Humanitarian Human Resources
Europe 2016

Barcelona, Spain
8-10 June 2016

Conference Report
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Conference theme, objectives and speakers

Theme
Organisational Resilience: HR at the Frontline

Objectives
• Map out the current trends around resilience.
• Explore and engage with the implications, opportunities and practical solutions for humanitarian human resources (HR) professionals.
• Share current best practices, live learning, case studies and stories from within the humanitarian sector, and from other sectors.
• Network with other HR and humanitarian specialists from the UK, Europe and around the world.
• Share experience, challenge assumptions and inspire fresh thinking.
• Shape and share recommendations for practical sectoral change.

Conference speakers
• Scott Breslin, Operation Mercy
• Jane Cocking, Independent Consultant
• Cathy Fitzgibbon, British Red Cross
• Judith Greenwood, CHS Alliance
• Kate Nolan, CiC-EAP
• Hitendra Solanki, Action Against Hunger UK
• Ignasi Soler, Médicos Sin Fronteras
• Cathrine Ulleberg, Norwegian Refugee Council
• Christine Williamson, Duty of Care International
Day 1 – Welcome to Humanitarian HR Europe 2016

The 2016 Humanitarian Human Resources (HHR) Europe conference brought together almost 70 HR and people management specialists from 13 countries to discuss the issue of HR resilience. Participants to the 29th HHR conference were welcomed by CHS Alliance Executive Director Judith F. Greenwood and conference facilitator Katy Murray who reminded them of the conference theme and asked them to think of their personal experiences and challenges, as well as their expectations for the conference.

Opening speakers – Organisational Resilience: HR at the Frontline

The conference’s three opening speakers, Judith Greenwood, Executive Director of the CHS Alliance; Scott Breslin, International Director of Operation Mercy; and independent consultant Jane Cocking, formerly International Director at Oxfam GB, shared their perspectives on the conference theme.

Judith Greenwood, CHS Alliance Executive Director, started the session by highlighting issues first identified in Room for Improvement, the 1995 report that led to the creation of People In Aid, now the CHS Alliance. One of the key findings of this report was the issue of workload. Judith noted that similar issues facing the humanitarian sector 20 years ago are still present. However, there has also been a lot more research into these issues and how organisations can address them. An important point to note is that the importance of national staff is now more widely recognised. As well as this it is now recognised that issues of duty of care concern the whole organisation, not just the HR team and organisations need to be resilient to deal with these issues and challenges. Judith highlighted that the Core Humanitarian Standard (CHS) Commitment 8 focuses on people management, but this is also embedded throughout the CHS’s Nine Commitments.

Judith highlighted a range of useful resources developed by the CHS Alliance in partnership with others:

- Austin, Lois; O’Neil, Glen; CHS Alliance for the Start Network (2015) The state of surge in the humanitarian sector
- Austin, Lois; O’Neil, Glen; CHS Alliance for the Start Network (2016) Transforming surge capacity: Baseline report 2015
- Macnair, Rebecca (1995) Room for improvement
- People In Aid (2014) The state of HR 2014: A question of impact

Scott Breslin, International Director of Operation Mercy, discussed what resilience looks like on the front line. According to him it is multi-level. Aid workers are often weighed down with job demands and stresses, and what keeps them going and supports them is:
1. Relationships with co-workers for example
2. Results – seeing the difference their work makes
3. Grit – which he defines as “long-term perseverance towards a goal”

He then talked about being “fit, both for an individual worker and for an organisation”. It is important to ensure individuals are the right fit for the role they are doing and are trained and supported to do so. Lastly Scott highlighted the relationship between workplace conflict, burnout, staff morale and stress. He mentioned that conflict resolution is integral to duty of care and prevention but this is often an overlooked issue. However, it is an issue that needs to be addressed to make organisations and staff more resilient.

Independent consultant Jane Cocking looked back at how humanitarian action has changed over the past 25 years, particularly looking at the issue of international versus national staff. In the past, there was more of a focus on large-scale crises that were top-down and western dominated. These days, national staff play a much larger role and their role will increase especially as crises become even more complex and fragile countries become more fragile and less accessible. Jane highlighted the need to learn from the past, make changes, think globally and help people flow around the world if we want to be resilient to these challenges.

- **Think globally**: look at the specific skills needed and apply them generally, rather than thinking in terms of national versus international staff.
- **Keep the core strong**: values are non-negotiable, behaviours are universal.
- **Make changes**: upgrade / change skill sets, build stronger networks, be flexible.

The panel discussion was followed by an engaging Q&A session, and the day ended with a mindfulness taster session led by Hitendra Solanki, Action Against Hunger UK. You can read Hitendra’s paper on mindfulness and wellbeing [here](#).
Day 2: Sharing and learning from experiences

Day 2 of HHR Europe started with a sharing of case studies on duty of care from Cathrine Ulleberg, Norwegian Refugee Council and Cathy Fitzgibbon, British Red Cross.

Cathrine Ulleberg, Norwegian Refugee Council (NRC), spoke about a critical incident that occurred at NRC, lessons learned from this incident and what policies and practices have been put in place since then. In Dadaab, Kenya, in 2012 a group of armed men attacked a car in which NRC staff were travelling. The driver was killed and four staff abducted. They were recused four days later. NRC reviewed their policies, practices after this incident. In her presentation Cathrine highlighted the key elements of a duty of care policy, and the key points to consider before, during and after any critical incident.

- **Being prepared**: It is important to ensure you have a strong critical incidence plan. Are there clear procedures, e.g. on staff follow-up steps, clear roles and responsibilities, contacting next of kin. Ensure there are systems and procedures in place, and staff are trained in how to handle such an event.

- **When crisis occurs**: Put the crisis plans in place, and ensure there is capacity to handle the situation. National and headquarters staff will need support, as will relatives and next of kin. In the critical incident NRC faced, there were four international staff from different countries, all with relatives in different locations, speaking different languages who needed to be contacted and supported

- **After the incident**: A range of support will need to be provided after any incident. This includes medical treatment, psychosocial support, administrative and financial support.

- **Long term follow up**: The focus and resources needed will change over time. Individual follow-up will be necessary long term, and the aim is to get staff back to normality and work when they are ready.

**Lessons learned**

- Organisations and management need to understand and buy-in to the duty of care policy.
- Duty of care is a shared responsibility.
- There needs to be sufficient resources and budgets available for duty of care.

Cathy Fitzgibbon, British Red Cross, shared lessons learned on duty of care in relation to the abduction and killing of a humanitarian worker in 2012. She remarked that aid organisations have a legal duty of care to their employees regardless of the type of work and operational context. This obligation is at the governance level and organisational security policies should acknowledge this. The key players in ensuring that the organisation meets its duty of care obligations are: governance, operational managers, security and HR. Cathy’s full presentation is available to conference attendees. Email info@chsalliance.org for more details.
Participants then broke into group sessions on issues of employee assistance programmes, duty of care lens, mindfulness, traits of exceptional international humanitarian staff and taking care of people in humanitarian crises. Summaries of each session are below.

**Working in partnership with your employee assistance programme to enhance resilience and wellbeing**

In this session **Kate Nowlan of CiC** outlined what a first class employee assistance programme (EAP) should look like: responsible, robust, customer focused, professional, flexible and adaptive. EAPs are beneficial for organisations as they demonstrate duty of care, managers who gain confidence in managing mental health related issues, and employees feel cared for.

Kate gave an overview of the services provided through CiC’s EAP which includes online structured counselling, online self-assessments, resilience tools, peer support and a managerial helpline. She then suggested ways of building awareness of mental health issues as part of duty of care in organisations and useful strategies for managers under pressure.

**Strategies for building awareness of mental health issues:**
- Educate managers and include national staff.
- Implement comprehensive training programmes to spot first symptoms of stress.
- Teach managers to recognise behavioural change – use webinars, face-to-face training.
- Leadership culture of understanding.
- Employee assistance/psychological support.

**Strategies for managers under pressure:**
- Mandatory training programmes for colleagues.
- Communicate regularly with staff regarding support structures (24/7 helplines, EAP, counselling).
- Roll out stress awareness programmes across the organisation.
- Implement wellbeing and wellness strategies – with information about diet, exercise, rest, mindfulness.
- Ensure staff take holidays, have adequate space for social support.
The duty of care lens

Christine Williamson, Duty of Care International, discussed how duty of care is used internationally by courts around the world. Organisations are accountable against their own policies and these policies will be used in a court of law. It is up to the court to decide if the organisation has been reasonable or not. By using the duty of care lens, we strengthen our organisational resilience, which is better for employees, better for the organisation and better for those we serve. We improve the lives of others while ensuring the wellbeing of staff.

A great starting point for looking at our duty of care is to break it down through the entire employee life-cycle. We can then look at minimum standards for each step of the cycle and go beyond them. Monitoring and evaluating organisational policies and practices is important. Christine suggested some mechanisms for this:

- Agree a group of people who will monitor indicators and review practices (duty of care team).
- Agree areas to monitor and why.
- Use existing mechanisms to monitor areas of policy and practice e.g. introduce key performance indicators (KPIs) or metrics for absence, conduct, turnover, health and safety instances, staff care interventions.
- Schedule of monitoring and time frames.

Mindfulness, mental health and humanitarian aid workers

Hitendra Solanki, Action Against Hunger UK, started the session by explaining what mindfulness is and the benefits of mindfulness. Mindfulness is paying attention in a particular way: on purpose, in the present moment and non-judgmentally. It is not a cure for all ills. The benefits of mindfulness on mental health have been studied for over 30 years. These include enhanced attention, improved memory, stress reduction and self-insight. There are also benefits for organisations that use mindfulness such as increased productivity and reduced absenteeism.

Mindfulness is a potential best practice approach in preparing humanitarian staff for managing stress, anxiety and potential burnout common in the sector. According to Hitendra we need to shift the duty of care emphasis to prevention, and mindfulness can help do this.

As part of the Start Network Transforming Surge Capacity Project which Hitendra is involved in, pilot training was developed to explore how mindfulness-based approaches contribute towards greater individual resilience through a more proactive and preventative based methodology in a

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1 This includes research from Chambers et al (2008), Farb et al (2010), Moore and malinowksi (2009). For more details on this see Hitendra’s presentation and paper on mindfulness and wellbeing.
supportive manner within the project organisations. The training was delivered in the Philippines to over 60 staff from several international humanitarian organisations. The training has had positive results for participants since and the project is following participants for six to nine months after the training. Videos, audios and printed materials will be available in the coming months.

Hitendra also introduced participants to his recently published paper on mindfulness and wellbeing.

