**Health and Wellbeing Conversations: A checklist for facilitators**

**What are Health and Wellbeing Conversations?**

Health and Wellbeing Conversations are supportive conversations that can take place between an individual and their line manager, or another trusted person at work.

Most Health and Wellbeing Conversations will be completed in an hour or less and can be revisited more than once a year, if situations change or when the need arises.

Health and Wellbeing Conversations have three purposes:

* To enable **all** NHS and care staff to have a confidential discussion about their wellbeing and how it might be impacted by:
	+ - COVID-19
		- the intensity of their workload
		- the demands of their work
		- factors outside of the workplace such as caring responsibilities, major life events, family/community health etc.
* To identify what factors individuals and teams are able to promote and nurture for their own resilience and to support them to increase their capacity to cope. The aim is to understand the practical changes that could be put in place to support staff health and wellbeing
* To highlight where someone may benefit from further support, including mental health support, if appropriate

Health and Wellbeing Conversations help people to think about:

* Areas of their health and wellbeing that could be improved taking a **prevention and self-management approach** – this could include redesigning work, support from line managers for workplace adjustments or flexible working arrangements
* Where to go for additional, **targeted support** when needed
* Whether there are any issues that need action at an organisational level to change

**Health and Wellbeing Conversations** **are not**:

**x** Psychological interventions, but can help to identify if individuals should be signposted to other services or specialist psychological care

**x** Intended to be used to judge the performance of an individual

**x** A Risk or Mental Health Assessment

**When facilitating Health & Wellbeing Conversations for others**

1. **Preparing to facilitate a Health and Wellbeing Conversation**

To be able to hold these conversations for others, it will be important for you to think about:

* the range of experiences people may have had during and before COVID-19:
	+ understanding and being able to appreciate differences between cultural experiences and increased vulnerabilities for some, especially for Black, Asian and Minority Ethnic (BAME) colleagues
	+ the difference between where colleagues have worked and the roles they have had

Due to the pandemic, many will have experienced a diverse range of challenges and emotions:

* High levels of fear about personal safety, including:
	+ Contracting the virus or passing it on to someone they care about
	+ Concerns about the sufficiency of equipment or PPE
	+ Safety of people with increased risk
	+ Caring for colleagues who have COVID-19
* Grief and loss:
	+ Losing significant numbers of patients, particularly in circumstances where their families couldn’t be with them in person at the end of their life
	+ People may have lost relatives, friends or colleagues directly
	+ Awareness of the many other NHS and care colleagues who have died
* The physical and emotional intensity of the work:
	+ long shifts wearing full PPE
	+ caring for large numbers of very sick patients
	+ being asked to work in new roles, take on new skills or be redeployed to other teams to support the effort
	+ working longer hours to meet the increased demands
	+ intense periods online for staff working from home
	+ having to make a lot of difficult decisions, often at pace and with imperfect information
	+ being responsible for the safety and welfare of others
* Loss of important, meaningful work or sense of ‘my team’ for those:
	+ who are redeployed into areas that aren’t their preferred field or expertise
	+ whose services or functions were scaled back or stopped
	+ who are in training and may be concerned their career development has suffered
	+ working remotely from their normal base
* Managing demands of work and home:
	+ feeling the need to always be on and ready to help, potentially at the expense of being at home
	+ juggling the demand of being a good colleague, with also being a good parent/partner/friend/relative to those outside of work
* The impact for those shielding:
	+ maintaining a sense of belonging to their team and keeping in contact with developments
	+ the anxiety of going back into the workplace, including whether they may be judged for not being physically present
1. **A time and a place**

When making time for Health and Wellbeing conversations, some things that may be helpful to consider are:

* Allowing time for your 1:1 conversation
* Where possible, having a range of time slots available will help give people options to participate at a time that works for them
* Some may want a conversation during their normal work hours, while others may prefer a time that is quieter and more private

Where these conversations happen is as important as when. Some things to consider, to enable all staff to participate, whether that is in person, or virtually for those shielding or working from home include:

**If the conversations are held in person:**

* Having neutral spaces identified may help to encourage people to engage in the offer. This includes meeting spaces that are safe, confidential and comfortable. Conversations held in managers offices might invoke feelings of anxiety, so alternatives to these will be helpful. There is some evidence to suggest green spaces support wellbeing, so also consider using green spaces in and around the working area, if these are available, appropriate and can be confidential
* How to enable appropriate and safe distancing, in line with your organisation’s protocols and advice
* How to support those that might need extra assistance or reasonable adjustments

**If the conversations are held virtually:**

* Enabling conversations to be held in confidence, thinking about the surroundings of those meeting in different locations
* How to support those who might need extra assistance, access to technology, reasonable adjustments etc.
* Having clear guidance that phone or video calls mustn’t be recorded
* How will you manage if the connection is interrupted?
1. **When having the conversation**

**Confidentiality:**

* These conversations are confidential, and everyone has the right to privacy in respect to what they share. When supporting someone to access extra help or support, it is essential that information is only shared where necessary and with the consent of the person
* It’s important to remember that confidentiality doesn’t apply to situations where it becomes apparent there is a risk of harm to self or others. These situations should be managed in line with your local safeguarding policy
* Set an agreement at the start of the conversation, being clear about confidentiality and not recording the discussion. If you do take notes about actions you agree to help participants with, be sure to be open and transparent about what you write down and why