

REPORT

EMERGING FINDINGS: INTERVIEWS

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Joana Ferreira and Michele
Burman



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INTRODUCTION

[Women working to support women in the welfare sphere: psychosocial challenges](#) is a research project exploring the psychosocial well-being and personal welfare of women workers in organisations offering services, support and advocacy to women and girls who may be socially isolated, economically marginalised and disadvantaged in various ways (to find out more see <http://womensupportingwomen.uk>). COVID-19 has intensified such inequalities, creating significant pressures on third-sector support organisations and their predominantly female workforce.

This research project is identifying, tracking, and exploring, the challenges and changes faced in the current and post-pandemic period, by women in third-sector organisations across the UK, who work closely with marginalised girls and women. It is investigating the cumulative effects of intensified client needs, arduous work conditions, job security concerns, and additional domestic caring responsibilities, on the psychosocial well-being and personal welfare of women workers, many of whom come from the same communities and share the same experiences as their clients. The **research aims** are to identify: factors and processes which exacerbate or diminish the impact of the pandemic on women workers in this sector; innovative practices mitigating the traumagenic effects of the work, and; insights to inform policies and models of working to support resilience and well-being and which uphold the welfare of a vital workforce.

To achieve these aims, we are utilising a multi-method approach with three main strands: an online survey of managers and supervisors; a desk-based review of statements and reports published by organisations as a response to COVID-19; and qualitative interviews conducted at two different points in time¹ with managers/supervisors and frontline workers.

Table 1 summarises the project progress to date.

¹ Approximately 8 months apart, to chart ongoing impacts of, and changes related to the pandemic.

Table 1. Project progress to date

<p>Review of organisational statements and reports</p>	<p>Between October and December 2021, a desk-based mapping exercise was completed to identify UK organisations that work with marginalised, disadvantaged or socially isolated women and girls in a wide variety of ways (https://womensupportingwomen.uk/2022/03/03/mapping-exercise/).</p> <p>Organisations were filtered according to their target audience and mission, with 535 being selected for inclusion. Their websites and Twitter feeds were examined for statements, blog posts or reports which had content relating to Covid-19. Statements and or reports were included from 231 organisations: 200 statements and 33 reports.</p> <p>Full report: https://womensupportingwomen.uk/wp-content/uploads/2022/07/REPORT-Organisational-Statements-Report.pdf</p> <p>Briefing report: https://womensupportingwomen.uk/wp-content/uploads/2022/07/Review-of-Organisational-Statements-Briefing-Report.pdf</p>
<p>Online survey of managers and supervisors</p>	<p>Between January and March 2022, an online survey was conducted using the platform Qualtrics. A total of 153 responses were gathered.</p> <p>Report on preliminary findings:</p> <p>https://womensupportingwomen.uk/wp-content/uploads/2022/04/Preliminary-Findings-Descriptive-Statistics-from-Online-Survey-of-Organisations.pdf</p>
<p>Interviews with managers and frontline workers</p>	<p>Between March and October 2022, following the mapping of organisations, interviews were completed with 88 participants.</p>

This report focuses on emerging findings from the first stage of the qualitative interviews. At the time of writing, coding and analysis of interviews is ongoing. We report here on the analysis of 38 interviews.

METHODOLOGY

Interview procedures

Between March and October 2022, interviews were conducted with a total of 88 managers/supervisors and frontline workers. Two interview schedules were developed for each of these groups of participants, both consisting broadly of five key areas:

- Introduction and opening (e.g., participants' details, experience, organization, etc.)
- Health and coping strategies
- Pandemic effects on organisations, managers, and/or frontline workers
- Thinking about the future (e.g., innovation practices that should be retained)

Interview questions, particularly those in the section on health and coping strategies were informed by theoretical constructs drawn from research literature on workers' experience of the workplace, and from research on the intrusive effects of work on mental well-being (Hurvich et al 2007; Robinson & Gadd 2016). Experiential correlates extracted from the HEI/50 scale (Hurvich et al 2007) were incorporated into the interview schedule. These schedules were piloted during initial interviews and subsequently adapted accordingly, particularly with regards to their structure and focus.

Interviews were conducted online (via Zoom or Microsoft Teams) and recorded, with participants' consent. An interview summary was completed after each interview, to allow researchers to note down immediate thoughts and identify any potential themes/codes. These summaries aided in the development and design of an analytical coding frame. Once transcribed, interviews were analysed using NVivo 12, and several calibration exercises took place to ensure inter-rater reliability (Bryman 2016).

Recruitment

Most participants were recruited through previously identified relevant organisations (see <https://womensupportingwomen.uk/2022/03/03/mapping-exercise/>). Contacts were established via email and support was requested from representatives in disseminating information about the study within their organisations. This was complemented by a series of twitter adverts and an online registration form available at our website (<https://womensupportingwomen.uk/interviews/>).

EMERGING FINDINGS

About the participants

122 participants responded to our call. However, due to the high service demand and low capacity of these services, not all were available to take part, with several no-shows, and many rescheduled interview times. Nonetheless, **84 interviews** (including two group interviews) were successfully completed with **88 participants**.

Role of participants

Of the 88 interviewees, **55** were currently in a managerial or supervision position, **29** were frontline workers, and **4** were in a research, training, and/or development position.

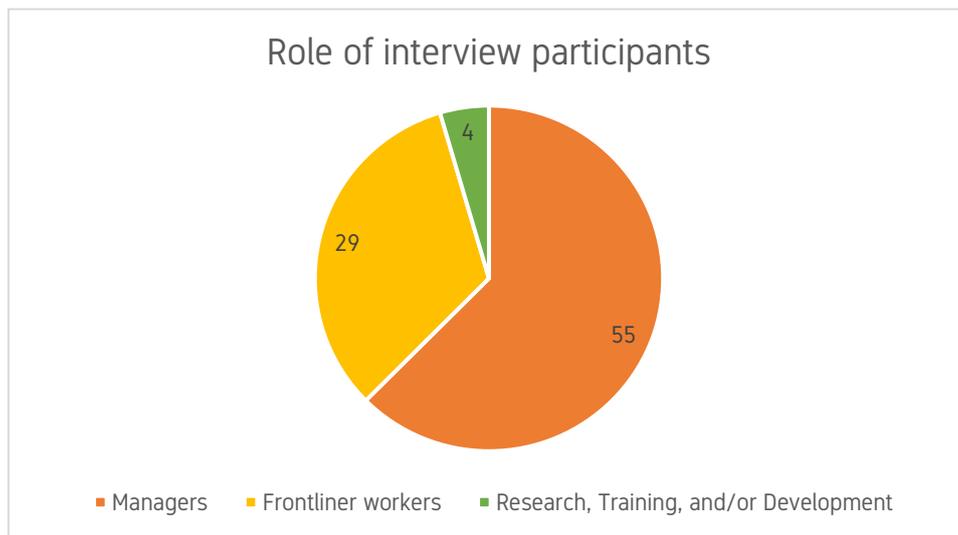


Figure 1. Role of interview participants

While most interviewees were in a managerial or supervisory position at the time of the interview, **42 out of these 55 participants (76.3%) retained frontline duties in their current role or had previous recent experience of frontline intervention.** Similarly, **three of the four participants in a research, training, and development position had previous experience of frontline work.** Overall, **74 out of 88 participants (84%) had some experience of frontline work within their sector.**