The three legs of exceptional international field staff

Scott Breslin, Operation Mercy, started his session defining duty of care as, “responsibility to avoid acts or omissions likely to cause harm to staff, clients, or others”. He outlined what he sees as the three levels (or legs) of duty of care and three levels of responsibility for care.

<table>
<thead>
<tr>
<th>Levels of duty of care</th>
<th>Levels of responsibility of care</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Minimal</strong> - No law is broken. There is no obvious neglect of staff.</td>
<td>• Self-care</td>
</tr>
<tr>
<td><strong>Better</strong> - Reasonable effort is being made to protect staff (and clients) from foreseeable harm.</td>
<td>• Organisational level (HR policies)</td>
</tr>
<tr>
<td><strong>Best</strong> - Reasonable effort is being made to help staff thrive and to protect staff (and partners) from foreseeable harm.</td>
<td>• Government regulations</td>
</tr>
</tbody>
</table>

Through his research, Scott has found that three foundational traits contribute to the longevity and success of expatriate field leaders in the international aid sector: relationships, results and grit. The three legs are interdependent. He highlighted that grit is a part of resilience, but there is a difference between the two. Gritty people and resilient people show different qualities as listed in the table below.

<table>
<thead>
<tr>
<th>Qualities of gritty people</th>
<th>Qualities of resilient people</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Goal orientated</td>
<td>• Emotional regulation</td>
</tr>
<tr>
<td>• Long-term</td>
<td>• Impulse control</td>
</tr>
<tr>
<td>• Perseverance</td>
<td>• Causal analysis</td>
</tr>
<tr>
<td></td>
<td>• Self-efficacy</td>
</tr>
<tr>
<td></td>
<td>• Realistic optimism</td>
</tr>
<tr>
<td></td>
<td>• Empathy reaching out</td>
</tr>
</tbody>
</table>

There are also five characteristics of resilient and gritty people that are important in self duty of care:

1. Purse healthy relationships (comradery, community, conflict resolution)
2. Seek life-long learning
3. Process joy and sorrow
4. Develop physical stamina (exercise, nutrition, rest)
5. Build inner character (perseverance, realistic optimism, humility)

Challenges to take care of people in humanitarian crisis

Ignasi Soler, head of the HR management unit at Medicos Sin Fronteras (MSF) Spain, highlighted important questions to address to ensure we are properly caring for staff working in insecure settings. In doing so, he was challenging all in attendance to face some dilemmas and accept there might not be definite answers but that was not an excuse to avoid these.

1. How to support staff when access is restricted?
Ignasi suggested using technology, such as Skype, but that there also needs to be back-up options such as mobile or satellite phones. Ask staff what they would find helpful, what they need. Build empowered teams and enable trust so that staff feel confident in making decisions. Indeed, MSF Spain has a practice of “remote” management that empowers national staff to make decisions and is in effect “shared” management. It is important to also bring people “out” for trainings and briefings – that is, all staff, national and international.

2. Is there a tension between an organisation’s duty of care and its operational ambitions?
MSF Spain’s operational strategy and mandate often focus on responding to situations in conflict areas, where there are few or no other actors such as Syria, South Sudan, Yemen. When most agencies evacuate their teams, MSF sends its in. In such contexts, national staff are often also victims of the conflict themselves, and are the most exposed. The risk of death in these areas is high, which poses some challenges to duty of care policies and practices.

3. What standards exist in multicultural environments?
There are complexities when working in multicultural environments. Plans made at head office, or ways of working, may not make sense to national staff. For example, hours of work may be different between countries. At head office working five days per week may be fine, but for national staff this may be unrealistic if most people work six days a week. Are we even sure that all staff understand what duty of care means and covers? The feasibility of rolling out an effective duty of care framework might be affected by an internal lack of acceptance or awareness: when people don’t ask for support, does that really mean there is no need to provide any? We must ensure we anticipate issues and there are mechanisms in place before staff ask for them. From an organisational perspective, it is important to understand why people do what they do and their motivation to engage in this kind of jobs, taking into account all the cultural nuances and local understanding/approaches in the context.

4. Are we transferring risks to national staff?
Ensure there is informed consent for all staff and the risks they face.
Your pathway to duty of care

In her second session Christine Williamson of Duty of Care International explored how participants can use the employee life cycle to influence key people in their organisations in order to get duty of care high up on the agenda of their organisation.

Christine recommends starting with the minimum standards for each step of the cycle, and going beyond. She believes that by using the duty of care lens, we strengthen our organisational resilience which is better for employees, better for the organisation and better for those we serve. She also highlighted the importance of ongoing monitoring and evaluation - by using the duty of care lens to review and prepare policies and practices, we can learn and improve.

Day two finished with an energising drum circle session.
Day 3 – Workshop learnings and conclusions

Day three started with a workshop by Scott Breslin on the cost of conflict at work. This was followed by a leadership carousel where Scott Breslin, Judith F. Greenwood and Jane Cocking circulated amongst groups of participants for discussions on the topic of organisational resilience. Participants then shared their learnings from the conference and their working groups.

The cost of conflict at work

Scott believes that conflict at work is a serious issue, but one we can do something about. According to Scott, unmanaged conflict is the largest reducible cost in organisations today and the least recognised. “If we don’t deal with a conflict, it’s like an infection – it spreads and increases in complexity and is more expensive to fix,” he said.

He highlighted findings from a workplace conflict study by CPP Global Human Capital Report in July 2008:

- 31% of managers think they deal with workplace conflict well.
- But many organisations thought they did not have a problem.
- 43% of non-managers thought their bosses did not manage it well.
- 29% of employees deal with workplace conflict “frequently”.
- The average employee spends 2.1 hours per week (12 days per year) dealing with workplace conflict.
- 50% of HR staff spend one to five hours per week on it.

Managers are key in dealing with conflict but employees also need to be self-aware. Workplace conflict is a serious condition between workers whose jobs are interdependent, who feel angry (emotionally upset), who believe the other person is at fault and whose behaviour is causing a business problem.

A whole organisational approach is necessary to deal with this issue, and is one that takes into account different cultures and ways of working. Scott proposed a working group on behalf of the CHS Alliance to go further with these ideas and a number of participants agreed to be part of this. The CHS Alliance will share further news on this later this year.

Leadership carousel

Scott, Judith and Jane shared their experiences as leaders and the following discussions with participants were based around developing resilient teams and how HR can influence senior leaders. The key points from discussions are summarised below.

<table>
<thead>
<tr>
<th>Developing resilient teams</th>
<th>HR influencing senior leaders</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Go with the majority – the rest will follow or leave.</td>
<td>• Remember we’re here together to achieve a goal – what is the shared goal?</td>
</tr>
<tr>
<td>• Unlocking globally mobile pool of employees.</td>
<td>• Keep focused.</td>
</tr>
<tr>
<td></td>
<td>• Close relationship between HR and</td>
</tr>
</tbody>
</table>


• Develop shared purpose.
• Don’t send people in to do jobs if they don’t have the emotional capacity or skills to do the job.
• Celebrate genuine success on things that really matter.

operations gives good results.
• Ensure there is a common understanding of the issue. Useful to propose a solution but can discuss solution and best options.
• Share different perspectives – can we talk about this issue?
• Have policies in place and ensure leader is aware of responsibilities; clarity of issues.

### Working groups feedback

During the conference participants formed working groups on a number of topics. On day three, before the conference finished, each group presented their learnings on each of the topics. Summaries of each are listed below.

<table>
<thead>
<tr>
<th>Topic</th>
<th>Minimum standards of care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Issues and challenges</td>
<td>• Time.</td>
</tr>
<tr>
<td></td>
<td>• Buy-in/ownership.</td>
</tr>
<tr>
<td></td>
<td>• Needs and expectations.</td>
</tr>
<tr>
<td></td>
<td>• Monitoring.</td>
</tr>
<tr>
<td></td>
<td>• Follow-up and compliance.</td>
</tr>
<tr>
<td></td>
<td>• Lack of policy at local level.</td>
</tr>
<tr>
<td></td>
<td>• Difference in headquarters / local approach.</td>
</tr>
<tr>
<td>Solutions and recommendations</td>
<td>• Develop process checklists – roles and responsibilities.</td>
</tr>
<tr>
<td></td>
<td>• Share information – pre-reading before commencement.</td>
</tr>
<tr>
<td></td>
<td>• Have a tailored approach and be flexible.</td>
</tr>
<tr>
<td></td>
<td>• Know the essentials for those emergency deployments.</td>
</tr>
<tr>
<td></td>
<td>• Identify gaps - use tools.</td>
</tr>
<tr>
<td></td>
<td>• Develop KPIs for induction – accountability and assessment. Follow up with staff – are they going through the stages?</td>
</tr>
<tr>
<td></td>
<td>• Make the time – protected days, hold each other to account.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Topic</th>
<th>Building resilient people</th>
</tr>
</thead>
<tbody>
<tr>
<td>Issues and challenges</td>
<td>• Lack of awareness of the issue in organisations.</td>
</tr>
<tr>
<td></td>
<td>• Lack of understanding of staff wellbeing needs</td>
</tr>
<tr>
<td></td>
<td>• Reactive rather than proactive policies.</td>
</tr>
<tr>
<td>Solutions and recommendations</td>
<td>• Proactively create a preventative wellbeing policy.</td>
</tr>
<tr>
<td></td>
<td>• Conduct a needs assessment of psychosocial needs of individuals. This will need to be reviewed.</td>
</tr>
<tr>
<td></td>
<td>• Proactively identify champions / exemplars.</td>
</tr>
<tr>
<td></td>
<td>• Develop the capacity of champions. Nurture them through shared responsibility and peer support networks.</td>
</tr>
<tr>
<td></td>
<td>• Identify a standard to look up to.</td>
</tr>
<tr>
<td></td>
<td>• Create a monitoring and evaluation framework that includes wellbeing.</td>
</tr>
</tbody>
</table>
## Building resilience into organisational culture – how do we influence as HR?

### Issues and challenges
- Organisational awareness.
- Lack of focus on wellbeing or no culture of wellbeing in organisation.
- Mission trumps staff welfare.
- Remote people management structures don’t always support wellbeing.
- Resistance by managers to wellbeing programmes.

### Solutions and recommendations
- Organise debriefing seminars, policies / procedures.
- Develop a connected wellbeing package / toolkit (include cultural options).
- Communicate with staff about wellbeing, debriefing etc.
- Provide counseling / peer support.
- Analyse positive wellbeing stories, learn from these, share.
- Have a culture of being able to say no.

## Influencing staff to use wellbeing resources available

### Issues and challenges
- Stigma and culture.
- Resource and time.
- Cynicism mentality.
- Fear of implications / vulnerability.
- Lack of awareness of what is available.
- Lack of knowledge about risk and impact of stress / burnout / post-traumatic stress syndrome (PTSD)

### Solutions and recommendations
Wellbeing and resilience resources can contribute to supported, productive staff and lead to better humanitarian outcomes. Strategies outlined below.

