WOMEN WORKING TO SUPPORT WOMEN

EXECUTIVE SUMMARY

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Women Working to Support Women in the Welfare Sphere: Psycho-Social Challenges

Executive Summary

Introduction

This Executive Summary presents findings from the 'Women Working to Support Women in the Welfare Sphere: Psychosocial Challenges' research project, funded by Nuffield Foundation. The study set out to identify and explore the challenges and changes faced during the Covid-19 pandemic and post-pandemic period by women working in community-based third sector organisations who deliver services, support and advocacy to women and girls who may be socially isolated, economically marginalised and/or disadvantaged in various ways. The main objectives were to: determine how combinations of organisational challenges in service provision and increased service user need are interacting to change service demand and delivery; document how processes of psychological distress may manifest in the personal and professional spheres of women workers, and; determine the impact of increased individual, organisational and structural challenges upon the personal welfare of women workers. The study also sought to identify positive practices which support worker welfare and the efficacy of service delivery to inform considered thinking which, in turn, may enhance policy and practice in this area.

Context

The third sector has long played a crucial role in addressing the unmet needs of our most excluded communities. As the pandemic reduced the availability and capacity of statutory services, it simultaneously created significant pressures on charities and organisations providing therapeutic, advocacy, support and/or practical services to women and girls. Suppression measures forced many organisations to alter their ways of working and modes of service delivery, resulting in reconfigured work patterns which, along with the increased service user need, placed significant pressures on a predominantly female workforce. Home working became the norm and many organisational protocols and individual coping strategies were disrupted (Al-Habaibeh et al 2021).

As the study progressed and the immediate risks of the pandemic receded, the UK experienced a deepening cost of living crisis. Once again women, particularly those experiencing marginalisation and social isolation, are being disproportionately affected. The pandemic already placed women at greater risk of financial insecurity, and many now face significant risks of being pushed into poverty (Engender 2022). Coming so soon after the pandemic, financial precarity, exacerbated by the cost-of-living crisis, is (re)shaping the provision of support services. Community-based organisations are once again seeing an increase in service demand from women whose needs have been exacerbated by increases in the cost-of-living (Engender 2022).

Previous research exploring the effects of close working with criminal justice-involved women and girls found that re-traumatisation, burnout and vicarious traumatisation amongst workers are widespread and persistent (Burman et al 2018), rendering them vulnerable to psychosocial distress, manifesting in emotional, cognitive and behavioural impacts on their personal and professional lives. In the context

of the dual crises of the pandemic and the cost-of-living where service user need intensified and became more complex, the current study focuses on the personal and professional effects that close working with women and girls who may be traumatised because of past (or current) experiences of trauma, mental or physical victimisation, separation, loss, abandonment illness and/or poverty may have on workers that deliver services to these groups and in turn, to the efficacy of those services that are delivered.

Methodology

The research entailed, first, a desk-based mapping exercise to identify community-based organisations who work with marginalised, disadvantaged or socially isolated women and girls in a wide variety of ways and in order to plot their service provision (n= 979); documentary analysis of organisational statements (n=200) and reports (n=33) on how the organisation was responding to the pandemic; an online survey of managers/supervisors to gain an understanding of pandemic-related challenges and changes (n=153), and; two sets of semi-structured interviews with manager/supervisors and frontline workers focusing on their views and experiences of the impact of working in this sectors on their personal and professional lives (n= 94 and n=41) .

Ethical approval for the research was granted by the University of Glasgow College of Social Sciences Ethics Committee.

10 Key Findings

In what follows, findings from various elements of the research are drawn together to distil **10 key observations** which together encapsulate the ways in which working in this sector is experienced. and which highlight the high level of psychological distress which many workers experience and the implications for their personal and professional lives.

1. *Challenging and Emotionally Demanding Work*

This is challenging and emotionally demanding work where staff are exposed to harrowing testimonies of trauma from service users on a daily basis. Those working on the front line and managers/supervisors are trying to cope with a range of adverse physical and psychological outcomes including exhaustion, depression and anxiety as a result of exposure to such testimonies. Existing work-related challenges have been exacerbated by the cumulative effects of intensified service user needs, arduous work conditions, high workloads, job security concerns, additional personal and family needs, alongside increased concerns about service users' safety, health, wellbeing and finances which have been precipitated by the pandemic and the cost-of-living crisis.

