

NE & NC REGIONAL STAFF WELLBEING AND RESILIENCE HUB

GROUP OFFERS

Proposal for supporting the supporters

The regional Integrated Care System is very aware of the amazing work that many psychology staff are doing to support their frontline colleagues. As part of the NHS-E funding for staff support we would like to offer 'the scaffolders' a space to reflect. This will hopefully be a safe space to practice what we preach, look after ourselves and help to inform the hub of the kind of themes that may be emerging for staff bearing the burden of the impact of the pandemic in order to create support for them matching their evolving needs.

Balint Groups

In essence, **Balint Groups** are a way of reflecting upon Clinical work using a *psychodynamic/psychoanalytic* model and are conducted on the basis that participants 'will bring along' a clinical case e.g. a patient and/or recent, perhaps troubling, case/encounter. Notes are usually not used.

The presenting member outlines the case and then 'sits back' and the remaining participants discuss the case/patient in a reflective and associative sort of way i.e. not discussing e.g. the progress and outcome but try instead to get under the surface as to 'what is going on' in the relationship between clinician and patient. So, the tools are fantasy, countertransference, imagination, association etc.

Balint Groups usually last 60-90 minutes are often held say, fortnightly and over an extended period of time, e.g. in 'Terms' of ten sessions.

Taking Care-Giving Care (TCGC) Groups

Taking Care-Giving Care (TCGC) groups are more structured and again last for 6—90 minutes and are concerned with Compassion – how we offer it to our patients and how we can offer it to our colleagues and crucially, to ourselves. Such sessions are often delivered as either one-offs or over two to three sessions. The structured exercises are only so many and repetition would set-in.

A Bespoke Model

These are not either-or options and sometime a more evolving reflective/supportive group can be devised and be adapted over time, i.e. **Bespoke Model** is devised to fit the needs of each particular team.

Balint Groups

Balint groups are small groups (up to 10 members approx.) made up of people working in healthcare settings, which meet weekly or fortnightly, for either 60 or sometimes 90 minutes and where, each session, a group-member could talk (voluntarily!) about either their relationship with a staff-member whom they are supporting or other relational aspects of their work. They are facilitated by a dynamically trained clinician and are named after their GP and psychotherapist founder and have a long evidence-based history in the UK and throughout the world.

The point of this type of group is to reflect on work relationships with the aim of supporting healthy functioning. There is no intention to think about the case clinically e.g. what might have been done better or what to do next etc. It is a little similar to Schwartz rounds where it is intended to be a supportive non-critical environment. The focus on relationships aims to enhance person-centred care through a deeper exploration and space to process things that may otherwise build up over time.

The group will typically be 'closed' and be scheduled for a term at a time (usually about ten to twelve sessions) following which members might leave and others join. This helps with group cohesiveness and so with group-effectiveness.

HOW MIGHT THIS HELP?

As we know, human relationships are never straightforward and this is as true within clinician/patient relationships as any other. Why do some people get very upset about another person e.g. a particular patient/client or perhaps an interaction and others do not? Why this person and why now? The encounters of the scaffolders may have given rise to distress, puzzlement, difficulty or just surprise.

Talking about one's work and thus sharing it with others, especially it's more difficult or puzzling aspects, can be a huge relief to members who, of course, find that 'they are not alone' with these feelings at all. Group members may find that they are less likely to 'take their work home' and so become less stressed and hopefully, enjoy their work more.

BALINT GROUP GUIDELINES

Essential characteristics of a Balint-Group:

1. A small group

There are no absolute rules, but groups with less than six or more than 12 participants are unlikely to work well.

2. An experienced group Conductor often accompanied with a co-conductor who may not be a trained group conductor but have some skills and a wish to develop them.

3. Group members are in clinical contact with patients.

Members are clinicians from any health care profession.

4. The material of the group is based on the presentation of current cases giving the presenting clinician pause for thought.

The cases may have given rise to distress, puzzlement, difficulty or just surprise. Random cases have occasionally been used (even in groups led by Michael Balint) but we would not recommend this for starter groups.

5. The discussion focuses on the relationship between the presenting clinician and their patient.

Matters of 'fact' may need to be cleared up at the presentation's beginning but only those that have a bearing on the clinician/patient relationship are relevant. Discussion of general issues is also not relevant.

6. Case notes should not be used.

In the actual presentation and discussion, *relying on memory is crucial*. Slips of memory are not considered as signs of poor practice but as vital clues to the understanding of the patient and his doctor.

7. The groups are not for personal therapy.

Self-awareness will increase as a result of attending a Balint-group but the discussion is firmly focused on the patient and the clinician/patient relationship. Discomfort or distress in the clinician are not ignored but are worked through in the context of the needs and problems of the patient rather than of the clinician.

8. Standard rules for small group working apply.

Confidentiality, honesty ownership, respect for other group-members etc. are essential. In Pre-Covid times, group members would be arranged in a circle, preferably on chairs of similar size but for the foreseeable time we will of course be meeting 'on screen'. Each group session should normally last for one hour.

9. The purpose of the group is to increase understanding of the patient's problems, not to find solutions.

Participants are therefore encouraged to speculate on how they see what might be going on. Questions are discouraged. Advice is discouraged even more.

