St CHRISTOPHER'S
CREATING BRIGHTER FUTURES

# Summary of ProQOL Research into Staff Wellbeing at St Christopher's Fellowship

## April 2020 – April 2021

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## 1. Background

This is the final report on a year's research conducted with staff at St Christopher's Fellowship between April 2020 and April 2021. Previous interim reports have been produced for Quarters 1 to 3 (June 2020, September 2020 and December/January 2021). The research participants were all front line staff, working in children's residential services (Children's Homes and Semi-Independent Services) in London and the West Midlands.

The aims of this research were, firstly to assess staff wellbeing throughout the year and to understand if there were correlates between reported emotional wellbeing and retention. Secondly, to understand more about any differences for staff by location, the type of service in which they were working, and by length of employment. Thirdly, to identify common features reported in reduction of perceived wellbeing and any impact of interventions such as reflective practice groups and 1:1 therapeutic support.

The survey used the ProQOL (Professional Quality of Life) Survey, an evidence based measure specifically designed for staff working in helping/caring professions. It is the most commonly used measure internationally of the positive and negative effects of helping others who experience suffering and trauma. The 'average' scores described are based on the results of over 1000 participants from multiple studies. (See Appendix A for information on the ProQOL measure)

## 2. Rationale

The motivation for this research was to understand more about staff wellbeing at St Christopher's, particularly in the context of work being undertaken to build retention of employees. Existing research on emotional wellbeing, stress and mental health for children' residential workers (for example, Furnivall et al. (2007) and Brown et al. (2019)) point to the challenges staff face in managing the mental health needs and presentations of traumatised young people, and the stressors it can place on residential workers who are those most frequently exposed to the most challenging of emotional needs and behaviours (Furnivall et al. (2007).

Within the context of providing trauma-informed and attachment focused care, the ProQOL survey was assessed to be appropriate, in that it is an established evidence based measure for professionals working with individuals experiencing trauma related emotional and behavioural challenges. It is a measure that has also been used previously to consider the wellbeing of children's residential workers (Audin et al. (2017), Zerach (2010)). However, the key difference between previous studies using the ProQOL measure with children's residential workers and this study is that this research aimed to follow individuals over the course of a year, following any changes in their results and looking at whether interventions (such as individual therapy or additional support from management when required) could improve their wellbeing, as recorded in the next quarter's survey results.

The ProQOL is not a diagnostic test and does not seek to provide any official diagnoses of staff who show high levels of burn out or secondary traumatic stress. As stated in the ProQOL manual (Hudnall Stamm, 2010, p.18), these issues are 'a natural consequence of trauma work and not necessarily pathological in nature'. However, Hudnall Stamm asserts that the 'ProQOL can be a guide in regard to an individual's or organisation's balance of positive and negative experience' (2010, p.18).

## 3. Method

The number of staff members who volunteered to take part was 41 (of a total possible cohort of approximately 135). 5 of these volunteers (52, 58, 64, 73, 74) did not return their first questionnaires and, of these, four had left their role after volunteering but prior to the survey being issued. The total active cohort for the first quarter was therefore 37. By the time of the final survey (April 2021) 13 of the original 41 volunteers had left St Christopher's and one was on sick leave due to injury at work. The cohort therefore had a retention rate of just over 68% with turnover at just under 32%.

The individual, self-report surveys were scored (and a feedback sheet created for all individuals) and entered onto a database by participant code with notes made as to whether they were based in London or the West Midlands, working in semi=independentservices or in Children's Homes and whether they had been with St Christopher's for less than or more than 1 year. These findings were then filtered by sub-group.

A 'control group' of non-residential workers (administrative staff and therapy team) also completed the questionnaires to have a small comparative group against which the survey results could be considered.

The scores given to staff and recorded in this study are the 'raw scores' rather than a t-score using SPSS or other software for statistical analysis.

Alongside the quantitative aspect of the research, a number of qualitative interviews were carried out. These included staff who had shown high levels of risk of burnout and secondary traumatic stress (close to or above 30) as well as members of staff whose scores were steady and showed low levels of negative scoring through the year. The interviews were intended to understand more about stressors, as well as how staff whose wellbeing was consistently high felt that this was managed effectively by them. For example, was this a result of training and/or experience (either at St Christopher's or prior to joining), personality, the situation within their particular service (e.g. stable team), or other factors.

Also, as well as the overall scores for each individual and sub-group, the particular questions which were scored high for negative indicators were considered as to what they reveal about the particular nature of burnout or secondary traumatic stress and how this is experienced by staff, in addition to helping understand how to target support which may be experienced as supportive.

## 4. Context: Coronavirus Pandemic

Whilst the survey was originally planned earlier in 2020 to measure staff wellbeing and levels of risk of burnout and risk of compassion fatigue amongst children's residential and semi=indepedentsupport workers in the UK experienced as part of their 'normal' working lives in Q1 2020, the survey ultimately coincided with the global pandemic and associated changes to personal and working lives of all staff.