An overview of organisations

Participants were drawn from 62 organisations across the UK variously delivering therapeutic, advocacy, specialist support and practical services to women and girls, including LGBTQIA+, minoritized ethnic, and other marginalised communities. Most organisations worked holistically with service users, addressing more than one issue (e.g., homelessness, substance misuse, victimisation, poverty). Many focused on supporting women and girls affected by gender-based violence (rape and sexual assault, domestic abuse, honour-based abuse; financial abuse); criminal justice involved women and girls (e.g., former prisoners, probationers, and those considered vulnerable to criminal justice involvement); and those struggling with mental health issues. Services included helplines, mentoring, resettlement, dedicated longer-term advocacy support, housing, legal advice, skills development and refuge provision.

Importantly, and as described by interviewees, many services experienced an expansion of their scope of intervention during the COVID-19 pandemic, as they saw themselves needing to cover gaps left by statutory services (e.g., mental health support) and provide more in the way of practical support (e.g., food parcels and shopping vouchers). It is also important to acknowledge that whilst organisations were delivering a wide range of services, some interviewees specialised in particular fields of expertise or within specific programmes (e.g., sexual abuse and exploitation).

In terms of service user populations, twenty-five organisations (40%) had no restrictions as regards to gender. However, of these, eight organisations had gender-specific programmes aimed at women and/or girls. Thirty-six organisations were gender-specific:² eighteen worked only with women, six worked with women and girls, six worked with women and children, and two worked with women, children, and young people (of both genders). Whilst two organisations worked solely and specifically with black and minoritized communities, several other organisations developed and delivered specific programmes and support services for minoritised women and girls, including Roma communities and black women and young people.

Figures 3 and 4 indicate the main geographical location and scope of organisations.

² Two of these organisations specified working with self-identifying women and non-binary people.

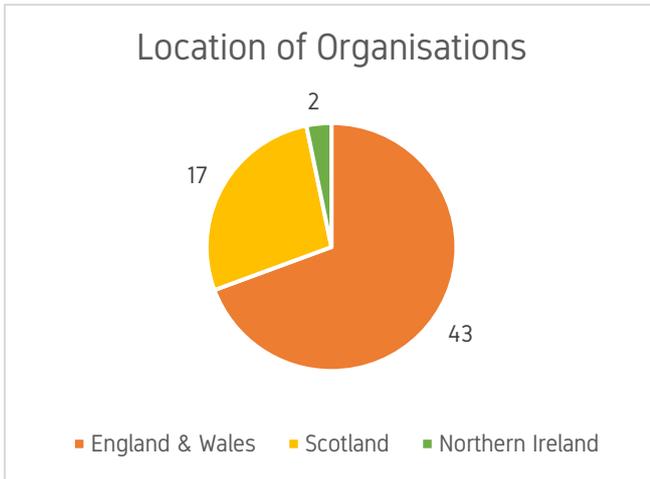


Figure 1. Location of Organisations

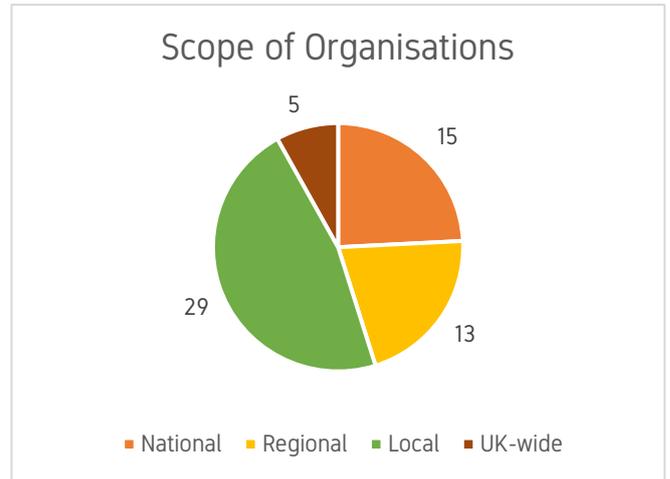


Figure 3. Scope of Organisations

Emerging themes

In what follows we provide an overview of emerging themes based on the analysis of 38 interviews.

Motivation, ideology, and work ethos

Participants shared different reasons or motivations for engaging in work to support marginalised or socially disadvantaged women and girls. Commonly, interviewees had **'lived experience'** or **members of their family/close friends had lived experience similar to the women they were supporting**. This was particularly the case for those working in the violence against women and girls (VAWG) sector:

So, like, I haven't experienced myself domestic abuse, but a member of my family, my mum's sister experienced it and I, kind of, as a young girl, sometimes, like, when I was visiting her, I could see, like, bruises on her and it really impacted on me, as a person, as well and, especially, it was quite close family member. So, all those factors, kind of, were, like, motivators for me to start working in this field, because it feels like it, kind of, goes along with my values and what I believe in as well. (001)

But yes, so... I did experience domestic abuse when I was a child, in my family of origin, so part of me does wonder how much my subconscious decided. And even if it wasn't a conscious decision that I want to work in domestic abuse, now that I'm here, it feels very much like I've found my niche. (036)

(...) I actually had a great interest in this because of personal life experience, because my

mother was a survivor of domestic abuse, and I was obviously brought up in that environment. So, I mean, I'm 63 now, so those things stay with you throughout your life. And there wasn't any support for my mother at that time. There was no...absolutely nothing out there to support survivors of abuse. (...) (051)

These personal and close experiences acted as intrinsic motivation not only to engage with the work in the first instance, but equally to continue it despite its challenging nature.

Similarly, lived experience was seen as having provided many of the skills required to handle the difficulties associated with this work (e.g., resilience; see also below 'Vicarious resilience'). Many interviewees also came from the same or similar communities to the women they support.

And also, I think, in terms of emotional damage on myself, so I've got two theories on that. This is what I was excited about your research, because I like talking about this sort of thing. So, one theory is that I grew up in an emotionally dysfunctional household.it was a very toxic environment to grow up in. So, that actually is incredibly useful at work. Because you can be in a situation where you don't actually enjoy everything about it, but because I'm used to it, to me, it's just...it's given me a lot of resilience. I don't expect life to be happy and wonderful all the time (...) (005)

Participants also spoke about the **desire to 'help others'** or **'make a difference'** as key sources of motivation.

And I've been working in the charity sector, I changed over about, nearly ten years ago, I guess, yeah, and had the opportunity to move from, trying to use my position in the private sector to work in partnership with some charities, and bring them along, to actually being able to run one. So that was a great opportunity which I took. A bit of a jump, but like I said at the beginning, the thread is very much trying to be in a position where you can do the most good you can for people. (029)

It's very satisfying. And also, the most satisfying thing of all is, I can go to bed every night and I'm thinking, there's 600 people who've got a head on a pillow who wouldn't have had if we hadn't done this. (005)

Finally, some participants referred to their **strong sense of social justice** as a reason to work in this sector.

