

# **Emergency Shelters: Staff Training, Retention, and Burnout**

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## **1.0. EXECUTIVE SUMMARY**

This report presents the findings of a three-month long research project conducted by University of British Columbia student Mark Poskitt, on behalf of the Homelessness Services Association of British Columbia (HSABC). The aim of this research project was to explore issues of burnout and low staff retention within emergency shelters across British Columbia and to provide recommendations to HSABC as to how these may be addressed. The findings of this research are based on an analysis of four specific emergency shelters across British Columbia, and an investigation on the literature surrounding these terms. Several key findings include:

- 1) Burnout and low staff retention are crucial issues for each of the case study emergency shelters;
- 2) Current staff training is perceived by senior levels of management within each organization to be of a high standard;
- 3) Wages and cost of living are considered to be the primary drivers of burnout and retention issues within each organization, with staff training generally perceived to be a secondary issue;
- 4) There is a lack of focus on workforce and professional development within the sector which has negative implications for staff retention;
- 5) Increasing organization support around staff is one way in which shelter providers are currently trying to improve burnout and retention rates within their organization.

These findings directly inform the recommendations provided to HSABC in section 6.0 of this report. Although this report has been prepared specifically for HSABC, the findings and recommendations contained within in it will be useful to the homelessness serving sector in British Columbia more generally, and of interest to the wider academic community involved in research on homelessness, burnout, and staff retention.

## 1.1. Research focus

This research investigates issues of staff burnout and low retention within the homelessness sector and explores how these issues may be addressed. Focus is given to the role of staff training, and how improvements in training practice may be utilized to minimize these issues.

## 1.2. Community Partner

This research is the product of a partnership between the University of British Columbia and the Homelessness Services Association of British Columbia (HASBC). Formed in 2017 through the merger of the Greater Vancouver Shelter Society (GVSS) and Shelter Net BC (SNBC), HASBC is a member-driven organisation which aims to “unify, support, and strengthen outreach, drop-in and shelter services through training, coordination, networking, program implementation, and research” (HSABC, 2019a). HSABC currently works with over 40 different shelter service providers within BC (HSABC, 2018) and has over 200 different members (HSABC, 2019b). Facilitating the training of front-line staff is one of the primary services offered by HSABC. A key interest of this community partner is whether and how their training practices can be improved to address issues of staff burnout and retention throughout the sector.

## 2.0. INTRODUCTION

### 2.1. The Landscape of Homelessness in Canada

Despite being a developed and affluent country (Kohli, 2006), Canada is in the midst of a homelessness crisis. More than 200,000 Canadians experience homelessness each year, with at least 30,000 Canadians experiencing homelessness on any given night (Gaetz *et al*, 2014). Historically single adult males made up the majority of the homeless population (Segaert, 2012). More recently, people who identify as Aboriginal or Indigenous, and youth

contribute a disproportionately large amount to these numbers (HSABC *et al*, 2018b). At the same time there is acknowledgement within the literature that people that identify as female are often undercounted in data relating to homelessness (Casavant, 1999). In addition to those directly experiencing homelessness each year, it is estimated that almost 1.5 million of Canada's 12 million households are currently in core housing need due to paying more than 30% of their income on shelter (Gaetz *et al*, 2014; Pomeroy, 2001). Because of this unaffordability, members of these households face an increasing risk of experiencing homelessness (Moore & Skaburskis, 2004).

Causes of homelessness and pathways into homeless within Canada are diverse and immensely varied. However, it is clear that structural factors such as poverty and the current national housing affordability crisis are key drivers of this phenomenon (Burt *et al*, 2001; Burt, 2002; Hulchanski, 2009; Gaetz, 2010). As the most unaffordable province in Canada in terms of both home ownership and rental prices (Statista, 2017), this issue is particularly pertinent to British Columbia, and is a fundamental contributor to the high numbers of homelessness within the region. HSABC's 2018 Report on Homeless Counts in BC identified a total of 7,655 people experiencing homelessness within the region (HSABC *et al*, 2018b). The Homeless Count uses a Point in Time methodology where volunteers locate and survey people who identify as homeless over a 24-hour period. Given this methodology, homeless counts are acknowledged as an undercount because they rely on volunteers finding people who may be homeless, and for individuals consenting to be interviewed (Urban Matters CCC & BC Non-Profit Housing Association, 2018). This is especially true if one considers that these counts capture only a short snapshot of the visible homeless population, which are but a "tip of the iceberg" (HSABC *et al*, 2018b, pg.12) for the overall persistence of homelessness.

## **2.2. The role of Emergency Shelter providers**

Emergency shelter providers play a crucial role in addressing homelessness by meeting the immediate accommodation, nutritional, and security needs of the homeless population, as well as acting as a gateway service to more stable long-term housing options and social services (BC Housing, 2018). Emergency shelter providers may offer a range of facilities and service including physical homeless shelters; drop in centres; transition houses; and supervised outreach programs (Homeless Hub, 2019).

- **Physical homeless shelters** provide emergency housing and for the homeless population. These shelters may be open year-round, or just part of the year as is the case with extreme weather shelters). Meals are typically provided to shelter users.
- **Drop in centres** provide a place for users to do laundry, wash, or access other social services. Some drop-in centres may also provide medical services or supplies.
- **Supervised injection sites** provide a safe space for the consumption of substances and needle exchange services for drug users.
- **Transition Houses** provide safe temporary housing for women and children fleeing violence (BC Housing, 2019).
- **Outreach programs** aim to actively find and connect with individuals experiencing homelessness, and to offer them a range of services and resources to help with their immediate housing and wellbeing needs.

