School Resource

Teacher Stress and Second-Hand Trauma: Supporting Teachers During Re-Entry

August 2020
The Covid-19 crisis is not the harbinger of teachers’ stress; teachers’ stress was already an all-too-familiar feature of educational life before February 2020. The sources of teachers’ stress have been well rehearsed over the years, giving rise to this contextually specific form of occupational stress (Kyriacou and Sutcliffe 1978). By contrast, teachers’ occupational wellbeing is a positive emotional state that balances a supportive environment, personal needs, and expectations (Aelterman 2007).

The wellbeing of teachers is a vital component of educational outcomes. The evidence for this is solid; there is a well-established correlation between staff wellbeing and students’ academic achievement, social-emotional development, and behavioral outcomes (Briner & Dewberry, 2007; Jennings & Greenberg, 2009; Marzano 2003; Mclean & Connor, 2015; Hamre & Pianta 2001). Furthermore, attention to a teachers’ whole-life experience reduces teacher attrition (Flores 2006). In this current health crisis, we also need to acknowledge that educators are deeply affected by the trauma experiences of their students (Caringi et al., 2015) and that traumatic experiences often have emotionally contagious consequences upon a community (Motta, 2012). Conversely, and importantly, happiness is also a network phenomenon that generally requires proximity and time – further underscoring the need for teachers to have space for positive social networks inside and outside of the school community (Fowler & Christakis 2008).

Despite longstanding acknowledgment that teachers’ wellbeing matters (Day & Gu, 2009; Farmer & Stevenson, 2017; Gray, Wilcox, & Nordstokke, 2017; Greenberg, Brown, & Abe navoli, 2016; Kidger et al., 2016), securing it has been suboptimal, at best. Individual schools in the United Kingdom and the United States have brought wellbeing into the habitual practices and ethos of the school community, but this remains rare. One researcher on this subject commented in 2015, “Unfortunately, few teachers receive explicit training in techniques designed to prepare them for coping with common classroom stressors” (Frank 2015). The majority of professional development focuses, perhaps with good reason, on building classroom management and instructional skills rather than on cultivating teachers’ own social and emotional capacity through self care and coping strategies (Jeon, Buettner, & Grant, 2018).

An international 2018 meta-analysis of interventions to reduce teacher burnout found that even when applied, most interventions had not been tailored to the educational environment (Iancu 2018). A national survey the same year by the UK’s Anna Freud Centre (AFC) found under a quarter of teachers reporting that their school had a wellbeing policy, and a mere 38% agreeing that the school leadership actively supported staff wellbeing. This is similar to Johns Hopkins’ Lieny Jeon’s recent finding that only 39% of early childhood teachers in the US felt that teacher wellbeing was a priority at their program (Jeon et al., 2020).

These have been summarized as (a) teaching unmotivated students; (b) maintaining discipline; (c) time pressures and workload; (d) coping with change; (e) being evaluated by others; (f) dealings with colleagues; (g) self-esteem and status; (h) (poor) administration and management; (i) role conflict and ambiguity; and (j) poor working conditions (Camacho et al. 2018). Additionally, challenging student demands (Skaalvik and Skaalvik 2018; McCarthy et al. 2016), and continuous policy changes (Geving, 2007; Kaufhold, Alverez, & Arnold, 2006; Kyriacou, 2001).
Covid-19 has placed community wellbeing front and center. Now, anticipating the return of teachers to the physical school setting where they have an estimated one thousand interpersonal contacts every day (Holmes 2005), wellbeing provisions can no longer be optional for any school that wants both staff and pupils to thrive. Even in the fully online or remote education environments of the spring and summer, teachers reported that the job was more stressful than before (Tulsa SEED Study Team, 2020). Teachers are critical frontline professionals who, by nature of their role with young people, expend high levels of emotional energy (Day 2016). They can also become “clinical mediators” in times of crisis (Wolmer 2005) – thus requiring their own psychological support. The primary stress of living through a pandemic will inevitably be compounded through continual interaction with children and families who may be traumatized on account of the pandemic.

These interactions can result in an additional risk for teachers known as secondary traumatic stress or STS – a condition similar to compassion fatigue, the latter having been widely explored amongst professionals, therapists, and physicians, including pediatric healthcare providers (Meadors, Lamson, Swanson, White, & Sira, 2010). The concept of STS has been only recently applied to teachers (Berger 2016, Berger E 2019). STS occurs when a trauma is experienced indirectly, by hearing about or knowing about the traumatic event (Figley 1995). Every professional educator and school employee who interacts with, and tries to support, traumatized young people is vulnerable to STS (Lawson et al., 2019). STS that teachers experience at schools can negatively impact teachers’ wellbeing, their performance at their job as a teacher, and turnover (Lawson et al., 2019).

In the United Kingdom and United States, many charities, government agencies, and resources already support children’s needs. Similar efforts need to be marshalled to include teachers’ needs in the equation – described as a “dual agenda” (Berger 2016, Hydon 2015). It may feel like a heavy lift for school leaders negotiating the practical and educational needs of a return to school buildings with all the uncertainties of hygiene and contagion,
but ignoring staff needs will likely result in increased levels of burnout and emotional exhaustion, which will inevitably impact classroom practices and student outcomes (Jennings & Greenberg, 2009). Recently, the UK government accepted an Expert Working Group’s Seven Recommendations for a Teachers’ Wellbeing Charter, and also instigated a Wellbeing for Education Return plan “to boost pupil and teacher wellbeing.” While a good start, the emphasis remains first upon the needs of children.