I think what really propelled me in this is just a very innate and very endless...not endless, a very passionate belief in social justice. Honestly, about community solidarity, about platforming young peoples' voices, platforming voices in services, seeing a lot of systemic violence I think had a really big impact on that. (045)

Linked to a strong sense of social justice and the desire to help women or improve their lives, many participants described their organisation as adopting a **'feminist ethos'**. They described

an awareness within their organisation of the causes and impacts of gender inequalities, alongside a strong political awareness of the structural inequalities to which many women are subject.

These motivations and ideologies also translated into an ethics of care and kindness, as well as empathy and compassion. Reflecting established practice in models of working, most participants highlighted the need to build meaningful relationships and close engagement with service users to ensure the success of their support/intervention.

And I do try and say that to the staff. We cannot change 14 years of abuse. All we can do is be a consistent, loving, compassionate relationship that may give [service users] a few tools to help cope with it, but we can't change all of that. (011)

And I think like, you don't do this work unless you are an empathetic person anyway, so I also experience like kind of in myself as well. (016)

We do have some workers that are hugely empathetic people, that is why they got into charity work and it does get to them to see what their young people are struggling with. (022)

So, you know, it's building that professional relationship as well as also making somebody feel like somebody does actually care about them. (067)

Exposure, costs, and consequences of the work

Emotional impacts and 'emotional labour'

Throughout the interviews, participants described the heavy physical and emotional toll caused by the intense and demanding nature of the work, which translated into both psychological/emotional and physical impacts (e.g., stress, sleeping issues, physical exhaustion, relationship difficulties). This was linked to the complexity of service users' situations, their (often) multiple vulnerabilities, and workers' frustrations with the ineffectiveness of broader social systems and entrenched inequalities.

I think it is also, as I have just mentioned there, intensive. It is heavy, I think that we spend a lot of time reflecting on external power. I don't know what a better word is, but issues around inequalities, issues around trauma and I find this can be really exhausting sometimes. I think that that can be a real weight, a real anchor, to the work is just the depth of the work...of the issues and of the inequalities that we are working in. (...) I think it has an all-encompassing impact. I think... I... because we are firefighting it is so emotionally exhausting. I find it deeply emotionally exhausting and absolutely there is an emotional impact, there is a physical impact. (045)

Some participants spoke about service users dying and the emotional impacts those experiences had on them:

So, I think fundamentally the job is very challenging, so you fall in love with girls and they die (...). We've lost about four young people since I've been here, so that's one a year. (011)

There is little doubt that this work is experienced as both hard and emotionally charged, which requires both empathetic engagement and 'going beyond' whilst at the same time requiring workers to suppress their emotions when interacting with service users in order to achieve professional goals. Hochschild (1983) termed the regulation or management of emotional expressions with others as part of a professional work role as 'emotional labour', whereby workers – mainly those on the frontline – work to modify their inner emotions. Many examples were provided of how workers 'prepare themselves' before going into work or before meeting with particular service users. These ranged from small rituals of preparation to taking some brief

'timeout' between interactions. This can be exhausting when done repeatedly through a working day and is often emotionally costly.

When this emotional labour is combined with bearing witness to service users' traumatic experiences of (past and current abuse, victimisation, cruelty, bereavement, loss, and abandonment) the emotional toll is worsened.

Previous research has demonstrated that professionals who are exposed to 'graphic descriptions of violent events, realities of people's cruelty to one another, and trauma related re-enactments' may develop psychological distress as a natural consequence of their work' (Pearlman & Mac Ian 1995: 31). In our research, these experiences were further exacerbated by the Covid-19 pandemic, and the blurring of boundaries between work and personal spheres (see below 'The impact of Covid-19').

'Moral Injury'

Another key theme regarding the impact of this line of work was 'moral injury'. According to Shay (2014), a sense of moral injury can occur in response to witnessing/hearing about behaviours or situations that go against an individual's values and moral beliefs. Moral injury is present "when there has been (a) a betrayal of "what's right"; (b) either by a person in legitimate authority [or a system], or by one's self (...); (c) in a high stakes situation (Shay 2014: 182). Participants in this study described

feeling let down by what they witnessed in their work, particularly regarding the inequalities and oppression experienced by those whom they supported. Being confronted with the constant injustice and unfairness of wider systems (e.g., criminal justice; benefits; health and social care; education), sparked feelings of anger and frustration.

The system. The clients are never a problem, the system is a nightmare but that's why we're in it, you know, we deal with things that are nightmares and we deal with the stuff of nightmares in our world don't we in criminal justice. (004)

Absolutely, I think for a lot of colleagues and for myself, for me, I think the wider, the challenging very, very, challenging landscape of the work, specifically systemic failures, cuts to services, a lack of trauma informedness amongst different services, maybe like social workers or police, et cetera. Seeing that systemic violence is absolutely...and seeing that young people, women, not get the support that they so desperately need because of all those factors is definitely something I personally perhaps struggle with a lot. Especially because continuous cuts that we are experiencing and having been in the sector for ten years now it is vivid, it is very, very depressing and it is continuous. (045)

It affects me less now because I am not on the front line. It more affects me because I am trying to support the workers through it. It is hard going emotionally, you are hearing about some of the worst experiences people can ever go through. Then to be frustrated by issues with statutory agencies that should help. But what it brings most often for me now is frustration, anger, disbelief. It is more negative emotions towards the processes that should be in place (...) there are a lot of institutional issues that we come against every day in our job. Because I am still hearing about them four years down the line since I started the job, five years, it is the same things coming up about poor responses to survivors. Whilst their actual traumatic experiences are really difficult to hear and difficult to process you also have that secondary issue of why does this not change? Why have we not done more to ensure that survivors are listened to? (014)

Their strong sense of justice was challenged by oppositional values and principles which appeared to undermine or erect barriers to thwart their efforts.

A sense of moral injury was also sparked by the perceived disconnect between the demanding nature of the work and the poor recognition of the sector (and its precarity). As one participant said, “how far can we stretch people who are holding up society, they’re working with the most vulnerable in society – unseen, unrecognised, grossly underpaid” (011). Once again, the Covid-19 pandemic and associated restrictions intensified these feelings, particularly, as mentioned above, when third-sector organisations found themselves overloaded by the slowing down of statutory support services.

Yeah, all issues that, yeah, they do not get put on hold, do they? It feels like the whole world kind of stopped, but those things don’t stop, they just keep happening, and obviously you have such an important job in supporting these people. It’s like you were saying, maybe

there wasn't that recognition that you were an essential worker as well in the language of COVID. (011)

Levels of exposure

The impact of a high level of exposure to service users' traumatic experiences and the sometimes low responsiveness of other systems (social services; housing; mental health services) to their unmet needs was a common theme. While managers and those in research and development positions also experienced the negative impacts of exposure to situations of marginalisation and vulnerability through their work, there was a recognition that frontline workers were particularly vulnerable to the effects of service users' experiences. Importantly, the level of professionals' exposure to such content further exacerbated these negative impacts. Many participants described operating within overwhelmed services, having to handle large caseloads, and working over their contracted hours, at night and over weekends) with little respite.