10. The Conductor takes ultimate responsibility for trying to ensure that the group functions, as described above.

Group members should also have a responsibility (see 8. Above). The Conductor must, above all, ensure that group members, particularly the presenter, are not unduly hurt. (Some increase in anxiety, on the other hand, is an almost inevitable concomitant of learning).

Desirable characteristics of a Balint Group

1. The group is 'on-going'.

As terms go by, membership slowly evolves but the group itself may last as long as required – many Balint Groups have been running for years with slowly changing membership. This means that the group becomes more and more effective and it is why too, that a commitment to regular meetings is important.

2. The group is closed.

It is best if the group membership is unchanged, over at least each term – this encourages regular attendance and growing confidence in the group.

3. There is a co-leader.

Joint leadership by a co-conductor, gives added value to the group, helps to give another Clinician that valuable experience and in time, may mean that, if the Conductor cannot attend a particular session, the group can still go-ahead.

4. The Conductor preferably has some sort of training in Conducting groups.

TAKING CARE – GIVING CARE

A Compassionate Approach to Caregiving

The regional Integrated Care System is very aware of the amazing work that staff are doing to care compassionately for their patients. As part of the NHS-E funding for staff support we would like to offer Teams a space to reflect on themselves and their work. This will hopefully be a safe space to practice what we preach, look after ourselves and help to inform the Hub of the kind of themes that may be emerging for staff bearing the burden of the impact of the pandemic, in order to develop support for them which matches their evolving needs.

HOW MIGHT THIS HELP?

Talking about one's work and thus sharing it with others, especially it's more difficult or puzzling aspects, can be a huge relief to members who, of course, find in so-doing, that 'they are not alone' with these feelings at all. Group members may find that they are less likely to 'take their work home' and so become less stressed and hopefully, enjoy their work more.

What is a Taking Care Giving Care (TCGC) Round?

A TCGC Round is a facilitated and structured, 60-90 minute-long session (round) for staff members - they may consist of one 'one-off' session or sometimes a 'block' of three rounds.

The Round is an opportunity for staff to revisit their values and to spend time thinking about how they can take better care of themselves so that in turn they can care for others. They are based on Compassion Circles as developed by Andy Bradley and have been used in Aneurin Bevan University Health Board (ABUHB) in South Wales since 2015 as part of a wider organisational employee well-being strategy.

Compassionately facilitated 60-90-minute sessions of groups of people who together participate in practices of sharing (dialogue), listening and appreciating each other.

Sessions are based on structured practices of holding space, mindful self-compassion and being in community.

This typically consists of a process of brief introductions to each with perhaps an added attempt to define compassion. Again, typically members 'pair-off' to discuss a compassion-related topic, with each of the pair in turn talking with the other actively listening.

Key processes of this facilitation include, preparation of space and self, warm welcome, meet as equals, celebrate differences, space for contemplation and commitment to act.

Taking Care-Giving Care – A Compassionate Approach to Self, Others and our Work

1. **Introduction:** To understand the origin and rationale of these types of intervention, a good start would be to go onto Google and look up ***Taking Care-Giving Care*** and watch the '20 minute' Webinar by Brenna Waites and Charlie Jones. It's easy to follow and also easy to skip parts or to re-visit others.
2. **Background: The Francis Report** was published in February 2013 and was based on a public inquiry into poor care at the Mid Staffordshire NHS Foundation Trust between 2005-2009. The **report** examined what had led to poor standards of care at the hospital, unnecessary patient deaths and why the warning signs of serious failings were not recognised.
3. This Report into the Mid Staffs patient-deaths scandal revealed, amongst other things, a shocking lack of ***compassion towards patients***.
4. The shock of this led to many further 'psychological enquiries' which, in turn, led to an understanding that ***compassion towards and between staff*** was completely inter-twined with giving compassion to patients and others.
5. Working compassionately together, whilst delivering care, has demonstrated, apart from ethical considerations, an ability to improve the health of staff (e.g. measured by Staff Sickness Rates) and clinical outcomes for patients with all types of physical and psychological disturbance.

“Asking people who are paid to care day after day after day to continue to offer that care without themselves being cared for is immoral, unethical, unwise and inefficient” –

Intelligent Kindness: Reforming the Culture of Healthcare: Ballat and Campling

APPENDIX ONE: OTHER ASPECTS OF TKGK GROUPS

Some Key Facts about Taking Care- Giving Care Circles

The unifying theme is Compassion:

Compassion flows in three directions

Self to self
Self to other
Other to self

The Intention

To offer a safe space

To grow self-compassion

To deepen understanding of inhibitors and enablers of compassion

To take action which enables compassion to flow

The Experience

- Preparation of self
- Preparation of space
- Warm welcome
- Invitation to meet as equals –all human with both vulnerability and strength
- Invitation to celebrate differences
- Offer of space for contemplation
- Invitation to commit to action
- Appreciation of process and each other

APPENDIX TWO: OTHER ASPECTS OF TCGC GROUPS

Who can attend a TCGC Round?

