

STAFF SUPPORT GROUPS IN THE HELPING PROFESSIONS

PRINCIPLES, PRACTICE AND PITFALLS

Edited by
Phil Hartley and David Kennard



Staff Support Groups in the Helping Professions

Staff burnout and work-related stress in mental health professionals cost the National Health Service not only millions of pounds each year, but also impact upon the welfare of those being cared for. *Staff Support Groups in the Helping Professions* takes the lead from recent Department of Health initiatives, promoting the use of staff support groups to foster emotional resilience, deal with potential conflict and support reflective practice.

In this book Hartley, Kennard and their contributors explore the influences that help and hinder the setting up and running of staff support groups, and attempt to counter the often negative reactions that the term 'staff support' can evoke. They demonstrate that such support groups can be a sophisticated and valuable intervention that needs careful preparation and skilful management to succeed, and will in turn not only benefit the individual, but also the department as a whole and those that they care for.

Contributors share their experiences of facilitating support groups in a number of settings including:

- psychiatric wards
- therapeutic communities
- social services
- schools
- children's homes.

Containing a wealth of case material, *Staff Support Groups in the Helping Professions* will provide much-needed guidance for those professionals attending, managing, or in the process of setting up a staff support group.

Phil Hartley is an Adult Psychotherapist at St Andrews Counselling and Psychotherapy Service, North Yorkshire and York Primary Care Trust. He is also a member of the Institute of Group Analysis.

David Kennard is a clinical psychologist and group analyst providing supervision and staff support to individuals and organizations. He was formerly Head of Psychological Services at The Retreat, York, and is a member of the Institute of Group Analysis.

Staff Support Groups in the Helping Professions

Principles, Practice and Pitfalls

Edited by Phil Hartley and
David Kennard

First published 2009 by Routledge
27 Church Road, Hove, East Sussex BN3 2FA

Simultaneously published in the USA and Canada
by Routledge
270 Madison Avenue, New York, NY 10016

Routledge is an imprint of the Taylor & Francis Group, an Informa business

This edition published in the Taylor & Francis e-Library, 2010.

To purchase your own copy of this or any of Taylor & Francis or Routledge's collection of thousands of eBooks please go to www.eBookstore.tandf.co.uk.

© 2009 Selection and editorial matter, Phil Hartley and David Kennard;
individual chapters, the contributors

All rights reserved. No part of this book may be reprinted or reproduced or utilised in any form or by any electronic, mechanical, or other means, now known or hereafter invented, including photocopying and recording, or in any information storage or retrieval system, without permission in writing from the publishers.

This publication has been produced with paper manufactured to strict environmental standards and with pulp derived from sustainable forests.

British Library Cataloguing in Publication Data

A catalogue record for this book is available from the British Library

Library of Congress Cataloging in Publication Data

Staff support groups in the helping professions : principles, practice and pitfalls / edited by Phil Hartley and David Kennard.

Includes bibliographical references and index.

ISBN 978-0-415-44773-7 (hardback) – ISBN 978-0-415-44774-4 (pbk.) 1. Mental health personnel—Job stress. 2. Burn out (Psychology) 3. Self-help groups. I. Hartley, Phil (Philip Leslie) 1952- II. Kennard, David, 1944- RC451.4.P79S73 2009 616.89—dc22

2008043556

ISBN 0-203-87947-3 Master e-book ISBN

ISBN: 978-0-415-44773-7 (hbk)
ISBN: 978-0-415-44774-4 (pbk)