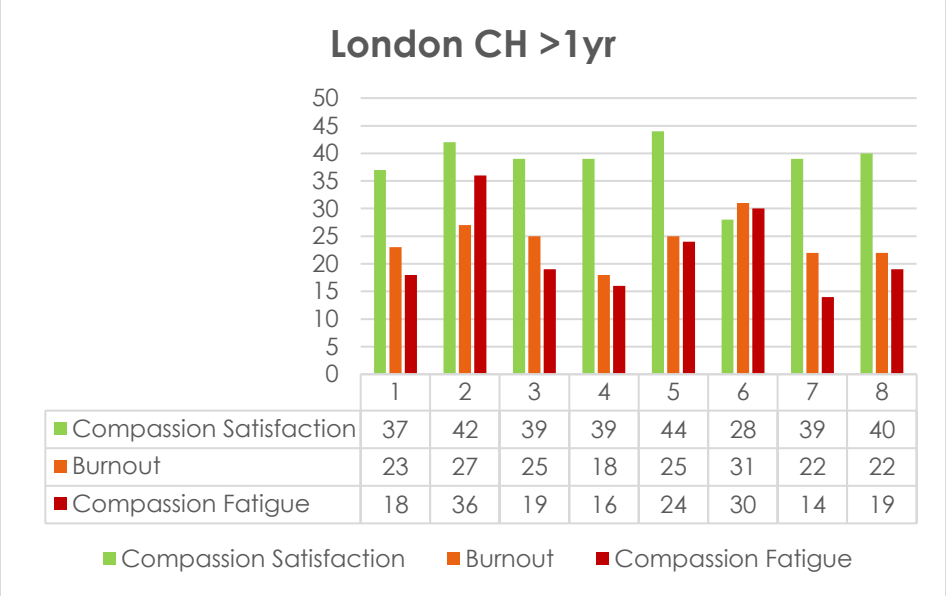
The survey results are therefore to be understood both in terms of personal health concerns and any additional pressures the virus and lockdown have caused for staff, alongside 'normal' challenges faced by front line staff in children's residential settings.

The issue of wellbeing in children's residential workers is a topic of interest to many at present, particularly within the context of the coronavirus pandemic and the pressure on front line workers. For example, Manchester Metropolitan University have been conducting research into this topic (survey ending April 2021) 'Exploring the Workforce Wellbeing of Children's Home Workers' (MMU) 2020-21 (Open until April 2021) https://www.mmu.ac.uk/health-psychology-and-communities/our-expertise/wellbeing-of-childrens-home-workers/ . This is therefore a topic of relevance across the sector and not just for St Christopher's.

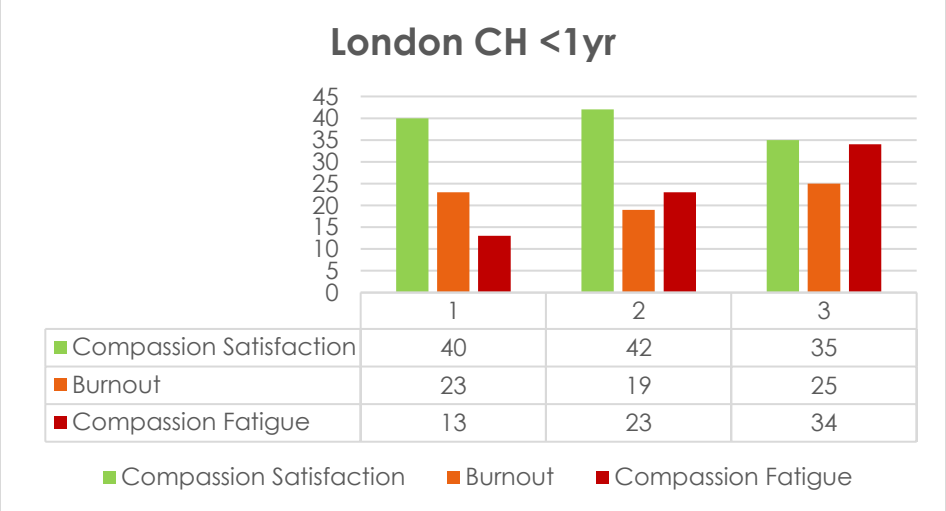
## 5. Sample of Findings Q1 – Q3

### 5.1 London Children's Home Staff Q1

**>1 year**




**<1 year**




Although a smaller sample size, the participants who have been with St Christopher's less than a year are showing, on average, slightly higher levels (proportionately) of risk

of compassion fatigue, even though their sense of role satisfaction remains high and their risk of burnout is relatively low (with individual exceptions).

What might be indicated by this is that some newer members of staff have not yet learned how to (or given themselves permission to) switch 'on' and 'off' and may be left feeling quite upset or otherwise affected by what they have experienced at work. ProQOL guidance states that:

> 'Resilient workers know how to turn their feelings off when they go on duty, but on again when they go off duty. This is not denial; it is a coping stategy. It is a way that they get maximum protection whilst working (switched off) and maximum support whilst resting (switched on)'.

