

Practice Guidance for Reflective Team Huddles to Promote Staff Wellbeing and Emotional Resilience during Covid 19



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Practice Guidance for Staff Wellbeing and Emotional Resilience during Covid 19

1. Introduction

As the Covid 19 and our work situation continues to evolve and change on a daily basis, the pressure placed on all social care staff and NHS continues. As practitioners across the service are separated physically, they are connecting virtually each week through additional meetings hosted by practice supervisors. These are in addition to the formal team meeting. For the purpose of this guide, we have referred to these additional meetings as Team Huddles. When considering our language, it was felt by staff Team Huddle sounds more inviting than team check in.

In Devon, we are striving towards Restorative Practice being our core value base, a 'way of being' with children and families, each other and partner agencies, which incorporates respect, honesty, kindness and empathy. The focus is on how to build, maintain and repair relationships. Whilst there are formal processes (such as Restorative Circles, Enquiries and Conferences), the informal everyday interactions are equally important as this is how we embed the key principles as part of our culture within the organisation. This includes an importance placed on understanding differing perspectives, needs and behaviours and the impact of these, and a focus on how to repair harm through shared ownership and empowerment. Restorative Practice is based on the premise that *'human beings are happier, more cooperative and productive, and more likely to make positive changes in their behaviour when those in positions of authority do things WITH them, rather than TO them, or FOR them'* (International Institute for Restorative Practices). This is characterised by high levels of support as well as challenge. Now more than ever, a consideration of what that support looks like is needed.

Contained in this guidance is some suggestions of reflective tools you can use to support the emotional resilience and wellbeing of staff during your team huddle.

For further information see:

Restorative Practice with Motivational Interviewing Skills: One Minute Guide [here](#)

Visible Leadership during Covid-19, please see Essex County Council presentation for managers [here](#).

Wellbeing KFP 5: SWORD Research in Practice and University of Bedfordshire [here](#)

2. Common Emotions

The information below has been taken and adapted from [Caroline Walker, psychiatrist and specialist in doctors' wellbeing, clinician and therapist at NHS Practitioner Health and founder of The Joyful Doctor](#)

Anxiety

Anxiety is a common emotion felt during times of crisis. It is experienced both in physical terms (restlessness, tension, palpitations, butterflies) and mental terms (worry, rumination, preoccupation and intrusive thoughts and imagery). There are also *anxious behaviours* such as excessive checking of news items and social media feeds, avoidance of everyday mundane tasks and repetitive reassurance seeking from colleagues and loved ones.

Anxiety is in the most part a healthy and normal emotion at this time of enormous change. It signifies our body is exposed to a threat and we need to therefore take action. The threat during covid-19 is the global health pandemic and the action is to maintain physical distancing, wash our hands, and isolate if we are symptomatic or a contact. Anxiety typically tends to subside as the situation evolves, as we gain more control over our environment, learn more about the threat and its consequences, and use task-orientated situations to distract our bodies and minds.

Guilt

Practitioners are compassionate and caring people who take pride in their work and often have an exaggerated sense of personal responsibility. So, when their patients and loved ones are threatened by this fast-spreading and frightening viral illness they immediately want to do everything within their power to help. Our Practitioners want to help everybody all the time. This is impossible and for some these feelings of guilt become unbearable.

As covid-19 starts to take hold, Practitioners who cannot for any reason work, can also feel guilty. They might feel they are letting people down and not "doing their bit." This is a normal emotion and it is important to remember that each one of us, working in practice or not, is doing "their bit" to help the effort of defending our communities against the threat. Even helping our neighbours and posting helpful messages on social media lifts the spirits of others.

Presenteeism can be a symptom of the guilt as described above. When our practitioners come into work despite being too ill to be productive, this can increase the pressure and stress staff feel under. Presenteeism denies the employee time to recover, this can cause the period of ill-health, whether physically or mental to be stretched out over a long time period, impacting further on productivity as it leads to burn out, leaving people stressed, frustrated and unmotivated. According to [High Speed Training](#), the real cost of presenteeism can be summarised as follows:

- Unhealthy employees
- Illnesses get worse
- Lower morale
- Demotivated employees
- Unsafe work activities
- Lack of progress

Grief

Grief is an emotional response typically associated with a single profound loss. It is one of the most challenging psychological experiences we face as humans, and all of us will experience it at some point in our lives. The emotions of grief range from shock and denial to anger, bargaining, sadness, and finally (for most of us) acceptance.

In covid-19 we are presented with grief related to a range of losses, including loss of life through bereavement, loss of job role, loss of income, friendship networks, childcare, work teams, sense of safety, certainty and predictability in life.

This grief, like any grief, is profound and can be unbearable leaving Practitioners without a sense of anchoring or hope. Feelings can come on suddenly, stopping them in their tracks as they try to go about their newly chaotic and constantly changing lives. Time and the support of friends and family and where needed seeking professional help can alleviate the symptoms and help us to process this grief.

Trauma

Trauma is a normal part of human experience. For most they will feel a brief stress response when faced with a life-threatening situation. This includes intrusive thoughts and imagery related to the threat, heightened arousal, hypervigilance, sleep and appetite disturbance, erratic mood, and avoidant behaviours. These are common transient symptoms reported by many doctors dealing with covid-19 and are normal in the face of what we are all experiencing.

As with grief, this traumatic stress response can be quite overwhelming, distressing, and disruptive for the person experiencing it, but unlike grief it usually subsides quickly within days or weeks. Just a small percentage of traumatised individuals will be left with persistent symptoms beyond this time and may need specialist psychological support to help them resolve this.