In the United States, the National Academies of Sciences Engineering Medicine has also begun to recognize the importance of teachers’ wellbeing in transforming the early childhood teaching workforce (Institute of Medicine and National Research Council of the National Academies, 2015). The US National Academy of Medicine’s Action Collaborative on Clinician Wellbeing is an exemplar for workforce wellbeing support.

Knowing staff themselves need care, what can school leaders and policymakers do, practically and immediately, to create the conditions that nurture all members of the school community?

This paper argues for a coherent approach to teacher wellbeing and offers a framework for starting the journey. To this end, we:

- Drew upon research narratives amongst teachers and some healthcare workers after national disasters, such as the devastating earthquakes in Turkey (1999) and Christchurch, New Zealand (2011); Hurricane Katrina in 2005; evidence on the consequences of SARS; and appropriate analogues in domestic trauma.
- Interviewed teachers who found themselves suddenly working remotely in Spring 2020.
- Consulted recent publications and editorials designed to support healthcare workers during Covid-19.
- Used an established wellbeing-at-work scaffold to provide the rationale for the framework.
- Collated resources, Covid-19 specific where possible, for current use.
In the following sections we will describe:

1. Findings from previous crises.
2. Early teacher reports from lockdown.
3. An overview of the Teacher Wellbeing Framework.
4. Resources for schools and individuals.

Premises

All analyses rest upon certain suppositions. Ours are as follows.

- **First**, providing for teachers’ wellbeing needs is about “making life at work as good as it can be” (Cooper and Hesketh 2019) and “engaging positively with the workforce” (Seligman 2011), not about treating educators’ trauma or expecting them to treat children’s mental health issues. Medicalizing educators’ difficulties can compound their effect or, worse, prevent people from seeking help (Rose 2003; Forbes et al. 2012). The present pandemic offers school leaders a chance to normalize proactive wellbeing support. It is noteworthy that many practitioners report the difficulty of articulating stress without fear of stigmatization (Manning 2020).

- **Second**, there is no one-size-fits all plan to be applied; each school’s plan will need to reflect their unique needs and characteristics, as well as our current extraordinary situation. For instance, grief may be more of an issue at some schools than others. One principal in Essex, UK, found out in July 2020 that twenty-five members of their school community (pupils or staff) had suffered bereavement due to coronavirus; separately a bereavement support charity reported a 37% increase in requests specifically from teachers seeking guidance on loss and grief. For the Essex school, incorporating bereavement training into their psychological support program would be rational. Furthermore, each teacher may have different needs depending on their circumstances (Jeon, Buettner, & Hur, 2016). It is important for schools to understand their staff’s requirements and be equipped with various strategies to address their unique needs.

- **Third**, a school is a relational community rather than a collection of isolated individuals. Therefore, a whole-school approach, not a bolt-on strategy, is fundamental (Black 2008, Day 2009). It
must be endorsed by senior leadership and accompanied by an equally im-
portant communications strategy (Johnson 2008). A robust and nurturing
community assumes that people are embedded in social networks, and that
the resilience and wellbeing of one per-
son affects the resilience and well-being of
others. The hope is for every human inter-
action to leave a trace of wellbeing. Sim-
ply reminding teachers of the well-known
analogy of ‘putting on your own oxygen
mask first’ is inadequate; a culture of re-
spect and trust is fundamental to sustain-
ing adults’ wellbeing. Note that the Johns
Hopkins Institute for Education Policy, the
publisher of this memo, designed the re-
search-based School Culture 360™, which
provides concrete indicators of the aca-
demic, socio-emotional, and civic fabric of
a school community.

Findings From Previous Crises

No two traumas are the same, and the literature on teachers is not extensive. Educators’
experiences following national disasters such as the devastating earthquakes in Turkey in
1999, in Christchurch, New Zealand in 2011, and from Hurricane Katrina in 2005 have
been captured; and findings from the post-SARS experiences derived from the general
population and amongst healthcare workers. What do we find in the record?

First, unsurprisingly, the act of teaching became much more difficult (Alvarez 2010, Berg-
er 2018). Teachers experienced increased emotional burdens (Alisic 2012) and were at
higher risk of burnout (Kuntz 2013). This was particularly true for teachers from more
vulnerable backgrounds who had undergone previous personal or local traumas (Costa
2015). Of note, despite the tougher situations, being in their professional role in front
of children seems to have helped rather than hindered teachers’ emotional wellbeing
(O’Toole 2016).

Second, and also unsurprisingly, traumas changed both adolescent behavior - sometimes
dramatically (Alvarez 2010, Berger 2018) – and the material conditions within the school.
Both shifts required subsequent pedagogical changes. And at least some increases in stu-
dent misbehavior seem to have been linked to changed parental circumstances (Kuntz

We note Locard’s principle in support: that every interaction leaves an exchange of “material.”
This is likely to occur during COVID-19, since we already know that physical distancing, social bubbles, frequent disinfecting, handwashing and other anti-transmission measures will significantly change in-school practices.

Third, during and after crises, staff carried long-term, health-related concerns for themselves and their families (Berger 2018). Based on research in the caring professions, the risk factors for greater distress were greater for those who were: a virus survivor (Lee 2007); younger and/or more junior; the parents of dependent children; or a caretaker for an infected family member. The risk factors are also higher for those who experienced a longer quarantine, have a generalized lack of practical support, and are stigmatized due to fear of contagion (Kisely 2020).

Fourth, good communication and debriefing\(^3\) between staff made a positive difference (Berger 2018). Likewise, senior leadership’s support specifically for staff who had been more affected by coronavirus, helped (O’Toole 2016). Clear communication was both affirming and also protective for healthcare staff (Kisely 2020).

