**Strategies for Personal Wellbeing in the Workplace**

Here are some suggested strategies that may work for you in your day-to-day work – changing the narrative of the way we think and operate in our work. The observations and ideas below were suggested by RWPN members.

* **Reframing the word “burnout”.**
* Burnout implies the responsibility for your situation is your “fault” and that are letting people down by not coping. Just because you don’t currently have capacity does not mean you are not capable.
* Compassion fatigue or empathetic fatigue may be another way of describing how you’ve lost your mojo. These feelings are often linked to working conditions and working expectations; some of these conditions may be considered unsafe – do not be afraid to approach HR to ask for a risk assessment.
* You can approach RWPN for confidential advice on how to address this.
* **Do not think of the people you work with as “my” clients.**
* No matter how great our sense of service may be, the people you work with are not yours. It’s all right to “let go”.
* Remember you are part of an organisation and the clients are the clients of the organisation you work for.
* **Caseloads and waiting lists.**
* Within reason there is no such thing as a typical case load for VRS or Hab Specialists.
* RWPN can act and explain on your behalf, to managers and commissioners, how our case work differs from Social Work case work and why some clients need more contact than others.
* Consider if there are ways to reduce your case load or restructure the way you arrange visits so that you can work more effectively.
* If appropriate, invite management colleagues to shadow rehab intervention to deepen understanding of role and risk and to demonstrate time required for teaching and training
* **Consider if you need to see the length of the waiting list**
* A waiting list is not your allocation list. Nor should it be the policy of any manager to make a long waiting list disappear by allocating cases en masse to the workforce.
* Are there more constructive and creative ways the waiting list be screened?
* Are there mechanisms to screen that mean a case doesn’t have to go on the waiting list for a qualified worker.
* Consider where a non-qualified member of the team may be able to provide some initial service.
* **Pause before you say yes to something you really need to say no to.**
* Ask for time to reflect and, where possible, negotiate or explain why the request is not right at that time. If it helps, say “I’d like to do that, but unfortunately my diary is at capacity this week”.
* Is the referral to you even appropriate? You need not take on responsibility for answering the questions that are **outside** the boundaries of your role just because they are from someone who is vision impaired or deafblind.
* Could calls be forwarded by “duty” or the contact point? Have the confidence to instruct the referrer to redirect them to the right place. Maybe have a pre-written email with links and phone numbers to reply to such enquiries with.
* **Phone management**
* Your personal phone is not for work – we would not advise using your personal phone for work-related matters.
* With your work phone, set clear boundaries about when you turn it on and off
* If you workload now requires it, give the service number rather than your mobile where this is helpful.
* If you have had a work phone for years and a large number of former clients have your phone number, ask to change it.
* Don’t be afraid to put your phone on divert if you need to focus on a specific task
* Don’t be afraid to decline meeting invitations if they are not imperative to the service.
* **Reducing professional isolation**
* Buddying-up. Make time to set up regular contact with a rehab or hab colleagues for support and chat.
* Something more formal? we suggest that, where both professionals agree and your need is for more professional discussion you turn a buddying arrangement into a more formal peer mentoring arrangement. Do tell your manager that this is what you would like to do and explain your need is lined to professional isolation and wellbeing. This may involve agreeing some protected time. RWPN would be happy to assist with this process.
* You may find the comments about mentoring in RWPN’s [Supervision Guidance](https://www.rwpn.org.uk/resources/Documents/RWPN%20supervision%20guidance%20%281%29.pdf) helpful to support your request. This peer mentoring could be more than emotional support, it may be a chance to discuss rehab and hab techniques in a safe space.
* **Newly qualified staff**
* It is essential that a newly qualified professional has time to learn and grow.
* On [this page](https://www.rwpn.org.uk/The-Profession) you can find our guidance for newly qualified staff as well as sharing a great example of first-year-in-practice guidance from a Welsh local authority, complete with a sample mentoring agreement.

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