Each of these services are aimed at addressing a different element of homelessness, and work in tandem to create a comprehensive emergency-orientated program to get people off the streets and into homes. Although indispensable, it is important to recognize that emergency shelters are insufficient to fully address the underlying structural causes of homelessness, such as poverty, income inequalities, a lack of social supports and services, and a lack of affordable housing options (Buckland *et al*, 2001). Rather, they provide the primary means through which this problem is alleviated on the ground (Burt *et al*, 2001). Emergency shelter providers then, are an integral part of the solution to homelessness, but need to be supported by comprehensive upstream policy and planning initiatives to target the underlying causes of homelessness to be truly effective in the long term (Burt *et al*, 2001).

### 3.0. STRUGGLES IN THE SECTOR: BURNOUT AND RETENTION

Burnout and low staff retention rates are widely cited as key issues within the homelessness serving sector (Gleicher *et al*, 1990; Brown & O'brien, 1998; Olivet *et al*, 2010; Reyes, 2016; Schiff & Lane, 2019). Burnout and staff retention are distinct issues, but closely

interconnected in that burnout is often a primary cause of low staff retention (Kronos, 2017). This section provides a theoretical discussion of these two issues as they are portrayed within the literature, which is used to inform and ground the case study analysis carried out in the later part of this report.

### **3.1. Burnout**

According to Maslach (2001, p.397), "burnout is a prolonged response to chronic emotional and interpersonal stressors on the job, and is defined by the three dimensions of exhaustion, cynicism, and inefficacy". Although burnout can be experienced in numerous professions and for a number of different reasons, this phenomenon is experienced disproportionately high amongst entry level staff within the homelessness emergency service provider sector (Schiff & Lane, 2019). There are several factors that contribute to this being the case. The first set of factors relate to the actual nature of the job, and the stressors of dealing with an often difficult client with complex needs. The 2018 Report on Homeless Counts in BC conducted by HSABC found that over half of the homeless individuals (56%) surveyed reported an addiction, and 40% reported a mental illness (HSABC *et al*, 2018b). It is likely that many of these people have also experienced significant trauma or abuse throughout their lives (Hopper *et al*, 2010). Constantly working to try and house individuals with such challenging intersectional social health issues can be extremely stressful, disillusioning, and emotionally and physically draining (Olivet *et al*, 2010). The effects of compassion fatigue and vicarious trauma experienced amongst shelter staff is well documented within the literature (Reyes, 2016; Schiff & Lane, 2016), alongside an emerging body of literature highlighting the prevalence of post traumatic stress disorder (PTSD) amongst frontline shelter because of vicarious trauma (Schiff & Lane, 2019). This is compounded by the personal connections staff may develop with their clients and the tragic life circumstances they witness on a daily basis (Fisk *et al*, 1999). That homelessness in many parts of British Columbia (and Canada more generally) has predominantly continued to worsen over the previous decades (Gaetz, 2008; Urban Matters CCC & BC Non-Profit Housing Association, 2018) provides an extra existential reason why staff may become disillusioned with their jobs and overall sense of purpose, ultimately leading to burnout. The ongoing opioid crisis occurring in British Columbia and across North America has exacerbated this problem further. The high rate of opioid overdoses frontline shelter staff are now having to regularly deal with creates an enormous

amount of additional stress and potential trauma for staff, significantly enhancing the likelihood of burnout (Bardwell, 2019).

The second set of factors contributing to burnout amongst frontline shelter staff correspond to organizational issues regarding the amount of workplace support staff receive and their level of preparedness for the tough realities of frontline homelessness work through appropriate training. Workplace support has been identified as a key mediator between job satisfaction and burnout amongst social workers (Hombrados-Mendieta & Cosano-Rivas, 2013). That is, workplace support has a positive impact on job satisfaction and performance, whereas a lack of workplace support has been identified as conducive to higher rates of burnout amongst staff (Randall *et al*, 1999; Baruch-Feldman *et al*, 2002). Examples of a supportive working work environment include effective leadership and supervision, administration support, regular performance feedback, well-defined goals and objectives, manageable workloads, and access to appropriate mental and physical health resources (Olivet *et al*, 2010). Alongside real workplace support, the extent of perceived organizational support in a work environment has also been correlated with how well a staff member is able to cope with the stressors of their job and minimize the risk of burnout (Baruch-Feldman *et al*, 2002; Mutkins *et al*, 2011).

The level of preparedness of a staff member for frontline shelter work is another key factor related to burnout. If staff are inadequately prepared for the reality of frontline shelter work (physically or emotionally), then they are less likely to have effective strategies in place to personally navigate the stressors of their job and the complex needs of their clients, and are far more likely to feel overwhelmed, stressed, and helpless. This in turn significantly heightens the risk of burnout. Here, both training, and organizational support are powerful tools that can be utilised to address unpreparedness amongst staff, improve staff efficacy, and reduce the risk of burnout (Olivet *et al*, 2010). Training, both initially and on an ongoing basis, can provide staff with strategies to manage and adapt to different stressful situations within their work. Ideally, effective training will allow staff to become theoretically acquainted with the problems faced by frontline staff and gives them a framework for how to overcome these issues when they are faced with them in practice.