Contents

<i>Editors</i>	vii
<i>Contributors</i>	viii
<i>Foreword by R. D. Hinshelwood</i>	ix
<i>Preface</i>	xii
<i>Acknowledgements</i>	xv
Introduction	1
PART I	9
1 What staff support groups are for DAVID KENNARD AND PHIL HARTLEY	11
2 Why it can be difficult to ask for support, especially if you work in a caring profession PHIL HARTLEY AND DAVID KENNARD	18
3 Ten keys to a successful staff support group DAVID KENNARD AND PHIL HARTLEY	26
4 Setting up a staff support group PHIL HARTLEY AND DAVID KENNARD	34
5 The role of the facilitator DAVID KENNARD AND PHIL HARTLEY	46
6 Some common problems and ways of responding to them PHIL HARTLEY AND DAVID KENNARD	58
7 Ending a staff support group PHIL HARTLEY AND DAVID KENNARD	74

8	Do staff support groups work? DAVID KENNARD AND PHIL HARTLEY	89
PART II		105
9	On learning from the short life of a staff support group in an acute admission inpatient mental health setting BILL MCGOWAN	107
10	Authority and control – working with staff groups in children’s homes MICHAEL MAHER	122
11	The insider as facilitator: conducting a group for hospital clinical team leaders CHRIS POWELL	135
12	Managing personal and professional boundaries EWA WOJCIECHOWSKA	147
13	Working with disturbed states of mind NICK HUMPHREYS	161
14	Working with staff dynamics in an educational setting: the staff support group that wasn’t to be GARY WINSHIP	173
	Editors’ conclusion	182
	<i>References</i>	184
	<i>Author index</i>	189
	<i>Subject index</i>	191

Editors

Phil Hartley has worked as a psychotherapist for 20 years and is currently Adult Psychotherapist at St Andrews Counselling and Psychotherapy Service, North Yorkshire and York Primary Care Trust. Throughout his career he has specialised in initiating and developing services for people with complex mental health issues in community, secure, and specialist services. He has set up and facilitated staff support groups and supervised other facilitators. He also managed a staff support service in a medium secure unit. Phil is a member of the Institute of Group Analysis and has presented numerous papers about his work at national and international conferences. E-mail address: Phil.Hartley@nyypct.nhs.uk

David Kennard is a clinical psychologist and group analyst providing supervision and staff support to individuals and organizations. Before retiring he was Head of Psychological Services at The Retreat in York from 1992–2004. He has worked in democratic and hierarchical therapeutic communities, in acute and long stay psychiatric wards, in high security settings and in psychotherapy and counselling centres. He is co-author of *An Introduction to Therapeutic Communities* and *A Workbook of Group Analytic Interventions* and co-editor of *Living Together* and *Experiences of Mental Health In-patient Care*. He is currently chair of ISPS UK (the UK network of the International Society for the Psychological Treatments of the Schizophrenias and other psychoses) and is a member of the Institute of Group Analysis. E-mail address: david@dkennard.net

Contributors

Nick Humphreys is Principal Adult Psychotherapist, Humberstone Grange Clinic, Leicester. He is Affiliated to the South Trent Training in Dynamic Psychotherapy. E-mail address: Nick.Humphreys@leicspart.nhs.uk

Bill McGowan is Senior Lecturer (Mental Health) in the School of Nursing and Midwifery, Faculty of Health and Social Sciences at the University of Brighton, Sussex. E-mail address: w.mcgowan77@btinternet.com

Michael Maher is a freelance organisational consultant, psychotherapist and trainer, based in Hampshire. He is a member of the Institute of Group Analysis; and is engaged in further training in Systems-Centered Therapy in the US. E-mail address: mike.maher@homecall.co.uk

Chris Powell is Head of the Tuke Centre and Outpatients, The Retreat, York. He is a group analyst and organisational consultant, and a member of the Institute of Group Analysis. E-mail address: cpowell@thetukecentre.org.uk

Gary Winship is Associate Professor in the School of Education, University of Nottingham. E-mail address: Gary.Winship@nottingham.ac.uk

Ewa Wojciechowska is a group analyst and psychotherapist in private practice and a Director of Relationships at Work Ltd. She is a member of the Institute of Group Analysis. E-mail address: eew@btinternet.com