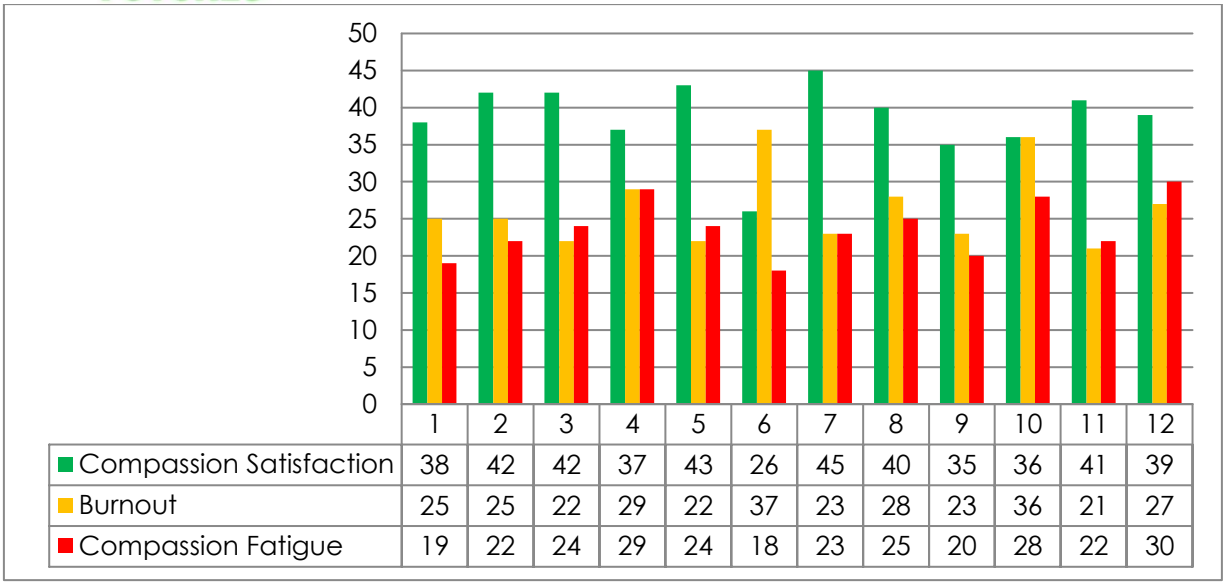
Alternatively, it may be that they do not yet have the sense of confidence (in the system, in their abilities or their professional knowledge etc.) to feel fully protected when encountering the distress of another person. Levels of personal burnout are relatively low, but levels of risk of secondary traumatisation are proportionately higher and this may suggest that, at first, new staff may be at increased risk of becoming quite upset by experiences at work.

Some thoughts on this have been informed by other research including Brown et al (2019) https://www.celcis.org/files/6815/7288/0135/One_moment_youre_covered_in_blood_and_next_its_whats_for_tea.pdf and Hancock & Krueger (2010) https://peterhancock.ucf.edu/wp-content/uploads/sites/175/2012/06/Hancock_Krueger-Hours-of-Boredom-Moments-of-Terror.pdf which highlight the potential stressors inherent (physiologically and psychologically) in working within environments where individuals are asked to move from hypo to hyperarousal, and back again, within short periods of time.

Within this thinking includes the possibility of helping staff to grow their 'comfort zone' for stressful events in a number of ways, including regular practice of emergency scenarios, planning shifts to ensure structure and reduced risk of 'slump' with low energy tasks. Ideas of how to grow this understanding could be discussed with managers and support teams to help them appreciate the impact of the shift between arousal states on their wellbeing, and consider ways that they could manage this more effectively.

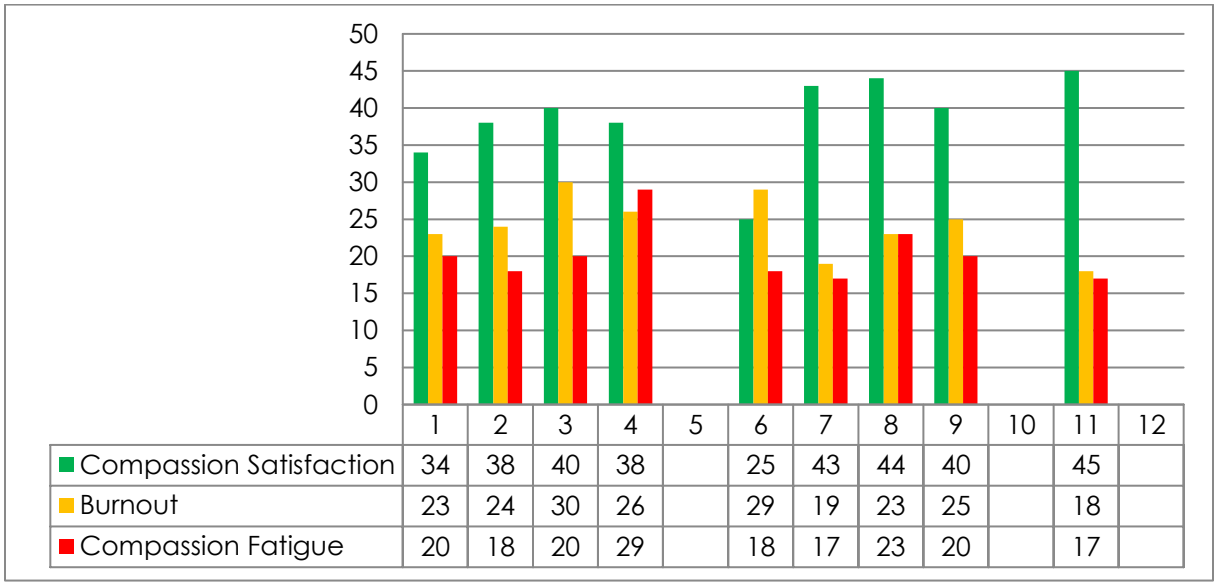
### 5.2 London Semi-Independent Staff >1 year (Q1 vs Q2)