And I think sometimes you can't finish...you can't just work nine till five. You have to be flexible with your hours and if you haven't got that flexibility in your personal life, that can add to the work stress. (076)

There was a shared understanding that, due to service users' inter-related needs, it was almost impossible to keep work confined within a set schedule, particularly but not only during Covid-19. Interviewees repeatedly said it was difficult 'to let go' and 'forget about things', as neither their concerns nor service users' lives were put on hold after working hours,

Well, I suppose the only thing in these roles is that it always is incredibly busy. The big thing that I've had to watch out for is trying not to let it bleed into my weekends or evenings, and that's why I'm trying not to let...I'm trying not to hang on to things. But then it's difficult, isn't it, because we work with such vulnerable clients, and there are obvious safeguarding things that come up. It's hard to just let go. There is always a feeling of, am I doing enough, and so on. And it is just a very, very, very busy role. So, I think that's the biggest toll it takes on managers in my position, is it's just that time. And probably does interfere with self-care quite a bit, I definitely need to focus on that more, and family time, I suppose. It has the potential to take over your life, so you have to be very boundaried. (036)

But I think there's always particular stories, particular clients who can get really get to you, if they've had really hard circumstances, or there's something that you've not been able to

resolve for them that they were desperate to get resolved. I think that can be quite hard. So, I think it is...it's not the...I would say this is definitely not the sort of job where you finish at 5 o'clock and you forget about it. I think your clients are always on your mind. And even the non-client work, like managing people, if somebody...if one of your employees has got a problem that they've come to you with, you don't just forget about that at 5 o'clock either. So, I think it definitely comes with a bit of an emotional hangover, in terms of, doesn't just...there's not a switch off point in this type of job, completely, but I think you get used to not having it constantly bothering you. (059)

It is worth noting that most interviewees had extensive experience working in their sectors (over five years). Whilst this experience allowed practitioners to build resilience and gain a greater awareness of themselves and their own boundaries, it did not necessarily diminish the negative impacts of the work. Rather, this meant that they were keenly aware of the need to develop coping strategies to help them to respond to it.

Vicarious trauma

The potential for vicarious trauma was widely recognised and discussed by participants, including those in research, training, and development roles.

Vicarious Trauma (VT) refers to a set of pathological symptoms that are developed through indirect exposure to trauma, particularly within therapeutic or supportive relationships. Pearlman and Mac Ian (1995) defined VT as the inner transformation of a practitioner due to a cumulative and empathetic engagement with the client's traumatic experiences (Pearlman & Mac Ian 1995). Clemans (2005) conceptualizes VT as emotional, physical, and spiritual transformations that may occur when working with members of populations that have experienced trauma. VT is a cumulative process which can result in increased fearfulness, distress, terror, dissatisfaction, hopelessness, serious mental and physical health problems, and perceptions of vulnerability to harm (McCann & Pearlman 1990; Pearlman & McKay 2008; Robinson 2015). Documented symptoms of vicarious trauma include changes in one's identity, worldview, interpersonal relationships, sense of oneself in the world, cognitive schemas or a person's beliefs and assumptions about the world (Pearlman & Saakvitne 1995), and post-traumatic stress disorder (PTSD)-like symptoms such as intrusive imagery, painful experiences of images, and emotions that

are parallel to the traumatic memories of clients (Jenkins & Baird 2002). In this research, we consider VT as a concept that occurs as a result of interactions with service users who have experienced trauma.

Yes, personally I think also I want to move away from trauma. I think there is...I just can't, I don't want to do it anymore. I really don't want...I think proximity to the trauma has had an impact on personal relationships, it has had an impact on...I am a heterosexual woman, it has had an impact on my feelings of safety around men sometimes, unfairly as well, I am going to be honest. It has an impact on capacity for friendships and, as I was saying before, you take a lot of this home. It is hard, it is really, really hard to separate and to leave that within the workspace and go home. Especially for poor pay and high stress, it becomes really hard to balance. Yes, I think myself and my colleague actually are very, very, very deliberately choosing to move out of frontline services for those reasons. (045)

Sometimes it's the...it's not necessarily that [workers] have heard about a traumatic thing, but it's almost...it's like the transference of very negative emotions. Feelings of hopelessness and despair can get passed on in a session, and then, you have the mental holding of those feelings. So, it's then about how do you pierce through that. (036)

In line with previous research (McCann & Pearlman 1990), VT was perceived by some participants to be a 'normal' or 'expected' response to working closely with traumatised victims and/or repeatedly hearing and seeing the effects of trauma. However, some managers were of the view that 'proneness' to VT was dependent on an individualised ability to handle testimonies of trauma. For example, one manager working in a youth support organisation said:

I think it is on a person-by-person basis though what their coping skills are. We do have some workers that are hugely empathetic people, that is why they got into charity work and it does get to them to see what their young people are struggling with. (022)

The majority of participants described the work of their organisations as 'trauma-informed' and, whilst many also understood their organisations to have a responsibility to put in place mechanisms to support workers and minimise the impact of exposure to trauma, relatively few were able to provide concrete examples of such mechanisms to identify, prevent or counteract VT. As in the following example, responses were more likely to be initiated by individual managers following disclosure by a worker:

Yes, I mean, there's definitely that element of secondary trauma, isn't there, that got to be careful about. I mean, we do have a lot of mechanisms in place to try and mitigate against that. And particularly if I know that a [frontline worker] had a tough day, or a tough session, then we'll do a debrief as soon as possible, either that day, or early the next morning. Because sometimes, you just need to just get it out, yes, it's just shit, and I hate that people are going through this awful thing. And then, just to ask the [worker] what they need at the moment, and try to provide that for them. (036)

I've done recently training for them on resilience, even though I've been working here for eight years, so I would assume I have some good level of resilience, but things change and sometimes... this is the character of this work is, you know, you feel like you manage all your emotions, the difficult aspects of the work and then something happens that really triggers you. (001)

Others emphasised the importance of self-awareness, which effectively places the onus on individual workers to be vigilant about the impact of their work and can create a moral imperative for workers to look after their own health and avoid 'risky' behaviours and situations:

So, I really encourage staff to practice self-awareness, like, practice, like, and have an understanding when there is a situation, that is quite triggering for us, how we can do better next time, what we've learnt from that, what was the most difficult part for us in this aspect? (001)

Indirect exposures to trauma can not only negatively affect the well-being of those delivering therapeutic and support services but also undermine the quality and efficacy of services (Burman et al 2018). This in turn can have significant implications both for the availability of services for service users and how they experience such services. Staff absences and sick leave as a result of stress, burnout, and VT leads to reductions in services, leaving service users unsupported; at the same time, the impact on other staff of carrying higher workloads as a result reduces their capacity for service provision, which in turn impacts on service users who are unable to gain the attention and support they need. In the following quote, the interviewee explains how the lack of funding and the risks to staff associated with delivering a particular project to a challenging group of young women led to the closure of the project:

(...) that ties into what I said (...) about the increased level of challenging behaviour, so rather than it being a programme to reintegrate children that were disengaging, it became extreme behavioural problems and we did have, yeah, extreme issues of things being broken. We

didn't have anybody assaulted, but ultimately that's why we left doing that kind of work, because we weren't funded and the support wasn't put in place for us to be able to deliver safely what that programme had become. So that's how we reacted to that, we stopped doing it. We risk assessed it, went, no more, we're stopping at Christmas. (039)

Maintaining health and well-being

Professional and personal boundaries

Reflecting on their own health and well-being as it relates to their work, interviewees consistently pointed out the importance of setting appropriate and recognisable boundaries, but also the difficulty of erecting and maintaining those boundaries. Boundaries allow practitioners to set the structure and parameters for working relationships with service users and provide a framework for intervention. For example, one participant described the need to set clear expectations with service users around the scope of their support and what they can do.

Often, service providers are expected to provide uninterrupted support, guidance, emotional scaffolding, which can lead to an 'erosion of the self'.

Participants' reflections around their sense of self often revealed a difficulty in separating their sense of own identity from their work (e.g., describing their work as a vocation, rather than just a job). Thus, whilst most recognised the need for appropriate boundaries, both physically (e.g., separate work and personal spaces) and emotionally, they also described examples where it was difficult to erect or maintain boundaries between themselves and their service users.

Well, I suppose the only thing in these roles is that it always is incredibly busy. The big thing that I've had to watch out for is trying not to let it bleed into my weekends or evenings, and that's why I'm trying not to let...I'm trying not to hang on to things. But then it's difficult, isn't it, because we work with such vulnerable clients, and there are obvious safeguarding things that come up. It's hard to just let go. There is always a feeling of, am I doing enough, and so on. And it is just a very, very, very busy role. So, I think that's the biggest toll it takes on managers in my position, is it's just that time. And probably does interfere with self-care quite a bit, I definitely need to focus on that more, and family time, I suppose. It has the potential to take over your life, so you have to be very boundaried. (036)

Just in experiencing these highly volatile cases there is absolutely a vulnerability that surfaces. You bring in your full self. It is very challenging to have your professional and your personal, they mix in. There is no separating them in this type of work. I think that that is very helpful for me bringing this work, I have to bring in my full self because I wouldn't be in this work otherwise. As I said before, you bring in your values, you bring in stuff around morals and all that type of stuff. I think that there is a vulnerability in that, and I think that is being raw and honest with colleagues and seeing it and then definitely builds trust, builds relationships quite immediately. (045)

Associated with these challenges in establishing clear boundaries, interviewees described experiences of 'enmeshment', in which the boundaries in their relationships with service users became unclear or permeable and, in some cases, completely eroded. For example, a woman running a refuge for women escaping domestic abuse, recalled an experience involving a woman she was supporting who lost a small baby to cot death whilst in the refuge; she became fully enmeshed in the life of the woman, inviting her into her own home, feeding her and her children and accompanying the woman to the police, the coroner etc. Another described how a woman she was mentoring had been seriously assaulted by an ex-partner and she went into the home to clear up the aftermath of the assault, describing having to mop up the woman's blood and pick up clumps of her hair. These experiences illustrate not only an erosion of professional boundaries, but equally the responsibility that workers place on themselves to 'go above and beyond' for their service users, when they perceive all other sources of support to fail.

Coping strategies

Throughout the interviews, women highlighted the role of coping strategies in dealing with the work and its heavy impact.

The importance of self-care (physical, psychological, social, and emotional) was constantly reinforced, with participants referring both to personal and organisational initiatives.

For instance, many participants referred to exercise (e.g., yoga, pilates, running, dog walks),

recreational and creative activities or hobbies (e.g., arts and crafts, knitting, writing), and social activities with family and/or friends as key strategies for maintaining or promoting their own health and wellbeing.

I placed an additional emphasis on my own coping mechanisms. I have an arts degree, I am quite creative. I got back into painting, I got back into drawing, and I tried to maintain routines of that. I think routine again for me was really, really important. (045)

Other examples of valuable coping strategies perceived to be valuable included self-awareness, reflection, and mindfulness, with many participants pointing out to the need to create space for such opportunities within organisations/work settings.

These personal strategies played a crucial role in minimising stress related to the work. However, as recognised by some participants, the most important and effective ways to address the adverse effects of working in trauma-saturated environments are those which did 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 VT. This is further discussed below.

Vicarious resilience

Parallel to pathological or negative effects of trauma exposure – captured by terms such as VT, compassion fatigue, secondary stress, and burnout –, a growing body of research has attempted to demonstrate and conceptualise possible positive effects of trauma working, including increased sensitivity, greater compassion, and greater insights. Among these, vicarious resilience refers to ‘the strength, growth, and empowerment experienced by trauma workers as a consequence of their work’ (Puvimanasinghe et al 2015). In this study, participants provided examples of vicarious resilience processes resulting from indirect exposure to their service users’ traumatic experiences.

Despite the high workloads that participants had, the pressure they were put under, the demanding and often chaotic nature of the work, and the horror of listening to others’ traumatic experiences, many interviewees spoke of positive meaning-making and effects of their work which transformed them and their experiences.

Importantly, vicarious traumatisation and vicarious resilience were not mutually exclusive, rather they coexisted in interviewees' discourses.

Many interviewees also spoke of service users' own resilience and how they had taken courage and strength from that. Witnessing service users' own resilience and recovery process strengthened interviewees' motivation to carry out this work, their understanding of service users' experiences, and an increased sensitivity.

On the other hand, we can't avoid being triggered, we just can't avoid being triggered, particularly in the work we do. But you just don't know when some weird subconscious thing is going to trigger you, anyway, going about daily life. And being triggered isn't the worst thing on earth as well. I think there's an expectation that it's an awful, awful experience, and that people just can't cope with it, but actually, people do. You just have to recognise it, recognise that that's what's happening, and understand how to bring this up, how to cope with it, how to deal with what's happening to you. (036)

Yeah, I mean a lot of it, a lot of it I would say is experience, you know, dealing with it. At the start, I remember starting in this job fulltime, coming from being on the helplines and things like that as a volunteer, but it wasn't the same because you were doing it once a month, and you could very much, you know, dip in and out and now...then I came to doing it every day and you were on kind of some form of outreach every day, and hearing it every day, it was quite overpowering, and so it took some experience and some time to kind of let that kind of sink into your brain that you can't carry that with you. But it was very challenging at the start I would say. (020)

Organisational responses to staff health and wellbeing

Reactive and prepared organisations that are both aware of and responsive to the impacts on their staff of working in trauma-saturated environments are key to worker well-being. Yet relatively few interviewees were able to describe particular organisational processes or policies that directly address VT, despite the prevalence of trauma-informed practices with service users. Those that could described embedded care strategies for staff, for example, the regular occurrence of reflective practice sessions and informal and formal structures of one-on-one support and supervision that sit alongside case reviews, and clear mechanisms for disclosing adverse impacts and processes for managers and workers to follow, with options for flexible working, workload

reduction, 'time-out' and, in some cases, the opportunity to temporarily change jobs within the organisation.