Foreword

It makes intuitive sense that in health care, support is needed for carers; it is generally acknowledged that happy staff make happy patients. However, the very widespread awareness of this issue is, paradoxically, matched by the equally widespread neglect in thinking about what staff support really should be. This book comes from the authors' willingness to tackle that paradox, apparently with the help of best Yorkshire beer. It is therefore a rare and welcome book, adventuring cautiously into this almost taboo subject area. It is an adventure since staff find taking time to consider their own feelings brings their identity closer to the image of suffering patients than is altogether comfortable. Indeed with the pressure among professional carers to care for others, the pressure to care for themselves is ignored, even frowned upon. And such frowning gets a generous degree of support from efficiency experts and accountants in public services, where direct patient contact is believed to be the only criterion of good professional care. Staff supporting each other appears an indulgence and an escape from the difficulties of the *real* work.

It is only recently that the notion of morale has become influential again, and has still not yet fed through properly into service planning. So often, low morale is regarded as something that should not happen and can in any case be dealt with by a one-off recommendation by an inspection body of some kind. The idea that the personnel and the team are an extremely sensitive working apparatus which needs constant attention and maintenance is resisted, and indeed unwelcome by both professionals who believe themselves to be robust and not nearly as vulnerable as their charges, and by managers called to account for spending the public purse. The book is therefore not only rare and welcome, but also brave since it must squarely confront those two shibboleths.

Anyone familiar with the struggle to offer staff support in the form of a group or team meeting, will be familiar with the often insuperable problems: low or declining attendance, the permanent absence/exclusion of key figures of authority, the persistent reflection on the inadequacy of provision for their work, an obsession with the apparent scandalous inadequacy of

other professional groups, the often persistent use of the group for personal abreaction of an individual's distress, and the problem of the group as an arena for developing solidarity around inappropriate beliefs. In short, a staff group can so often simply replicate the clients' problems presented to the service, a process that is often called parallel process.

However, it is not only the ambiguity in the hearts of group members that causes trouble; there is some actual uncertainty when reflecting on what a reflective practice in a staff group actually is. There is always a fault-line when we attempt to meld the personal involvement of individuals with the organisational mode of roles and tasks (e.g. Hinshelwood 2008). This leads to a tendency to slide to opposite poles: the individual experiences of the work on one hand, and on the other the organisation's less personal demands in terms of a role (often written out as a depersonalised job description, etc). The individual's feelings at one pole, and the organisation's purpose at the other appear separate and even conflictual. But, in truth, when we come to the performance of a care role, the person and the role are not easily separated. We are very aware of that fact – the personal is professional; and one cannot do the work of professional care without really acknowledging the personal impact of stress. Such enmeshment can be a productive stress; potentially a guide (our feelings are a 'receiving apparatus') for understanding the precise and vital aspects of the emotional climate. This is the concept of the 'use of self' as some would express it. At the same time, the organisation is inserted deeply inside the individuals – the 'organisation in the mind', which Armstrong (2005) would claim should be the prime focus.

These intimacies between self and organisation frequently lead to confusions about where to focus, and they can surface as unhappy and distracting occurrences in support groups. If the blend of the individual's personal baggage with the burden of the organisational task leads to confusion of the two, then the work of support can dither between a support for the staff member to be his own person, or a support to keep facing the working task. Following on from this, perhaps we could see that various approaches to running staff groups will line up behind one of three different strategies: a focus on the individual's baggage which needs dealing with before the organisational work can be properly attended to; a focus on the impact of the organisational task and conditions upon the staff member, for instance 'role analysis', which unfairly exacerbates the stress of the already stressful work; or, thirdly, a focus on how individuals manage the balancing act between the two, between their stress and the task.

