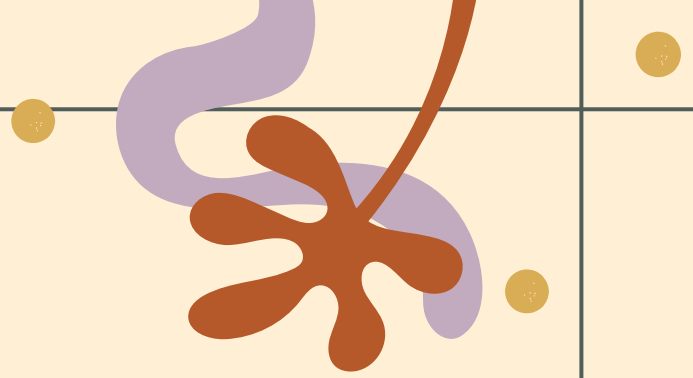


Frontline Workers with Lived Experience and Traumatic Stress in the Homeless Sector



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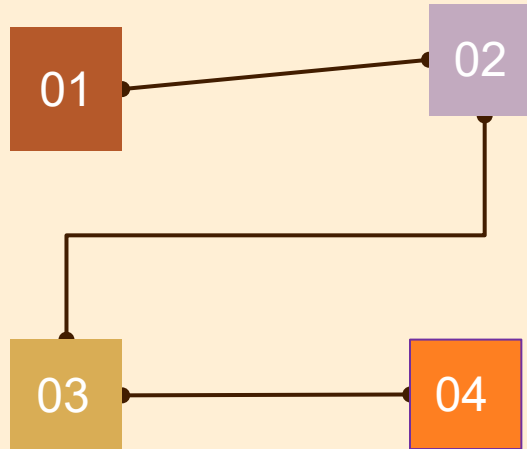
Presentation Overview

Research Objective

To determine the extent of traumatic stress on frontline workers with lived experience in the homeless sector

Results and Analysis

Despite high rates of traumatic stress frontline workers with lived experience have higher compassion satisfaction



Methodology

Purposive, theoretical sampling and quantitative data gathering through survey administration and interviews


Conclusion

Stress identification tools are necessary. Policy and funding must align

Introduction



From sustainable housing for marginalized population to examining frontline workers with lived experience in the homeless sector



Research Objective

To determine the extent of traumatic stress on frontline workers with lived experience in the homeless sector

Some intersectional variables are:

- Adverse early childhood experiences
- Acquired traumatic experiences
- Age
- Gender
- Ethnicity
- Education
- Compassion satisfaction



Methodology

Guiding the Research

- Purposive, theoretical sampling and quantitative data gathering through survey administration across Canada
- Qualitative- 42 Administrations interviewed
- Participation was specific to organizations providing homelessness services and supports



Results and Analysis

- 574 respondents
- 387 identified as females
- 23.5% identified as having lived experience
- 14% of the respondents with lived experience had a diploma or higher education
- 51% Caucasian
- 11 % Indigenous
- 25% Black
- Respondents with LE had longer employment histories
- Respondents with LE had greater compassion scores
- Respondents with LE reported higher Acute Childhood Experiences

Emerging themes of the Research

- LE staff have lower resilience and this can be attributed to their high ACE scores
- LE staff have greater compassion satisfaction and this is a result of their own experiences with homelessness
- LE are at greater risk of PTSD due to their past experiences
- LE staff reported lower burnout and this can be attributed to compassion for those who have similar experiences
- Black staff reported higher resiliency compared to their Caucasian counterparts.

Conclusions and Thoughts

Secondary Stress and Compassion Satisfaction	How can the homelessness sector create shifts to reduce secondary stress and increase compassion satisfaction?
Ethnicity	What is the correlation between ethnicity and resiliency?
Burnout	How can we reduce burnout in chaotic housing environments?
Education	Can improved education and the introduction to TIC model improve resiliency in FWLE?

Harm Reduction Worker Wellness Network (HRWWN)

- Pandemics as systemic disruptors / amplification of inequities and crises
- Toronto Board of Health opioid crisis item (Nov. 2020)
- Formation of collaborative, sector-wide network aimed at addressing gaps in support service at organizational levels
- Initially “Grief and Loss Network”
- Defining parameters (i.e. “outward facing” vs. “frontline”)





GLOW Initiative

Founded Jan 2021: providing direct service and capacity building support to harm reduction workers and agencies within the city of Toronto

- Needs assessment 2020 revealed unaddressed direct service needs, policy reform within agency worker wellness practices
- Three arms of program: 1-1, Rapid Response, Group and Kits
- Foundational ethics: harm reduction, autonomy and agency, decolonial care
- Resulted in menu model, holistic wellness services (cultural, spiritual, somatic specific care providers in additional to Western clinical supports)
- Grief as a predominant theme within an overall context of worker wellness
- Initial recommendations: offering non-grief focused supports even in the presence of grief, care located both internally and externally, somatic supports






GLOW Initiative: Findings and Recommendations

- Existing Grief support focused on capacity building rather than direct service
- Somatic care requested by 55% of workers, talk-based requested by 45%
- Workers in “peer” roles are often not considered in existing staff wellness initiatives
- Preference for 1-1 support over group-based
- Highest need amongst OPS and shelter/housing workers



Questions





*“Those who do this work are
seldom considered heroes; most are
underpaid, under -resourced and
under -appreciated”*

Nancy Mayer