Loneliness

According to [Psychology Today](#), whether a person lives in isolation or not, feeling a lack of social connectedness can be painful. 'But I am talking to people all day' I hear you say. 'Loneliness is tied to the quality of the relationships as it is to the number of connections one has'. Our relationships with children and families we work with, professionals we are talking to and our colleagues will provide different connections to the ones we might personally require in overcoming loneliness. To prevent and/or combat mental health problems emerging because of long term loneliness we need to adapt how we create genuine connections with people and finds ways to stay in touch. The reflective tools provided in this pack, for instance My Whole Self, can support the development of genuine connections with your team colleagues during this time. Other sources of information are available such as '[Nurturing our relationships during the coronavirus pandemic](#)' by [Mental Health Foundation](#).

3. Creating a Safe Space for Reflective Team Huddles

Across Children Services, team meetings are happening at varying frequency and for various purposes. Practitioners will benefit from having specific protected time each week to reflect on and discuss their wellbeing as a team and as an individual. During these times as far as possible, it is best to refrain from discussing business/service expectations to reduce feelings of pressure and enhance one's emotional and mental presence in the session. The importance of the team huddle is to build on the relationships within the team and foster a sense of community and connection.

As a Practice Supervisor you will know your team members the best and what you are hoping to achieve through your reflective team huddle with them. Some of the suggestions below maybe more helpful for some of the team than others depending on their personal situation, resilience and psychological response phase as outlined in Table 1 below (pg. 5) taken from [The Psychological Needs of Healthcare Staff as a Result of the Coronavirus Pandemic](#) by British Psychological Society Covid 19 Staff Wellbeing Group.

When undertaking any of the suggestions, please remember when people are feeling stressed and anxious, comparisons in the team without sensitively can have a negative effect on wellbeing and it can create an emotional pressure. In order to mitigate this, spend time with your team developing a Safe Space, with clarity on what 'safe' feels and looks like, participation, confidentiality and shared understanding of expectations. You may need to consider low risk connecting activities as part of the process of creating a Safe Space, particularly if holding a meaningful team huddle has not been part of the team's routine activities. These may include informal unrelated 'chit-chat' which can ground people in the space. Whilst it may not seem it at the time, seemingly trivial conversation serves a valuable purpose. Likewise, it is important to have a check-out which ensures difficult feelings are contained and a transition out of the space, ending with positivity and hope.

You may choose to spend time in your 1-1 supervision with your Practitioners exploring and discussing how they are feeling using the suggestions either prior to or after facilitating these with your team.

For further information see:

Action for Happiness: A Rough Guide to Holding Space Online [here](#)

TABLE 1: PSYCHOLOGICAL RESPONSE PHASES

The psychological response of your staff is likely to vary over the phases of the outbreak. These stages may not be sequential depending on the course of the outbreak and people may cycle rapidly through.

PREPARATION PHASE	ACTIVE PHASE		RECOVERY PHASE
Anticipatory anxiety	Heroics and surge to solution	Disillusionment and exhaustion	Recovery and long term psychological impacts
<p>Planning may happen at a high level in a rapid timeframe leading to anticipatory anxiety about the unknown.</p> <p>With limited time to plan, and limited input into the preparation phase, many staff may not report feeling 'prepared' for the outbreak.</p> <p>Many UK Health Trusts have now passed through this phase.</p>	<p>Increased camaraderie as staff cross boundaries and work together.</p> <p>Sense of rising to a challenge.</p> <p>Staff may respond on instinct and are more prone to error. They may lack the headspace to see all options.</p> <p>Frustrations and role confusion as people try to adapt quickly within current system design.</p> <p>Staff witnessing things they have never seen before and feeling out of control.</p> <p>Disagreement between groups over sense of urgency.</p> <p>Staff lose usual boundaries over working hours and breaks and start to over-work.</p> <p>Work-life tensions arise as family life also becomes unsettled.</p> <p>Social norms and niceties slip and behavioural responses may cause difficulties for others.</p> <p>Focus on 'getting things done' which may lead to poor communication and silo working.</p>	<p>The period of highest psychological risk.</p> <p>Staff are in 'full go mode' with high levels of adrenaline and on 'automatic pilot'. They may then experience sudden exhaustion.</p> <p>They may neglect physical and psychological self-care as they feel it is not a priority.</p> <p>Moral distress and injury are a risk as healthcare becomes limited and people are unable to act or respond within their own moral or ethical code and death and dying may not be handled in the way it usually is (with family etc.).</p> <p>Staff may begin to feel emotionally disconnected from the work, experience compassion fatigue, and may engage in avoidant or unhelpful coping.</p> <p>Tensions at home and within the wider family may over-run work life.</p> <p>Stress has a cumulative effect and smaller things trigger reactions.</p> <p>Staff with pre-existing vulnerabilities are at higher risk of crisis and suicidality.</p>	<p>Staff have time to start to reflect.</p> <p>Most staff will feel able to cope successfully using their own preferred style, individual resources and social support. Many may be changed in a positive way, experiencing personal development, and post-traumatic growth.</p> <p>Some may experience intrusive thinking about what they 'should' have done differently and shame or guilt. Dissonance with a 'heroes' narrative may make this harder to disclose problems and may exacerbate distress.</p> <p>Others may feel differently about their job and experience resentment towards individuals and towards the organisation.</p> <p>Individual difficulties have wider family and social impacts which may further exacerbate these longer-term impacts.</p> <p>Certain staff may be at risk of chronic psychological difficulties (including but not limited to burnout and post-traumatic stress).</p>

4. Reflective Tools for Team Huddles

Restorative Circle

A restorative circle is a valuable tool to facilitate a restorative 'check-in'. It is a process that helps build a culture of empathy, through encouraging listening, respectful communication, and a consideration of the impact of behaviour on others. They provide a space for restorative principles and values to be seen in action. Introduced in the restorative training, many parts of the service are already using this as a regular check-in at team meetings. There is practice guidance on holding a circle, including how to hold one virtually ([Restorative Circles Practice Guidance](#)).