<table>
<thead>
<tr>
<th>Raise awareness</th>
<th>Remove stigma and change culture</th>
<th>Performance and induction</th>
<th>Sharing across organisations</th>
</tr>
</thead>
</table>
| - HR being an example.  
- Effects of cumulative stress on the body.  
- Training managers to recognise & influence staff. | - Role model and positive stories of what has worked.  
- Mandatory pre- and post-deployment assessments as standard.  
- Annual wellbeing sessions for everyone as standard.  
- In-house psychologist. | - Advocating on long-term view (you help no-one if you are burned out).  
- Appraising managers on staff wellbeing.  
- Buddy system.  
- Opting out of appointments schedule as standard. | - During a response, joint education and awareness.  
- Cross organisational wellbeing events particularly in large scale responses.  
- HR space. |
### Duty of care for local and international staff

<table>
<thead>
<tr>
<th>Topic</th>
<th>Details</th>
</tr>
</thead>
</table>
| **Issues and challenges** | Salary and benefits.  
                          | Security.  
                          | Partners. |
| **Solutions and recommendations** | Raise awareness with partners.  
                          | Review policies, if there is a gap look at where you want to be, what resources are needed and who is responsible. |

### Business case for duty of care

<table>
<thead>
<tr>
<th>Topic</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Details</strong></td>
<td>See presentation from working group <a href="#">here</a>.</td>
</tr>
</tbody>
</table>
Conference resources

Day 1 opening speakers presentations & useful resources:

• Judith Greenwood, CHS Alliance: Welcome to HHR Europe 2016
• Jane Cocking, independent consultant: Building a resilient humanitarian sector
• Scott Breslin, Operation Mercy: Organisational Resilience

Day 2 resources

• Scott Breslin, Operation Mercy: The three legs of exceptional international field staff
• Kate Nowlan, CiC, Employee Assistance: Working in partnership with your employee assistance programme to enhance resilience and wellbeing
• Cathrine Ulleberg, Norwegian Refugee Council: Duty of care
• Christine Williamson, Duty of Care International: The duty of care lens and Your pathway to duty of care

Day 3 resources

• Scott Breslin, Operation Mercy: The cost of conflict at work
• Hitendra Solanki: Understanding Our Minds by Cultivating Mindful Awareness

Additional useful resources and websites

• CHS Alliance resource library
• CHS Alliance networks / LinkedIn groups
• Duty of Care international resources
• EISF (European Interagency Security Forum) resource library
• Interhealth training and events (e.g. resilience risk assessment, resilience and stress management)
• International Location Safety resources
• Start Network website resources
• Surge capacity online platform
BUILDING A RESILIENT HUMANITARIAN SECTOR

AND HOW TO LOOK AFTER YOURSELF AT THE SAME TIME........
WHAT YOU CAN EXPECT....

- A SHORT LOOK BACK
- A LONGER LOOK FORWARD
- REFLECTIONS ON WHAT THAT MEANS FOR US ALL IN THE ROOM
- REMINDERS TO US ALL ABOUT OURSELVES
LOOKING BACK 25 YEARS....

- FOCUSED ON ‘THE BIG ONES’
- TOP DOWN & WESTERN DOMINATED
- BUT IT WASN’T ALL BAD...
LOOKING FORWARD

- THE EXPONENTIAL GROWTH IN NEED – FROM 125m TO ..........???

- INCREASING COMPLEXITY & INEQUALITY

- FRAGILE COUNTRIES WILL BECOME MORE FRAGILE & LESS ACCESSIBLE

- MIDDLE INCOME COUNTRIES WILL BECOME MORE VULNERABLE – BUT STRONGER
WHICH COULD LEAVE US...
BUT IT CAN’T BECAUSE....
SO....
WHAT THIS ALL MEANS FOR THOSE OF US IN THE ROOM

LEARN – CHANGE – COME THROUGH STRONGER
THINK GLOBALLY

- SEE THE SPECIFIC SKILLS
- APPLY THEM GENERALLY
- HELP PEOPLE TO FLOW AROUND THE WORLD
KEEP THE STRONG CORE

FOR ORGANISATIONS AND INDIVIDUALS:-

- VALUES ARE NON-NEGOTIABLE
- BEHAVIOURS ARE UNIVERSAL
AND ADD TO IT....

- CHANGING SKILL SETS
- BUILDING STRONGER NETWORKS
- BUILT IN FLEXIBILITY
AND DON’T FORGET TO LOOK AFTER YOURSELF...
HHR Europe 2016
Organisational Resilience

Operation Mercy - Scott Breslin
Gul
Project Leader
Iran

Mahavi
Country Finance Officer
Tajikistan

Manfred
CFO
Sweden

2015
What does resilience look like on the front line?
1. Multi-level

Job Demands
Stress
Disappointments
Hardships

1 Ton

Relationships
Grit
Results
Aid Worker
2. Fit
3. Workplace Conflict Resolution
RIGHTS RESPECTED – PEOPLE PROTECTED
Session content

- Critical incident
- Lessons learned
- What NRC has put in place
Incident
Duty of Care

- Identify Threats + Assess Risks
- Mitigating Measures
- Contingency + Redress Measures
- Informed Consent
- Control + Monitoring Measures
- Competence + Training
- Access to Expertise
Being Prepared

- Crisis management plans
- Systems and procedures
- Internal & external support mechanism
- Trainings
When Crisis occurs

• Crisis plans in place
• Capacity to handle situation
• HR admin procedures
• Providing support to staff and Next of Kin
• Internal and external support system
After incident

• Medical treatment and support
• Psychosocial support
• Individual support
• Administrative and financial support
• Long term support
Long term follow-up

• Focus and resources over time
• Individual follow-up over time
• Administrative and financial support
• Social support
• Strive to get staff back to normality and work
Duty of Care and Staff Care

• Organisation and managements understanding and buy in
• Shared responsibility
• Organisational structure
• Resources
• Budgets
3-legged Stool Metaphor

and

Duty of Care
Minimal
No law is broken. There is no obvious neglect of staff.

Better
Reasonable effort is being made to protect staff (and clients) from foreseeable harm.

Best
Reasonable effort is being made to help staff thrive and to protect staff (and partners) from foreseeable harm.

Duty of Care
Responsibility to avoid acts or omissions likely to cause harm to staff, clients, or others.
Three levels of responsibility for care

- Human Resource Policies
- Employing Organization
- Government Regulations
  Employment/Labor Law

Duty of Self-Care
Self-care

Government Regulations

Human Resource policy

Staff

Self-Care
the study
(a grounded theory collective case study)

12 exceptional expatriate field leaders
from 9 different nations in Europe and N. America
currently working for 10 different NGOs
in 10 Muslim majority countries
for an average of 12 years each
Results

1 Ton

Job Demands
Stress
Disappointments
Hardships

Relationships
Results
Resilience
Resilient Factor
Inventory (RFI)
Reivich & Shatte, 2002
Adaptiv Corp.
Resilient people display:

1. Emotional Regulation
2. Impulse Control
3. Causal Analysis
4. Self Efficacy
5. Realistic Optimism
6. Empathy
7. Reaching Out
8. ___________
Results

Grit Scale-12
Duckworth, 2007

1 Ton

Job Demands
Stress
Disappointments
Hardships

Relationships
Results
Grit
Gritty people display:

1. Goal-oriented
2. Long-Term
3. Perseverance
Resilience

1. Emotional Regulation – The ability to stay calm under pressure and control emotions, attention, and behavior.

2. Impulse Control – The ability to control one’s initial impulses/beliefs about a situation and remain goal-focused.

3. Causal Analysis – The ability to accurately identify the causes of our problems.

4. Self Efficacy – Confidence that we can solve the problems we are likely to experience.

5. Realistic Optimism – A reality based belief that the future can be positive.

6. Empathy – the ability to read other people’s cues to their psychological and emotional states.

7. Reaching Out – The ability to deepen relationships and take on new challenges. A thinking style that is not risk-adverse.

8. ________

Grit

1. Sustained perseverance towards Long-term goals.
Results

1 Ton

Job Demands
Stress
Disappointments
Hardships

Relationships
Results
Grit
Interdependent & Mutually Empowering
With a proper diet, consistent exercise, and a new world view, I should be able to fit... one day?
A wrongful understanding of grit/perseverance
Pre-Event(s)

Worldview Reframing

If your worldview is framed well for the real world you might save yourself from an initial burse or two.

Read, Read, Read!

Practice DEBRIEFS after movies, books, news articles, etc.

Interview people who have real life experience

Be a vicarious learner.

Building resilience (shaping your square peg for reality)
Understanding Trauma
Trauma has objective and subjective components

**Objective:**
The Experience
- Abuse
- Violence
- Accident
- Crime
- Sickness
- Etc.

**Subjective:**
The Meaning
- I am a failure
- I am dishonorable
- God does not care
- Life has no meaning
- I am …
“Please come quickly,” the elder said over the phone. “Sema has fallen into the well.” Cheryl, a development worker, had been working with a cluster of villages for several years in Afghanistan. She had learned Dari and Pashtun well. Sema, was a severely disabled 11 year old girl whom Cheryl had taught to read. Being near by, Cheryl jumped into a vehicle. She arrived at the scene in 5 minutes to find Sema laying unconscious and blue surrounded by a group of onlookers. No one was doing anything. Cheryl worked quickly to revive Sema, all the time desperately praying quietly, “Please God. Help her survive! I know you can!” 20 minutes later, a village elder pulled Cheryl away, saying, “It is too late. It was her time.”
Path to healing/resilience includes others

Pre-Event(s)
Worldview
Reframing
Case studies & vicarious learning.

Relational support
Talk regularly with loved ones, counselor, support group, etc.

Adopt New Perspectives
Find a view of reality that aligns closer with lived reality.

Develop New Plans
Revise life plans based on the new perspectives.
Everyone is a genius, but if you judge a fish by its ability to climb a tree, it will live its whole life believing that it is stupid.

-A. Einstein
Five characteristics of resilient/gritty people

Pursue Healthy Relationships (comradery, community, conflict resolution)

Seek Life-long Learning

Process Joy & Sorrow

Develop Physical Stamina (exercise, nutrition, rest)

Build Inner Character (perseverance, realistic optimism, humility)
Interdependent & Mutually Empowering
Human Resource Policies

Employing Organization

- Work at home policy
- Grievance policy
- Sickness policy
- Performance policy
- Holiday & Leave policy
- Staff Learning policy

Human Resource Policy
Regulate number of work hours

Regulate minimum number of paid holidays

Regulate minimum wages

Regulate termination conditions

Government Regulations
Employment/Labour Law

Employment/Labour Law for Caregivers
Self-Care for sustainable thriving

1. Pursue Healthy Relationships
2. Seek Life-long Learning & Self-awareness
3. Process Joy & Sorrow
4. Develop Physical Stamina
5. Build Inner Character

Duty of Self-Care
Pursue Healthy Relationships

Comradery
Community
Conflict Resolution
Conflict Resolution

Ken Sande: Peacemaker
1. Overlook (no big deal!)