The key takeaways from these earlier findings are captured in one comment after the New Orleans hurricane: “These teachers had been Katrina’d, too.”

Considering the above signposts, in Fall 2020 school leaders should:

- Anticipate the need for responsive and practical support;
- Expect a range of staff emotions and responses; and
- Keep communicating. Returning to school with evolving procedures will require continuous debriefs and updates.

Qualitative Research During Covid-19: What Teachers Said During Lockdown

In Spring and Summer 2020, both of us had the privilege of interviewing teachers who had just migrated, abruptly, to the remote-teaching context. As it happened, we had already planned to conduct workshops, surveys, and interviews as part of our research on teachers’ wellbeing and stress management. We were able to use the protocols in place to explore teachers’ response to the pandemic in real time.

The United Kingdom study ended in July, and that in the United States, in August. We have not yet completed our thematic analysis. For this paper, however, we draw upon representative comments to illustrate teachers’ experiences of their work in the pandemic.

**Initial Shock and Pivoting**

In JM’s interviews, teachers described the early days as “heavy going, really heavy going.” One said, “What’s working life been like? 10-hour days, 7 in the morning till 5 at night

\(^3\) Not formal psychological debriefing, which has been shown to be harmful (Greenberg 2020).
most days.” Another reported: “I was doing 14-hour days. Parents were emailing me at one o’clock in the morning.” It was unavoidably more challenging at the start: “So those first few days I was making 60 odd phone calls, 300 emails – parents...trying to get it. It eased off now, eased off a lot now.”

LJ heard similar comments in her interviews with Head Start teachers in the US. Teachers noted that, “This was something totally new to all the teachers, and we would have never thought that something like this will happen. It has been very challenging just to be creative....as far as our curriculum.” Many teachers said that “the job has become very stressful.” Not least because others were going through their own traumatic experiences: “I have had family members who passed away because of Covid-19. I have family members who are in the hospital, so that’s stressful as well.”

Furthermore, several US teachers reported financial challenges during the transition to remote teaching: “Some teachers don’t have any access at all to a computer...the libraries are closed, so that’s a problem.” Or, “We needed a computer, we needed a hotspot. You had to buy everything...It is a lot of money.”

Isolation From Colleagues and Students

JM’s participants described missing the camaraderie of colleagues:

But I think you fall down with that - not having a social interaction, good morning to everyone, quick coffee with people... it’s completely on your own if you like. You and a screen, so very different.

They also faced the challenge of being physically remote from their students. One teacher in JM’s sample said:

You have a connection to the children that you look after. So, I’ve got 178 children in my year group. Because I wasn’t physically hearing them, seeing them online every day, I found it really difficult because they’re like my children. I see them every day. I’ve had them since they were Year 7.

Teachers in LJ’s cohort also expressed similar concerns about not being physically present with the children. They worried about young children’s potential to fall behind during the pandemic: “Some children need more hands on board. It has affected me as far as not being able to be there for my students as much as I would be in the classroom.” Another teacher mentioned:

It has been challenging because the children are home now, and we are not able to get them in a classroom setting to basically learn. So, for instance,
our children have to be online to do remote learning at 9 o’clock. But we have children lying in their beds, lying on the couch. Instead of their parents putting them in an environment where they know this is time for school. So, they can’t take it seriously if they’re lying on the couch or...in their bed, or things like that, because it’s not giving them the structure that they need.

One teacher mentioned the lack of developmentally appropriate online curriculum to accommodate young children’s short attention spans: “Because we work with 3-, 4-, and 5-year olds, their attention span is almost non-existent. So just trying to figure out what we can do to hold their attention for a certain amount of time that keeps them engaged and active online is difficult.”

**Going Above and Beyond**

Yet, day after day, many seemed to be going above and beyond what was expected. For instance, one teacher needed to address a student’s persistent absenteeism in the remote context. She described her response to the child to JM: “There are two things. One, I’m going to make sure you’re up in the morning, and two, in the evening, I’m going to drop something at your house. I’m going to drop (off) some [musical] drumsticks just to help (you).” The teacher went on to explain, “When [this student is] feeling agitated and frustrated with life, he can bang drums as opposed to banging something else or using his mouth in the wrong way. I’m going to actually drop that at his house later.”

**Staff Wellbeing**

Many teachers commented that the pandemic had raised the school leadership’s awareness of adult wellbeing:

> I think, as a school, I must admit they have been good at thinking about staffs’ needs during the lockdown, in terms of staff wellbeing. They do say that if you’ve got kids and stuff like that and if you’re finding it too much, let us know, so that we can help to manage your workload. They have said that.
It seemed that a theoretical concern with staff welfare had become concrete: "They did talk about the staff’s wellbeing while we were [still] at school as well and said, yes, we’re here to talk and all this, but I guess we didn’t feel that (when) at school.”

US teachers generally felt that school leadership communicated with them frequently and prioritized the health and wellbeing of teachers as well as children. However, they wanted more transparent communications and the resources to focus on their mental health during this uncertain time:

- *I wish they [school leadership] had more resources that will focus on our mental health.*
- *I think we feel more of the depression, more of the anxiety, because we are waiting for someone to tell which way we are going.*
- *Also, I feel like teachers need more time, need more appreciation...from the upper level of the organization, because praise will make a teacher feel more motivated.*

**Uncertainty About the Return to School**

Thoughts of autumn, however, filled many interviewees with uncertainty. JM’s participants commented:

So, I don’t actually know how I’m going to get back into the hustle and bustle of real school life when we go back. It’s going to be quite difficult. I think that’s going to be stressful, going from this period of time back into that. I think that’s going to be a real test for a lot of people.