It is the facilitators role to ensure guidelines are in place to create a safe space, to offer a question, and to indicate who is next to speak (if being completed virtually). It is helpful to establish the randomised order of who will speak and share this with those attending. During the period of social distancing there will not be a talking piece, but the function of a talking piece will need to be upheld; ensuring everyone has the opportunity to speak uninterrupted, prompting deeper listening and thoughtful reflection. This is important as it fosters a sense of equality and distribution of power with each voice being valued, not just the loudest being heard.

When checking in in this way may not be a familiar activity for a team, it can be helpful to begin with a low-risk question, to foster a sense of connection and safety.

Examples include:

- What is your personal weather status (cloudy, foggy, sunny breaks etc)?
- If your mood was an emoji (or collection of), what would it be and why?

Check-in questions related to COVID-19:

- What forms of connection are you discovering and recovering?
- How is anxiety manifesting for you—mind, body and spirit?
- In this new reality, what are you grateful for?
- What is your greatest fear and where does the fear lodge in your body?
- What are you doing to support someone else at this time?
- What gives you hope?
- What is a source of strength for you at this time?
- How would you like to use this time?
- What is the growth opportunity of this time, personally and professionally?
- What is the hardest part of this situation for you?
- What is one positive thing you can do for yourself in the next week?
- How can we support each other through this difficult time?
- What are you proud of in your response to this difficult time?

It is important to mark the end of the circle, and to close on a sense of positivity and hope.

Examples of closing questions:

- What word or phrase are you taking into the rest of the day?
- What sound are you most looking forward to hearing when you finish today?

Restorative Practice Development Advisors (Anna Shelmerdine and Abbey Rowland) remain available to provide advice and guidance.

For further information see:

Restorative Practice Approach on Resources [here](#).

Restorative Circles Practice Guidance [here](#)

Restorative Practice with Motivational Interviewing Skills: One Minute Guide [here](#).

Restorative Enquiry

With COVID-19, a virus causing harm (not a person) we've all been affected. The five questions of a restorative enquiry help guide a conversation (whether 1:1 or as a group) to recognise the harm, the underlying needs and name what needs to happen next.

Question	Why is the question important
What happened?	Encourage people to share their experience and perspective.
What were you thinking? What was going through your mind at the time? And so how were you feeling?	Linking thoughts, feelings and behaviour.
Who has been affected by what has happened?	A focus on harm and how to repair this harm; on the effect of the action and who has been affected.
What do you need so you can move forward?	An appreciation of individual needs and also that there is much similarity between the needs on all sides.
So, what needs to happen now? (If appropriate 'and what can you do?')	Ownership of problem-solving and decision making by those directly involved Accountability; empowerment; collaborative problem-solving

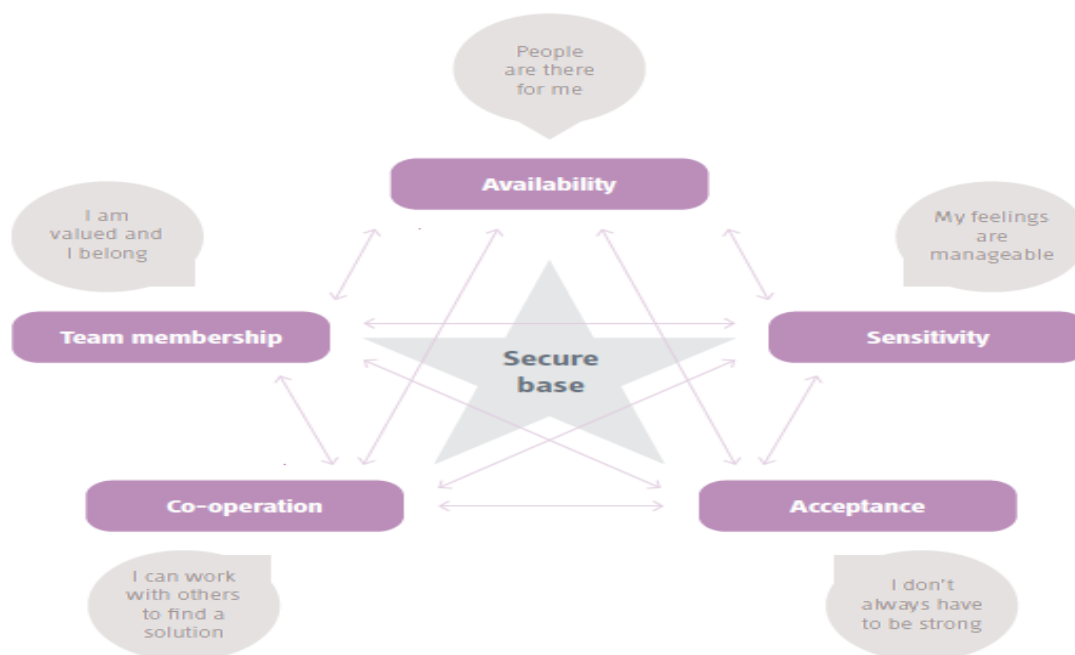
These can be completed in a circle format, with the questions grouped; round one 'what happened and what were your thoughts feelings?', round two 'what was the impact? (I'm affected because... and I also think... is being affected because...)', round three 'what needs to happen next?'.

