and tools, so specialist trainers may need to be found. In addition to basic training for all staff, specialised staff should receive targeted training to enable them to address their key responsibilities.

Training should be **checked** against job specifications to ensure that it is relevant.

Rotations between posts can allow staff to experience other ways of doing things.

Experts by experience – people who are or have been homeless and who have experienced mental disorder – should be encouraged to contribute as trainers.

Values and Vision

Team function/goal needs to be clear and explicitly defined. This provides some boundaries and definition to work:

Values

Any team should be clear about its values. In work with homeless people, these include:

- Needs - the focus on the needs of the client as a person. The person is the centre of the team's activity.
- Respect - the client as a person of equal value and interest to anyone else in society. This implies the values of Diversity, Dignity and Equality.
- Optimism and persistence.

Roles

Staff need to be clear about their roles within an organisation - clarity of role and vision creates more effective organisations.

Team culture

Every member should feel that their knowledge and views are heard and taken seriously. A "no blame" culture should be encouraged so that problems/mistakes can be shared without penalising the individual worker. Mistakes are excellent learning tools, so should not be treated as failures, but incorporated into a process of active eliminating things that don't work, and developing new, more effective ways of working.

This attitude allows staff to be supported and to learn. Moreover, this is an area where conventional ways of working have been shown to be ineffective. If staff make no mistakes, they may well not be working creatively enough.

Team Function

Space for reflection before decisions are made.

Practical ways of achieving this:

- Planned, regular sessions where staff discuss individuals and their follow-up.
- Both concrete decisions and emotions should be discussed.
- Staff should have enough time to explore the situation thoroughly and to allow any member of the team to express herself and contribute ideas.
- Everybody should be able to give an opinion from their function/role in the team, and all contributions treated as having value.
- A daily morning planning can help to ensure that information about clients is exchanged freely and in a timely fashion.
- Staff should feel free to express their feelings about the work, individual cases – and each

other.

- An exploratory style of reflection / “thinking together” is essential to create adequate solutions to the complex problems faced in this environment.
- Regular time/space is needed to allow reflection with other team members about difficult situations or problems.
- A common glossary can facilitate communication between different professions and support a common approach, which is enriched by the different skills, personalities and professions within the team.
- Clearly-defined tasks, duties, communication system, support system, roles and limits, obligations and rights.

Difficulties

Limited resources, time or even a place to train organisations which provide services to homeless people are usually under-financed and under-resourced. To provide the necessary level of staff support and staff training is often outside the reach of such organisations.

Time has to be scheduled to allow staff to make time for supervision, self-care and training. However, working patterns can make it difficult to schedule such time.

Priority - Staff training and staff care can often be a low priority for organisations, especially if they have arisen from a charity tradition.

Organisational Burden - training can be seen as putting an excessive strain on the resources of the organisation.

Large case-loads can limit the ability of staff to access training and limit their time to look after themselves appropriately.

Past inappropriate or irrelevant training can put off staff from taking part in training.

Staff may feel unsafe – that if they are told that they need training, that they are seen as not being competent - or feeling unable to share experiences for fear of negative consequences from other team members or management.

Prejudice about mental illness within the organisation can also be inhibiting for staff and create obstacles in free discussion– where does that leave a staff member if they become depressed, for example?

Lack of organisational commitment to staff care.

Combined clinical and managerial supervision can inhibit staff from freely expressing concerns freely.

Lack of external supervision to explore both issues regarding individuals, relationships and working within the team. Reflection, supervision and team support are particularly needed in cases that are frustrating or difficult – here staff feel frightened, worried or where they feel that they are not “getting anywhere” with a client. External supervision can help staff to elaborate on feelings and difficulties. Access to such supervision can help staff to act professionally and flexible, even in difficult situations. These could include the death of a client, over-involvement with a client, or where there is splitting in the team.

One-off training, where there are no follow-up sessions to evaluate or reinforce the training, or to decide whether there is a need for further training.

Compulsory training may not apply to the work done by each staff member. Rather than having

the service user as its focus, it is more likely to address health and safety policies rather than staff training or staff care policies

The trainer/facilitator needs to have credibility with the team. Some teams have a powerful sense of their competence which can lead staff to think that they don't have anything to learn from anyone else.

Team narcissism: This is most often found in demoralised teams, where staff have a "circle the wagons" mentality, externalising all problems to other agencies and preserving a sense that "we know what we are doing, no-one else does".

Inappropriate training: Any training must be practically relevant to the everyday work of the team.

Presenteeism. Staff are tired, unwell, distressed or physically ill, are unable to function well – but still, come into work.