### Q1




| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Compassion Satisfaction | 38 | 42 | 42 | 37 | 43 | 26 | 45 | 40 | 35 | 36 | 41 | 39 |
| Burnout | 25 | 25 | 22 | 29 | 22 | 37 | 23 | 28 | 23 | 36 | 21 | 27 |
| Compassion Fatigue | 19 | 22 | 24 | 29 | 24 | 18 | 23 | 25 | 20 | 28 | 22 | 30 |

**Q2**




| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Compassion Satisfaction | 34 | 38 | 40 | 38 | | 25 | 43 | 44 | 40 | | 45 | |
| Burnout | 23 | 24 | 30 | 26 | | 29 | 19 | 23 | 25 | | 18 | |
| Compassion Fatigue | 20 | 18 | 20 | 29 | | 18 | 17 | 23 | 20 | | 17 | |

Overall, this cohort showed signs of developing resilience. The risk of burn out decreased – only 3 participants 25 or over by Q2 compared to 6 in Q1. Similarly, in relation to the risk of compassion fatigue – only 4 participants scored over 20 in Q2, compared to 9 in Q1.

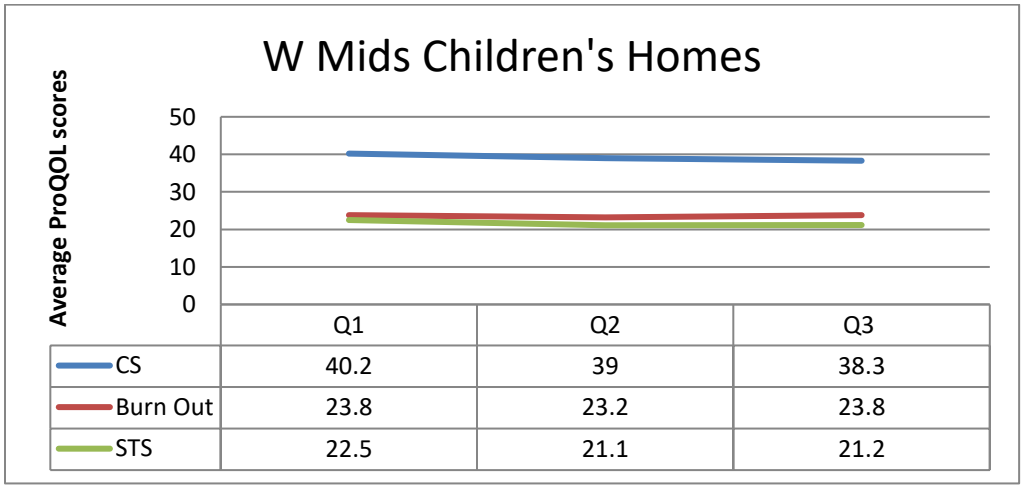
For participant 6 whose scores suggested a high risk of leaving or having a period of sickness, there have been significant improvements in individual risk of burnout and, although satisfaction levels remain very low, this participant also has low levels of risk of compassion fatigue which appears to be key in his/her particular situation. There is a case here that, if the manager was to have access to these scores, work could be planned to help this individual look at how to improve their sense of work satisfaction – likely related to a sense of self-value and confidence in the impact they are making.

As with other individuals, those who showed high levels of risk of burnout and/or compassion fatigue in Q1 were more likely to have gone off work sick or to have left. This again suggests the value of using ProQOL as a predictive tool to help us understand and target individual needs at the earliest opportunity in terms of both supervision and therapeutic support.

It does appear that a score of 30 or more in either compassion fatigue or burn out puts an individual at higher risk of leaving the organisation or going sick. This is something we could potentially use as a predictive measure, alongside thinking of what support we would have in place.