*The actual (school) closure if I’m honest with you didn’t stress me out...but what’s causing me stress recently is the anxiety of starting back in September and what that’s going to look like...how am I going to deliver my subject?*

One teacher had a trial day in school under the new conditions.

*It was weird...food was brought to us, we didn’t go down to the canteen, we*
LJ heard expressions of uncertainty about job security due to Covid-19: “You know, you are worried whether you are going to have a job, and you’re worried about whether your pay is going to remain the same.”

In short, both of us found indicators of the stress that teachers are under during the lockdown period. These interviews are now being formally thematically analyzed.

Helping Teachers Prepare for Re-Entry: A Wellbeing Framework

The return to school this year is new terrain. Preparation for frontline work includes enabling staff to “prepare cognitively, emotionally, and practically” (Greenberg & Tracy 2020). Supporting teachers in the coming weeks and months offers an opportunity to set expectations for long-term success across the school community.

We chose to base our framework on that found in Hesketh and Cooper’s *Wellbeing at Work*. Their approach draws on more than two decades of occupational stress research with frontline caring professionals, including teachers, social workers, and healthcare providers. Hesketh and Cooper’s framework covers four foundational domains for wellbeing training:

1. Psychological
2. Physiological
3. Sociological
4. Financial

*Wellbeing at Work* goes beyond what school leadership may traditionally consider to be
relevant, but as the authors state, their framework is “based on the fundamentals of what impacts the workplace” and many years of occupational health research. The framework is relevant for schools in both the short and long term. Our approach takes this framework and describes it through the lens of an established model of “preventative healthcare.” This allows for some structure and confidence in what initially is a rapid appraisal and application of necessary interventions. Educators’ wellbeing in a time of trauma is of course an evolving field, and resources will need to be evaluated in the longer term for their efficacy.

It’s worth saying here that evidence from many occupations show that practically and psychologically, the leadership team’s role is crucial to staff wellbeing. This involves acknowledging, up front, that the circumstances are not ideal (Brooks 2018, Greenberg 2020). Originally developed for the military frontline but just as relevant for the caring professions, school leadership can adopt a simple, tested model for just-in-time staff support, such as the PIES model of support (Tracy et al., 2020). PIES stands for:

- **Proximity** (Keeping staff close to their frontline, even if on different duties);
- **Immediacy** (Nip the situation in the bud before distress escalates);
- **Expectancy** (A strengths-based positive focus ‘de-medicalising’ and normalizing responses in difficult times); and
- **Simplicity** (Keeping interventions simple).

To enable this, the UK’s Health and Safety Executive (HSE) has a Talking Toolkit which could provide a template for initiating and capturing a conversation between a manager and employee. Although neither designed for the pandemic nor specific to educators, the PIES approach is a useful rubric for staff assistance.

Below, we cover preparation for the return, and then introduce each of the wellbeing domains briefly. We then make a first pass at illustrating prevention and responses with easily accessible resources.

**Preparation**

Preparing cognitively, emotionally, and practically can begin with listening and sharing in an informal setting. For example, one symptom-reduction intervention in New Zealand began with the straightforward opportunity for teachers to share their earthquake-related experiences, then giving the time for empathy and mutual support (Berger 2016). The time and space to listen to “a person’s narrative without offering advice or giving information” (Jones 2009) is social and informal rather than therapeutic. Systematic research has found that formal debriefings can be unhelpful (Brooks 2018, 2019). Simple, open

---

4 Preventative healthcare is often classified at the primary, secondary or tertiary levels (Bhui et al. 2012). These intervention levels can be defined as: Primary - pro-active, aiming to prevent exposure to known risk factors or enhance an individual’s resilience; Secondary - identifying those who are asymptomatic but have developed risk factors and Tertiary - treating and managing existing diagnosed conditions and minimizing their impact on daily life (USPSTF, 2008).
questions such as “How are you doing at the moment?”; “What were your experiences during lockdown?”; “Did you discover any new self-care strategies during lockdown?”; or “What normally keeps you well?” can be included in the first staff discussion, to maintain a positive sense of community.

**Resources**

- The UK’s [Education Support Partnership](#) (UK) produced a video for use during lockdown, but the advice is just as relevant to the return to school. Its guidance included setting clear management structures; being realistic about what can be controlled and what cannot; supporting the relationships that energize team members; reminding members about reciprocity as a strategy for wellbeing; modeling good habits (such as accepting uncertainty); and talking about feelings where appropriate.
- A superb resource website for all manner of wellbeing needs that is educator focused is [TeacherToolkit](#), and for school programs there is the [Teach Well Alliance](#) (UK).
- As an alternative to focusing on goals and outcomes, these [Planning](#) and group [Discussion and Focus Group](#) templates provide helpful tips on enabling a discussion to unfold (Mind.org.uk).
- Two other resources that could help prepare for the transition are these [individual recommendations](#) and this article for schools on teachers’ [emotional preparation](#) which includes steps for producing an “Emotional Intelligence Charter.” The latter is a living document that could capture how staff want to feel when back in school after lockdown is eased, and two or three observable behaviors that are realistic and attainable to support these feelings. This charter is shared with all and revisited regularly to share updated ideas for support.
- For school leaders and administrators, the [Back-to-School Toolkit](#) based on the joint UNESCO/Teacher Task Force/International Labour Organization [Policy Guidance](#) provide helpful points. A National Center for School Mental Health in the US also published useful resources for school staff and administrators to [prepare reopening](#).
- Some staff will appreciate this [Just Breathe](#) video as a way to kick off re-entry. This short clip in elementary school students’ voices can help teachers navigate their own feelings and understand the value of taking time to become calm. What can also be shared are the findings above from teachers who have previously experienced large-scale adversity.
## The Four Foundational Domains for a Whole-School Wellbeing Framework