Some, as the authors in this book, would suggest that a successful group moves around amongst these aims (and more), and can flourish as a most flexible entity, applying itself where necessary. Others might argue that such versatility, in a situation already ambiguous and confused, needs to be limited by a constant vigilance and group awareness of what aim is being

pursued at any given moment. This and many other dimensions of debate mark out where future thought and discussion must move. There is a long debate to be had. The relative advantages and disadvantages of different approaches, tasks, and indeed degrees of flexibility, need more experience and research. This book represents an impressive start on the issues and keeps our noses firmly to the ground, sniffing out the myriad of specific practical issues and questions. It is an extremely thoughtful first appraisal of the issues which have to become part of a developing psychology of care.

I wish this book had been written decades ago, before I started having to learn for myself the pitfalls and advantages of this work. I guess many readers will have the sense that so many of us have had to do this work without turning to an established body of knowledge and experience. We have each had to re-invent the wheel for ourselves. Now – here is the wheel, at last.

Bob Hinshelwood

Preface

This book has had a six year gestation. In December 2002 the editors ran a pair of workshops at an ISPS UK conference entitled *Making the Acute Ward a Therapeutic Environment*. Ours were among a number of parallel sessions, but to our surprise and to some extent our alarm it seemed that all the conference participants wanted to attend. The workshop notice promised that ‘managing feelings appropriately in the group or on the ward can be helpful to effective staff performance’. There was a lot of interest in the idea, but talking to one another was quite difficult, there was little consensus, and there were questions about the style of facilitation. On reflection and not surprisingly the workshops were similar to staff support groups. This set us thinking, and initiated a series of meetings between us at one of York’s most congenial pubs. There seemed to be sufficient interest in the subject to warrant writing something, and a search of *Amazon* found no evidence that anyone had yet written a book on staff support groups in the field of health care. We decided to try and write one.

We spent a year discussing over pints and by exchange of emails what the scope and structure of the book should be, and also exploring, painfully at times, our ambivalence about writing it. Our own experience was limited mainly to adult mental health settings, secure and non-secure, so we would need to look for contributors from other backgrounds, although we didn’t want it to be just a book of edited contributions. We wanted to write a core section ourselves. Our ambivalence was partly about taking on another commitment, but more about our doubts about how much difference staff support groups really made and the feeling of impotence that they can engender, especially in the prevailing culture of competences and targets.

Here is an exchange of e-mails between us in May 2003:

PHIL: I feel some ambivalence too. Partly the amount of work and finding time. The subject matter, I think, forces one, or at least me, to confront the damage done to people and teams by the work. Despite running staff groups, I’m sceptical about the degree of difference they make. Part of coming to terms with the work is my inability to make a great

deal of change. At most, I influence people's experience of their work. I would like to know more about your ambivalence about the subject matter.

DAVID: My ambivalence – what's it about? One is the overload of commitments right now, which should ease by end June if I can get on with them. Another is my response to the near collapse of the staff support group on X ward, which has been cancelled more often than it's met in the last two to three months, and has felt superficial and been poorly attended when it has met. The nurse manager has been off sick for over a month. I probably need peer supervision on this. Like you I have doubts about the effectiveness of staff groups – partly because they're like a dipstick into the grinding of the organisation's social unconscious, and it's lonely and hellish down there – no one wants to go. Even writing that helps.

PHIL: Since our meeting with Eva and Graeme I think I understand the ambivalence a little better. I was more reassured about individual comments by people who attended the workshop at the ISPS conference . . . I think the participants' disappointment in the workshop was the failure to provide a magical solution. Staff groups also want magical solutions, as do organisations. I think the facilitator's role is to survive being disappointing in order to help staff tolerate their own disappointment in not being able to provide a 'cure'. The culture is one of being constantly just good enough, if lucky. The book, I think, will achieve its task if it allows discussion of failure and disappointment and how it affects staff and the treatment they provide.

And a little later:

PHIL: Heretical management speak this may be but what is wrong with flying in the face of NSF [National Service Framework] and NICE [National Institute for Health and Clinical Excellence]! What we are trying to write, I think, is how to actually get on and achieve a task. Bureaucratic systems do not contemplate failure because they rely on procedure not process – we should concentrate on process.