Good Practices

Having the **right staff** - **who have** not only the basic knowledge and ability to perform well but also have an enthusiasm and commitment to work in community service with homeless people.

Confirm that the **attitudes and values** of the person consistent with those of the organisation. A good example is of adhering to a non-judgemental human rights approach which incorporates the values of dignity and respect rather than a philanthropic/charitable approach.

Commitment to **outreach and engagement** values.

Confirming that the individual has the right skill set, training and experience for the job.

Allowing individual staff to play to their strengths – to do the things they are good at – rather than insisting that everyone does everything.

A clear structure, but with the capacity for flexibility, so that urgent situations can be addressed quickly.

A **multidisciplinary team**, with a range of complementary approaches. Homeless people have multiple needs and so may need various skills/professions to resolve their situations.

Teamwork is emphasised, with encouragement to perform with **enthusiasm and motivation**. One of the most motivating things is the sense that one has been effective, that one has done some good – and, being a self-critical bunch of people, we tend to forget or ignore the times we have been effective. So, we all have a responsibility to remind each other of the times when we have been effective. The team has a specific role in being the “memory” for such things.

Provide resources, tools, a clear management and support system (i.e. to whom they call when they have a difficulty) and protocols to react, i.e. when they are in danger, how to protect themselves and the clients, are supportive functions.

Reliance on other team members. We have to reduce feelings that staff can, or should, deal with everything on their own. Team members should be encouraged to rely on each other, both in terms of tasks but also in terms of learning. This is more likely if staff feel able to **share informally** with each other, and feel ready to ask for their opinion/advice.

Exploration of problems, rather than personalising them and blaming – both for staff and service users.

Multidisciplinary team meetings. Regular, at least once a week, for discussion of cases and difficulties, decision making, sharing perspectives and responsibility.

All situations should be **openly discussed**. **All members should have equal status** in the team so that they feel able to express their opinions and problems. Open and reflecting team meetings are

the basis for teamwork.

It is essential to provide **regular clinical supervision and support, both for the team and individual workers. External facilitators** are necessary. Supervision is a crucial part of reflective practice and an integral part of the work done by front line staff. Not all supervision sessions have the same style or structure. Some organisations may be understaffed or overloaded with cases and are unable to provide well-balanced supervision. Supervision should not only be for front line staff but for entire organisations and incorporate management, supportive and educational functions.

Provide institutional/organisational and administrative supervision

Actively elicit staff feedback on the organisation - and act on it!

Exchanges of experience with other teams.

Cross-team supervision.

Joint training with other organisations – especially powerful where it is cross-sector, e.g. statutory / NGO. It can also reinforce networking.

There should be a **staff care policy and culture**. Staff should feel valued and supported from all levels of an organisation with a culture that staff can identify with and feel supported by. Staff should be given the **time and space to reflect**.

Staff must be given the space to be fully fit to work and to be able to reflect on the work they do. Person-centred care for clients is linked with person-centred care for staff.

Regular and constructive evaluations will help to motivate staff to continue developing and improving their work.

A clear understanding of the relationship between trauma and homelessness, so that staff can better understand the problems, difficulties and behaviour of the patients.

Reflective practices and sharing culture.

This can be facilitated by:

- An externally facilitated group.
- Shared working spaces – no individual offices.
- Modelling by senior staff

Case

Case study 1: Staff care- Infirmiers de rue

The key idea is to combine staff training and staff care, through teamwork, peer to peer exchange and a focus on reflection. External facilitators and supervision are important.

Working with homeless people can be hard, so it makes sense to reinforce the positive aspects (results of the work, environment, working conditions, team spirit). If this is not done, staff may focus too much on the negative aspects of their work – although, of course, these must still be discussed.

The team is multidisciplinary. Having a range of competencies means that the team is more likely to be able to address complex situations. For example, at any point in time, a client may have had social problems, mental health and legal problems.