This set of questions is not a script, nor are all questions necessarily relevant in every interaction. It is a helpful guide and reminder of important restorative principles; to value and respect the individual, seek to understand their perspective and work together to plan and problem solve. **Ask don't tell.**

Team as a Secure Base

Having a [Team as a Secure Base](#) is now more important than ever. How has this changed for the team since we have started to work remotely? All elements of the secure base still apply although they might now look and feel different.

Develop the team as a secure base



Suggested Reflective Questions

- What are our strengths as a team?
- How will we notice and show sensitivity to each other when one of us is struggling?
- How are we making ourselves available to each other?
- How are we accepting the difference in journey our team members are on?

For further information see:

Practice Supervisor Development Programme: Resources and Tools: Secure Base Model [here](#)

Secure Base KFP 1: SWORD Research in Practice and University of Bedfordshire [here](#)

Emotional resilience in times of crisis: how organisations can support practitioners [here](#)

Feb 2020 SDM Team Secure Base Presentation and hand out [here](#)

3 Stages of Pandemic Response

3 Stages of Pandemic Response has been developed by Gabrielle Treanor, a Mindset and Empowerment Coach. This has been taken from her website which can be found [here](#)



Survival

The first stage is Survival. You feel overwhelmed by the changes, the uncertainty, the news, yours and others' feelings.

You're trying to make it through each day, you're angry with other people's behaviour, you're frequently checking the news and scrolling social media. You find it hard to think about anything else, you feel powerless, you're lethargic, unproductive and it's affecting your sleep. Many of the symptoms of grief are tied up in this Survival stage.

Acceptance

You don't like what's happening but you're not railing against the situation so much, you've realised it helps to check in with the news and social media less often and you're creating a new routine in this current normal.

You're feeling a bit more able to let go of what's not in your control, you're noticing the little things that make you smile and you're getting the hang of chatting with your loved ones on a screen.

You're counting the days since life radically changed and longing for life to get back to normal but you're making do for the moment.

Growth

And then we have the Growth stage. Here you're starting to look ahead to what you want life to be like after this is over. You're getting a sense of what you don't want to go back to, what parts of 'normal' life weren't actually working for you and that there's an opportunity here to make changes.

You're savouring the present more rather than worrying about the past or future, you're feeling a burgeoning hope and you feel more connected to the people who really matter to you.

While you are fully aware of the severity of the situation and appreciate how difficult life is for so many, your eyes are opening to what you may have taken for granted in the past and how you want to live going forwards.

Suggested Reflection Questions for 3 Stages of Pandemic Exercise

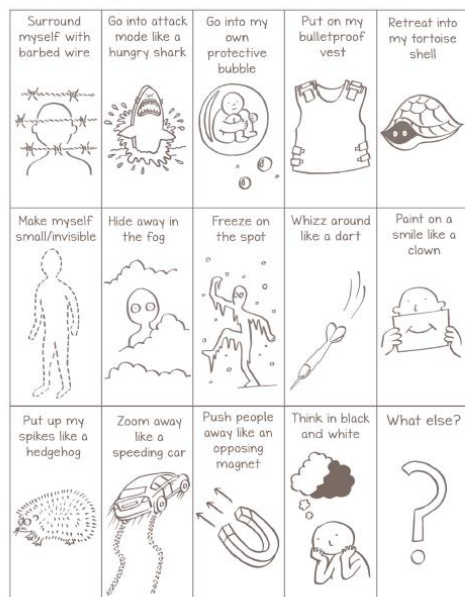
- Where would you place yourself and/or the team?
- Offer opportunity for practitioners to talk about their journey through different stages, how does it feel, what do they notice, what is better or worse for them now?
- What do they need to do as a team to move towards Growth, what would this look like, what would be different about their working day?

Using Visual Metaphors to Respond to Stress and Trauma

This tool provides you with [two illustrated worksheets](#) developed by Dr Karen Treisman, as part of her work on trauma and survival responses. The first one focuses on how individuals respond to stress and trauma. The second highlights how individuals might behave within a stressful organisational context.

Worksheet one: feeling unsafe and putting up defences

When I am feeling 'unsafe' and need to protect myself I...



Copyright © Dr Karen Treisman & Emma Metcalfe – Safe Hands and Thinking Minds (2018)

Worksheet two: organisational defences

Some responses and coping strategies which we commonly see in traumatised, unhealthy, and at times trauma-induced organisations and systems (Survival mode/ Parallel Processes).



Copyright © Dr Karen Treisman & Emma Metcalfe – Safe Hands and Thinking Minds (2018)

There are lots of ways you can use the worksheets ([see pg11](#)) for example:

- As an educational tool in supervision or team discussions.
- To identify common patterns of behaviour.
- To investigate tricky or complex work dynamics, within teams or between people / services.
- To name or highlight the way organisational culture impacts on you or others, for example: Is the team / organisation soaked in stress or trauma? How does this manifest itself and what can be done about it?