### Overview of Domains with Some Linked Resources

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Primary</th>
<th>Secondary</th>
<th>Tertiary</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Psychological</strong></td>
<td>Proactive, prevention, building resilience</td>
<td>Identifying risk factors</td>
<td>Treatment, management and minimizing risk</td>
</tr>
<tr>
<td>Psychological First Aid (PFA)</td>
<td>PFA Presentation - education and identification</td>
<td>Am I experiencing secondary trauma? Braveheart Education</td>
<td>Grief and bereavement resources</td>
</tr>
<tr>
<td>Educational videos</td>
<td>In-depth NCTSN School PFA Package</td>
<td>Stress Test for teachers (Education Support Partnership ESP)</td>
<td>NHS Anxiety Support</td>
</tr>
<tr>
<td>Individual Wellbeing Action Plan</td>
<td>HSE Talking Toolkit</td>
<td>Chatbot Anxiety Support (Wysa)</td>
<td>Paper on management support for healthcare staff</td>
</tr>
<tr>
<td>Social and Emotional Learning for Teachers (for early childhood)</td>
<td>APA Stress Tip Sheet</td>
<td>COVID-19 Mindfulness Resources by UCLA</td>
<td></td>
</tr>
<tr>
<td><strong>Physiological</strong></td>
<td>Teachers’ At Home Exercise Plan</td>
<td>One You self-assessment quiz</td>
<td>Cleveland Clinic relaxation audio</td>
</tr>
<tr>
<td>Mental Health America Exercise Advice</td>
<td>US VHA self-assessment for physical activity</td>
<td>Sleepio App online sleep improvement</td>
<td></td>
</tr>
</tbody>
</table>
### Sociological

<table>
<thead>
<tr>
<th>Extra-curricular ideas from a Teachers’ Blog</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Teacher Tapp</strong> - polling app for teachers that shares educational practice and insight</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Leaders protecting staff wellbeing editorial (health)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exemplar <strong>School Workload Charter</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chatbot Isolation support (Wysa) and video for teachers (ESP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>JHU School Culture</td>
</tr>
</tbody>
</table>

### Financial

<table>
<thead>
<tr>
<th>UK (May 2020) Overview of financial concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS <strong>7 steps to financial resilience</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>UK Coronavirus Bills and Help</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff <strong>Financial Wellbeing Strategy Guide</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>UK Money Advice Service</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contracted</strong> Teachers’ Advice and Teachers’ financial support (ESP - UK)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Debt Test and Advice (UK)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Resources for Teachers</strong> (US)</td>
</tr>
</tbody>
</table>

Note that most of these resources come from the UK and US, but analogues exist in other countries.\(^5\)

### 1. Psychological

COVID-19 is unlike anything that most of us have experienced. As a result, the stress and wellbeing resources available within the field of education do not take the complexities of a pandemic into account. We need materials that are akin to “psychological PPE” – and thus we can draw upon tools that were originally informed by experiences from combat and disaster zones. The emphasis in the development of these tools was not on a diagnostic medicalization of symptoms but, rather, on providing a rapid social intervention and practical assistance. Educating staff about psychological first aid is meant to nurture their own self-understanding and to enable a community of compassion amongst peers.

#### Primary Prevention

Given that people’s experiences will differ, psychological first aid training enables responding to each other with care and compassion.

Sustaining sound psychological work-practices can be enabled through the use of existing workplace toolkits. And taking the listening and sharing theme further, educators could copy the US Schwartz Center model for compassionate, collaborative care which encourages all those involved in caregiving to share their experiences, emphasizing the

---

\(^5\) Editorial Note: Please send evidence-based resource suggestions to Ashley Berner, Deputy Director, at ashley.berner@jhu.edu. We will update accordingly. Thank you!
human dimension of caring. In medicine, the model offers healthcare providers a regularly scheduled time during their fast-paced work lives to openly and honestly discuss the social and emotional issues they face in caring for patients and families. For teachers, this would simply mean having the pupil rather than patient at the center.

**Secondary Prevention**

More in-depth education on psychological first aid (PFA) is probably required for staff over time, given that everyone has been exposed to the pandemic and is at risk of associated stress. Resources are available that enable individuals to self-assess and organizations to work through PFA training. For some, standard stress education will suffice; others will need more targeted support to assess their risk or experience of secondary trauma.

**Tertiary Prevention**

A simple and effective approach to wellbeing is for an individual to identify which strategies and practices already help them, and how to do more of the same. At the same time, there seems to be no obvious, systematic way to identify the best strategy for individual teachers to manage their stress.

Academic research in samples of teachers has broadly identified a benefit from stress awareness education (Reiser 2016; Emery 2011), physiological interventions including mindfulness and relaxation training (Roeser 2013; Flook 2013), exercise (Austin 2005), reflective supervision and consultation (Susman-Stillman et al., 2020), environmental adjustment or social support (Unterbrink 2012), and psychological (cognitive) interventions (Leung 2011; Ebert 2014). What works well, for whom, and in which circumstances, is still being investigated.

The psychological impact of fear, grief, and uncertainty cannot be overstated. Where professional help is required, teachers should be supported to access appropriate services. The links below are simply an example of organizations or tools that are accessible online. *Note that only tools that have verified their security through encryption are included here; many apps collect data that can be used to identify you and we have chosen not to recommend them as a result.*

**Primary Prevention Resources**

Public Health England Psychological First Aid (PFA) course

US National Child Traumatic Stress Network (pre-covid) webinar on PFA.