It took us the best part of two years to resolve our ambivalence sufficiently to agree a format for the book and begin looking for contributors and a publisher. The rest of the time was taken up with developing the book's structure and content, long exchanges with our contributors, and finally writing and debating our own chapters. Such is the nature of writing collaborations. We hope we and our contributors have managed to steer a middle way between the extremes of despair and magical (or procedural) solutions, and to provide a balance of practical, truthful realism about the

experience of working in caring settings and demonstrating that sharing these experiences, if carefully managed, can help to ease the pain and improve the quality of care staff are able to give.

Phil Hartley
David Kennard
York
July 2008

Acknowledgements

I would like to thank a number of people without whom I would have been unlikely to write and edit my parts of the book. The book was David Kennard's idea, and I am particularly grateful that he asked me to co-write and edit it with him. David has been an enormous inspiration and highly capable tutor, who has patiently helped with my writing. I have enjoyed working and thinking with him and commend him to anyone embarking on writing a book. I would like to thank my wife Helen for her constant support and encouragement, my stepson Lewis who did some of the typing with skills that put mine to shame, and my two daughters Anna and Ruth who entertained themselves and put up with me being shut in a room, away from the hubbub of family life. My contribution to the book was quite a family affair. Lastly and by no means least I would like to thank Christine for her patient and skilled typing of draft after draft of my handwriting.

Phil Hartley

I asked Phil Hartley to write this book with me as I did not have enough first hand experience to do it on my own, and I knew and respected the breadth and depth of Phil's work in this area, some of which I had experienced at first hand. The partnership has been a mutually rewarding and enjoyable learning experience. We set out to write four chapters each but in the end they have all been more or less collaborative efforts. Going further back I would like to thank several former colleagues in Oxford who formed my first and most important reference group for developing my interest in staff group dynamics, in particular Lucy Agerholme, Peter Agulnik, Danny Fordwor, Bertram Mandelbrote, Beau Stevenson and Steve Wilson. I would also like to thank Gill Moss at The Retreat who helpfully and efficiently obtained copies of papers I needed.

David Kennard

We would both like to thank the following people for their help and encouragement at various stages in producing this book: Keith Coupland, Graeme Farquharson, Mark Hardcastle, Bill McGowan and Ewa

Wojciechowska. We would like to acknowledge as the inspiration for our title Peter Hawkins' and Robin Shoheit's excellent book *Supervision in the Helping Professions*. Lastly we would like to thank all the staff we have worked with in staff support groups over the years, from whom we have learned so much about what helps and what doesn't, and from whom we go on learning.

Introduction

Articles about support groups for nurses, psychiatrists and medical students first started appearing in medical and nursing journals in the 1970s and early 1980s (Kanas 1986), yet to our knowledge this is the first book devoted exclusively to the topic of staff support groups in the helping professions. Why should this be so – that a topic with a 30 year history has not invited the detailed attention that a book can give?

Perhaps one answer lies in the ambivalence the topic arouses concerning the gap between our wish for a powerful agent to reduce pressure and anxiety at work, and the feeling of impotence that nothing we do makes much difference. (Perhaps surprisingly the research evidence we present in Chapter 8 suggests that around half those attending staff support groups do find them helpful.)

Another answer may be that staff support groups are a little like mongrels: there are a lot of them around but they don't have the pedigree of therapeutic groups, supervision groups or sensitivity groups. Although their owners may regard them with much fondness, they are not subject to the same kind of scrutiny, evaluation and public presentations. And like mongrels, staff support groups may have a mixture of antecedents which makes them hard to categorise. They can sometimes be sturdy and long-lived, but people are inclined to give little thought to their care and often abandon them when they lose interest.

The aims of this book are to give a brief overview of the origins and spread of staff support groups, to indicate their value and uses, and to provide a practical guide to their effective management and facilitation, and the pitfalls that await the unprepared. We think that much can be done to avoid or reduce the factors that work against their success and to increase the likelihood of staff finding such groups beneficial.