### 5.3 West Midlands Children's Homes

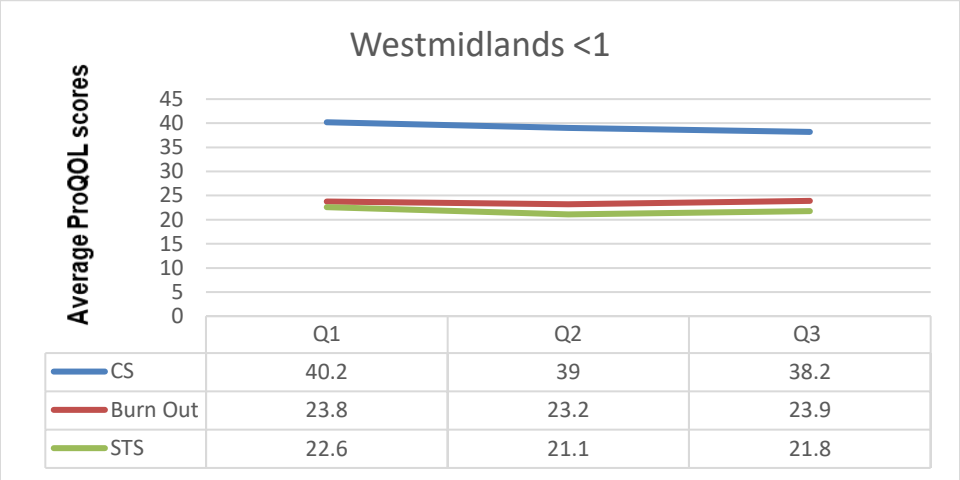
### Overall Averages Q1 – Q3




| | Q1 | Q2 | Q3 |
|---|---|---|---|
| CS | 40.2 | 39 | 38.3 |
| Burn Out | 23.8 | 23.2 | 23.8 |
| STS | 22.5 | 21.1 | 21.2 |

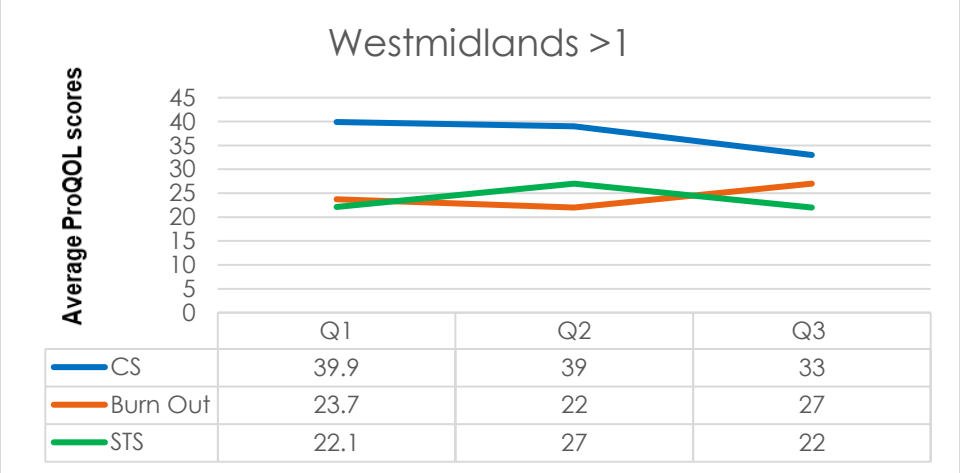
**By length of employment**

**<1 year**




| | Q1 | Q2 | Q3 |
|---|---|---|---|
| CS | 40.2 | 39 | 38.2 |
| Burn Out | 23.8 | 23.2 | 23.9 |
| STS | 22.6 | 21.1 | 21.8 |

**>1 year**




| | Q1 | Q2 | Q3 |
|---|---|---|---|
| CS | 39.9 | 39 | 33 |
| Burn Out | 23.7 | 22 | 27 |
| STS | 22.1 | 27 | 22 |

In relation to the data, please note that the cohort size varies significantly which impacts on the stability of the averages. Where the cohort is smaller (e.g. West Midlands >1yr) the data captured is more impacted by individual variations in wellbeing, and by staff leaving. Where the cohort is more stable (e.g. semi-independent) the data represents closer to a 'true' average over the period.

However, what is clear is an overall reduction (both for individuals and as a whole) in satisfaction levels, along with a dip in levels of burn out risk and secondary traumatic

stress in September 2020 which has risen since then – although, in the case of STS, still mainly at levels below those of June 2020.

## 6. Summary Q4 and of whole year

### 6.1 Identification of 'critical point' for staff (raw score of 30)

In terms of wellbeing and retention, a critical point of 30 in either risk of burnout or risk of secondary traumatic stress was identified. Apart from 2 staff members, all staff who scored above 30 in one quarter's survey had left or gone off work (sick leave) by the time the next quarter's surveys were issued. For the two who had remained at St Christopher's, their score had dropped below 30 by the next questionnaire.