Whereas training teaches staff the individual skills needed to deal with the stressors of frontline shelter work, good organizational workplace support provides an external means to achieve this same end. Together, effective training and organizational support provide a robust package to pre-emptively minimize the potential of staff burnout.

## **3.2. Retention**

Low staff retention rates are commonly experienced by organizations within the homelessness sector and in social service work more generally (Mullen & Leginski, 2010; Webb & Carpenter, 2011). A key contributor to this is the burnout discussed in the previous section. Staff who experience burnout at work are unlikely to stay in that work environment for long. As such, issues such as vicarious trauma and emotional fatigue can be seen to contribute directly to low retention rates, often through the proxy of burnout. If burnout is common in a given sector, as it appears to be amongst frontline shelter staff, then this will lead to a large proportion of staff staying in their current positions for short durations, contributing to high staff turnover and a low rate of staff retention. This has numerous implications for the sector, and the quality of service provided. For example, if an organization has a low staff retention, a greater proportion of resources will have to be directed towards attracting, hiring and training new staff, rather than on delivering its primary service. Additionally, low staff retention acts as a positive feedback system to exacerbate the existing problems leading to low retention, such as burnout. Low staff retention creates a gap of experience in the work environment and increases the workload to be distributed amongst the remaining staff. This increased workload may entail an increase in responsibility, stress, length of shifts, and a decrease in organizational support. Exacerbated by the difficult and confronting nature of frontline shelter work, these factors significantly increase the risk of burnout.

It is important to note that although burnout is a salient contributor to low retention rates within the sector, there are a host of other interconnected factors that contribute to this too. One such example is the often low wages paid to frontline shelter (Mullen & Leginski, 2010; Olivet *et al*, 2010). If shelter staff feel they are being underpaid, or that they could earn significantly more economic remuneration elsewhere, then they will be far less motivated to stay in their current role – especially if their cost of living is very high where they currently live and work. Another factor is the lack of organizational support discussed

in the previous section. Not only will less supported staff be more susceptible to burnout, they may also feel frustrated by the lack of support around them and be motivated to find employment elsewhere.

It is key to recognize that each of the factors contributing to low staff retention rarely work in isolation. Typically, low staff retention is caused by a combination of interacting factors. To be truly effective in addressing chronically low rates of staff retention within the sector over the long term, service providers and organizations such as HSABC need to look to at these problems holistically.

## **4.0. CASE STUDIES**

Improving staff training practices have been identified within the literature as a useful strategy homeless service providers can adopt to reduce high rates of burnout within their organizations (Mullen & Leginski, 2010; Olivet *et al*, 2010). Given that staff training is a cardinal focus of HSABC, finding ways to improve current training practices are a primary concern for HSABC and their members. The following section provides four separate case studies of specific HSABC shelters, to find out whether the issues of burnout and retention apply to these organizations, and if so, what the causes of these are and how service providers are attempting to address these. Particular attention is given to whether and how improvements in staff training practices could be used to address these problems.

### **4.1. The Organizations**

The four organizations used as case studies in this analysis are The Bloom Group (Vancouver), Covenant House (Vancouver), Kelowna's Gospel Mission (Kelowna), and the Northern Centre of Hope (Fort St. John). All four organizations are emergency shelter providers within the BC region and are current HSABC members. A brief description of these organizations and their work is provided below.

#### **4.1.1. THE BLOOM GROUP**

The Boom Group is a Non-Profit umbrella organization operating in the Downtown Eastside of Vancouver to address a variety of social needs, with a particular focus on women and children. Some of the services of this organization include two standalone hospices, a spectrum of housing programs to assist those with mental health needs and facilitate seniors ageing in place, and two low-barrier emergency homeless shelters catering exclusively to women. The Mission of this organization is to “support the most vulnerable people in our community through the provision of housing, health and social services”. (The Boom Group, 2019).

#### **4.1.2. COVENANT HOUSE**

Like the Bloom Group, Covenant House also operates out of Vancouver’s Downtown Eastside to provide a multi-service delivery to serve a social need, albeit this time with a strong focus on youth aged 16-24. With over 200 full time workers, Covenant House is a moderate sized service provider, and has plans to expand in the near future. The service delivery of Covenant House is orientated around three core programs. the first of these provides drop-in and outreach services for street entrenched youth; the second ‘crisis program’ provides accommodation and a case worker for these youth; and the third ‘rights of passage’ program aims to equip youth with the skills and supports to move into more permanent, stable, independent living. The overarching purpose of Covenant House is to “serve all youth, with absolute respect and unconditional love, to help youth experiencing homelessness, and to protect and safeguard all youth in need”. (Covenant House, 2019).

#### **4.1.3. KELOWNA’S GOSPEL MISSION**

Kelowna’s Gospel Mission has been in existence for over 40 years. The primary service of this organization is providing food and shelter to the homeless of Kelowna, with 76 shelter beds available for men and 14 for women. In addition to these emergency services, Kelowna’s Gospel Mission also operates a thrift store, a no-cost dental clinic, and two women’s long-term supportive houses. As a Christian organization, the mission of this service provider is to “feed the hungry, shelter the homeless and help the hurting....[and]

minister to the whole person, spirit, soul, and body by sharing Jesus with a servants heart". (Kelowna's Gospel Mission, 2019).