Although we hope that the book will be of value to anyone embarking on, or already involved in, this important and neglected aspect of group work, we think we should caution the reader that facilitating staff support groups is not something to be undertaken by an inexperienced group worker, and that the book should not be treated as a manual. As we hope

will become clear, the task is one that calls for an appreciation of what is going on at different levels in an organisation, openly and covertly, from the individual through to the team and up to the organisation's management structure and leadership. It calls for a combination of understanding, tact and tenacity that at times will stretch even the most experienced group practitioner.

Having issued this caution, we hope the book will be of real and practical use to anyone who does engage in, or seek a better understanding of, this challenging, important and rewarding work.

We do not attempt to create a unified theoretical model for staff support groups – if we accept they are group ‘mongrels’ that might be a logical contradiction. We do try to locate their place in relation to other kinds of groups in the helping professions, and to provide what we think are sensible and tested approaches to setting up staff support groups and getting the best out of them.

THE PREVALENCE OF STAFF SUPPORT GROUPS

Staff support groups can be found in the following settings:

- acute psychiatric wards;
- units for people with long-term mental health problems;
- community mental health teams;
- secure forensic units, special hospitals and offender institutions;
- therapeutic communities;
- child and adolescent services;
- psychotherapy and counselling services;
- hospices;
- social services;
- plus a variety of medical and educational settings.

It is hard to get precise figures for the number of staff support groups running at any one time. An informal survey by the editors in preparing this book suggested that anything between two and ten staff support groups or reflective practice groups (we address the different use of these two terms in Chapter 1) were being run in each mental health trust in England. Most of these were in community mental health teams or in more specialist services with a known high risk of stress including secure settings, therapeutic communities, personality disorder services, hospices and women's services. In a survey of 189 schools and departments providing mental health teaching in England, 64 per cent of nurse lecturers reported they were involved in facilitating staff support groups, and the proportions for

other disciplines were psychology 46 per cent, occupational therapy 26 per cent, medicine 25 per cent, social work 18 per cent (Ferguson *et al.* 2003).

THE POLICY CONTEXT

In recent years the Department of Health has recognized work-related stress and low staff morale as widespread problems in the health service and has produced initiatives to address them (Department of Health (DH) 2000, 2003). A number of factors have been identified as leading to work-related stress, including lack of autonomy, organisational confusion, staff being isolated from their team, misunderstanding of one another's roles and lack of management support (DH 2003). A number of recent reports include actions for looking after the staff. *Mental Health Policy Implementation Guide: Adult Acute Inpatient Care Provision* emphasises the need to develop a 'culture of learning from the day to day experiences of working with users and their families' (DH 2002: 21). Guidance by the National Institute for Mental Health in England (NIMHE) in 2003, *Personality Disorder: No Longer a Diagnosis of Exclusion*, stresses the need for staff working with this client group to have a high degree of emotional resilience, and for all personality disorder teams to have 'robust structures for supervision that support reflective practice and assist staff to manage anxiety and deal with conflict' (NIMHE 2003: 44).

Excellent models for supervision in mental health work have been developed by Proctor (2000) and Hawkins and Shohet (2000) and the concept of reflective practice (Schon 1991) has emerged as an important feature of training and continuing professional development in the mental health professions – in particular nursing (Ryan and Pritchard 2004; Bulman *et al.* 2004). We believe that staff support groups contribute to the effective functioning of staff teams and the well-being of their members in a way that differs from clinical supervision or from a model of reflective practice based on analysing decision-making processes. The explicit core intention of staff support groups is to help the members of a staff team talk together about the emotional impact of their work and support each other in coping with stressful situations. Although the aim sounds simple, putting it into practice is often quite complex.

WHAT IS THE PROBLEM WITH STAFF SUPPORT GROUPS?