Once 30 had been identified as a potentially critical point score (by September 2020), all staff who scored 30 or above were contacted by the therapist or therapeutic manager with a view to considering what support they may need or if there were issues arising that the individual felt could be helped by either therapeutic or managerial support. Not all individuals accepted this support offer but at least ten of these staff members chose to engage with either free art therapy or 1:1 sessions with their service's therapist or the therapeutic manager.

### 6.2 Staff vacancies, sickness and turnover are a significant stressor for staff

Staff have cited vacancies in their services, or staff changes as having an impact on their workload and feelings that their caseload was overwhelming, or they were worn out.

This has been particularly the case during COVID-19 when some staff have needed to shield, or where social distancing rotas have been put in place that have meant, where possible, fewer staff on the floor at one time and longer hours at work (with more recovery days to compensate).

### 6.3 Individual Therapeutic Support has supported staff where scores were high

With two exceptions (participants 34 and 77), all staff who scored 30 in one survey for either risk of burn out or of secondary traumatic stress had either left St Christopher's by the time of the next quarter, or had reduced their scores below 30. All of the staff members whose scores were above 30 and then reduced (participants 35, 39, 54, 65, 71 and 76) accessed individual therapeutic support, either with their service's allocated therapist or via the free online art therapy provision. Although participants 34 and 76's scores did not reduce below 30, these staff members did access individual support and have remained with the organisation.

Participants 32 and 59 did also access individual therapeutic support but left the organisation after scoring 30 and before the next quarter's questionnaire.

On balance, 8 members of staff who scored over 30 and accessed individual support remained in their roles, whilst 2 accessed support but did not stay (80% vs 20%). This suggests that individual support can be an effective intervention to prevent staff leaving due to risk of burn out or secondary traumatic stress.

### 6.4 Particular areas which St Christopher's staff have highlighted

One of the most common 'negative indicator' questions where staff recorded an elevated score was feeling 'worn out' (scoring 3 or above out of 5 here). However, where the risk of burn out scores were lower, this was not necessarily associated with other aspects of burn out such as feeling 'overwhelmed by my caseload', or feeling 'bogged down by the system'. Where scores were higher for risk of burn out (25+) all these three questions tended to be scored at 3 or above.

In relation to risk of secondary traumatic stress, one of the questions that was most frequently given a high score by those with higher levels of STS (25+) was the question about finding it difficult to separate their personal and professional lives.

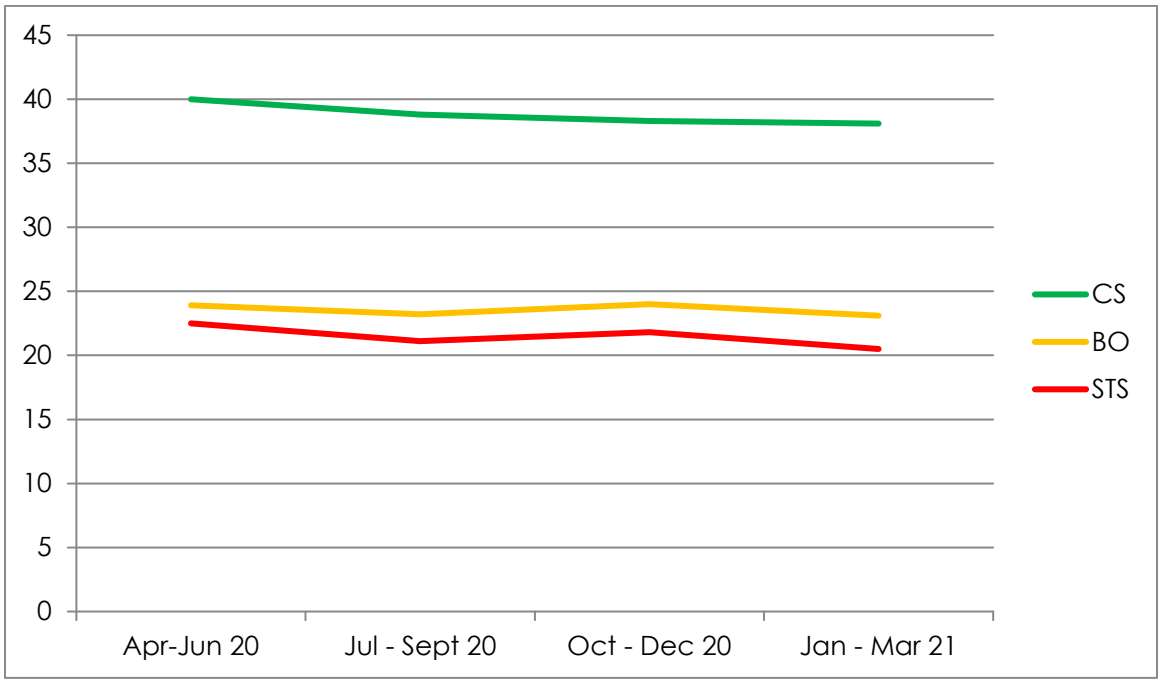
Another question where staff showing higher levels of STS risk showed an elevated score was in relation to feeling impacted by experiences at work – behaviours or distress that they had witnessed.