#### **4.1.4. NORTHERN CENTRE OF HOPE**

Like Kelowna's Gospel Mission, the Salvation Army's Northern Centre of Hope also operates as a Christian-based service provider, albeit on a much smaller scale than the previous three organizations with a 24-bed shelter being the primary year-round emergency service offered by this group. In the winter months of November-March however, an additional 28-bed emergency Extreme Weather Shelter is also opened. Other services of this organization include a community meal and drop-in program, alongside two different transitional housing programs (low and high barrier respectively). The Northern Centre of Hope is located in the town of Fort Saint John in the far reaches of North British Columbia.

## **4.2. Methodology**

Semi-formal interviews were carried out with a senior member of management at each case study organization for a duration of between 20-25 minutes. The questions asked in these interviews can be found in *appendix 1*. The personal identities of interviewees have been kept anonymous in this report. Where specific quotes are used, reference is made to the organization of the anonymous interviewee. It should be noted that questions were generally used to guide the direction of the discussion rather than dictate it, and in many instances the interviewer would shape the question to fit the conversation rather than reading it verbatim from the set of questions found in *appendix 1*.

## **5.0. FINDINGS**

The findings from each interview were in many respects, unique, and distinct from one another. Partly this is likely due to the fact that each service provider is addressing a different specific need, and is therefore faced with a different set of circumstances. Covenant House for example, focuses entirely on youth aged 16-24, whilst the shelters run by The Bloom Group are exclusively used to house women and families. Similarly, unique

challenges were faced by the Northern Centre of Hope on account of its relative isolation from other urban centres in the remote Northern reaches of British Columbia, whereas the remaining three case studies exist in fairly large interconnected urban metropolitan areas (Vancouver and Kelowna). Despite these differences, a number of parallel themes emerged across the case studies. These are explored below.

## 5.1. Burnout and Retention issues

A preliminary finding was that all case study organizations confirmed that burnout and retention were “definitely” and “absolutely” issues faced by their specific organizations, as well as citing difficulties in attracting new staff. As the interviewee from the Northern Centre of Hope describes,

*“I have been here for six years, and the next longest person has been here for three [years].... It's crazy. Throughout the province and in any other salvation army its normally like twenty years”.*

This finding is consistent with the literature on this topic, and reflects a wider issue experienced across the homelessness serving sector. It also highlights the continued importance of research into this topic, in order to identify the causes of these problems and devise strategies to manage them.

## 5.2. Current state of training

The four service providers interviewed were generally satisfied with the current level of training within their organization, and often perceived training be a key strength of their organization. As the interviewee from Kelowna Gospel Mission remarked,

*“I think we've got a pretty good training thing....I think we're trying to stay on top of what the needs are. And I think we're doing a pretty good job of that”.*

This finding should be prefaced with the fact that in each case study, a senior management figure from the four different organizations was interviewed. Often, there is a disconnect between what management views to be the key issues within an organization and what more junior frontline staff may perceive to be the key issues. It is plausible for instance, that frontline shelter staff may be able to offer a more grounded account of what training is missing, and whether changes to existing training would make them more inclined to stay in their current employment position. Further research is needed into this area to gain the insights of frontline shelter workers themselves on this matter. Conversely however, it is also likely that senior management have a better overall impression of the reasons why their organization may struggle to retain staff or manage burnout than a frontline staff member would.

There are potentially several reasons as to why service providers were generally satisfied with training provided within their organization. Firstly, in the case of all organizations, training programs were devised to utilize both inhouse trainers and trainings sourced from external organizations such as HSABC. This allows each organization to create a unique training program that is tailored to the specific needs of their organization, staff, and their intended service output. Secondly, it was apparent that each organization valued providing quality staff training as a high priority, meaning that significant resource, cost, and effort was placed into developing training programs already. In this sense, training was not a "secondary issue" in that it was unimportant, but rather that it is an area that has already received significant attention, especially in comparison to other issues which may be more difficult to address such as the wages available to staff. As the Covenant House interviewee stated,

*"Training is a massive focus for Covenant House. It's also a Philosophy, right? If we train X, Y, and Z up to the best of their ability, then even if they chose to leave the organization and go somewhere else, you're improving the knowledge and the strength of the sector."*

These comments highlight a third reason as to why each organization was relatively satisfied with the current level of training. Unlike in other sectors where different organizations may be in direct competition with one another, homeless shelter providers

are addressing the same overarching social problem (homelessness). As such, it is possible that there is a greater collaboration and sharing of knowledge amongst different organizations than in other sectors, which in turn leads to better training practices. This is a positive for all service providers, as better staff training practices corresponds to better service output, meaning the sector as a whole becomes more effective at addressing the problem of homelessness.

Finally (and most relevant to HSABC) is that the staff trainings provided within each organization are highly pertinent to the current issues faced by the sector. Much of the literature on the importance of vicarious trauma and self-care amongst frontline shelter staff for example, is fairly recent (Hopper *et al*, 2010; Schiff & Lane, 2019). HSABC currently offers trainings in both these issues which are utilized by the case study organizations, alongside trainings in other areas of evolving relevance such as LGBTQ2S awareness and inclusion, and overdose response aftercare. One of the challenges for HSABC and the case study service providers in the future will be maintaining this high level of training and staying attuned to what the evolving needs in the sector are.