Adequate supervision and support mechanisms (e.g., regular debriefs, structured support sessions, clinical supervision, rapid response, one-on-one supervision) were perceived to be central in preventing and responding to the potential negative impacts of the work, including lessening the effects of vicarious traumatisation.

Interviewees reflected in particular on the value of clinical supervision and support mechanisms available at their workplace and the role they play in reducing the impacts of the work (e.g., emotional toll). There was an emphasis around the need for preventive intervention, instead of reactive responses to staff burnout. Flexibility within the workplace (e.g., the possibility to take time out after a difficult or triggering case), regular clinical supervision, and appropriate workloads were also pointed out as key preventive approaches.

Notably, such strategies were not always in place, even within organisations adopting trauma-informed approaches³ to their clients. While professionals are increasingly expected to be hyper-aware of the effects of trauma in their clients' lives and engage in trauma-informed practice, the same awareness did not necessarily exist from organisations with regards to their workers. Effectively, the poor support available for professionals (regardless of their role) seemingly revealed a lack of 'internal' worker-facing trauma-informed practice. While there was an acknowledgement of the impact of the work, organisations often lacked adequate responses to minimise such impact. Importantly, this appeared to be linked to the precarity of organisations and the sector, with funding limiting not only what can be done for service users, but equally hindering support for service providers.

³ Emerging from an increasing focus/awareness of the ubiquity of traumatic events and experiences in the lives of people accessing health and community services, so-called trauma-informed approaches have developed and multiplied. Trauma-informed practice has taken root in health and social care, social work, criminal justice, and other service sectors. Such approaches are aimed at enabling people who have experienced trauma to 'regain a sense of control and autonomy in their lives' (Hickle 2020: 1) by working in a strengths-based way. Crucially, to be trauma-informed, the approach must be safe, and not retraumatise survivors.

It's really hard to say, because I don't know where it would come from, like how does an organisation like us access that sort of support and training. There isn't a kind of body that would look after [our] wellbeing. (039)

Financial precarity

Issues surrounding the financial precarity of organisations and the effect this has on their workers were raised by most participants, who reflected on the tremendous impact of financial struggles on themselves and their well-being, the sustainability of organisations and the wider sector, and, ultimately, on the support provided to service users. Core funding for organisations working in this sphere is relatively rare and, where it is in place, interviewees expressed concerns about sustainability and the strong likelihood of reduced funding.

Oh, the stress-inducing, it's the money, it's the sustainability, it's that constantly having to, you know, keep going without core funding, it's the short-term nature of funding and, yeah, yeah, that's the biggest stress. (039)

Most participants described some level of 'funding patchwork', with their organisations relying on multiple funding sources or schemes of predominantly short-term duration (e.g., one-year funding pots).

This not only impacted the sustainability of organisations but is also a great source of stress for those working under already arduous conditions. Short-term funding and fixed-term positions hinder career progress and create immense instability for those working in this sector.

Yes, very precarious, short term. This is the longest contract I have ever had, and I have worked in gender services for about ten years, was a three-year contract which is usually quite unheard of. (045)

There are emotional aspects of just work stress and uncertainty of length of contracts and that sort of thing that I think does affect all of the team. (022)

Yes. And that is a year-on-year thing. I mean, we have just had [government] funding, but again, even though it's government funding, they tend to only roll it out on a rolling contract

year after year, so you don't know. They want us to create a sustainable project, but they're not willing to guarantee three years funding for it. (036)

That said, the precarious nature of these job posts added to the emotional toll of a line of work which is rewarding, but far from well-rewarded. For women workers in this sector, many of whom work part-time for very low wages, and have done so for many years, there is very little return on experience in terms of wage growth. Interviewees described being on a (low) wage with little prospect of salary increase. Limited opportunities for progression mean a 'sticky floor' for many women.

The precarity of sector and its impact on service users was itself a source of frustration and anger ('moral injury') among professionals.

Absolutely, I think for a lot of colleagues and for myself, for me, I think the wider, the challenging very, very, challenging landscape of the work, specifically systemic failures, cuts to services, a lack of trauma informedness amongst different services, maybe like social workers or police, et cetera. Seeing that systemic violence is absolutely...and seeing that young people, women, not get the support that they so desperately need because of all those factors is definitely something I personally perhaps struggle with a lot. Especially because continuous cuts that we are experiencing and having been in the sector for ten years now it is vivid, it is very, very depressing and it is continuous. (045)

Allied to the short-term nature of funding, the onerousness of application processes further threatened organisations. Applications were time-consuming and complex requiring a great deal of investment with no promise of return.

Then a big thing, it is always a thing in the third sector, but I think it has been more so recently, is funding being insecure work, funding-based roles being insecure work. Last year I am still a little unclear if this was because of the pandemic or if it was just a bad coincidence. But funding was a mess last year and everything was tiny funding packages and major funders...we had a major funder that we had always been successful with, and they changed the way they did the application and for the first time ever we were unsuccessful. That had been a major core part of our funding. (022)

So all of last year actually me and the other co-coordinator were just scrambling to get any little piece of funding we had because we want to keep all of our workers. They are all fantastic and we want to be able to work with all of them. But they were actually putting up

with 'well we know you have got a role for the next three months and I am working as hard as I can to do something after that.' (022)

There was a lot of job insecurity around because of funding base which can be very frustrating because funding applications and hearing about a funding application can go quite slowly. So, you just have to be telling your frontline workers, fingers crossed but we are still waiting to hear. That could be awful for them and very stressful for the team (...) (022)

Interviewees described a 'trend' of progressive funding cuts experienced by their organisations, and broadly the welfare sector. It is also important to acknowledge here the domino effect of these financial cuts, where cuts to one service (even statutory service) result in an increased demand for the third-sector.

I think cuts to services are something that has really had a major impact. Recently we have had... I felt it being a service that is meant to but not necessarily meant to be preventative. I think that it is... we have had one of our partner organisations, which is a domestic violence organisation, they have had major cuts to their service. Then following that we have had housing. Within our current organisation as well we have had within our local authority, people in high crisis, complex needs situations are now... council housing is near impossible to get. A lot of our young people are being moved into private or private tenancies which is providing... it is just really harmful. I think it has caused a lot of stress, strain, and further trauma to a lot of our young people because it has ultimately been privatised. (045)

I think cuts to all these different and very, very vital services and the stretch of social work as well and social workers' caseloads being immensely high and unable to do specific work with young people. A lot of this now has been trickled down onto the third sector. I have definitely felt over a period of time just further stretched. We are lacking resource. I think there are a lot of people that are leaving the third sector because of the lack of resources and the often poor working conditions, et cetera. I think that is absolutely having an impact on organisations, especially on small organisations such as ourselves where burn out is just increasing and workloads are increasing. (045)

Once again, these pre-existing challenges were further exacerbated by Covid-19. Interviewees described increases to service demand, alongside a loss of staff and volunteers. Lack of access to sustainable funding opportunities and the need to furlough staff due to the suspension of certain services, added to an already uncertain landscape. Managers in particular described the struggle of

taking on the 'responsibility' for ensuring staff financial well-being (e.g., maintaining their job roles and/or salaries).