At the same time, one question which again scored quite highly where there was risk of burn out was that relating to 'feeling trapped', alongside elevated negative indicators in the question about feeling 'like a success' in their role. Career development and opportunities for professionalization, recognition and qualifications at work were cited by staff (during discussions relating to this) as important ways that they could continue to grow, develop and avoid feeling 'trapped' or 'stuck' in their roles.

In interviews, this question of feeling 'trapped' or 'bogged down' by the system was described by staff as feeling as if there is a lack of progression – either in terms of pay or qualifications. Staff said that whilst management pathways are of interest to some, others are less interested in management and want to be trained (and to receive certification or a qualification which endorses that training) for developing practical skills and knowledge, to help validate their professional development and experience.

In relation to pay progression, one member of staff highlighted that she had now been with the organisation for over 18 months (at the time of the interview) and had not received any pay increase in that time. She stated that she felt resentful of this in that she was now described by her service manager as an 'experienced' member of staff and was helping to induct new colleagues, but received the same pay as them. This member of staff stated that pay differentials between the service in which she worked and Local Authority providers in the area was a factor in considering a move to another organisation.

## 6.5 Overall Average Scores Q1 – Q4 2020/21




An average of the three categories for all staff volunteers shows that during the year, rates of compassion satisfaction dropped from 40 to 38 (reducing but remaining above the average of 37). Rates of burnout went up and down but remained within the range of 23 – 24 with the highest scores in December 2020, within the context of the most significant impact from coronavirus causing high staff absence in staff teams at that time.

Positively, over the course of the year, and despite the challenges facing staff from the global pandemic, rates of secondary traumatic stress dropped overall from 22.5 to 20.5. Whilst this may be due to staff who had high scores in this category leaving the organisation, this does not appear to be the case in that the numbers of leavers with scores above the average is balanced by leavers whose STS scores were below this threshold.

## 6.6 Last score recorded for participants who left the organisation (after completing at least one survey*):

***Table does not include the 3 participants who left without having completed any survey***

(Green – below average organizational score for Burnout or STS; Red – above organizational average for Burnout or STS)

| Participant no. | CH or SI | CS | BO | STS |
|---|---|---|---|---|
| 32 | CH | 50 | 27 | 32 |
| 36 | CH | 42 | 18 | 16 |
| 38 | CH | 25 | 30 | 19 |
| 45 | CH | 37 | 19 | 15 |
| 51 | CH | 44 | 33 | 34 |
| 55 | CH | 28 | 31 | 30 |
| 59 | CH | 36 | 36 | 28 |
| 61 | SI | 44 | 16 | 13 |
| 66 | CH | 37 | 23 | 23 |
| 67 | SI | 39 | 27 | 30 |

As indicated by the table above, the drop in STS scores during the year do not appear to be accounted for by leavers and instead show a true drop in overall levels of secondary traumatic stress amongst this volunteer cohort. Also, whilst wellbeing is potentially a factor in retention, there are a number of employees for whom wellbeing does not appear to be an issue in their decision to leave the organisation.

Of significance to reinforce that average levels of burn out or STS (when considered in relation to averages amongst the participant group) are not the only factor is that there were no differences between the overall average scores for staff in Semi-Independent services and those in Children's Homes. This is despite the fact that, of the leavers, 10 were from Children's Homes and 3 from Semi Independent services. So 77% of leavers were children's homes, 23% from semi-independnet homes (of the original participants 37% were from SI and 63% from CH). This demonstrates that despite no significant variation in overall wellbeing between the two groups, there is more of retention issue in Children's Homes than Semi-Independent, but suggesting that wellbeing is not the main differential.

There were also no significant differences between the London children's home cohort and the West Midlands cohort which would suggest wellbeing was the key issue.

The further information provided from the interviews on this suggests that the retention issue in Children's Homes is contributing to further retention issues – in other words, a vicious circle. Staff cite a stable team, having longer term colleagues whom they know well and on whom they can rely and feel connected to, as being a significant protective factor. One SI member of staff stated that the stability of his team had been one of the most important positive influences in his first year with the organisation. A way of describing this is that, currently, in Children's Homes, staff turnover – as well as vacancies and pressure on covering the rota either through overtime or agency staff - creates more instability and therefore, more turnover.

However, it is also worth noting that this a small research cohort and so considering 'overall' trends in wellbeing rather than thinking about individual experiences is perhaps less helpful. With this in mind, further investigation, both with staff who leave (exit interviews) but also with those who stay and demonstrate resilience over long periods of time is valid to build a more detailed picture.