### **5.3. Training as a secondary issue: Wages and Cost of Living**

Interviewees from each case study generally perceived training to be a “secondary issue” insofar as retention and burnout were concerned, and were unanimous that the greatest cause of retention and burnout issues within their organization was the low wages they were able to pay their staff. As the Northern Centre of Hope interviewee remarked,

*“I do believe that training is a secondary issue in many respects – people are here for the money really. If you can’t afford to live with the job that you are working, then that is the issue. And so, as far as burnout goes, the burnout comes from not ever having enough staff and people overworking and doing extra overtime hours – that’s where I see burnout”.*

Although the Northern Centre of Hope faces a unique set of retention issues based on its isolation from other urban areas, the idea that low wages and high cost of living were the primary contributors to retention and burnout issues was echoed by the other service providers in Vancouver and Kelowna and is supported by the literature on this topic (Mullen & Leginski, 2010; Olivet *et al*, 2010).

A thorough exploration of the wage issue is outside the purview of this report. However, it is clear that this is a serious problem experienced ubiquitously across the sector, and a primary cause of low staff retention and burnout. Due to the predominant non-profit operating model of service providers in the sector and their reliance on public funding, organizations often have a limited budget and restraints on what they are able to offer staff. This is compounded by the growing cost of living across the BC province, and the difficult and stressful nature of frontline shelter work – especially in light of the ongoing opioid crisis. As the Bloom Group interviewee describes,

*“the stress around the overdose response isn’t so much around actually responding to the overdose, but the constant anticipation of knowing that you might have to. And then the types of decisions you have to make when faced with an overdose”.*

As HSABC continues to grow and finds new ways to support its members, strategizing about how to facilitate and support these organizations secure additional funding could be an area of future focus.

## **5.4. Professional development**

One of the key areas where service providers identified a gap in existing training within their organizations was around professional development and staff motivation. As the Bloom Group interviewee succinctly articulates,

*“In the non-profit world the focus, reasonably, is always getting as much resource to direct service delivery as you can, and there is never enough*



*resource to do everything you want to do. And I think we are suffering from having impoverished attention on workforce... I don't think we have fully understood the value or cost of the decisions around what we invest in, in terms of staff development"*

This interviewee's point highlights an underlying dichotomy faced by non-profit organizations with limited resources. Ideally as a non-profit organization attempting to address homelessness, the primary focus should understandably be on service delivery. However, if too little attention is given on how to develop and motivate staff within an organization – not in terms of workforce proficiency but in terms of developing staff member's own careers within the sector – then this is likely to have ramifications for staff retention. If entry level staff members are disillusioned with their roles and are uncertain about how to progress their career within their workplace, then they are far more likely to find work elsewhere – especially if they are able to earn significantly more by doing so. Currently, working in a homeless shelter is often perceived to either be a 'calling' or a temporary endeavour, rather than a valid and salient professional occupation. Overcoming these stigmas and creating an awareness of the importance of this profession, as well as providing opportunities for staff to progress their careers within the sector will enable service providers to tap into a larger labour pool, ideally leading to less retention issues and difficulties around hiring new staff to fill vacant positions. Although much of the onus of this task will fall on individual organizations, HSABC could support this process by developing more specific staff trainings to focus on professional development within the sector.

## **5.5. Organizational support**

Related to the previous finding about professional development is another theme that emerged throughout several interviews: the importance of optimizing organizational support. Several case study service providers attempted to address issues of retention and burnout within their organization by providing additional support structures around staff, as well as creating a framework through which staff could easily measure their success and workload and feel a greater level of control over their jobs. The effectiveness of such strategies in the workplace has been extensively discussed within the literature (Browning

*et al*, 2007; Marek, Schaufeli, & Maslach, 2017), and alongside training and economic remuneration, is undoubtedly a cardinal means through which rates of retention and burnout can be improved. If staff feel like they have a distinct and manageable role and workload, achievable goals, and external workplace supports and resources to draw upon if needed, then they are far more likely to feel motivated and satisfied in their current position and will be less inclined to find alternative employment elsewhere (Marek, Schaufeli, & Maslach, 2017). Similarly, conditions conducive to burnout (such as being overworked, stressed, confused about responsibilities, and unsupported) will be less likely to occur in the first place. If they do, then staff will be better equipped with the appropriate tools and support mechanisms to deal with the symptoms and causes of their burnout.

## **5.6. Interrelatedness of factors contributing to staff burnout and retention issues**

It is worth noting that it is unclear both from the findings of this report, and from the literature more generally, how much variances in organization support, training, and wages correspond to an increase or decrease in staff retention and burnout in any empirical sense. According to the service providers interviewed, wages and cost of living were the greatest issue. However, this may partly be because the quality of current training programmes is comparatively high, and existing organizational support is at least sufficient in most cases. What is apparent however, is that these three phenomenon interact at numerous levels to contribute to burnout and retention issues collectively. That a lack of organizational support, effective training, and wages were not only cited by the service providers interviewed as primary contributors to burnout and retention issues within their organization, but also discussed extensively within the literature highlights the need to view these issues holistically. Although much of the onus of providing better organization support and wages for staff will fall on individual service providers, HSABC could still play an important role in this process. Clearly, HSABC is performing well in terms of the quality of training it currently offers. Finding ways to facilitate and encourage better organizational support amongst service providers and improve wages could be a possible next step to improving staff retention and burnout rates amongst its member service providers.