2. Discuss (missed expectations?)

3. Negotiate (win-win or agree to disagree?)

4. Mediate (get help)

5. _____?_____

Try to resolve conflict not just manage it
Mary, a social worker has been working with Ishik, Sahba, and Parlak and a dozen other orphaned girls since they were 7 years old. Mary was their teacher, mentor, and friend. Now all the girls are turning 18 and compelled to leave the orphanage which has been their home for 17 years. Recently, members of the local mafia had been hosting lavish picnics for the girls and promising them jobs and places to stay when they leave the orphanage.

In spite of Mary’s coaching the girls lacked many basic life skills, are naïve, and crave attention. One day, Mary learns that Ishik, Sahba, and Parlak were picked-up from the orphanage in a black limousine. They were never seen again.
5th Habit of Sustainable Thriving

Build Inner Character

Perseverance
Realistic Optimism (Hope)
Humility
Three character traits of successful people

- Perseverance (Grit)
- Realistic Optimism (Hope)
- Humility
8 Exercises (or habits) to build character

1. Find role models (hangout with people of high character)
2. Get out of your comfort zone
3. Take on a lowly tasks
4. Commit to self-improvement (Life-long learning)
8 Exercises (or habits) to build character

5. Learn to listen and hold conversations with different types of people

6. Stop looking for the approval of others

7. Find the good in a setback

8. Say something true and positive to three people every day for one month
Group Activity
20 min

Complete the handout

Self-Care

I need a self-care plan!
break
The Cost of Conflict at Work
Building Conflict Resolution into our Organisational Culture
Definition:

Workplace Conflict is a condition between workers:

1. Whose jobs are interdependent.
2. Feel angry (emotionally upset).
3. Believe the other is at fault.
4. Whose behaviour is causing a business problem.

Conflict Resolution, D. Dana 2001
**Workplace Conflict Survey**

5,000 full-time employees in nine countries: Belgium, Brazil, Denmark, France, Germany, Ireland, Netherlands, UK, and USA.

Only 31% of managers think they deal with workplace conflicts well.

*CPP Global Human Capital Report, July 2008*
Workplace Conflict Survey

43% of non-managers think their bosses don’t deal with conflict as well as they should.
Workplace Conflict Survey

29% of employees deal with workplace conflict “frequently”
Workplace Conflict Survey

The average employee spends 2.1 hours a week dealing with workplace conflict. (i.e. 12 days/year)

In Germany and Ireland the average was 3.3 hours a week. 50% of HR workers questioned spent 1-5 hours/week.
Workplace Conflict Survey

1 in 6 recently witnessed a dispute escalate in duration and/or intensity.
Estimate the monthly cost of wasted time at your workplace using 2.1 hours/week per employee as a baseline.
Cost Factors

1. Wasted time €________
2. Reduced decision quality €________
3. Loss of skilled employees €________
4. Restructuring €________
5. Sabotage/theft/damage €________
6. Lowered job motivation €________
7. Lost work time €________
8. Health costs €________
“Unmanaged conflict is the largest reducible cost in organizations today and the least recognized.”

Dr. Daniel Dana, Conflict Resolution (2001)
Workload and conflict are the two biggest sources of workplace stress.

Anna Maravelas (2005)
Well managed conflicts can produce win-win situations.

CPP Global (2008)
Can you IMAGINE a workplace where:

- 100% of the staff have self-mediation/conflict management training within 3 months of starting employment?
- Every manager and team leader has managerial mediation training?
- 90% of all workplace conflicts involving 3-5 parties was handled without HR or mediation specialist intervention?
1. Would this improve staff wellbeing and resilience? Is this our duty of care?
2. What are the barriers to implementation at your workplace?
Joseph Lancaster
Public School Pioneer

(1778-1838)

The Lancaster Method
Working in Partnership with your EAP to enhance resilience & wellbeing

Humanitarian HR Europe Conference 2016
Kate Nowlan – CEO, CiC Employee Assistance
What does a first class EAP look like?

- Responsive, robust and customer focused
- Professional in all aspects – clinical and commercial
- Flexible and adaptable
Who benefits?

- The organisation – demonstrates Duty of Care
- The employee – feels supported by employer in confidential setting
- Managers – confidence in managing mental health concerns which impact performance.
EAP as ‘resilience tool’ – provides holistic care

- Local clinical support, Skype & 24/7 telephone
- Staff and dependents feel supported
- Essential programme for struggling families trying to adjust to cultural difference or separation
- Don’t forget ‘trailing spouse’
- Online / digital access – build awareness
- Help with child and eldercare
- Managing finances while away
- Work/life balance and self-care
Issues we work with

Anger    Stress
Bereavement
Depression    Fears
Relationship issues
Redundancy and work issues
Trauma    Abuse
Change and major life events
The Full Service

- Available 24 hours a day, 7 days a week, 365 days a year
- Available to all employees, partners and dependants*
- Free and confidential
- Staffed by experienced counsellors
- Referrals to:
  - Structured Support
  - Information Services
  - External Support
  - Mediation services for conflict at work
Secure Online Structured Counselling

vSee

Viber
  Connect. Freely.

FaceTime

skype™
Welcome to Confidential Care’s Living Life to the Full Interactive (LLTTF) Interactive is a self-help life skills training package based on the proven Cognitive Behavioural Therapy (CBT) approach.

In order to login with your Username and Password, you will need to have received the login details from Confidential Care.

So far you will have discussed your options for support with the Confidential Care Advice Line Consultant.

Your Confidential Care dedicated counsellor will be supporting you throughout the process.

To find out more about the course and be certain this is the right option for you please watch this introductory video clip.
Hello, I'd like to know more about the EAP...
Managerial Adviseline – part of the EAP

- Coaching for Managers
- Duty clinician for out of hours emergencies
- How to deal with difficult conversations
- Supporting managers in the field
- Sharing best practice
“I think the service needs to be promoted more. It needs to be more explicit about the sorts of things the service can help with and what tools/services are available to help. The support I received was invaluable and I wouldn’t have known to call CiC.”

A manager on his experience after calling the Managerial Adviseline for support in assisting an employee with a bereavement.
Well Online

- 24x7 access to Well Online
- Practical tools
- On-line chat
- Archive of monthly help sheets
- Managers site

Web address: www.well-online.co.uk
Company Username: 
Company Password:
An Invitation to a Mindful Life

CiC invites you to experience Mindfulness practice for the next five weeks. In week 3, you will receive a call from one of our Adviseline advisers to discuss your experience of the programme. What is important is that you commit to the programme of exercises in order that you can experience the greatest potential benefits. Try to practise some of the exercises every week, particularly.

Ask yourself these questions when you have finished each one to help you reflect on your ongoing practice:

Did you find this useful?
What was difficult/easy about the experience?
Was I able to observe my thoughts in a non-judgmental way, reminding myself that they are not facts?

Download the Mindfulness help sheet
Online Self Assessments

Diagnose Your Debt

Managing your finances can be tough and most people don’t realise when they are struggling.

Using 10 of the most common debt warning signs, we’ve put together a quick online test to see how well you’re managing your money and find out if you need further help. Take the test NOW to find out how debt savvy you are!

PayPlan

DIAGNOSE YOUR DEBT

Managing your finances can be tough and most people don’t realise that they are struggling.

We've put together 10 of the most common warning signs that help to pinpoint how well you're managing your money and whether you need further help.

START
Relentless day-to-day

“Any idiot can face a crisis. It is this day-to-day living that wears you out.” Anton Chekhov (1860-1904)

What leads to a ‘breaking point’ are the difficult team dynamics, the lack of privacy, the lack of support, the loneliness and isolation. For relief workers it is the day-to-day frustration and stress that leads to burnout.
DISCUSSION

Example of when you or a member of your team was confronted with a stressful event, at work or at home…..

How did you react?

Could you have used your EAP or internal resources? How could an EAP have offered support?
Employer Awareness – Duty of Care - train your staff

- **Educate** managers – **emotional intelligence** – include national staff
- Implement comprehensive training programmes to spot first symptoms of stress – psychic inoculation.
- Teach managers to recognise behavioural change – webinars, face to face training
- Leadership culture of understanding
- **Employee assistance/psychological support**
Global trauma support

- Rapid Interventions
- Onsite specialist support with expert network of clinicians
- One to one or Group Sessions
- 24/7 telephone support from EAP
- Natural disasters, RTAs, Conflict zones, death at work, suicide
- Ensure language / cultural fit
Exercise 2

Talk about a time when you were aware of an increase in stress or burnout symptoms at work after a critical incident

- What could have been different?
- Where could you turn for support?

Did you remember the EAP ???? Was there organisational support?

How easy is it for your organisation to offer a full programme to national staff?
Using Management Information to analyse emotional health of organisation
Online EAP Reporting

EAP Usage Reports for TEST CUSTOMER

Contract start date: 2 April 2012
All fields must be completed!

Company

Period (month)

Report To

Name

E-mail

TEST CUSTOMER

1 month

Dec 2015

Aidan Warren

aidan.warren@cic-eap.co.uk

Submit

Reset

Add to Schedule

View Schedule
## Managed Referrals Portal

Welcome to the web portal for your online notifications.

### Referral List for user

#### New Notifications

<table>
<thead>
<tr>
<th>Date</th>
<th>Reference</th>
<th>View</th>
</tr>
</thead>
<tbody>
<tr>
<td>30/10/2012</td>
<td>HE000167</td>
<td>View</td>
</tr>
<tr>
<td>08/11/2012</td>
<td>HE000168</td>
<td>View</td>
</tr>
</tbody>
</table>

#### Notifications Awaiting Action

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<thead>
<tr>
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<th>Reference</th>
<th>Viewed On</th>
<th>Viewed By</th>
<th>View</th>
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<td>View</td>
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<tr>
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<td>HE000256</td>
<td>16/05/2014</td>
<td>Kathryn Dovaston</td>
<td>View</td>
</tr>
</tbody>
</table>

#### Notifications Which Have Been Actioned

<table>
<thead>
<tr>
<th>Date</th>
<th>Reference</th>
<th>Actioned On</th>
<th>Actioned By</th>
<th>View</th>
</tr>
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<td>HE000253</td>
<td>22/04/2014</td>
<td>Kathryn Dovaston</td>
<td>View</td>
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<td>HE000167</td>
<td>30/10/2012</td>
<td>Kathryn Dovaston</td>
<td>View</td>
</tr>
</tbody>
</table>
Sample Management Information report
Reporting Includes:

- Account Management Commentary & Trend Analysis
- Number of calls & repeat calls
- Number of referrals to counselling & cases, sessions
- Total instances of usage
- Total work issues & personal issues and graphical representations
- Anxiety levels (Work and Personal)
- Caller Type
- Equality & Diversity information / data
- KPI & Matching Data
- Comparative data to other Organisations
Total engagements with the EAP = 13,146.
A total of 147,926 employees covered.
EAP Usage – Example 2

Total engagements with the EAP = 13,146.
A total of 147,926 employees covered
Helpsheets…….bespoke

Stress and Anxiety

"Stress is basically a disconnection from the earth, a forgetting of the breath. Stress is an ignorant state. It doesn’t mean that everything is an emergency. Nothing is that important. Just breathe."