Anyone can attend a TCGC Round; they are designed to be inclusive and can include staff at all levels. They can be run in a number of different ways:

Is it a one-off session?

TCGC Rounds can be one-off sessions, or they can be repeated with the same group of attendees. How often they are repeated will depend on the wishes of the attendees; for example they could be repeated every month, a few times a year or at an annual away-day.

They can be offered at a particular site or within a service on a regular basis with different staff attending each time. The TCGC Rounds have been developed to allow them to be implemented flexibly across the organisation. The vast majority of rounds in ABUHB have been run on a one off basis in team meetings, away-days or time out days.

How long should a TCGC Round last?

The Round should usually last for one hour but are sometimes an hour and a half.

How many people can attend a TCGC Round?

TCGC rounds have been run with up to 30 participants in ABUHB. However a smaller group of 6 - 12 is more usual.

APPENDIX THREE: OTHER ASPECTS OF TKGC GROUPS

Core Process of Compassionate Facilitation

- Preparation of self and the space
 - Warm welcome
 - Meet as equals
 - Celebrate differences
 - Space for contemplation
 - Commitment to act
 - **Psychological Safety**
 - *a belief that one will not be punished or humiliated for speaking up with ideas, questions, concerns or mistakes*
 - **The Structure of the Compassion Circle**
 - **Invitations** – ‘I would love you to come because.....’
 - **Preparation** – Self:- Quiet mind, Open Heart
 - **Preparation** - Circle of Chairs and refreshments – food and drink.
 - **Framing** – flow of compassion, intention of the circle (safety and growth), three relational practices, always fine to pass. Hold the space for each other. Can be challenging to stop - take care of selves and each other. Ask for volunteer scribe (neat hand writing) to record all of the rounds. Facilitator role is to be disciplined in holding the space so that it enables equality of thinking and creates a safe space. Invitation in the circle is to speak from the heart and to listen with the heart.
 - **Check in round** (be succinct and listen to the speaker rather than think what you are going to say when it's your turn!) – your name, how are you arriving and one thing that is going well for you outside of work
-
- Key questions are used in the supportive safe space created in order to explore and discover enablers and barriers to flow of compassion. Compassion circles enhance relational safety, trust, confidence and wellbeing and offer an important shift from hero to host leadership.

- **Compassion** means delivering **care** with empathy, respect, and dignity, recognising people's emotions, and forming relationships with patients based on empathy. **Compassion** is about treating them with kindness, empathising with what they are going through, and supporting them both emotionally and medically.
- Established networks of others implementing compassion circles elsewhere (both in and out of the NHS) in the UK and Wales provide rich opportunities to share learning e.g. Learning from Excellence (West Midlands Patient Safety Collaborative). There is also an emerging compassion circle exchange community.

What are Taking Care-Giving Care Circles?

Compassion

"a sensitivity to suffering in self and others with a commitment to try to alleviate and prevent it."

Professor Paul Gilbert, Compassionate Mind Foundation

Compassionate Facilitation

When we hold space as compassionate facilitators we consciously invite participants into an awareness of responding with compassion and wisdom to self and others – both to those who are in the circle those who are not.

Enhancing trust comes from creating safe spaces for expression, connection, and reflection, which many of us simply have little to no time for in the course of our typical work day. Providing safe group spaces with compassionately facilitated experiences invites participants into a highly supportive and compassionate mind-set with their colleagues that enhances safety, trust, confidence, and wellbeing.

Uniting values – imagine a moment in the future when you need care. Picture someone walking towards you and think I am going to be ok with this one. What quality do you feel / see / hear?

APPENDIX FOUR: OTHER ASPECTS OF TKGC GROUPS

Framing words re self-care – flow of compassion from self to self

Self-Care first thoughts round – what is your first thought on the way you care for yourself?

Pairs thinking – how do you care for yourself? (listening then appreciations)

Self-care commitment round – to better care for myself I will... (scribe to record)

Inhibitors of Compassion first thoughts round – what is your first thought on what is most in the way of the flow of compassion?

Pairs thinking – what is most in the way of the flow of compassion? (new partner – listening then appreciations)

Thinking Now round – what are you thinking now is most in the way of the flow of compassion? (Scribe to record)

Enabling the Flow of compassion first thoughts round – what is your first thoughts on what can be done to enable the flow of compassion?

Pairs thinking – what can be done to enable the flow of compassion? (new partner – listening then appreciations)

Thinking Now round – what are you thinking now can be done to enable the flow of compassion? (Scribe to record)

Appreciation of the Process – what have you most appreciated about the circle and the contribution of the person to your left?

REGIONAL STAFF WELLBEING HUB

Reference:

Campkin, Marie. Is there a place for Balint in vocational training? Journal of the Association of Course Organisers, 1, 100-104.

Further Reading:

Balint, E & Norrett J(eds). Six Minutes for the Patient. Tavistock Publications, 1973.
Balint, E et al. The Doctor, the Patient and the Group. Routledge, 1993.

Balint, M. The Doctor, his Patient and the Illness. (2nd edition). Pitman, 1964.
Elder, A., & Samuel, O. (Eds). "While I'm here Doctor". Tavistock Publications, 1987.