For further information see:

Dr Karen Treisman accompanying 16 minutes videos for each worksheet:

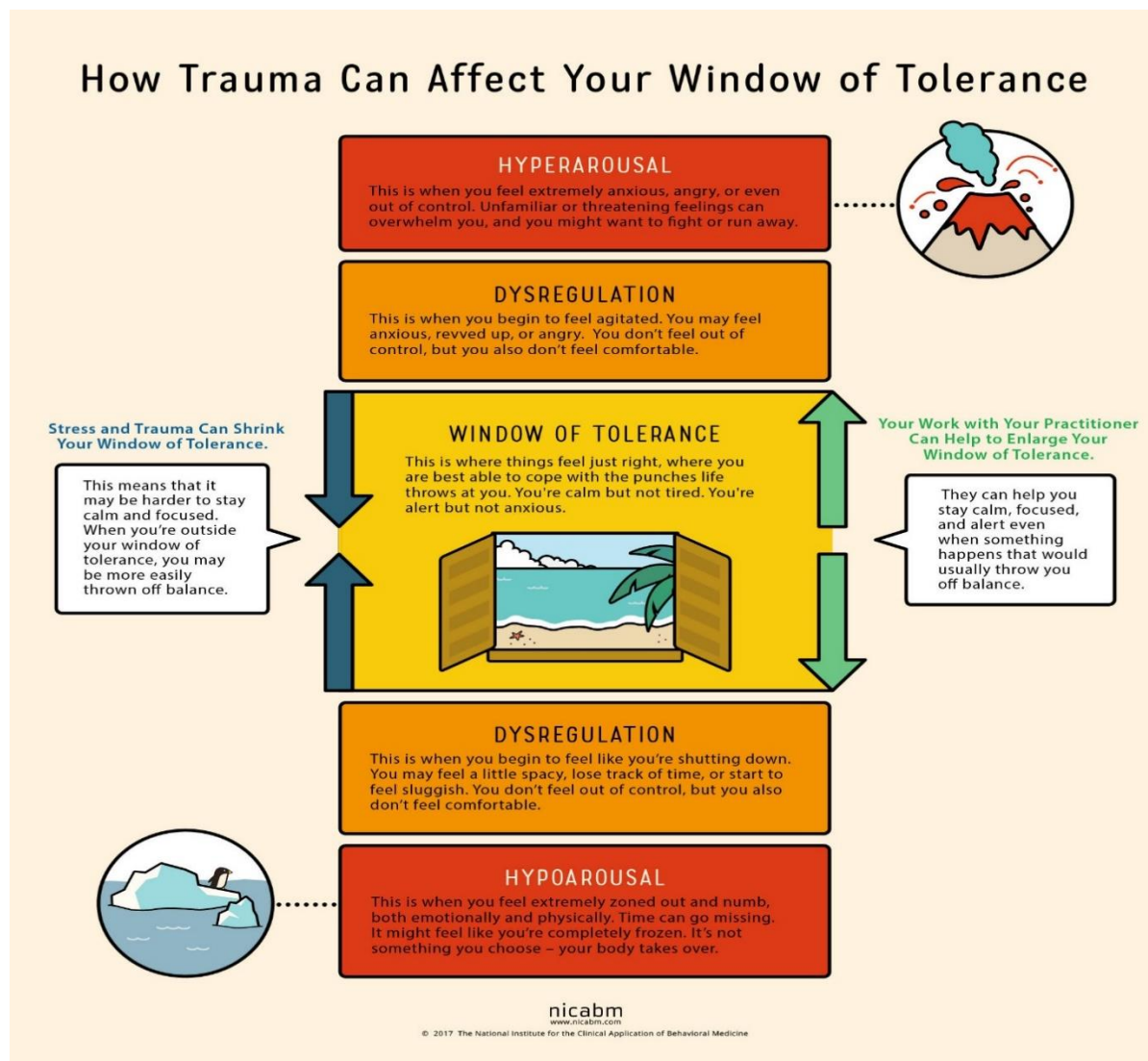
- [Worksheet 1: Feeling Unsafe and Putting Up Defences video](#)
- [Worksheet 2: Organisational Defences video](#)

PSDP – Resources and Tools: Using visual metaphors to respond to stress and trauma [here](#).

The illustrated worksheets can also be used in conjunction with the [Secure Base exercise](#). It can help create self-awareness of our own responses and help others in your team to notice when this is happening and provide support accordingly.

Window of Tolerance

As described by [Good Therapy](#), the Window of Tolerance is a term used to describe the zone of arousal in which a person is able to function most effectively. When people are within this zone, they are typically able to readily receive, process, and integrate information and otherwise respond to the demands of everyday life without much difficulty. This optimal window was first named as such by [Dan Siegel](#).



Suggested Reflective Questions

- What is tipping me out of my Window of Tolerance?
- What do I need to help get me back in?

For further information see:

For further information about the concept of Window of Tolerance see Good Therapy website [here](#) and for the worksheet use NICABM website [here](#).

Maslow's Hierarchy of Needs



Image available @ <https://www.timvandevall.com/downloads/maslows-hierarchy-of-needs-printable-poster/>

Suggested Reflective Questions

- Using Maslow's Hierarchy of Needs speak to your team about where they place their current priority of need.
- What needs to happen in order for them to progress, what will this look like, how will they know they have progressed, what will be different?
- Is there anything the team can do to support each other to achieve this for ourselves?