Natali Lindberg, American author (1948)

"Any idiot can be a critic. It is this day-to-day living that moves you on."

Anna Quindlen, American journalists (1950-1990)

"Tension is who you think you should be. Fatigue is what you are."

Chinese Proverb

The Power of Optimism

The power of optimism is that when I accept myself just as I am, then I can change.

- Charles Dickens

"It is not the strength of the spine that matters, but the will most receptive to change."

- Charles Dickens

Making Lasting Changes

"The paradox is that when we accept ourselves just as we are, we can accept ourselves just as we are."

- Victor Frankl, Austrian psychiatrist (1905-1997)

"When we no longer are able to change a situation, we are challenged to change ourselves."

- Victor Frankl, Austrian psychiatrist (1905-1997)
Benefits of professional EAP

- The staff found this very useful to have someone to talk to about the sudden loss of their colleague, the service was excellent as was the advice/support. Very quickly put together with 100% service.

- The discussions prior to implementation were helpful, the team listened to our needs and have met them without fail to date, providing flexibility and working in true partnership with us to ensure our staff are getting an excellent and responsive service.
What is good mental health?

Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

(Source: World Health Organisation)
Peer support?

Mentoring
Peer Support
Use experience from those who ‘know’

EAP can help set up professional scheme
Understanding psychological impact of overseas assignments – be proactive

EAP resilience training builds awareness:

- Relationship problems – family and work colleagues
- Addiction disorders
- Burnout
- Homesickness
- Financial matters
- Loneliness and isolation
- Shock of new cultural norms
Strategies for managers under pressure

- Mandatory training programmes for colleagues to boost EI, ER

- Communicate regularly with staff re support structures (24/7 helplines, employee assistance programme, counselling). Work with your EAP.

- Roll out stress awareness programmes across the organisation.

- Implement wellbeing and wellness strategies – with information about diet, exercise, rest, mindfulness. How easy is this across the globe?

- Ensure staff take holidays, have adequate space for social support.
EAP is a programme for you…..

- Build robust relationship with your provider
- Know your account manager
- Keep them in the loop as organisation changes, and HR contacts move
- Health & Safety / OH to link across organisation
- Ask your EAP to help you…..design resilience training programmes together
- Conflict Resolution / Mediation
Just a final reminder…….

- Don’t forget the EAP is in place for you as HR consultants as well as for staff.
- Communicate, communicate.
- Plan initiatives together.
- ROI? Staff are supported 24/7…..
THE DUTY OF CARE LENS

Christine Williamson
Duty of Care International
Session framework

• The Duty of Care Doctrine
• The moral, legal, financial imperative - the carrot & stick
• Minimum standards - using a duty of care lens
• The importance of monitoring, learning, transforming– how to keep the standard high?
• Ticking time bomb – what is our community responsibility?
• Resources available – keeping up to date
Duty of care:

- is an employer’s moral, legal, financial obligation towards its employees
- touches upon all aspects of an employee’s experience with an organisation – from recruitment to exit.
- is multi-dimensional and multi-layered
- must be adaptable and in tune with a changing organisation
- must be continuously reviewed
Doctrine of duty of care

- Tort law is used in the UK and parts of the EU
- The word tort is derived from the French word of the same spelling which means “mischief, injury, wrong, or calamity” from the Latin tortus meaning “twisted”
- In the law of tort, rights and duties are owed to everyone and by everyone
- One of the main ways to claim for compensation through the doctrine of a Duty of Care - when one party is liable to another in negligence

http://www.lawmentor.co.uk/resources/essays/discuss-development-concept-duty-care-tort-neglige/
Want to know more:

duty of care

- Donoghue v Stevenson [1932] – snail in ginger beer (UK)
- Chapman v Hearse (1961) second car collision (Aus)
- Endeavour Energy v Precision Helicopters Pty Ltd [2015] (Aus)
Want to know more:

**duty of care case law**

Steve Dennis v NRC [2012] (Norway)
- Security management - accountability
- Information management
- Following policy – armed escort
- Physical & psychological support

Article: odihpn.org/blog/dennis-vs-norwegian-refugee-council-implications-for-duty-of-care

Can you get sued? [being updated!]

www.securitymanagementinitiative.org
Employers have a legal duty of care towards their employees to ensure the health, safety and wellbeing of their employees.

Demonstrating concern for the physical and mental health of your workers shouldn't just be seen as a legal duty - there's a moral duty and a clear business case, too.

*The stick – what pushes you*

3 part test under English law
- Harm must be a "reasonably foreseeable" result of the defendant's conduct
- A relationship of "proximity" must exist between the defendant and the claimant
- It must be "fair, just and reasonable" to impose liability

Duty of Care International - your people matter
foreseeable
preventable
proximity
reasonable
fair, just

Have you had a significant moment!

Duty of Care International - your people matter
The carrot

• Our people are our most valuable resource
• Valued and trusted employees are more likely to be engaged, committed and productive.
• The benefits of happy, secure and motivated employees far outweigh the cost of taking those reasonable and necessary steps to ensure their health, safety and wellbeing.
• Prevention is better than cure!

Think longer…it will cost less

• We practice what we preach – we improve the lives of others whilst ensuring the wellbeing of our staff
• What further incentive does an employer need?

The carrot – what drives you
Using the lens

Duty of Care is the lens we look through when developing and reviewing all our policy and practices.
Starting point – the basic minimum standards

• Ensuring a healthy & safe work environment
• Learning reviews & knowledge management takes place

• Providing adequate training and feedback on performance
• Ensuring staff do not work excessive hours
• Providing for rest & relaxation
• Protecting staff from discrimination, bullying & harassment
• Providing communication channels for employees to raise concerns
• Consultation employees on issues which concern them

Duty of Care International - your people matter
We prepare:

- Operational plans and budgets will reflect our responsibilities for staff management, support, development and well-being.
- We recruit and select employees in an effective, fair and transparent way [recruitment policy]
- Communication and implementation of new policy and practice is as important as its development. Training will be provided on new policy where necessary.
- Pre-employment checks and health assessments take place before confirmation of employment for higher risk roles
- Security management and local security plans are reviewed regularly and employees trained in their use. Security plans have a schedule and method of review in high risk environments.
Be great - minimum standards e.g...

We support:
• Our working environment is supportive and inclusive – our work is strengthened by the diversity of our employees. We are committed to equality of opportunity and embrace diversity in our workforce [Diversity Policy]
• We provide good access to relevant, user-friendly policy and practice and any new information that will affect employees

We develop:
• We foster a learning environment and ensure there are mechanisms to capture new learning, knowledge and innovative ideas
Minimum standards

- Take a cheese or 2!
- Discuss with your neighbour a challenge/gap you are experiencing with your Duty of Care [Chatham House...]
- What would be the minimum you put in place to improve the situation?

foreseeable, preventable, proximity, reasonable, fair, just

Have you had a significant moment!
It’s not enough to know it:

So, you’ve got your statements of intent – your minimum standards.

So what?
Monitoring & transforming your practices

The Kolb Learning Cycle
Monitoring & transforming your practices

growth comes from accountability

What happened?
So what - why did it happen?
What else - Listen, learn, reflect?
Now what – change/revise?
Accountability
Grow

Duty of Care International - your people matter
Monitoring – collect data and use it

Benchmark & analyse – what’s your perfect storm – your triggers?

Health, Safety, Security

- No of high risk roles identified annually
- Number of breaches of health, safety and security measures and response
- Records are maintained of work-related injuries, sickness, accidents and fatalities, and are monitored to help assess and reduce future risk to staff.
- Number of employees using staff care interventions, mandatory for higher risk roles [work with providers to understand themes]
- Number of occupational health cases and how long to resolve
- Time spent on resolving significant ER cases [inc conflict]
- Number of potential/actual personal injury claims
- No of managers attending duty of care training
Indicators – yes or no!

• Organisational plans and budgets include Duty of Care activities.
• Values and behaviours are understood by all employees and volunteers and integrated with day to day working practices
• Key policy and practice is kept up to date, legal, accessible and relevant for each location
• All travellers receive contextual briefings and debriefings [especially on return from difficult travel or deployment]
• High risk roles are attending mandatory briefings, training and accessing the appropriate support [staff care policy]
• Salary & benefits are relevant and awarded fairly and consistently
• Job descriptions are up to date
Triggers for a health evaluation

- High turnover of employees over a period of time – pressure of work/management?
- Absence rates are high
- Serious incident has taken place
- Location operating in a very high risk situation over long periods of time [cumulative stress]
- Difficult for travelers to access due to risk
- Little access to recreational activities
- Restrictions on movements/curfews due to security
- Serious employee relations issue
- Delivery of work hampered by security or under-performing team
Mechanisms for monitoring

• Agree a group of people who will monitor indicators and review practices [Duty of Care Team]
• Agree areas to monitor and why
• Use existing mechanisms to monitor areas of policy and practice e.g. introduce KPIs/metrics for absence, conduct, turnover, H&S instances, staff care interventions
• Schedule of monitoring and time frames
Monitoring – collect data and use it

It’s about asking the right question!
Monitoring & transforming our practices

Take your standard and discuss how you would monitor, use the data and transform this?
Duty of care charter

• Our commitment

• Our relationships

• Our minimum standards
  o We prepare
  o We develop
  o We support

• We monitor and improve
Cost & ROI

Take up of services

- Studies/data on turnover, absence and sickness rates, mental health and now conflict resolution…what else?
- How much management time is spent on these and how does this affect productivity and the quality of work?
- Are we losing Innovation, energy, ideas…?
- Are we providing the right interventions?
- What does prevention look like…or may be...
- What does great look like – and then what hinders this?
- What prevents individuals looking after themselves?
- Have you identified roles exposed to higher risk?
Organisational resilience

By using the duty of care lens, we strengthen our organisational resilience...

better for employees
better for the organisation
better for those you serve
World Humanitarian Summit

“safeguarding humanity requires safeguarding humanitarians”

“We commit (the UN) to further enhance the Duty of Care as well as monitoring the health and safety of UN staff and associates serving in high-risk environments.”