## **5.7. Webinars and E-learning**

A final finding relates to the nature of trainings offered, and in particular the increasing shift to webinars and e-learning approaches of training staff within the sector. Although watching a video or completing an e-learning module online is by no means a substitute for in-person trainings, it does provide an accessibility and flexibility that the former approach lacks. For example, both the interviewees from Kelowna Gospel Mission and Covenant House highlighted the fact that in a busy understaffed emergency shelter with a limited budget, taking staff off the floor to partake in in-person trainings is not always easy or feasible. Webinars and e-learning approaches provide a flexible alternative whereby staff are able to complete trainings in their own time, or at times when the workplace is less busy. For service providers in remote locations such as the Northern Centre of Hope who may be unable to attend in-person trainings in core urban centres such as Kelowna or Vancouver, there is an even greater reliance on accessible and flexible trainings such as webinars.

Currently, HSABC offers a comprehensive range of webinar trainings, with more than half the trainings offered falling within this category. As this type of training becomes increasingly utilized by the sector in the future it is important that HSABC continues to provide a host of webinar training options, perhaps in a packaged format that covers the key areas in which newly hired shelter staff should be proficient and can access at any time. A module-based e-learning approach similar to that offered in some educational institutions to accompany webinar sessions is one potential direction for this.

## 6.0. RECOMMENDATIONS

The five recommendations contained within this section are directly informed by the core findings in the previous section. These recommendations are summarised in the table 1 below and elaborated on in further detail in subsections 6.1-5. Recommendations are loosely presented in order of decreasing priority.

<b>Recommendation 1:</b>	Conduct further research to better understand the wage issue.
<b>Recommendation 2:</b>	Increase trainings focusing on professional development for entry level staff.
<b>Recommendation 3:</b>	Increase trainings on organizational support for both entry-level and managerial staff.
<b>Recommendation 4:</b>	Conduct further research to better understand the gaps within existing trainings.
<b>Recommendation 5:</b>	Continue to grow webinar and e-learning training tools.

Table .1.

### 6.1. Conduct further research to better understand the wage issue

All case study interviewees identified wages and the cost of living as the primary driver behind low retention and burnout within their organization. Although this is highlighted within the literature as a problem for the homelessness sector and social services more generally, there is a lack of specific data about the wages paid to entry level shelter staff in a British Columbia context. It is therefore recommended that HSABC carry out further research to gain a more comprehensive understanding of the wage issue amongst its

members, which in turn will assist these organizations advocate for additional funding at the provincial level to increase wages amongst their staff.

## **6.2. Increase training focusing on professional development for entry level staff**

An emergent theme from several case studies was that the strong focus on service provision within the sector often comes at a detriment to sector workforce. If the majority of an organization's available resource is directed towards a primary service, there is little resource allocation left to facilitate and support the professional development of staff within the organization. This has negative implications for staff retention. Training provides an opportunity to address this imbalance of attention. Accordingly, the second recommendation of this report is for HSABC to increase trainings around professional development for frontline and entry level staff.

## **6.3. Increase training on organizational support for both entry-level and managerial staff**

Findings from both the case study interviews and the literature on this topic highlight the importance of organizational support for addressing problems of burnout and retention within a workplace environment. The third recommendation aims to encourage the provision and utilization of organizational workplace support within the sector in two ways:

1. Provide more training for management level staff emphasising the importance of providing quality organizational support to staff and the implications of this for staff burnout, retention, and performance.
2. Provide more training for entry level staff on how to utilize and make the most of existing workplace supports.

## **6.4. Conduct further research to better understand the gaps within existing training**

A cardinal limitation of this research is that only senior levels of management were interviewed in each case study. Overwhelmingly, each interviewee voiced a satisfaction with the current level of training offered within their organization. However, it is unknown whether those undergoing this training, such as entry level and frontline staff, are equally satisfied with its quality. Arguably, those with first-hand experience of this training are in a far better position to judge its quality than a manager or executive director in some respects. Consequently, the fourth recommendation is that HSABC conduct further research to garner the insights of frontline staff about the state of current trainings, and where gaps in this training may exist.

## **6.5. Continue to grow webinar and e-learning training tools**

Interviewees drew attention to the growing importance of webinar and e-learning approaches within their organizations, on account of the flexibility and accessibility of this type of training. This was particularly true of more remote service providers such as the Northern Centre of Hope, who may not be able to access many physical trainings offered by organizations such as HSABC due to their physical isolation from other urban centres and budget constraints associated with sending staff to distant training conferences. Although physical in-person trainings are crucial and should continue to be a key focus for HSABC, it is equally important that increasing emphasis is given to electronic, flexible training formats. This will allow HSABC members to utilize these trainings at their own discretion and minimize disruption to their service provision by taking staff off-floor to attend physical in-person trainings.

Currently, HSABC offers a variety of webinars. These occur on a specific date, but the links to the webinars are made available to HSABC members so that staff may review these trainings at their own convenience. Organizing and expanding these webinars into a more coherent training package with different modules could be a next step forward for HSABC to enhance this type of training. Consequently, the final recommendation of this report is

that HSABC continue to grow its webinar and e-learning training tools to meet the evolving needs of its member organizations.