For further information see:

COVID-19 and Maslow's Hierarchy of Needs: How Is Our Motivation Changing? [here](#)

Te Whare Tapa Whā – Holistic Model of Health

The [Te Whare Tapa Whā](#) is the Māori framework for understanding health and well-being. The aim is to achieve balance across the different dimensions to promote resilience, with a strong foundation and four equal walls depicting different dimensions of well-being. It reminds you to take care of all the different aspects of your life to support your wellbeing. If one dimension is missing or damaged, the entire structure (representing a person) will become unbalanced or unwell. When one aspect is weakened, we can call upon the other elements to foster resilience whilst repair and recovery is ongoing. By considering all elements, it fosters a sense of connection across human needs, heightens the value placed on communication and belonging.



Image courtesy of [MHAW](#)

Connection with land/environment

This is the 'place where you stand', your place of belonging. This recognises the importance of nature and its benefit to well-being. How observing your natural surrounds can aid your well-being.

Physical well-being

Your physical wellbeing incorporates how your body moves, feels, and how you care for it. It recognises how body and mind are linked, and care of your physical health (nutrition, sleep, exercise) is intrinsically linked to your wider wellbeing.

Mental and emotional well-being

This takes note of your mind, heart, conscience, thoughts, and feelings. How you feel and how you communicate and think, needs to be taken care of.

Spiritual well-being

This may include a belief in a faith/spirituality or an internal connection to the universe. The spiritual need is who we are, where we come from, where we are going. It considers our needs in relation to our beliefs, values, traditions, practices that support self-awareness and identity. Care of this promotes a sense of meaning, connectedness, purpose.

Social/Family well-being

Not simply immediate family or who we share a household with, this incorporates who makes you feel like you belong, who you care about, and who you share life with. Including extended relationships, this need considers our core sources of strength, support, security and identity.

Suggested team activity

Objective:

Understanding how unmet needs often lead to harmful behaviour and how harmful behaviour creates needs. An introduction to a framework for understanding human needs.

Instructions:

Introduce activity by reminding that restorative practice looks at incidents of harm through a different lens. The important element the process is seeking to uncover is: what are the needs the participants have? Relating to the unmet needs that are a result of the impact of COVID-19.

Maslow's Hierachy of Needs is utilised for understanding basic human needs, Te Whare Tapa Whā offers even more in relation to community, connection and harm (aligning with restorative practices).

Introduce Te Whare Tapa Whā ([printout available](#) "build the house")

- Divide the team into four groups (your team members will need to call each other outside of the virtual meeting hosted by you) and return to the main meeting session at an agreed time.
- Assign each group one dimension of the model.
- Next ask the group to consider how the experience of COVID-19 and social distancing to talk through the issue and identify all the needs related to their side of the house that may be related.
- Write down the needs identified.
- After 10 minutes, each group to share their list of needs with the larger group.
- The activity will end with the written needs arranged to construct a house.

Debrief/Discussion:

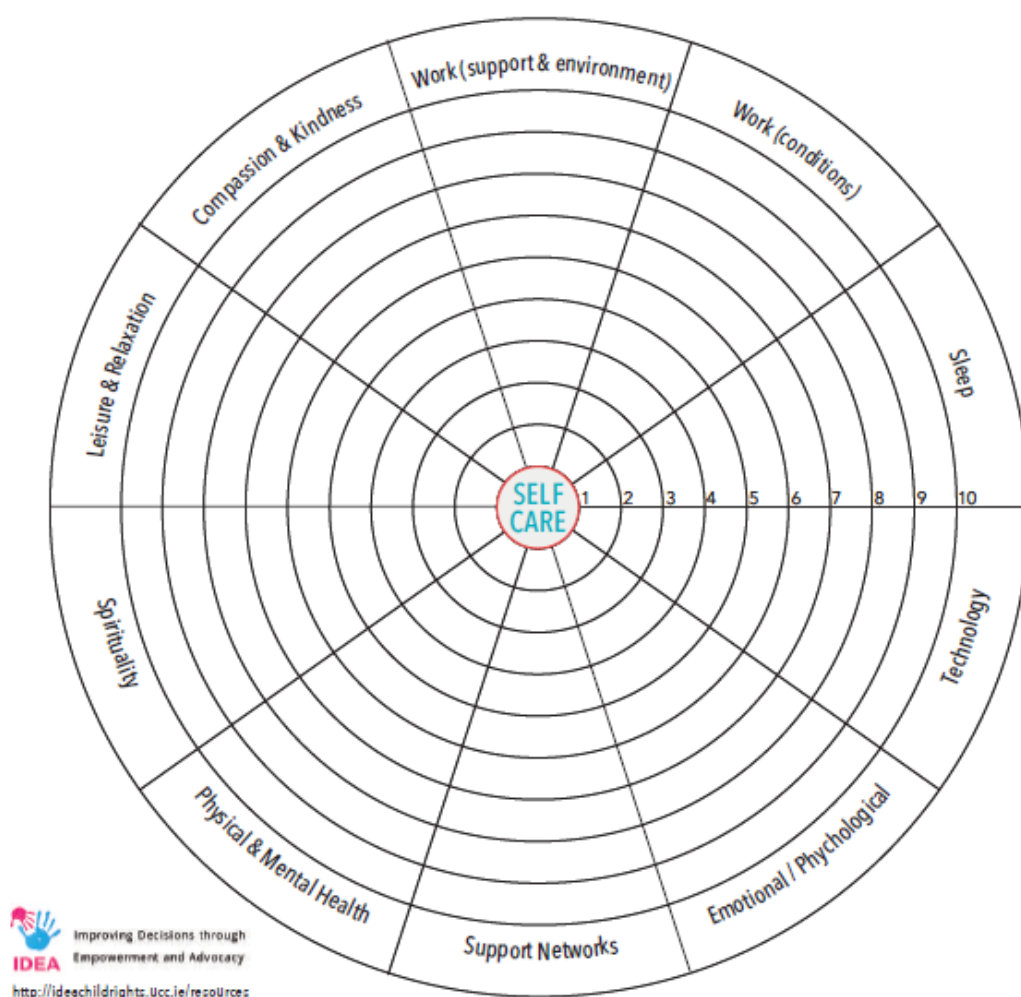
- Are there needs that surprised you?
- What additional understanding did you gain from looking at the needs in these different categories?
- Now seeing all these needs, what ideas do you have about what could happen next?
- When we understand the needs that have arisen from the harm caused, we are more able to facilitate a process that fully repairs harm. The Te Whare Tapa Whā model helps us to understand the range of human needs.