Deputy Secretary-General Jan Eliasson, World Humanitarian Summit, 24 May 2016
High-Level Leaders’ Roundtable on “Uphold the Norms that Safeguard Humanity”

Brendan McDonald @7piliers

Duty of Care International - your people matter
Time is ticking...

Is this a time bomb – and if so what should we be doing as a community about this?
Resources

dutyofcareinternational.co.uk/resources
Questions?
Your pathway to duty of care

Christine Williamson
Duty of Care International
Session framework

• Why duty of care – the carrot & stick
• Building on what you’re already doing - employee life cycle approach
• Monitoring and transforming
• Your pathway for 3 areas - what’s going well, not so well, what hinders, your minimum standards and making the change
• Resources – keep up to date
The carrot

• Our people are our most valuable resource
• Valued and trusted employees are more likely to be engaged, committed and productive.
• The benefits of happy, secure and motivated employees far outweigh the cost of taking those reasonable and necessary steps to ensure their health, safety and wellbeing.
• Prevention is better than cure!

Think longer…it will cost less

• We practice what we preach – we improve the lives of others whilst ensuring the wellbeing of our staff
• What further incentive does an employer need?

The carrot – what drives you
Employers have a legal duty of care towards their employees to ensure the health, safety and wellbeing of their employees.

Demonstrating concern for the physical and mental health of your workers shouldn't just be seen as a legal duty - there's a moral duty and a clear business case, too.

The stick – what pushes you
Want to know more:

**Duty of care case law**

Steve Dennis v NRC [2012] (Norway)
- Security management - accountability
- Information management
- Following policy – armed escort
- Physical & psychological support

Article: odihpn.org/blog/dennis-vs-norwegian-refugee-council-implications-for-duty-of-care
foreseeable
preventable
proximity
reasonable
fair, just

Have you had a significant moment!

Duty of Care International - your people matter
Employee cycle & duty of care

- Recruitment
- Contract Policy Systems Practice
- Induction
- Performance & Development
- Health, Safety & Security
- Transition
Recruitment

- Job descriptions
- Assessments – interviews, tests
- Health checks, psychological clearance
- References/background checks
- High risk roles

Duty of Care International - your people matter
Contracts, policy, systems & practice

- Vision, mission, goals
- Work planning, staff structures, decisions
- Resourcing – surge capacity
- Systems, policy & practice (employee handbook)
- Health framework – high risk roles
- Insurance

Duty of Care International - your people matter
Induction

- Role briefing
- Country/programme/team
- Organisation induction
- HR – employee manual
- Development
- Technical/digital
- Health, Safety, Security
- Financial
Performance (day-to-day management)
- Management & support
- Work plans - excessive working hours, priorities
- Protect from discrimination, bullying & harassment
- Channels to raise concerns
- Consultation and employee engagement

Development (& support)
- Employee management & support
- Performance management
- Health, Safety & Security – stress & resilience, mental health, first aid
- Effective briefing/debriefing
- Career/development
- Leadership & management development
- Learning reviews & knowledge management
Health, safety, security – (deployment & travel)

• Health & safety policy
• Security management practices
• Health, travel, pre-deployment, fitness to travel, technical/psychological briefings
• Training - context specific, security briefing, stress management, building resilience
• Peer support
• Risk assessments, learning reviews
• Monitoring mechanisms
the employee cycle & security management
Transition

- Knowledge management
- Exit interview/debriefing – learning for next recruit
- Health check
- Post deployment debriefing
Employee cycle & duty of care

- Clearly defined job descriptions
- Assessments, background/health checks, references
- Vision, mission, goals
- Work plans, structures, decisions
- Systems, policy & practice
- Health framework
- Insurance
- Role briefing
- Country/programme/team
- Organisation induction
- HR/IT/Finance/HSS

- Knowledge management
- Debriefing
- Exit interview, health & post deployment debriefing
- Performance management
- Health, Safety, Security
- Career/development
- Leadership & management development
- Learning reviews & knowledge management
- Management & support
- Work plans
- Discrimination, bullying & harassment
- Channels to raise concerns
- Consultation and employee engagement

Duty of Care International - your people matter
Starting point – the basic minimum standards

- Ensuring a healthy & safe work environment
- Learning reviews & knowledge management takes place
- Providing adequate training and feedback on performance
- Ensuring staff do not work excessive hours
- Providing for rest & relaxation
- Protecting staff from discrimination, bullying & harassment
- Providing communication channels for employees to raise concerns
- Consultation employees on issues which concern them
- Clearly defining jobs & undertaking risk assessments
- Fair & adequate pay & benefits
- Clear & legal contracts
- Preparing the employee for the role and environment
- Contract Policy Systems Practice
Using the lens

Duty of Care is the lens we look through when developing and reviewing all our policy and practices.
Monitoring & transforming our practices

What happened?

So what - why did it happen?

What else - Listen, learn, reflect?

Now what - change/revise?

Accountability

Grow
Your pathway...6 questions

What? (Why?)

Who?

How? Where? When?
Your pathway…

• Pick 2-3 areas/incidents/cheeses you’d like to strengthen or learn from:

• Discuss with your neighbour:
  – Go through cycle - what’s going well, not so well, what hinders?
  – what would great look like
  – On left - state what you would like to change & why
  – On right – how you will do this, and who should be involved

[Chatham House rules]
Organisational resilience

By using the duty of care lens, we strengthen our organisational resilience...

better for employees
better for the organisation
better for those you serve
World Humanitarian Summit

“safeguarding humanity requires safeguarding humanitarians”

"We commit (the UN) to further enhance the Duty of Care as well as monitoring the health and safety of UN staff and associates serving in high-risk environments."

Deputy Secretary-General Jan Eliasson, World Humanitarian Summit, 24 May 2016
High-Level Leaders' Roundtable on "Uphold the Norms that Safeguard Humanity"

Brendan McDonald @7pillers
Time is ticking...

Is this a time bomb – and if so what should we be doing as a community about this?
Resources

dutyofcareinternational.co.uk/resources
Questions?
CHS Alliance

Barcelona Conference

Hitendra Solanki

June 2016
Understanding Our Minds by Cultivating Mindful Awareness
Mindfulness & Wellbeing

Humanitarian Aid Workers & Mental Health: A Shift of Emphasis from Treatment to Prevention
Latest Blog Posts

Mindfulness and Wellbeing: A Shift of Emphasis from Treatment to Prevention
In recent years, there has been an awareness of mindfulness-based approaches to stress reduction, along with evidence on its benefits towards supporting personal and organisational wellbeing. In the paper, Mindfulness and Wellbeing, released today, Hitendra Solanki, explores the current wellbeing support available to aid workers and examines the concept of...
By Hitendra Solanki 09/12/2015

Staff care: why we should all care about mental health
Organisational duty of care and the need to support aid workers’ mental health has hit the news recently, helping to bring attention to these key issues. Moving past the headlines, our People, Capacity and Development Manager, Em Lacroix, explores what it means for the sector, its agencies and its workforce.
By Emmanuelle Lacroix 08/12/2015
Desk Based Research
Purpose of the Paper

• Rough snapshot of the situation regarding Wellbeing Practices

• Sampling of the situation prior to deeper study of wellbeing approaches

• Breadth wider, Depth exploratory

• A more academic approach envisioned

• Longitudinal study of Aid Workers & Organisations planned—greater depth
A Journey through the Paper
from Individual to Organisational Change
'there is a broad recognition of the need to better support communities themselves to become more resilient and prepared for disasters’, especially as, ‘humanitarian disasters are increasing in number and complexity every year and this trend is expected to continue’.
More skills and competencies required to build this capacity to fulfil our collective humanitarian mandate and to be the ‘right people’, in the ‘right places’, doing the ‘right things’, A need to consider the implication of these requirements on aid workers.
As our staff help to meet this humanitarian mandate, and build the resilience and preparedness of crisis affected communities,

what are we doing as agencies to actually better support and build the resilience and preparedness of our own crisis affected staff?
Individual Level Resilience
This is a highly important question.

Clinical studies show that aid workers, in the field, and even office based, struggle under heavy workloads, tight deadlines, and tough working environments, often experience stress, anxiety, depression, and burnout.
Psychological Stress - Aid Workers in Complex Humanitarian Emergencies

PHILIPPINE JOURNAL OF PSYCHOLOGY
Special Issue on Disasters and Mental Health
‘approximately 30% of international staff of five humanitarian aid and development agencies surveyed after their return from their assignments reported significant symptoms of post-traumatic stress disorder (PTSD)’.

A joint study by the Antares Foundation and the Center for Disease Control & Prevention (CDC) in 2012
OCHA IRIN news report in 2010, also reported that, following exposure to ‘high-impact stress’,

‘3-4 percent of MSF workers developed severe mental illness, mainly depression or psychosis, when in the field’.