That was a sickening thing, when I was worried about my staff's mortgages, their jobs, their families. (011)

There is a perceived gap between the value of the services provided to some of the most vulnerable groups in society and the financial support for such services. An apparent sense of helplessness was shared by some participants who were confronted with challenges and unsupportive systems which further marginalised their service users, and found themselves unable to adequately attend to their needs.

Importantly, the landscape of financial uncertainty continues as organisations and their employees slowly emerge from the crisis of the pandemic into a depressed economic crisis. Once again, practitioners find themselves in an unstable career path, with high demands (both in terms of quantity and quality of the work) and high costs (e.g., mental and physical health). In this sense, financial precarity acts as a structural precursor to VT and poor mental health. This is not only the result of woefully inadequate salaries and the impact on workers' personal lives, but also the witnessing of service users' added challenges and vulnerabilities. Interviewees described the poor living conditions of already vulnerable populations and how they are affected by the real threat of unbearable cost of living. This adds to workers' concerns around the well-being of the people they support, and intensifies the feeling of helplessness they often experience when providing support.

The impact of Covid-19

As evidenced throughout this report, and substantiating the findings from the [online survey](#) the pandemic had a major effect on organisations delivering frontline services to women and girls.

Most interviewees registered large increases in service demand – increased numbers of calls to helplines, increased waiting lists – and larger workloads, with many being forced to expand the scope of their intervention in order to meet service users' pressing needs.

So, in 2020, everything closed for our women, everything. Or, if they didn't close, they withdrew to a telephone helpline. That is not sufficient to help women with multiple and complex disadvantages. It's not enough. It terrified our women, and they were terrified we would close as well during the first lockdown. So, very quickly, within about 10 days, we had two suicide attempts and we had five attempts at really quite significant self-harm amongst

our group of women. And we got together as a group of directors, and I said, it's obvious, within a short time, that everything is closing down for them. The mental health teams, they're all closing down. It's telephone helpline. There's no counselling available, there's no social groups. They are in their homes, they are isolated. They are terrified of this pandemic. And I said, we're going to lose a woman if we don't step up. (017)

I can't tell you the number of times we've had to work on protecting somebody from themselves, that they've tried to commit suicide in COVID. The incidence of that have gone through the roof, exhausting. It's exhausting to do it, so you may go out thinking you were going to have a two hour contact, and you have a 14 hour contact, because we won't leave somebody until they're safe. But sometimes we bring out the emergency services and we take them to their mental health assessment unit, who assess them as being fine, because they can't do anything for them, and just literally discharge them. I mean, we had a young person who set a house on fire, and that wasn't...and we'd already had them in to be assessed, and they were absolutely fine, and then went and set their house on fire, in a flat, could have killed numerous people. So that is definitely directly related to COVID. The people for whom there is nothing else, and they latched onto us, and the more we do this, the more they ask for us to do. There isn't a service that does this. (011)

The pandemic had major effects on organisations' abilities to meet planned work and objectives and many organisations had to adapt to major changes in the ways in which they delivered their services - e.g., suspension or reduction in face-to-face services, introduction of additional support services, pivoting to online working – which meant bringing the work and stories of trauma into their own homes. Perhaps unsurprisingly, the lack of 'physical' separation between 'home' and 'work' environments further diluted professional boundaries which are often difficult to impose, even at the best of times.

As women brought their work into their own homes and personal spaces, physical boundaries of the work eroded or blurred (e.g., many did not have a dedicated office space and had to work from their bedrooms, kitchens, or their cars) and it became increasingly difficult to set clear perimeters of the work.

The new models of working, precipitated by the pandemic, exacerbated the persistent norms of overwork and expectations of availability and created conflict with workers' domestic and unpaid caring responsibilities. While women experienced difficulties in boundary setting even pre-pandemic, given some difficulties in separating themselves from their work and their services users, many found themselves bringing the challenges, frustrations, and trauma of their service users into their homes and families. Importantly, these had to be managed alongside increased concerns about service users (e.g., increased risk of victimisation during lockdowns or lack of access to support), as well as concerns for themselves and their families.

(...) maybe after an incident of a kind of, obviously, you get a bit shaken up, yes. Although I am very good at, once I walk out the door at five o'clock, I have got the knack, after 19 years, of switching off, generally, most days. Unless there's a report, or something, that I have to do, working from home, and catching up on written tasks, things like that, and meetings, and things, generally, I'm pretty good at switching off with things like that. If something does affect me, like two weeks ago when [a service user's baby] passed away, yes, that was really upsetting, I took that home with me. Who's not going to take something like that home (011)

Yes, that has been a challenge. And we have been worried about clients' mental health, not being able to access support from their families or visit families. So, that has been difficult. (051)

This was accompanied, in many cases, by increased staff isolation, which resulted in an almost inevitable loss of an informal work support network.

I would probably say to you that the thing that caught me unawares was actually not the staff who had to dig out the trenches, the impact was on the staff who were furloughed and in isolation and shielded disabled children, and worrying about their parents, and having medical problems that made them vulnerable, that is the thing that got away from us, I believe. (011)

Isolating and isolated with no support, and you don't...you can never underestimate the benefit of the support you just get from going to work, doing it, having a chat, having a coffee, stopping for a walk round the block, we do that in this office, and not having anything, and being neglected by us. Now, we think that we tried to keep in touch with staff, but now we know it wasn't to the level they needed. (011)

I guess keeping contact with people because, again, both with meetings and with the families that we support. You couldn't just go meet up, you couldn't go stop by and say, how are you doing? So there was this kind of I think everyone felt very isolated honestly. (022)

The value of 'spontaneous' and 'informal' support -from peers and managers - which was significantly hindered for many during Covid-19, was emphasised. Some participants highlighted the challenges for those who started work during the pandemic and saw themselves deprived of opportunities to build a support network.

I think being present is important. So, I think COVID has brought about the challenges that way, because a lot of people do work remotely in our organisation. There are some people who come into the office all the time, some people who've never set foot in the office anymore, and then there's the hybrid ones. But I think the most difficult people are the ones...to connect with are the ones who've started during COVID and who work from home. We've got quite a few members of staff now who I've never met, and until 2020, that was never the case, you knew everybody, even if just from saying hello in the corridor. But I think in my position, it's easier. Because I'm duty manager two days a week, and because I do session support as well, I come into contact with most people, even if it's only once or twice a month. So, I think that makes things easier. I think having contact with people and being present with people makes a difference. (059)

In tandem, managers expressed concerns about their delivery of duty of care towards staff throughout the pandemic and the external barriers hindering their ability to do so. Notions of duty of care also become permeable, as managers see themselves responsible not only for ensuring psychological and emotional health, but also financial wellbeing (e.g., sustainability of job posts).