SPARK – A Self Care Tool for Professionals

The [SPARK tool](#) (Self Reflection, Prevention, Assessment, Resilience, Kindness) is a self-reflective evaluation tool for Practitioners to support them to develop a tailored self-care plan. It aims to prevent excessive stress and burnout by encouraging Practitioners to reflect on distinct areas in their personal and professional lives. Using evidence informed prompts, practitioners can assess, what, if any, changes are necessary to improve their welfare. This tool aims to build personal resilience in practitioners as an ongoing process. It provides a reminder that kindness and compassion towards ourselves and others are essential components in our personal and professional satisfaction.

For further information see:

The Spark Tool guidance for further instructions, prompts, reflective questions [here](#)



My Whole Self

My Whole Self is a campaign from Mental Health First Aid (MHFA) England empowering employees to bring their whole self to work. Whether online or in person, bringing your whole self to work is a mindset that is better for wellbeing and better for business.

The highest performing workplaces are supportive and inclusive. By putting diversity and inclusion at the centre of mental health and wellbeing, employers can create a culture where people can be themselves at work. This helps people to feel more engaged, to think bolder, find common ground, and work more effectively together.

Suggestions by MHFA include [My Whole Selfie](#), [My Whole Self Discussion Panel](#) and my [Whole Self 'book club' activity](#)

Action for Happiness: Action Calendar

Use the available Action for Happiness Calendars found [here](#) for ideas on actions as a team you can do together, share photos, stories, examples of what actions you have done.



Similar to Action Calendar, using the [Frontline Keyworker Covid 19 Pandemic Self Care Acts by Self Care Psychology](#), choose one a week to complete and share it with the team.

Why not make someone happy with a **Shout-Out**. Make it a point to have each member give a shout-out to someone and/or to celebrate with their team praise or a compliment they have received. This is a chance to share how members of the group did something positive that week which was helpful to children and families, their team or a colleague.

Podcasts and Short Videos

Dr Karen Treisman is a Highly Specialist Clinical Psychologist who has worked in the National Health System and children's services for several years. Dr Treisman has a section on her website [Safe Hands Thinking Minds](#) that is dedicated to [Covid, Anxiety, Stress Resources and Links](#). Below are some examples of what is available on her website. These can be listened to as a group/team and reflected upon and used as a discussion piece.

- Karen Treisman discussing how the current situation might evoke and re-trigger past traumas- how the experiences being felt during the pandemic can be retriggering and resurfacing past traumas and feelings and sending people down a time hole
<https://www.youtube.com/watch?v=msNO7ZmLXns&feature=youtu.be>
- Karen Treisman discussing some of the reasons why people might be either/or struggling to fall asleep, having disturbed or change sleep, and/or feeling exhausted and tired more than usual in the context of the pandemic- <https://www.youtube.com/watch?v=ClztIRbjeil>

5. Reflective Workspace at Home

[*'A social worker's car is a place of sanctuary'*](#) is a headline from a 2012 article written by Professor of Social Work, Harry Ferguson followed by his research in 2016 called [Professional helping as negotiation in motion: social work as work on the move, Applied Mobilities](#). With most of us working from home and travel limited, if not completely stopped, we have lost the precious reflection time during the day we do not normally plan for. The time where we reflect, process and analysis what we have said, heard and done that enables us to provide a rationale for decision making and plan next steps.

While there are lots of tips and suggestions for managing a work-life balance ([SWORD Wellbeing](#)) about how best to work from home in creating physical space and boundaries and self-care, there is a limited amount on creating space for reflection.

A recent blog by Harry Ferguson called [Social work from home: Creating thinking spaces](#) has shed some light on this for Practitioners and in this guidance you are asked to support your Practitioners to do the following by reminding them of this expectation, by giving them permission to stop, take time out to reflect and where necessary to help them adjust their diaries accordingly. In order 'to be resilient we need to ensure that learning and development is at the heart of all that we do' ([Leaning Organisation, SWORD](#)), without reflection, we reduce our opportunity for growth for ourselves and the children and families we work with.

Remind staff core hours are currently extended and positively recognise the efforts being undertaken by everyone to work in a variety of stressful, emotive and practically difficult situations. 'Promoting a culture in which your staff feel appreciated is a Key Foundational Principle for organisational resilience' (see [Sense of Appreciation, SWORD](#)).