Table 4: Top Stressors for Staff in Bangladesh and Pakistan

<table>
<thead>
<tr>
<th>Category of Stressor</th>
<th>Bangladesh</th>
<th>Pakistan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Status of employment contracts</strong>, including short-term contracts; late renewal of contracts; lack of long-term job security.</td>
<td>100% focus groups</td>
<td>62% focus groups</td>
</tr>
<tr>
<td>77% individual interviews</td>
<td>20% individual interviews</td>
<td></td>
</tr>
<tr>
<td><strong>Workload</strong>, described as more work than one person can be expected to handle, competing task demands, conflicting deadlines, too much paperwork, bureaucracy, and inequitable distribution of work.</td>
<td>100% focus groups</td>
<td>77% focus groups</td>
</tr>
<tr>
<td>85% individual interviews</td>
<td>80% individual interviews</td>
<td></td>
</tr>
<tr>
<td><strong>Relationship with supervisors</strong> including competing requests from many informal ‘supervisors’ i.e. people of higher authority; along with frequent changes in supervisors and the associated changes in management style and performance expectations.</td>
<td>80% focus groups</td>
<td>85% focus groups</td>
</tr>
<tr>
<td>77% individual interviews</td>
<td>20% individual interviews</td>
<td></td>
</tr>
<tr>
<td><strong>Family concerns</strong>, including family separation and not enough time for family.</td>
<td>80% focus groups</td>
<td>46% focus groups</td>
</tr>
<tr>
<td>69% individual interviews</td>
<td>20% individual interviews</td>
<td></td>
</tr>
<tr>
<td><strong>Feeling undervalued</strong>, described by participants as not feeling appreciated or recognized for one’s contributions to the organization.</td>
<td>60% focus groups</td>
<td>62% focus groups</td>
</tr>
<tr>
<td>77% individual interviews</td>
<td>40% individual interviews</td>
<td></td>
</tr>
<tr>
<td><strong>Working hours.</strong></td>
<td>60% focus groups</td>
<td>69% focus groups</td>
</tr>
<tr>
<td>54% individual interviews</td>
<td>60% individual interviews</td>
<td></td>
</tr>
<tr>
<td><strong>Relationships with work colleagues</strong>, including team tension and conflicts.</td>
<td>20% focus groups</td>
<td>77% focus groups</td>
</tr>
<tr>
<td>84% individual interviews</td>
<td>60% individual interviews</td>
<td></td>
</tr>
<tr>
<td><strong>Safety concerns</strong> including a fear of travel late at night, the lack of adequate training or equipment to deal with emergencies.</td>
<td>60% focus groups</td>
<td>92% focus groups</td>
</tr>
<tr>
<td>31% individual interviews</td>
<td>40% individual interviews</td>
<td></td>
</tr>
<tr>
<td><strong>Sexual harassment.</strong></td>
<td>0% focus groups</td>
<td>77% focus groups</td>
</tr>
<tr>
<td>20% individual interviews</td>
<td>6% individual interviews</td>
<td></td>
</tr>
</tbody>
</table>
In a Guardian survey of 754 aid workers, 79% said they had experienced a mental health issue and 93% said these were work-related. (November 2015)
Stress & Standards
Standards & Competencies

Core Humanitarian Standard on Quality and Accountability
‘quality criterion for Commitment 8’ states that staff should,

‘be supported to do their job effectively’

Commitment’s key actions states that staff will need to work,

‘to agreed objectives and performance standards’,

…..‘that staff develop the necessary personal, technical and management competencies to fulfil their role and understand how the organisation can support them to do this’

Importantly, the CHS states under the ‘Organisational Responsibilities’ section that

‘policies are in place for the security and the wellbeing of staff’. 
Core competencies and Behaviours required for

‘demonstrating leadership in humanitarian response’

is

‘self-awareness’

to

‘show awareness of your own strengths and limitations and their impact on others’.

Also

‘critical judgement’,

‘listening and creating dialogue’.

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### Core Humanitarian Competencies Framework

**Keeping crisis-affected people at the centre of what we do**

<table>
<thead>
<tr>
<th>Competency Domains</th>
<th>Understanding humanitarian contexts and applying humanitarian principles</th>
<th>Achieving results</th>
<th>Developing and maintaining collaborative relationships</th>
<th>Operating safely and securely at all times</th>
<th>Managing yourself in a pressured and changing environment</th>
<th>Demonstrating leadership in humanitarian response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcomes</td>
<td>Understand operating contexts, etc. stakeholders and practices affecting current and future humanitarian interventions</td>
<td>Be accountable for your work and use resources effectively to achieve lasting results</td>
<td>Develop and maintain collaborative and coordinated relationships with stakeholders and staff</td>
<td>Operate safely and securely in a pressured environment</td>
<td>Adapt to pressure and change to operate effectively within humanitarian contexts</td>
<td>Demonstrate humanitarian values and principles, and motivate others to achieve results in complex situations, independent of one’s role, function or seniority</td>
</tr>
</tbody>
</table>

**Competencies and Core Behaviours:**

- **Self-awareness:**
  - Develop understanding of the expectations of leadership in humanitarian crises and success factors, including preparation and contingency, Disaster Risk Reduction, response and recovery.
  - Apply understanding of the political and cultural context and underlying causes of the humanitarian crisis.
  - Develop understanding of the gender and diversity dimensions of humanitarian situations.
  - Take into account the needs, skills, capacities and experiences of crisis-affected people and apply these in the humanitarian response.

- **Critical judgement:**
  - Develop a sector-level perspective on the needs, skills, capacities and experiences of crisis-affected people.
  - Actively participate in the design and implementation of effective projects and programmes.
  - Maintain focus on delivery of timely and appropriate results using available resources.
  - Work with stakeholders to achieve program objectives.
  - Share relevant and appropriate information with stakeholders, partners and other affected people.
  - Actively participate in networks, and contribute to good practice.

- **Adapting and coping:**
  - Remain focused on your objectives, stay calm and patients, and remain helpful.
  - Adapt to changing situations and constraints.
  - Recognise personal stress and take steps to reduce it.
  - Remain constructive and positive under stress.

- **Listening and creating dialogue:**
  - Actively listen to what is needed by those affected people and others affected people.
  - Establish and maintain clear dialogue with crisis-affected people and other stakeholders.
  - Work with others to achieve program objectives.
  - Share relevant and appropriate information with stakeholders, partners and other affected people.
  - Actively participate in networks, and contribute to good practice.

- **Minimising risk to communities:**
  - Remain focused on your objectives, stay calm and patients, and remain helpful.
  - Adapt to changing situations and constraints.
  - Recognise personal stress and take steps to reduce it.
  - Remain constructive and positive under stress.

- **Self-awareness:**
  - Develop understanding of your own strengths and limitations and their impact on others.
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‘show awareness of your own strengths and limitations and their impact on others’.

demonstrating leadership in humanitarian response’

‘critical judgement’,

‘listening and creating dialogue’.
A Burden to Perform and Deliver Competently to the Standards Required
SYNOPSIS:

Kick at the Darkness” is a documentary that explores the psycho-social impact of working in high stress emergencies. The topic is presented through a series of candid interviews with individuals whose experiences span from the 2004 Tsunami, to the bombing of the United Nations building in Iraq, 2005 Pakistan earthquake response, ongoing conflicts in Darfur, South Sudan, Somalia and Chad, the 2010 Haiti Earthquake, and 2013 Typhoon in the Philippines.

The documentary explores how working in environments with intense suffering, devastation, conflict or volatility can manifests itself among staff, and delves into some of the coping mechanisms commonly used when support is not always available through humanitarian organizations. Although research in the area of staff care began over two decades ago, there is a sense that the support is either unnecessary, inappropriate or insufficient. In addition, during instances of intense stress, there could be a dismissal of fears or suppression of anxiety. This project aims to combat the lack of dialogue among the aid community about the impact of stress.
Amy Brathwaite

‘The counsellor used the word traumatized and as if on cue, something inside of me shattered in to a million little pieces. Tears started and did not stop. I was not ok. I was not the same joyful person who had arrived. My hope had fallen down’

Haiti
Rosalie Hughes

‘From my air-conditioned bedroom I saw the faces of those I’d interviewed that day and wondered if they were lying awake in the sweltering tents, thinking of all they had lost. Increasingly sleepless, it became harder to pretend that everything was fine. Finally, I realized I needed help. I emailed a human resources officer asking if mental health support was available. I never heard back. I survived the remaining months of my contract and then left the organization. I spent the next couple of years dealing with recurring insomnia’

Tunisia
Steve Dennis and the court case that sent waves through the aid industry

Last week aid worker Steve Dennis won a case against his former employer, the Norwegian Refugee Council, after he was kidnapped on the job in 2012. What impact will it have on the sector?
This thing called.........

Duty of Care

.................. it’s in there somewhere.....right?
throughout the 76 pages of the HERR document, and within the 62 pages of the DEPP business case,

there is not a single mention of staff well-being made.

Indeed, the word ‘wellbeing’, or any similar attributes to staff welfare do not appear at all in either of these two documents.
Duty of Care

Micro Level
(Individual Level)

Commitment's key actions states that staff will need to work, to agreed objectives and performance standards; "that staff develop the necessary personal, technical and management competencies to fulfil their role and understand how the organisation can support them to do this."

Macro Level
(organisational Level)

'S' quality criterion for Commitment 8' states that staff should, 'be supported to do their job effectively'.

< Duty of Care >

Prevention ----------------- Treatment
Duty of Care

Prevention

Treatment
Traditional psychosocial support is effective, but often treatment based.

There is also need for a simple preventative approach.

One that supports aid workers to effectively manage their own stress, anxiety and mental health, and ultimately their own well-being.
Shifting the Emphasis

Prevention ← Duty of Care → Treatment
Shifting the Emphasis

< Duty of Care >

Prevention --- Treatment
Shifting the Emphasis

Duty of Care

Prevention

Treatment

STIGMA

ACCEPTANCE
Shifting the Emphasis & Organisational Change to Wellbeing

< Duty of Care >

Prevention

Treatment
Shifting the Emphasis – *Something Needs to be Done!*

< Duty of Care >

Prevention ----------------- Treatment

79% Affected by Stress & 94% Say its Work Related
Dispelling Myths........
Mindfulness & Health Benefits
Nearly 40 years of scientific research globally has demonstrated that Mindfulness-Based Stress Reduction (MBSR) can positively, effectively, and often profoundly, reduce psychological distress.
Before meditation...

- Frontal lobe
- Parietal lobe
- Occipital lobe

After meditation...

- Frontal lobe
- Parietal lobe
- Occipital lobe
Researchers theorize that mindfulness meditation promotes Metacognitive awareness

- Decreases rumination
- Enhances attentional
- Improves working memory
- Improves effective emotion-regulation strategies.
Reduced Rumination

Chambers et al. (2008)

Research:
20 novice meditators participated in a 10-day intensive mindfulness meditation retreat.

Findings post-retreat:
They had significantly higher self-reported mindfulness and a decreased negative affect (compared with a control group)
They experienced fewer depressive symptoms and less rumination.
They had significantly better working memory capacity (better able to sustain attention during a performance task compared with the control group)
Stress Reduction

Farb et al., (2010).

Participants randomly assigned to an eight-week mindfulness-based stress reduction group were compared with controls on self-reported measures of depression, anxiety and psychopathology, and on neural reactivity as measured by fMRI after watching sad films.

The researchers found that the participants who experienced mindfulness-based stress reduction had significantly less anxiety, depression and somatic distress compared with the control group.
Moore and Malinowski, (2009)

Research:
Another study examined how mindfulness meditation affected participants' ability to focus attention and suppress distracting information.

The researchers compared a group of experienced mindfulness meditators with a control group that had no meditation experience.

Findings:
They found that the meditation group had significantly better performance on all measures of attention and had higher self-reported mindfulness. Mindfulness meditation practice and self-reported mindfulness were correlated directly with cognitive flexibility and attentional functioning.
Less Emotional Reactivity

Ortner et al., (2007)

Research & Findings:
In a study of people who had anywhere from one month to 29 years of mindfulness meditation practice, researchers found that mindfulness meditation practice helped people disengage from emotionally upsetting pictures and enabled them to focus better on a cognitive task as compared with people who saw the pictures but did not meditate.
Other Benefits...