2. *Psychological distress and coping strategies*

Psychological distress as a result of working in this sector is common. The interviews revealed various coping strategies that workers and managers/supervisors deploy in dealing with the work and its heavy impact. By and large, such strategies are self-initiated and self-directed, for example, regular physical exercise, recreational and creative activities and time spent with family and friends. However the most important and effective ways to address the adverse effects of working are those which do not rely on

individualised self-awareness or self-care, but which are organisation-led and embedded in policies and mechanisms for identifying, recognising and responding to the risks of psychological distress.

3. Motivations and Reasons for Doing the Work

The interviews revealed that there are distinctive personal motivations for working and continuing to work in this sector, which are related to workers' own lived experiences (or that of family or friends) and a strong desire to "help women". Many participants expressed anger and frustration about the wider lack of support and adversities faced by their service users. Yet despite job precarity, low levels of pay, a lack of progression opportunities and a morally injurious working landscape, workers tend to "stick it out". Nonetheless increasing difficulties in staff retention and in recruiting volunteers are eroding capacity to do this vital work.

4. Presentation of Complex Needs

It is clear that across the sector, many service users present with complicated and multi-faceted needs. These were exacerbated by the pandemic when existing networks and support systems fell away. Women subjected to domestic abuse; those experiencing poverty; those with chronic physical and mental health conditions were particularly affected, as were Black and minoritized women and girls. The cost-of-living crisis deepened workers' concerns about the welfare of service users who are perceived as presenting with even more complex needs, placing new and pressing demands on workers and jeopardising the sustainability of some support organisations.

5. Professional Relationships

Physical distancing and home working during the pandemic (and beyond) affected workers' abilities to maintain crucial professional relationships with both service users and colleagues. Whilst this has been ameliorated somewhat by creative use of online working/training and opportunities for meeting up with colleagues, many workers continue to feel isolated and insufficiently supported.

6. Professional Boundaries

Whilst the setting of appropriate and recognisable professional boundaries are recognised to be of key importance for working relationships, worker welfare and as a framework for intervention, maintaining boundaries in this sector can be extremely difficult. Even when erected, these are not sufficiently protective given the pressures and emergencies encountered in the work. Interviews revealed the challenges faced by workers in separating their sense of their own identity from their work. Many termed their work as a "vocation" rather than simply a job and described experiences of 'enmeshment' (Bowen 1978), in which boundaries became unclear or permeable or, in some cases, completely eroded. This can significantly impact emotional well-being.

7. Erosion of Support Mechanisms

There has been significant erosion of (formal and informal) support mechanisms for women workers wrought by the twin crises of the pandemic and cost-of-living due to factors including the reduction of in-person working and the move to hybrid working, alongside marked increases in caseloads. Informed

professional and peer support are both highly valued and considered essential to mitigate the traumagenic effects of the work., but this provision is variable across the sector.

8. Opportunities for Mutual Growth

Vicarious resilience is described as 'the strength, growth, and empowerment experienced by trauma workers as a consequence of their work' (Puvimanasinghe et al 2015). Social support is very important in the process of building vicarious resilience. There were many descriptions of mutuality, of workers both helping and being helped by women service users, and of there being value in this mutual approach. This is considered to be encouraging, healing, and strength-giving. Yet, with some notable exceptions, the provision of opportunities by organisations for mutual growth and mutual social support of staff and service users that could bolster the development of vicarious resilience are rare.

9. Sustaining Flexibility

Many organisations demonstrated agility and flexibility in adapting to the pandemic through for example, rapidly pivoting to new ways of working and the swift adoption of new means for support provision. Indeed innovative ways of working are a feature of the sector, but took a toll on staff who simultaneously had to adapt to the constraints wrought by the pandemic on their personal lives.   In particular, flexibility in working (e.g. the possibility to take time out after a difficult or triggering case or a lateral shift in job role) and in service delivery (e.g. ability to be guided by and responsive to service users and their needs) are considered to be positive for worker welfare. Yet the sustaining of flexibility in staff working can be a challenge, particularly but not exclusively for smaller organisations, largely due to resource and time constraints.

10. Resource-Constrained Service Models

Many organisations are operating resource-constrained service models and are under budgetary constraints which restrict service delivery and place further strain on their staff. Financial cuts, new and stricter assessments and eligibility criteria for funding, and a highly competitive funding environment for third sector organisations mean that many organisations are financially struggling and job precarity is the norm. Widespread concerns over the sustainability of organisations and jobs can be considered structural precursors for psychological distress.

Nine Recommendations

These messages lead on to a set of **nine recommendations** for organisations, funders and government. These are based on the views and experiences of managers and frontline workers which, if realised, could potentially improve the experiences of, and outcomes for those who work closely with marginalised women and girls and in turn support the efficacy of services delivered.