Practitioners need to build in breaks between each virtual contact, whether this is a meeting, virtual visits or phone call. Where you expect a virtual contact to be 30 mins, schedule an hour

in your diary. This time is as precious as the time spent undertaking practical tasks. This time will allow you to:

- Process what you have heard, experienced and what this means for the child/family
- Seek support and guidance
- Seek emotional support from colleagues – plan ahead to call if you expect difficulties to arise
- Plan emotive virtual contacts prior to more interactive and positive meetings where you can enjoy distraction and change of Research a subject to inform your analysis
- Reflect and consider how you will approach something differently next time
- Listen to a podcast, webinar or read an article to enhance your understanding of a topic

All of the above will contribute to purposeful planning informed by a reflective and analytical approach to your practice and enable you to be prepared for supervision discussions to consider how barriers to plans can be overcome and progress achieved.

These short videos give insight into fatigue which can be brought on through repeated intensive virtual contact and the impact fatigue can have on decision making. Highlighting the importance of breaks for Practitioners.

- Why am I so tired? Clinicians Guide to Online Therapy (4 mins)
<https://www.youtube.com/watch?feature=youtu.be&v=DRRjetJSzhs&app=desktop>
- Dr Bruce Perry talks about the impact of fatigue on decision making (20 mins)
<https://www.youtube.com/watch?v=Yc-Nv8eqfgM&feature=share&app=desktop>

For further information see:

- Sense of Appreciation KFP2: SWORD Research in Practice and University of Bedfordshire [here](#)
- Learning Organisation KFP 3: SWORD Research in Practice and University of Bedfordshire [here](#)
- Wellbeing KFP 5: SWORD Research in Practice and University of Bedfordshire [here](#)

6. Relaxation Techniques and Fun Games for Huddles

Dr Karen Treisman provides on her dedicated section to [Covid, Anxiety, Stress Resources and Links](#) relaxation techniques for grounding, soothing, and coping tools. Why not listen to them as a team and do this together? Here are a small selection, look at the [website](#) for more examples.

Hand or star breathing-A video by Dr Karen Treisman introducing a brief breathing exercise called "hand breathing". <https://youtu.be/NAldSdx-jps>

Sensory, grounding, soothing, and regulating box- A video by Dr Karen Treisman discussing how to make and create a sensory, soothing, and grounding box which supports all of one's senses to regulate. <https://youtu.be/9XyxqWiqLk0>

Muscle tensing and releasing tool-A video by Dr Karen Treisman introducing a brief tension releasing exercise of tensing and relaxing one's muscles. <https://youtu.be/FbhUxg9eHDE>

Yoga and Meditation

Here are some suggested videos, there are many more online:

- Desk Yoga: De-Desk Your Upper Body
- Yoga for Working from Home
- 5 minute Guided Meditation at your Desk | Sarah Beth Yoga

Top Tips for Working at Home

- 10 top tips to promote resilience whilst working at home from Hertfordshire and Norfolk County Councils [find out more](#).
- NHS Guide to Mental wellbeing while staying at home [here](#)
- Self-Isolation Psychology Wellbeing Pack [here](#)

Suggestions for Fun Huddles

- Fancy Dress
 - Who can make the best crown or tiara from tin foil?
 - Who can wear the silliest, brightest outfit?
 - Who rocks the best hat?
- **Guess that baby** – provide photos of yourselves as children – can you guess who it
- **Guess the owner.** Jesse Sussman at [Museumhack](#) suggests having group members take a photo of something that uniquely describes a part of their personality or interest. Send the photos to the manager, who shows them one at a time while members try to guess who it belongs to.
- **Variation:** Everyone sends in their version of the same thing: shoes they wear, favorite coffee mug, wristwatch, work space, pets
- **Geographic Fun Facts.** Dave Nevogt at [Hubstaff Blog](#) suggests asking members to be ready to share three unusual fun-facts about the city/state/country they grew up in

that aren't commonly known. This can be a good way to learn something new, while improving understanding of the location and cultural environment.

- **Origami Zoo** - Each day or each week, you take turns finding and sharing instructions to create a new origami animal (if paper at home is available). For example, you make cranes, frogs, penguins, bears, and a host of others. Team members can place the origami animals on the work desk and build up a replica zoo over a few weeks
- Lunch time quiz – use this website for quiz questions
- **Sharing the view from your window** – take photos and share what you can see with your team

7. Professional Talking Support and Additional Resources

- Wellbeing Service for NHS and social care staff across Devon
<https://www.dpt.nhs.uk/our-services/wellbeing-service-for-nhs-and-social-care-staff>
- Employee Assistance Programme (EAP)
<https://inside.devon.gov.uk/task/health-and-wellbeing/employee-assistance-programme/>
- Elefriends is a supportive online community from the mental health charity Mind.
<https://www.elefriends.org.uk/>
- Health and Safety Executive Advice on lone working without supervision, working with display screen equipment, stress and mental health.
https://www.hse.gov.uk/toolbox/workers/home.htm?utm_source=linkedin&utm_medium=social&utm_campaign=coronavirus&utm_term=employers-2&utm_content=dse#stress-mental-health
- Self-Care Starter Kit: University at Buffalo School of Social Work
<http://socialwork.buffalo.edu/resources/self-care-starter-kit.html>
- Non-medical, non-pathologising resources to help us all survive the COVID-19 crisis
<https://www.madintheuk.com/2020/03/covid-19-resources-were-all-in-this-together/>

If anyone would like support with any of the suggested tools, please contact:

- Rachel Nall Principal Social Worker
- Anna C Shelmerdine Restorative Practice Lead
- Abbey Rowland Restorative Practice Lead