• Working Memory
• Cognitive Flexibility
• Relationship Satisfaction
• Self-insight
• Morality
• Intuition and fear modulation
Health Benefits

Increased immune functioning
(Davidson et al., 2003; see Grossman, Niemann, Schmidt, & Walach, 2004 for a review of physical health benefits)

Improvement to well-being
(Carmody & Baer, 2008)

Reduction in psychological distress
(Coffey & Hartman, 2008; Ostafin et al., 2006)

Increased information processing speed
(Moore & Malinowski, 2009)
Mindfulness Journal Publications by Year, 1980-2015

American Mindfulness Research Association, 2016
www.goAMRA.org
So what exactly is Mindfulness..........?
Mindfulness is defined by Jon Kabat-Zinn, who developed a secular stress-reduction course based on meditation techniques in the late 1970s, as

“Mindfulness means paying attention in a particular way; On purpose, in the present moment, and non-judgmentally.”

Jon Kabat-Zinn
Mindfulness can allow us to become aware of what is going on in our own mind and body.

Learning to be aware of our thoughts, feelings and bodily sensations without self-criticism allows us to accept our experiences as they are, rather than how we want them to be.

This includes painful emotions, so that over time we respond skillfully to them, instead of reacting through the autopilot of our habits and conditioning.
Mindfulness-Based Stress Reduction (MBSR)

Based on what is known as the 8-week MBSR course
It’s Very Much Experiential!

So that’s why they call it ‘Practice’
Science leads to Mindfulness in the Mainstream

Major organisations and corporations

• Google
• General Mills
• Harvard Business School
• Schools,
• Hospitals,
• Prisons
• ...even the military

Experiencing the benefits of using mindfulness, and are now using Mindfulness based approaches for their employee wellbeing
Organisational Shift Towards Wellbeing
Via a Preventative Approach
Wellbeing: Individual and Organisational

**Individual Level:**
- Greater Resilience to Stress
- Less stress related illness
- Reduced Anxiety
- Decrease in Negative Thinking & Depression

**Organisational Level:**
- Greater Resilience to Stress
- Staff retention
- Reduced sickness and absenteeism
- Increased productivity
‘a comprehensive, strategically designed investment in employees’ social, mental, and physical health pays off. J&J’s leaders estimate that wellness programs have cumulatively saved the company $250 million on health care costs over the past decade; from 2002 to 2008, the return was $2.71 for every dollar spent’.

The Heart Foundation in Australia implemented a health and wellbeing program in 2009.

‘33 per cent decline in absenteeism and a five per cent decline in voluntary turnover. Additionally, 42 per cent of workers reported being more physically active and 79 per cent reported some type of improvement in their health following the program’

http://www.comcare.gov.au/__data/assets/pdf_file/0016/111139/Quantifying_the_return_on_investment_-_Organisational_examples_PDF_63.5_KB.pdf
Here is the return for each $1 spent:

- $2.3 to $10.1 for Health & Wellbeing Programs
- $2.3 for Mental Health promotion and programs
- $5-10 for Employee Assistance Programs (EAP)

**Positive Outcomes.** The Business Case (drivers). Healthy workers are more productive workers.

**Reducing Costs**
Absenteism and presenteeism

- Lost productivity
- Turnover
- Physical injury claims
- Psychological injury claims
Encouraging data for return on investment via a proactive and preventative approach can also be seen in a similar study cited in the European Agency for Safety & Health report, which estimated that for,

‘every €1 of expenditure in promotion and prevention programmes generates net economic benefits over a one-year period of up to €13.62’, as a result of investing in, ‘mental health promotion and mental disorder prevention in the workplace, including improvements in the work environment, stress management and psychological treatment’
In People in Aid’s ‘Surge Capacity in the humanitarian relief and development sector’ report 2007, another example of how improved wellbeing practices are positive in an organizational sense,

‘Dan Kelly of World Vision identifies the support of staff wellness as one of his agency’s key lessons. The organisation has invested heavily in providing staff support through contracting an external team. Though this is ‘very expensive’, a recent staff-care survey showed that staff satisfaction levels were some of the highest in the agency and wellness support has led to increased retention’
Questions?

RoI or Minimum Standards?

Philosophical or Economic?

Integrity of Indicators and numbers or of a humanitarian approach?
THE SCIENCE OF MEDITATION

New Age mumbo jumbo? Not for millions of Americans who meditate for health and well-being. Here's how it works.

THE MINDFUL REVOLUTION

The science of finding focus in a stressed-out, multitasking culture.
Very Fashionable........?
Panacea......?

Mindfulness is not a cure for all ills....... 

Proceed with Caution, Integrity and Respect............

But it may be a robust and scientific preventative approach to wellbeing.....
‘From an HR perspective, these early forays into the use of mindfulness in helping staff to deal with the stress of their everyday workloads were compelling. Anecdotally at least, staff seemed to welcome the approach with an open mind, with many responding positively to the training. In part, the training is perceived to be very down to earth and rooted in a scientific and credible context.

Indeed, the ‘tools’ available in the training can be very simply and effectively applied, even whilst being busy in the various activities during the working day, whatever they may be. This simplicity and effectiveness makes it a very attractive proposition in supporting staff wellbeing’.
Where are we in the Journey
Philippines
MBSR Pilot
2015
Four 6-Day Trainings in Manila & Tacloban
• Approx 60 Participants
National Staff from
Christian Aid
Save The Children
Action Aid
Muslim Aid
Oxfam
ACF
IMC
Plan International
2 Trainings in Manila
Body Scan
Two Trainings in Tacloban
Mindfulness in Everyday Life
'I did not think I was stressed, but all the people around me told me that I was. I was getting sick and was confined in the hospital, but I did not think that it was related to my work. Though I was still recovering, I needed to work because there were activities, which only I could do. That was what I thought, so it stressed me out. Having to work despite being unwell. The course was very helpful. First, I was able to realize and put more emphasis on the fact that emotions, which are results of situations, have a direct impact on body processes and sensations. I learned that the reason why I said I was not stressed was because I have raised my tolerance level to the high demands of personal life and work'.

Tacloban

August 2015
Athena

'The stillness afforded by the practices helped me see a much deeper insight into myself. I experienced some sort of freedom from a repressed emotion related to my tragic experience with Typhoon Yolanda. It seems that when you get to master the discomfort, the person becomes stronger, braver, and more resilient'.

Tacloban
Ongoing & Next Steps
Further Mindfulness & Wellbeing Pilots

OXFAM Bangkok – July

TSC Platform training, Bangkok - August

Ateneo de Manila, Philippines training – August

IMC – Turkey (Syria crisis) training – August

TSC Platform training Manila – October

TSC Platform training Pakistan – Quarter 4

Vietnam, Laos, Nepal & Bangladesh - 2016-17
Partnership with Ateneo de Manila University

Training Psychology Students in MBSR

Exploring Integrity, Credibility and Sustainability in training humanitarian workers

Linking with Longitudinal Research

Publishing Papers on Research
App-Based System

Development of App-Based System with ICRT

Pilot Trials to begin in July 2016

Designed for Longitudinal Data Study

Test During Live Emergency (Surge Deployment)

PSS, MAS & GHQ Scores as self-perceived indicators
Longitudinal Research

Participants from the Mindfulness Training (& Non-Mindfulness Control Group)

PSS, MAS & GHQ as indicators measured over a period of time (6-9 months)

Using App-Based System

1-2-1 Remote Follow-Ups via Skype
Resource Materials

Videos – Guided Practice & Instructions

Audios – Guided Practices & Narratives


Short Documentary

Open Source
HR Best Practice
Online Forum

CHS Alliance & Start Network
Transforming Surge Capacity project resource portal

http://surgeonline.chsalliance.org/

Early Days – Being Populated Currently

Open to All

Open Source Materials & Links
Wellbeing Policy Research

With TSC HR Best Practice Consultant

Conducting a review of wellbeing and EAP Policies from across 27 START Network agencies (due for completion September 2016)

Review of Best practices & How to Shift Emphasis to Prevention based approaches
Wellbeing in M&E Frameworks

START Network MEAL Head

TSC MEAL Lead

Developing practical M&E framework to utilise for Project interventions

Not just the progress, output and impact indicators for the project intervention – but to monitor wellbeing of staff systematically also

“When measuring softer outcomes like changes in behaviours or relationships it is critical to keep indicators simple but relevant. Measure what matters and not what is easy to measure.”
Mindfulness & Wellbeing

Wellbeing in M&E Frameworks
START Network M&E Lead
TSC MEAL Lead
Developing practical M&E frameworks to evaluate project interventions
Not just the progress, outcome and impact indicators of the project intervention – but barriers to wellbeing or staff systematically also

Resource Materials
- Videos – Guided Practice & Instructions
- Audio – Guided Practice & Narration
- Short Documentary
- Open Source

App-Based System
Development of App-based System with LSTM
Pilot trials to begin in mid-2016
Designed for unstructured data study
w/ training (on emergency/evacuation deployment)
PSS, MAS, & GHQ-28 scores as self-reported indicators

Wellbeing Policy Research
With TSC HR Best Practice Consultant
Conducting a review of wellbeing and HR Policies (practitioner) in START Network organisations (HCs)
Review of Best practices & how to shift Emphasis to Prevention-based approaches

HR Best Practice Online Forum
OHS Alliance & START Network
Transforming Service Capacity project resource portal
Early Days – Being Populated Currently
Open to All
Open Source Materials & Links

Longitudinal Research
Participants from the Mindfulness Training (Ateneo Mindfulness Control Group, PHC)
PSS, MAS & GHQ-28 as indicators measured every second at time (6-monthly)
Using App-based System

Partnership with Ateneo de Manila University
Training Psychology students in MBSR
Exploring Integrity, Credibility and Sustainability in training humanitarian workers
Linking with Longitudinal Research
Publishing papers on Research

Further Mindfulness & Wellbeing Pilots
- NoMAD Singapore – May
- HR Wellbeing Program, Mumbai – July
- Mobile training to DRC DRC – Ruben – November, May
- Further HR training to PHC – September – August
- Further Longitudinal Research
- Further Research on Mindfulness & Wellbeing
- Vietnam, IOM, EAP & Australian – 2016-17
.... and so organisational change begins at the individual level
Wellbeing Policy Research

Conducting a review of wellbeing and EAP Policies from across 27 START Network agencies and European business peers.

Review of best practice B. How to Shift Emphasis to Prevention based approaches.

'Mindfulness means paying attention in a particular way: on purpose, in the present moment, and non-judgmentally.'

- Jon Kabat-Zinn
Self-Awareness

Understanding Our Minds by Cultivating Mindful Awareness
Walking Onwards Together
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.... the Journey continues