1. Improved Psychological Safety for Workers and Managers

There is insufficient recognition of the likelihood of psychological harm arising from this work and a lack of information, policies and processes within organisations for workers or managers to access to mitigate its traumagenic effects. Organisations should encourage acknowledgment of the potential of psychological distress as a result of this work and conduct 'open conversations' about its likelihood.

Psychological distress should be normalised and not individualised, validating the feelings and concerns of staff. This involves creating an environment which facilitates and encourages willingness to talk about or acknowledge the risk of stress, thus increasing the chances that staff will ask for help, or report challenges. Creating such an environment requires ensuring that the duty of care of the organisation is made very clear to staff, with accessible and well-defined information about processes for, and availability of support. This transparency and accountability about care, support, and the need for it normalises and legitimises experiences of traumatisation and psychological distress.

2. Informed Leadership

Organisations should ensure leadership and management structures that recognise the likelihood of stress arising from this work and the importance of it being addressed. It is vital that leadership embodies a commitment to reform the deeper structures and workplace processes which encourage long hours and high workloads and which clearly demonstrates appreciation for the role of staff in accomplishing the overall mission of the organisation.

3. Identification and Monitoring

It is crucial that staff are listened to and that there are opportunities for checking in with staff on their wellbeing. Various methods could be deployed to achieve this, such as direct conversations with managers, 1:1 reflective practice sessions, as well as the use of staff wellbeing surveys and stress audits to monitor staff welfare and assess support needs. Staff should be made to feel comfortable being open about or discussing their mental health and wellbeing and given a voice in decision-making concerning any planned well-being initiatives.

4. Operational Policies and Processes

Accessible operational polices and process should be introduced to be followed in order to minimise the traumagenic effects of this work, as well as systems that can identify and respond appropriately. These need to be responsive to the racial, ethnic, gender and cultural needs of staff and should be clearly articulated and communicated. Having accessible operational policies and procedures can reduce experiences of psychological distress, by providing clear guidance, thus also reducing the discomfort associated with the responsibility of uncertain decision making.

5. Training

The right training can help staff to recognise their own experiences of work-related psychological distress, support others and cope better when hearing about others' traumatisation. Training should include awareness of the prevalence of burnout, compassion fatigue, vicarious traumatisation and re-traumatisation in the workplace, their impact, and strategies for staying safe and building resilience. Specialised training should be available to managers for identifying, recognising, and responding to psychological distress amongst workers, including strategies for offering support and helpful resources. Whilst appropriate training can provide managers with the information they need to better support staff and enable staff to understand their own trauma, it is important to emphasise that they are not mental health professionals. Those experiencing vicarious traumatisation or re-traumatisation in particular require professional help.

Ongoing training and support for boundary setting and maintaining is required. Consideration should be given to establishing networks across organisations where they do not exist so as to share both good practice and the costs of training.

6. Embedded Self-Care

Given the wider and uncertain terrain within which staff are working responsibilising individual staff to take care of their own health and wellbeing and develop their own strategies for self-care themselves is insufficient and can have negative consequences. Organisations should embed self-care strategies into staff policies and, where feasible support these with resources.

7. Supervision and Support Mechanisms

In order to ameliorate the potential negative impacts of the work, including lessening the effects of psychological distress, robust structures for support and supervision are imperative to support staff wellbeing, including regular debriefs, structured support sessions, rapid response and external clinical supervision by counsellors familiar with the exigencies of work in this sector.

8. Building Vicarious Resilience

Organisations need to identify strategies to build vicarious resilience and positive growth of workers in order to reduce manifestations of psychological distress. Staff should be given opportunities to recognise positive growth in service users and their own roles in effecting positive changes should be acknowledged. Opportunities (and sufficient time) should be provided for staff reflection and peer communication on this topic to encourage community and connection.

9. Trauma-Informed Funding

The concurrent crises (pandemic and cost of living) emphasise the need for longer term, more predictable funding sources. Applying for short-term and 'patch-work' funding is onerous and stressful due to the labour-intensiveness of the process and short turn-around periods. For smaller organisations and those without a dedicated fundraiser this can detract significantly from service delivery. Funders should consider introducing more stream-lined application processes and better alignment of their 'asks' of those applying for funds. Importantly, sponsors and funders should invest in the care of workers and managers in this sector, without this impacting on budgets for the delivery of services to service users. Urgent consideration should therefore be given to the inclusion of resources for staff welfare and well-being within funding sources and budgets.

Further information about the study, including preliminary research reports, infographics, blogs and briefings can be found on the project web-site: https://womensupportingwomen.uk/

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