UK’s CWMT charity workplace, individual wellbeing action plan based on the work of the US Copeland Centre for Wellness and Recovery, which is included in the National Registry of Evidence-based Programs and Practice.

---

6 More detailed assessment of apps can be found at www.orcha.co.uk and www.onemindpsyberguide.org.
UK’s Royal College of Psychiatrists, Society of Occupational Medicine and HR body, the CIPD workplace toolkit for psychological support.

US Schwartz Center’s brief

**Secondary Prevention Resources**

PFA presentation on Covid-19 including a PFA help card (p.18) - produced by the Minnesota Department of Health.

PFA school package (US National Child Traumatic Stress Network - USNCTSN).

USNCTSN - short worksheet for care providers that includes a self-assessment checklist.

**Tertiary Prevention Resources**

A brief online professional development (five 30-minute sessions) SELF-T can assist in improving teachers’ awareness and use of stress-reduction strategies (Lang et al., 2020).

TeacherTapp is a daily (UK) teacher survey, collating opinions and producing research to keep teachers up to date.

Daylio is a simple mood and wellbeing tracking app for those who want to capture and reflect on feelings and their associations in their daily lives.

- **Bereavement**

Winston’s Wish (UK) - bereavement training for schools.

AtaLoss (UK) - bereavement resources, including specifically for Coronavirus-19.

NAIS (USA) - Coping with Loss and Grief - huge number of resources for schools and teachers.

- **Anxiety and Stress**

NHS Coronavirus worry (UK) - 10 tips on looking after yourself.

Wysa App - an encrypted (secure) AI chatbot that provides anxiety support.

Building your Emotional Intelligence Quotient for anxiety and stress - Equoo App.

Hey Teach (US) - resources to thrive as a teacher.

SilverCloud.Health - a range of pay-for mental health and wellbeing support programs.

Feeling Good App applies sports psychology for everyday relaxation & wellbeing.

CDC - tips for Coping with stress during the pandemic.

COVID-19 Mindfulness Resources by UCLA.
2. Physiological

Exercise has been recognized as being beneficial to our wellbeing since the days of Hippocrates and Sushruta. The evidence of its importance for both psychological and physical health is now extensive; even the degree of perceived stress is lower in those who are more physically fit (Pedersen 2015, Clayton 2014). Regular exercise is known to contribute to lowering stress levels and improving wellbeing, with aerobic exercise showing greater efficacy than strength training (Norris 1990). Stress, of course, is not a disease, but it can lead to both psychological and physical illness.

Primary Prevention

As marketing campaigns go, L’Oreal’s 1973 strapline “Because you’re worth it” was exponentially successful, not only because we still remember it, but because it spoke to our hearts. Looking after ourselves physically is an indicator of our wellbeing as well as having direct health benefits.

Exercise has to be easy, fun, or both for us to embed it in our daily lives. Research shows that many teachers already rely upon physical exercise as a stress-reliever (Austin 2005, Skaalvik & Skaalvik 2015, Hilton 2016), and that some school leaders already facilitate teachers’ exercise activities (Garland 2018). One PE teacher and author from the United States, cognizant of teachers’ stress, their time limitations, and the benefits of exercise, produced a simple at-home exercise plan - well before the coronavirus hit. Given the current restrictions on gyms, this plan remains a really useful schedule.

Rest and sleep are also very important. Relaxation is a stress-buster, and the Cleveland Clinic has published guided audio instructions.
Secondary Prevention

In the UK, a leading Oxford Public Health physician, Professor Sir Muir Gray, was the driver behind an NHS campaign to increase activity. The portal he set up to give a personal health score called One You can be accessed by anyone, and his accompanying book clearly states that age is no barrier to activity!

Activity trackers have proliferated, and many teachers have adopted them already and find them to be motivational (Manning 2020). Reflecting our concern for data privacy and security, there are only two activity trackers that we are confident to recommend: the Apple watch and the Withings Steel SR watch. Both can track multiple exercise activities as well as sleep quality and heart rate, the latter two being influenced by biopsychosocial factors - including physical and relational stress (Nelson et al., 2020). One of us (JM) is analyzing interviews that she conducted with high school teachers who are using the Withings Steel SR; early indicators are positive about the value of having heart-rate data to inform stress management strategies.

Tertiary Prevention

Mental Health America has produced a 10 Tools Framework to help individuals feel stronger, including advice on sleep, eating well, and being active. One of the most extensively tested and evidenced apps for sleep support is Sleepio, which starts with an assessment of your “sleep score” (before any download required). The value of exercise “as medicine” has been accruing evidence across many chronic conditions, including for depression, stress, and anxiety (Pedersen 2015) and it is baffling as to why physical activity has not been promoted more as a core component of wellbeing. As with psychological wellbeing, however, it is important to seek professional support where self-management does not resolve symptoms.

3. Sociological

Coronavirus contagion may be inimical to socializing with friends, but the need for a social life doesn’t simply vanish in a pandemic. Communication technology has meant that teachers have not lost contact with the workplace, their family, or friends. But isolation has been a significant corollary of Covid-19 for some, causing a loss of confidence and connection which will take time to restore.

Cooper & Hesketh emphasize the need for employees to have both (i) outside interests and (ii) a sense of belonging (research showing these are not actually mutually exclusive). Having time off from the workplace is critical to wellbeing. Yet we know from research that teaching can become
all-consuming, especially for younger teachers (Skaalvik & Skaalvik 2015), causing a significant work-life imbalance and exiting of the workforce if good social relationships are not cemented (Clandinin 2015).