## 7. Recommendations

- Organisational encouragement to 'switch off' (e.g. phones, emails, boundaries around working hours, support from line managers to ensure staff are feeling able to switch off and discussing this at supervision).
- Continued work on the psychological resilience of staff to help them process experiences at work. This can be group reflective practice or individually, with encouragement from managers for staff to engage with this at the earliest opportunity when affected.
- Implementing the responsive debriefing protocol (through use of Cascade HR system to alert therapists when a staff member has been assaulted) to ensure staff members are given the opportunity to discuss adverse events and process their reactions.
- Triangulation between the therapy team, home managers and the People Team to ensure all departments are aware if staff wellbeing is an issue for individuals or teams.
- Career development opportunities that mark achievement milestones and access to trainings (with certification), which staff can cite as evidence of progress and professionalization. This is important at the key stages of 6 months, 1 year and post-2 years.
- Systematic follow up with staff showing high levels of resilience to burn out and STS to build a more detailed profile of what enables/supports this (both organisationally and in terms of personal characteristics/skills/experience).
- Understanding the impact of overtime on staff in relation to burnout and secondary traumatic stress – both for staff where they are covering due to vacancies or where they are covering in order to boost their income due to financial hardship.

## 8. References:

Audin, K., Burke, J., Ivtsan, I. (2017) 'Compassion fatigue, compassion satisfaction and work engagement in residential child care' *Scottish Journal of Residential Childcare* 17.3
https://www.celcis.org/files/8715/3719/1694/2018_Vol_17_No_3_Audin_K_Compassion_fatigue_compassion_satisfaction_and_work_engagement_in_residential_childcare.pdf (viewed 7.4.21)

Brown, A.M., Chadwick,R. , Caygill, L. and Powell, J (2019) 'One moment you're covered in blood and next it's what's for tea? An interpretative phenomenological analysis of residential care staff's experiences of managing selfharm with looked after children'. *Scottish Journal of Residential Child Care* Volume 18.3

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https://www.researchgate.net/publication/258761367_Compassion_Fatigue_and_Compassion_Satisfaction_Among_Residential_Child_Care_Workers_The_Role_of_Personality_Resources

## 9. Appendix

**Description of ProQOL scoring and averages (What the Survey measures):**

The measure used for this research is the ProQOL survey (Professional Quality of Life Scale) which is a measure specifically designed for staff working in helping/caring professions. It is the most commonly used measure internationally of the positive and negative effects of helping others who experience suffering and trauma. The 'average' scores described are based on the results of over 1000 participants from multiple studies.

For a full description, see:
http://www.compassionfatigue.org/pages/ProQOLManualOct05.pdf

- **Compassion Satisfaction:** Compassion satisfaction is about the pleasure derived by an individual from being able to do their work well. For example, they may feel like it is a pleasure to help others through their work. They may feel positively about their colleagues or their ability to contribute to the work setting or even the greater good of society. Higher scores on this scale represent a greater satisfaction related to ability to be an effective caregiver in their job. The average score is 37 (SD 7; alpha scale reliability .87).

  About 25% of people score higher than 42 and about 25% of people score below 33. If someone is in the higher range, they probably derive a good deal of professional satisfaction from their position. If their scores are below 33, they may either be experiencing problems with their job, or there may be some other reason—for example, they might derive your satisfaction from activities other than your job.

- **Burnout**: Most people have an intuitive idea of what burnout is. From a research perspective, burnout is associated with feelings of hopelessness and difficulties in dealing with work or in doing a job effectively. These negative feelings usually have a gradual onset. They can reflect the feeling that their efforts make no difference, or they can be associated with a very high workload or a non-supportive work environment. Higher scores on this scale mean that a person is at higher risk for burnout. The average score on the burnout scale is 22 (SD 6.0; alpha scale reliability .72). About 25% of people score above 27 and about 25% of people score below 18. If a score is below 18, this probably reflects positive feelings about a person's ability to be effective in their work. If they score above 22, they may wish to think about what at work makes them feel as if they are not effective in your position. A score may reflect a transient mood; perhaps they

were having a “bad day” or are in need of some time off. If the high score persists or if it is reflective of other worries, it may be a cause for concern.

- **Compassion Fatigue/Secondary Trauma**: CF/STS and related to VT is about work-related, secondary exposure to extremely stressful events. For example, a person may repeatedly hear stories about the traumatic things that happen to other people, commonly called VT. If their work puts them directly in the path of danger, such as being a soldier or humanitarian aide worker, this is not secondary exposure; exposure is primary. However, if a person is exposed to others’ traumatic events as a result of their work, such as in an emergency room or working with child protective services, this is secondary exposure.

  The symptoms of CF/STS are usually rapid in onset and associated with a particular event. They may include being afraid, having difficulty sleeping, having images of the upsetting event pop into your mind, or avoiding things that remind you of the event. The average score on this scale is 13 (SD 6; alpha scale reliability .80). About 25% of people score below 8 and about 25% of people score above 17. If a score is above 17, the individual may need to take some time to think about what at work may be frightening or if there is some other reason for the elevated score. While higher scores do not mean that there is a problem, they are an indication that the individual may benefit from examining how they feel about their work and their work environment. They may benefit from discussion with a supervisor, a colleague, or a health care professional.