The following statements, not direct quotes but not untypical of what one often hears, give some hint at what the problem might be:

‘I feel guilty sitting in a staff support group when there are patients out there that need care.’

‘Staff support groups are a management device to get the staff to accept the unacceptable.’

‘How can I say what I really feel in front of colleagues I have to work with each day or a manager who’ll be doing my appraisal?’

We can see at once that there are complex issues and that ambivalence about taking part in a staff support group might be expected as the norm and the starting point for anyone planning to set up or run such a group.

The jumping off point for this book is therefore a question. Given the strong case for staff support in mental health and related services, and the enthusiasm that many managers and clinical leaders have for staff support groups, why do they often fail? Why do the staff who request them often struggle to use them and let them starve through lack of attendance and attention? We believe that an understanding is needed of the inherent difficulties in setting up and running staff support groups, and for staff in using them, if they are to work effectively. The aim of this book is to balance an optimistic and positive view of the potential benefits of a staff support group with a realistic appreciation of the issues involved that might hinder or torpedo their efforts, and how to think about and deal with these issues.

THEORETICAL UNDERPINNINGS OF THE BOOK

The editors and several of the contributors are group analysts, whose approach combines concepts from psychoanalysis and social psychology – in particular group dynamics and systems theory (Foulkes 1964, 1975; Pines 1983). In addition several of us have worked in therapeutic communities and have derived practical experience of the interface between individuals and institutions from these settings. These connections are no accident – professionals with these backgrounds tend to be the ones who are interested in staff support groups. However, in writing and editing the book we have tried to avoid making theoretical assumptions about the situations we describe – with what success the reader must judge – and to explain the use of psychodynamic concepts where these occur. We are aware that readers may have diverse theoretical backgrounds – psychoanalytic, person-centred, cognitive-behavioural – and hope the book is accessible to all these readers.

THE PLAN OF THE BOOK

The book is divided into two parts. The first part is written by the editors and is intended to provide an overview and practical guide to setting up and facilitating staff support groups. The second part comprises contributions by six experienced facilitators writing about their experiences of facilitating staff support groups in a variety of settings.

Part I

Chapter 1, 'What staff support groups are for', identifies the range of uses staff support groups have and looks at how they differ from other kinds of groups that are designed to help the staff in care-giving settings, such as reflective practice groups, supervision groups and sensitivity groups. We suggest here that it is the flexibility of staff support groups that is both their strength and a potential risk. Chapter 2 tackles a preliminary question that we feel is necessary to address in any book on staff support, whether individual or group: why it is difficult for staff to ask for support, especially if they work in one of the caring professions. Anyone who has tried to set up a system for supporting staff will almost certainly have encountered this paradox – that support needs are readily acknowledged but offers of support are often poorly used. As already suggested above, the reasons for this are complex. In this chapter we try to tease out the factors in the individual, in the team, in the institution, and in the concept of support itself, that influence someone's readiness to use the available support.

Chapter 3 provides the reader with an overview of what we consider are the ten keys to a successful staff support group. We didn't write the chapter with the rounded figure of ten in mind, but that is the number that emerged. This chapter is both a summary and a starting point for the three chapters that follow. It underscores why staff support groups need careful preparation and sensitive facilitation by an experienced group worker if they are to work effectively. Chapter 4 goes into the questions that need to be considered in setting up a staff support group. We do this from two perspectives: the individual or team looking for someone to facilitate a staff support group, and the would-be facilitator. Care and thought at this stage will help to build a group on firm foundations rather than one that collapses early on. Chapter 5 explores the role of the facilitator once the group is up and running, starting with the early sessions, and addressing issues of boundaries, task maintenance and working with feelings. We also touch here on the overlap and differences between facilitating a staff support group and a therapeutic group. Chapter 6 picks up the questions and concerns, identified at the end of Chapter 4, that group members often ask about and explores them in more depth, with examples from practice looking at how they can be responded to. These concerns include the