The move to home-working and online platforms, required new ways of interacting with service users, and brought much (physical and emotional) stress to workers. The need to readapt to changing and often unclear guidelines, added to concerns for service users' well-being – the cumulative effect of such instability had an incredible toll on both managers and frontline workers. As a result, there were high levels of concerns from team leaders/managers about the well-being of their staff. Prior to the pandemic the main concerns related to pressure due to high levels of service demand and workloads that were considered too high/unmanageable. Almost all of these concerns increased since the pandemic began, stemming from increased workloads due to staff illness or isolation and increased caring responsibilities. At an organisational level, there were also concerns around compromising collaborative work and organisations becoming further isolated. As

one participant said: “I think it’s very dangerous for an organisation to become insular, but we have become insular.” (011)

As discussed above, Covid-19 also brought along increased financial struggles for organisations, workers, and service users, adding to an already uncertain landscape. While some interviewees described support from funders and trustees, others saw themselves struggling with short-term/quick turnaround emergency funding. It is important to acknowledge, however, that for some organisations Covid-19 provided a period for rethinking and reconsideration regarding, for instance, sustainability. Some interviewees said that the financial precarity brought to light by Covid-19 led them to consider alternative ways to facilitate self-sustainability. Nevertheless, not all organisations have access to these opportunities, particularly those of small size.

Importantly, by bringing to light many of the deficiencies or gaps within organisational support for workers, Covid-19 opened way for creative approaches to staff care and connection (e.g., introduction of online yoga classes, coffee mornings, etc.). Similarly, it allowed for reflection around different and flexible ways of interacting with service users (e.g., phone communication).

IMPLICATIONS AND INSIGHTS

Emerging findings from the first tranche of interviews have brought to light many of the challenges experienced by community-based practitioners providing support to marginalised and/or socially isolated women and girls.

High staff workloads seem to be the norm, with many interviewees describing these as 'unmanageable' and which, inevitably, increases their exposure to trauma and traumatised service users. Some of this can be attributed to structural factors. The contraction of statutory services driven by sustained and widespread cuts to government budgets has led to the substantial restructuring of local authorities, in the process shrinking their capacity. Some have responded variously by withdrawing 'in-house' services or leaving gaps in services through which the most disadvantaged in society can fall. In attempting to redesign services - engaging in new collaborations and service models - some local authorities have passed some responsibility for outcomes to the third sector and individual citizens. This has in turn contributed to an increasing reliance by both local authorities and service users on third-sector service provision.

Whilst interviewees overwhelmingly provide strong personal, moral, and social reasons for staying in this work, the physical and mental costs and consequences are high. The emotional impacts of repeated exposure to traumatic situations experienced by service users are highlighted throughout the interviews, with stark examples provided of the tally of losses inherent in the everyday work lives of workers in this sector —from injury, harm, relocations, deaths, resignations, and other forms of disconnection. The morally injurious landscape of funding is also abundantly clear. There is evidence of significant anxiety about mid to long-term funding arrangements, and the sustainability of smaller organisations and local and community-based projects in particular. Uncertainty about the viability of job futures has led to a lowering of staff morale. The financial precarity of organisations, their staff and the women they serve is being exacerbated by the cost-of-living crisis which disproportionately impacts on women's lives.

The interviews revealed the extent to which women workers are devising and deploying their own initiatives and coping strategies to maintain their health and well-being in the face of such arduous and challenging work. Much of this is supported by the research literature on evidence-based self-care, including reflective reading and writing (Jones 2005), listening to music (Williams et al 2010) and physical exercise (Barnett & Cooper 2009).

However, the findings point clearly to the importance of organisations developing a more heightened awareness and recognition of the possible adverse consequences for staff working in this sector, including the potential for VT. Coupled with this should be clear and transparent strategies for the identification and mitigation of the traumagenic effects of this work which are accessible to staff. This should be considered as part of the duty of care that organisations have to ensure the safety and well-being of their staff.

Whilst analysis of interviews is still ongoing, it is clear that many organisations do not have recognisable processes in place to support the well-being of their staff working in trauma-saturated environments, even where they are explicitly deploying a trauma-based approach in their work with service users. Too often the safety and well-being of staff are overlooked, or support can be cursory, in forms that are not always accessible to all staff. Concurrently, workers are often left with responsibility for their own self-care within the organisational setting, with a lack of access to organisation-led initiatives. Whilst it is acknowledged that many organisations are operating under severely constrained financial conditions and face uncertain futures, the lack of clear strategies and associated processes for mitigating indirect trauma may be considered an abrogation of organisational responsibility for staff safety and wellbeing. In addition to the costs and consequences for individual workers who are already performing under stressful and constrained conditions and who inevitably find themselves unable to create the time and space for adequate self-care strategies, this can also jeopardise the efficacy of service delivery which impacts on the experience of service users.

In the post-Covid era, there is evidence of significant changes in service provision, a decrease in volunteer numbers and concern by managers about staff retention and welfare, all set against a background of increased demand. Organisations, and the staff working within them, have been compelled to work differently and be more flexible in terms of working practices. Staff also faced additional pressures adapting to new ways of working whilst facing anxiety and personal impacts of the pandemic. Covid-19 has also definitely laid bare some of the omissions in the duty of care of employers, but it also spurred many organisations to make meaningful changes in the work environment to support staff wellbeing. Numerous innovative initiatives prompted by Covid-19 were introduced which sought to address staff health and well-being, such as increased flexibility in working hours/times and opportunities for 'time-out', virtual peer support networks and 'zoom picnics'. Others focused on creativity-based activities, such as the introduction of relaxation rooms, online yoga and mindfulness sessions, and the inception of 'knit and natter zooms', as well as other forms of practical support (e.g., provision of mobile phones, laptops, more comfortable office

furniture for home use and, in one memorable case, better beds for staff). However, some interviewees characterised these initiatives as being dependent on funding and hence likely to be short-lived.

Some organisations – particularly the larger organisations and those that have a national remit – did evidence good practice in supporting staff welfare both pre and post-Covid, as reported by their staff. These are workplaces that seem to take their duty of care towards their employees (and volunteers) seriously, which normalise rather than individualise the traumagenic effects of working, and which have introduced strategies to minimise stress and support staff wellbeing, such as robust structures for support and supervision, and the provision of regular external clinical supervision. Some organisations have embedded self-care practices into staff policies and, rather than simply responsabilising staff to take care of themselves, have supported these with some resources. Other examples of good practice include accessible operational processes, policies, and procedures to be followed to minimise and/or mitigate worker stress, as well as systems that can identify and respond appropriately. Most importantly leadership and management structures that recognise the likelihood of secondary stress arising from this work and a commitment to reform the deeper structures and workplace processes which encourage long hours and high workloads are vital.

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