- The team has two weekly meetings. One is devoted to patients and the planning of clinical work - each patient is discussed regularly, irrespective of whether they have problems or not. The other meeting is concerned with the team and organisational issues.
- A monthly session is held to discuss problems or situations encountered by the field teams. An external supervisor leads the discussion but doesn't offer solutions ("opening doors"). These monthly meetings have proved to be useful and refreshing.
- Good news moment: Once a week, just before the team meeting, a slot is devoted to sharing successes and progresses – large or small – made by patients and the team. The staff prepare for this during the week by entering items into the 'good news diary' - a large register where everyone sticks coloured notes about the good news. Workers then present and explain them to the rest of the team.
- Later in the meeting, bad feelings or problems concerning team topics can be discussed. Problems concerning individuals are discussed in the specific meeting.
- In team meetings, there are dedicated moments for sharing both positive and negative feelings. This is designed so that such feelings do not erupt unexpectedly, or that they do not express themselves insidiously as cynicism or rigidity.
- There is a daily time, for the team, to reflect upon the last 24 hours. Staff can express feelings and emotions of any kind (job-linked or from private life). This allows team members to understand each other's emotional situation. More time is available for a face to face meeting with a supervisor if needed.
- We encourage reflection, with peers, about any situation, without any expectation, necessarily, of a resolution.
- A shared, easily updated database means that information is easily accessible when needed. Staff diaries and contact details are shared so that team members can contact each other easily.
- We take two days per year to discuss and reflect on how the team is functioning. This helps to motivate the team and to see the work from different perspectives.
- We encourage staff to take leave regularly, rather than accumulating it.

- We support staff in their career development – even if that is going to take them out of our team. After five years of fieldwork, there is a three-months paid career break, to allow people to think freely about their job and their career.

Alternative Practical Case

Case study 2: Staff care and training services of the Society of Social Psychiatry and Mental Health

The Society of Social Psychiatry and Mental Health has, from its outset, combined the provision of community-based mental health services and the provision of high-quality training (both in-service training for the employees and training for other professionals).

At the beginning of each “academic” year, the Scientific Directorate prepares a common training programme for all the staff, at all levels. It is based on regular needs assessments - questionnaires completed by the staff.

At the same time, each Unit constructs a specific training programme, adapted to the needs and demands of that unit’s team. This training is designed both to reinforce the knowledge and to improve the skills of the staff. Service users are involved as trainers, especially those who live in protected housing and rehabilitation services. They participate in specific training events and in joint reflective teams, called “communities”, held regularly.

The emphasis is on sharing the same vision and values of the organisation, in order to develop a strong emotional bond with the user, listen and understand his/her multilevel needs as a whole person and develop a person-centred approach, good system navigation and networking, mainstreaming human rights, community awareness raising, crisis intervention, management skills.

The whole organisation’s approach is psychodynamic, community-based and person-centred. This allows us to understand the psychological needs and conflicts which lead to certain behaviours. We are in a continuing collaboration with local communities.

In parallel with the ongoing in-service-training, we organise specific training seminars whenever this seems necessary, for example when the team faces a new, unfamiliar challenge.

Team and individual supervision are offered at least once a month. We have external professionals for the supervision teams. The emphasis is given in staff care and support, avoidance of burn-out, guidance to self-care.

There are regular reflective teams once a week, discussion about both the clients and the collaboration within the team.

Clear guidelines, job descriptions, protocols are included so that the staff understand how to act in any case (i.e. in case of emergency etc.).

Networking, the participation of the staff in EU projects for exchanging experience and effective practices are part of the organisation's culture and staff care.

Another staff care tool is the **option to work in different units** (i.e. hostels, protected apartments, day centres, mobile mental health units). Of course, we try to balance staff needs, team and organisational needs and the need for continuity of care and stability in therapeutic relationships.

The evaluation of the organisation's Educational Program was carried out using a self-completed questionnaire which was created for this purpose. The analysis of the data revealed that 67% of the participants felt that the training program was very useful on the subject of their work, 70% declared satisfied with the general organization of the training program, and the 85 % were very pleased with the speakers, while 55% felt that the link between theory and practice was very effective.

Case study 3: the PIE and TIC approach for working with homeless people.

Trauma Informed Care (TIC) and Psychologically Informed Environments (PIE)

"[...] both approaches aim to address the psychological wellbeing of people using services by implementing a framework in which their psychological needs are considered.

Psychologically informed environments (designed in the UK) and trauma-informed care (a US innovation) also consider the psychological wellbeing of the staff providing the service. They focus on staff development and support, positive and empowering relationships, and improving wellbeing through the environment and support provided to both service users and providers. However, neither approach expects support staff to be quasi-therapists or to start delving into someone's trauma history with them. Instead, they promote the creation of safe and empowering environments based on an understanding of repeated experiences of trauma, which often started in childhood [...]"

This becomes feasible through basic training and awareness of the staff working with homeless people, regarding the psychological factors which are linked with his/her situation and maybe leads to the difficulty to engage to relationships and help. Through this basic awareness and training the staff can better manage the relationship with the person, be more effective in approaching him/her and manage his/her own emotions about this role.

Data above from:

<http://www.homeless.org.uk/connect/blogs/2015/aug/19/do-you-know-your-tic-from-your-pie>