**Primary Prevention**

School policies such as switching off the email server between 6pm and 7am, holding meetings only within normal working hours, and enabling teachers to share lesson plans and resources are some of the ways in which schools have tried to manage workload and respect teachers’ home lives and outside interests (see Tomsett & Uttley 2020; Eyre 2017; Headsmart Blog).

In terms of the criteria of “belonging,” receiving support from colleagues tends to be positively correlated to perceptions about workload (Avanzi 2018). A strong sense of social identity is also negatively correlated with stress symptoms such as headaches, joint pains, and depression (Van Dick 2002, Bizumic 2009). It is the school’s social conditions - the culture or climate, principal's leadership, and collegial relationships - that determine both teachers’ satisfaction and career plans (Johnson 2012), and therefore have to be embedded in the school's ethos.

One UK high school teacher described to one of us (JM) that one colleague often put social events for teachers into the school calendar and was consequently known as the school’s Director of Fun; another teacher mentioned that during this (2020) summer term, the school principal had set up a run-and-walk group that started five minutes after the final lesson bell. Any member of staff who was on site had permission to drop their work and join in. Although the activity was exercise, the underlying purpose was to create a social opportunity to be together at the end of the teaching day, and a tacit recognition that by that point, everyone needed a break.

**Secondary Prevention**

Although written for leaders in healthcare, this British Medical Journal editorial on looking after staff contains many helpful suggestions. It mentions the US-originated “Schwartz rounds” that provide a confidential opportunity for staff from all backgrounds to discuss the emotional and social challenges of caring for patients (Greenberg et al., 2020). School leadership could facilitate similar forums for teachers to share their experiences and concerns, with staff attending remotely if needed. Indeed, the same paper emphasized the importance of social bonds and gatherings. This is noteworthy, as some schools have withdrawn staff rooms or staff-only offices, thereby removing the opportunity for “local privacy,” having respite from the frontline (Palm 2009), and a revitalizing space for teachers as they “collectively cope with the tensions and struggles inherent in their work” (Anderson & Olsen 2006). The evidence is that if you don’t have a protected space for staff, then you need one.

One author (JM) found in interviews with senior high school teachers that simply using

---

7 The Local Privacy concept is employees’ need to be able to (1) withdraw from mediated observation and to (2) use certain areas as if they were their own private domains.
a polling app - Teacher Tapp - for educational research, which also shared educational practice insights, enabled them to feel more connected to their peers (Manning et al., 2020).

**Tertiary Prevention**

Without socializing, teachers experience burnout (Avanzi 2018). This phenomenon has been studied and reported by Maslach (2001) and substantiated amongst teachers (Naghieh 2013). It is true that individual teachers can put boundaries in place to protect the work-life balance (e.g., Eyre 2017, p 71), but trust in the principal’s leadership (Van Maele 2015) and organizational support for such decisions (Day & Gu 2014; Avanzi 2018) are critical. Supporting work-life balance needs to be part of a school’s culture.

The pandemic obviously increased teachers’ sense of isolation. Some teachers in interviews during the lockdown reported missing the camaraderie with staff and part of the school community. This was particularly true for those living alone. We don’t know if every teacher will return to school yet, and thus acknowledging the experience of isolation is important. This NHS advice page has some practical solutions. The chatbot WYSA also provides guidance for working through feelings of isolation, and the Education Support Partnership created this advice video. After six months of working remotely, many teachers will be relieved to be back on the school site - but we know from both the US and UK Department of Education planning advice that the workplace practices will not be “business as usual.”

**4. Financial**

According to the UK Human Resources organization the CIPD, the least promoted - but most desired – aspect of wellbeing is financial wellbeing. We know there is a vicious circle between financial hardship and mental illness, as shown in this Covid-19 focused UK charity report. In the UK during the spring and summer terms, as most teachers pivoted to teach remotely, they continued to get paid. But that wasn’t necessarily the case for peripatetic teachers (e.g., of musical instruments) or substitute teachers. In a brief report conducted in Oklahoma, US, 20% of teachers experienced food insecurity during the Covid-19 pandemic, and 25% of teachers reported a decrease in their household income. As the UK’s NHS Employers organization frames it: Having financially healthy staff is important to your organization as it could improve staff productivity, retention, sickness absence, and performance.
**Primary Prevention**

Previous disasters have shown (unsurprisingly) that income reduction and financial loss appear to be associated with psychological disorders such as anxiety. In the same research review, healthcare professionals reported housing and insurance difficulties following the Christchurch earthquake causing stress amongst their patients (Brooks 2019). In their case, the difficulties were related to structural damage, but there is no reason to suppose that loss of household income won’t have a similar effect on teachers’ domestic lives. Although created by a healthcare organization, this [Financial Wellbeing Strategy Guide](#) is a great resource for thinking through staff needs. A “coronavirus and your money” checklist with lots of advice links for reviewing [individual financial needs](#) has been produced by the UK Money Advice Service.

**Secondary Prevention**

For teachers who suddenly had new caring responsibilities, or partners whose income dried up this will have been an especially anxious time. Staff household income or financial circumstances are sensitive topics but as mentioned above, financial stressors can have a direct impact on an individual’s health and consequentially, on those around them too. Equally, income doesn’t have to be low for financial insecurity to be an issue. The UK’s Money and Mental Health Policy Institute has specialized in researching the associations between finance and mental health and NHS People promote both their [7 steps to employee’s financial resilience](#) and link to employee financial education adviser Neyber who have produced [covid-19 specific financial advice](#). Another UK resource summarizes [coronavirus finance and bills help available to all and some information for Contracted Teachers is here](#). Federal resources for Coronavirus financial relief in the US can be found here. In addition, there is information about how the Coronavirus Aid, Relief, and Economic Security (CARES) Act in the US may help individuals’ financial challenges.