## **7.0. CONCLUSION**

This research has drawn attention to the issues of burnout and low staff retention currently experienced by many emergency shelters across British Columbia. The findings of this report provide an indication of where current training practices may be improved to help address these issues, and where future research in this area is needed on. Whilst the recommendations from this project offer an immediate next-step-forward for HSABC, the conclusions drawn from this report are pertinent to the sector more generally and to the academic community interested in burnout, staff retention, and homelessness.

## 8.0. REFERENCES

Bardwell, G., Fleming, T., Collins, A. B., Boyd, J., & McNeil, R. (2019). Addressing intersecting housing and overdose crises in Vancouver, Canada: opportunities and challenges from a tenant-led overdose response intervention in single room occupancy hotels. *Journal of Urban Health*, 96(1), 12-20.

Baruch-Feldman, C., Brondolo, E., Ben-Dayan, D., & Schwartz, J. (2002). Sources of social support and burnout, job satisfaction, and productivity. *Journal of occupational health psychology*, 7(1), 84.

BC Housing. (2018). *Emergency Shelter Program – Program Framework* (4<sup>th</sup> edition). Retrieved from <https://www.bchousing.org/publications/Emergency-Shelter-Program-Framework.pdf>

BC Housing. (2019). *Women's Transition Housing and Supports Program*. Retrieved from <https://www.bchousing.org/housing-assistance/women-fleeing-violence/womens-transition-housing-supports>

Brown, C., & O'brien, K. M. (1998). Understanding stress and burnout in shelter workers. *Professional Psychology: Research and Practice*, 29(4), 383.

Browning, L., Ryan, C. S., Thomas, S., Greenberg, M., & Rolniak, S. (2007). Nursing specialty and burnout. *Psychology, Health & Medicine*, 12(2), 148-154.

Buckland, L., Jackson, A., Roberts, P., & Smith, P. (2001). Structural and systemic factors contributing to homelessness in Canada: An analysis of research gaps and proposed research directions. *Report prepared for the National Homelessness Secretariat. Canadian Council on Social Development: Ottawa.*

Burt, M. R. (2002). Chronic homelessness: Emergence of a public policy. *Fordham Urb. LJ*, 30, 1267.

Burt, M. R., Aron, L. Y., & Lee, E. (2001). *Helping America's homeless: Emergency shelter or affordable housing?*. The Urban Institute.

Casavant, L. (1999). *Composition of the Homeless Population*. Report prepared for the Political and Social Affairs Division of the Canadian Federal Government. Retrieved from



<http://publications.gc.ca/Collection-R/LoPBdP/modules/prb99-1-homelessness/composition-e.htm>

Covenant House. (2019). *About us*. Retrieved from <https://www.covenanthousebc.org/about-us/our-purpose-and-principles/>

Fisk, D., Rakfeldt, J., Heffernan, K., & Rowe, M. (1999). Outreach workers' experiences in a homeless outreach project: Issues of boundaries, ethics and staff safety. *Psychiatric Quarterly*, 70(3), 231-246.

Gaetz, S. (2008). Why are we still struggling with homelessness in Canada. *Canadian Housing*, 24, 27-31.

Gaetz, S. (2010). The struggle to end homelessness in Canada: How we created the crisis, and how we can end it. *The Open Health Services and Policy Journal*, 3(21), 21-26.

Gaetz, S., Gulliver, T., & Richter, T. (2014). *The state of homelessness in Canada 2014*. Canadian Homelessness Research Network.

Gleicher, H.B., Mcgee, K., Savarese, M., Kennedy, A. (1990). Staff Organization, Retention, and Burnout. In P.W. Brickner, L.K. Scharer, B.A. Conanan, M. Saverese, B.C. Scanlan. (eds.) *Under the Safety Net: The Health and Social Welfare of the Homeless in the United States*. New York, NY: WW Norton & Company.

Hombrados-Mendieta, I., & Cosano-Rivas, F. (2013). Burnout, workplace support, job satisfaction and life satisfaction among social workers in Spain: A structural equation model. *International Social Work*, 56(2), 228-246.

Homeless Hub. (2019). *Emergency Response*. Retrieved from <https://www.homelesshub.ca/solutions/emergency-response>

Hopper, E., L Bassuk, E., & Olivet, J. (2010). Shelter from the storm: Trauma-informed care in homelessness services settings. *The Open Health Services and Policy Journal*, 3(1).

HSABC. (2018a). *Shelters*. Retrieved from <http://hsa-bc.ca/wp-content/uploads/2018/07/Shelter-list-2018-upd-Jul.pdf>

HSABC. (2019a). *Who We Are and What We Do*. Retrieved from <http://hsa-bc.ca/about/history/>

HSABC. (2019b). *HSABC Membership*. <http://hsa-bc.ca/membership-2/meet-our-members/>

Hulchanski, J. D. (2009). *Homelessness in Canada: Past, present, future*. Cities Centre and Faculty of Social Work, University of Toronto.

Kelowna's Gospel Mission. (2019). *About us*. Retrieved from <https://kelownagospelmission.ca/about-us/>

Kohli, U. (2006). Real GDP, Real GDI, and Trading Gains: Canada, 1981-2005. *International Productivity Monitor*, (13).

Kronos. (2017). *The Employee Burnout Crisis*. Retrieved from <https://www.kronos.ca/resources/employee-burnout-crisis>

Marek, T., Schaufeli, W. B., & Maslach, C. (2017). *Professional burnout: Recent developments in theory and research*. Routledge.

Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2001). Job burnout. *Annual review of psychology*, 52(1), 397-422.

Moore, E., & Skaburskis, A. (2004). Canada's increasing housing affordability burdens. *Housing studies*, 19(3), 395-413.

Mullen, J., & Leginski, W. (2010). Building the capacity of the homeless service workforce. *Open Health Services and Policy Journal*, 3, 101-110.

Mutkins, E., Brown, R. F., & Thorsteinsson, E. B. (2011). Stress, depression, workplace and social supports and burnout in intellectual disability support staff. *Journal of Intellectual Disability Research*, 55(5), 500-510.

Olivet, J., McGraw, S., Grandin, M., & Bassuk, E. (2010). Staffing challenges and strategies for organizations serving individuals who have experienced chronic homelessness. *The journal of behavioural health services & research*, 37(2), 226-238.

Pomeroy, S. (2001). *Toward a comprehensive affordable housing strategy for Canada*. Ottawa: Caledon Institute of Social Policy.

Randall, M. L., Cropanzano, R., Bormann, C. A., & Birjulin, A. (1999). Organizational politics and organizational support as predictors of work attitudes, job performance, and organizational citizenship behavior. *Journal of Organizational Behavior: The International*

*Journal of Industrial, Occupational and Organizational Psychology and Behavior*, 20(2), 159-174.

Reyes, K. (2016). *Exploring Compassion Fatigue, Burnout, Compassion Satisfaction and Mindfulness in Direct Service Providers* (Doctoral dissertation, California State University, Northridge).

Schiff, J. W., & Lane, A. (2016). Burnout and PTSD in workers in the homeless sector in Edmonton. Retrieved from <https://homelesshub.ca/sites/default/files/attachments/PTSD%20and%20Burnout%20in%20Edmonton%20February%202016.pdf>

Schiff, J. W., & Lane, A. M. (2019). PTSD Symptoms, Vicarious Traumatization, and Burnout in Front Line Workers in the Homeless Sector. *Community Mental Health Journal*, 1-9.

Segaert, A. (2012). *The National Shelter Study: Emergency Shelter Use in Canada 2005-2009*. Retrieved from [https://www.homelesshub.ca/sites/default/files/attachments/Homelessness%20Partnerin%20Secretariat%202013%20Segaert\\_0.pdf](https://www.homelesshub.ca/sites/default/files/attachments/Homelessness%20Partnerin%20Secretariat%202013%20Segaert_0.pdf)

Statista. (2017). *Median house prices in Canada in 2017, by province*. Retrieved from <https://www.statista.com/statistics/604273/median-house-prices-canada-by-province/>

The Bloom Group. (2019). *About*. Retrieved from <https://www.thebloomgroup.org/about/overview/>

The Homelessness Services Association of BC, Urban Matters, and BC Non-Profit Housing Association (2018b). *2018 Report on Homeless Counts in B.C.* Prepared for BC Housing. Burnaby, BC: Metro Vancouver.

Urban Matters CCC, BC Non-Profit Housing Association. (2018). *Vancouver Homeless Count 2018*. Retrieved from <https://vancouver.ca/files/cov/vancouver-homeless-count-2018-final-report.pdf>

Webb, C. M., & Carpenter, J. (2011). What can be done to promote the retention of social workers? A systematic review of interventions. *British Journal of Social Work*, 42(7), 1235-1255.

## Appendix 1.

### Interview Questions:

#### Context (C):

**C1:** What services do you provide at your shelter?

**C2:** Do you work with any specific group of people (i.e. women, indigenous groups, youth)?

**C3:** How many staff do you currently have?

#### Burnout and retention (BR):

My understanding is that staff retention (and burnout) generally seems to be an issue within sector:

**BR1:** Does your organization face issues with burnout and staff retention?

**BR2: [IF YES]** What do you think are the biggest issues contributing to low staff retention rates?

**BR3:** What measures have you taken to respond to retention challenges?

**BR4:** Do you think changes in staff training could improve staff retention? If so, how?

**BR5:** Is there anything else that could be done to mitigate burnout and improve staff retention?

#### Training practices (T):

**T1:** In regards to your current training practices, who provides your staff training? Is it done in house, or do you contact trainers or access other training resources through organizations like HSABC?

**T2:** What training is mandated vs. optional for your frontline staff?

**T3:** Is the training mandated by your organization or from another source (e.g. BC Housing, WorkSafe BC, etc.)?

**T4:** What is the form of the training provided (i.e. how much of it is web-based, vs. in-person etc.)

**T5:** When people start with your organization, do they generally already have training, or do you provide all of their training?

**T6:** In addition to initial staff training, are staff required to partake in ongoing training/professional development? If so, how frequently?

**T7:** Do you think your staff are adequately prepared for frontline work through the training they receive?

**T8:** What are the barriers for your staff to receive training they require?

**T9:** What are the strengths of the training that is provided?

**T10:** Are there any weaknesses? What training is currently missing?