**Tertiary Prevention**

The Education Support Partnership is the leading UK charity that supports teachers in financial difficulties, not necessarily as a consequence of trauma or disaster, as demonstrated by this [poignant article](#) in the *Times Educational Supplement*. The UK’s [Money Advice Service](#) has an extensive resource and advice library that covers income, debt, bills, bereavement, and insurance.

In the northern hemisphere, the return to school will coincide with the coming of cooler temperatures and the usual accompanying influenza season. It is conceivable that teachers’ households could experience both fuel and food poverty. Whether teachers are struggling financially now or not, normalizing training and signposting to resources for financial health could make it easier for staff to seek support should the need arise. Money worries can be debilitating, and the pressures from the pandemic could exacerbate this, therefore an even more worthwhile subject for a holistic wellbeing strategy.
Conclusion

This paper represents an initial approach to supporting teachers at this extraordinary time of a global pandemic. Inevitably, the paper is incomplete; its premises and recommendations require development and validation. Please think of this as a springboard from which school leadership may initiate staff wellbeing in a time of pandemic. In many countries, the first Covid-19 wave has subsided - but the public and policymakers alike are anxiously waiting for what the future holds.

It has been noted that the “severity of the natural disaster is in the eyes of the beholder” (Maunder 2009). Teachers will inevitably respond in unique and individual ways to being back in school. Perhaps unsurprisingly, research from severely challenged and impoverished settings has shown that teachers can “craft their lives to manage persistent adversity and remain in the profession... and can ceaselessly adapt in a sequence of linked incidents to respond to a procession of risks” (Ebersohn 2014). Teachers have shown time and again that they can adapt and survive.

But democratic societies need more than teachers’ survival; we want, rather, for teachers and those they care for to thrive. Educators are phenomenal public servants whose wellbeing we have repeatedly and wrongly overlooked; the pandemic gives us a new opportunity to right this wrong.

Strong school leadership is critical to set this wellbeing support in place. It is for principals to develop a supportive culture, encourage community, and invest in teachers. Whilst individual teachers can and should put practices in place to protect and support their own wellbeing, as healthcare leaders on both sides of the Atlantic have declared, education policymakers and school leaders should be at the forefront of strategic wellbeing support in schools. A whole school approach is vital: as one scholar put it, “You can’t be resilient in isolation” (Matheson et al. 2016).
Bibliography


Greenberg, M., Brown, J., & Abenavoli, R. (2016). *Teacher Stress and Health Effects on Teachers, Students and Schools*.


Julia Manning is a PhD candidate jointly between the Interaction Centre at University College London and Evidence Based Practice Unit, a partnership between UCL Faculty of Brain Sciences and Anna Freud National Centre for Children and Families. She is director of the 2020 health policy think tank and sits on the Royal Society of Medicine’s Digital Health Council. As a clinical optometrist she specialized in diabetes and visual impairment, creating a home-visiting practice for people with mental and physical disabilities using the latest digital technology, which was sold to Healthcall in 2009, now part of Specsavers. In 2006, she founded 2020 health, an independent, social enterprise think tank with an emphasis on public health, technology, community and equitable provision. From 2014-2018, 2020 health was a founding partner with Axa PPP and the Design Museum of the ‘Health Tech and You Awards’ for consumer digital technologies. Julia has published policy papers, articles, and op-eds across public health topics and shared 2020 health’s research widely in the UK broadcast media.

Julia’s academic research interests focus on health technologies and the workplace. She is now completing her PhD in human-computer interaction at UCL, studying contextual influences on digital health technologies for stress management in schools. Julia is a graduate of City University (BSc.Hons in Optometry and Visual Science), holds a Certificate in Diabetes Care from University of Warwick Medical School and is a member of the College of Optometrists (MCOptom).

Lienny Jeon, PhD, is an assistant professor in the Department of Advanced Studies in Education at Johns Hopkins School of Education and leading the Well-being for Early Learning Lab (WELLab). She received her PhD degree in Human Development and Family Science with a minor in Quantitative Method at Ohio State University. She completed her post-doctoral training in the Department of Defense Child Development Virtual Laboratory School (DoD VLS). Her research focuses on early care and education, family characteristics, and neighborhood disadvantage that impact children’s lives. She is passionate about early childhood educators’ social and emotional well-being and workforce development, and the way it impacts young children’s development. She has published more than 20 peer-reviewed articles on the topic of teacher well-being and one of them was featured in the New York Times. She also contributed to the creation of the Social Emotional Learning for Teachers available at DoD VLS. She is currently leading a comprehensive early childhood teacher wellbeing prevention program, called “Work Together, Walk Together,” that addresses teachers’ holistic wellbeing (psychological, physical, and professional), health behaviors, and psychosocial work environments. She was selected as an American Educational Research Association (AERA)-Society for Research in Child Development (SRCD) early career fellow in early education and development in 2017.
About the Institute

The Johns Hopkins Institute for Education Policy is dedicated to integrating research, policy, and practice to achieve educational excellence for all of America’s students. Specifically, we connect research to the policies and practices that will ensure all children have access to intellectually challenging curricula, highly-effective educators, and school models that meet students’ diverse needs. By delivering the strongest evidence to the policymakers who set the course and the practitioners who teach and lead, we hope to serve the American children who enter our classrooms every day. Learn more at http://edpolicy.education.jhu.edu