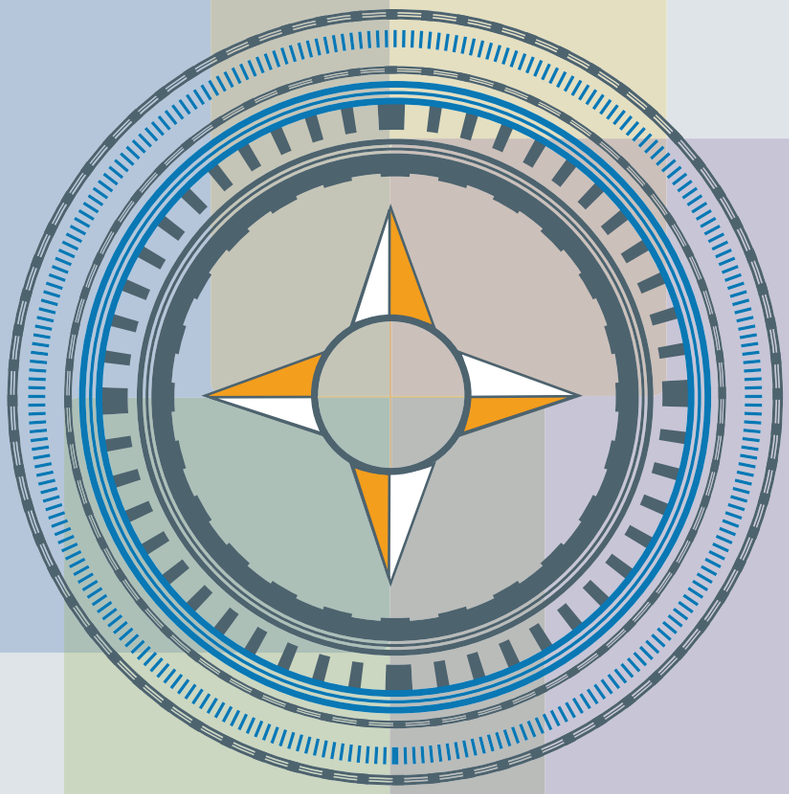

Responding to Staff Care Needs in Fragile Contexts (REST): Introductory Guide

Introductory Guide to the development and conceptual background of the REST approach to staff care for teams working in areas of crisis and conflict

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Responding to Staff Care Needs in Fragile Contexts (REST):

Introductory Guide

Introductory Guide to the development and conceptual background of the REST approach to staff care for teams working in areas of crisis and conflict

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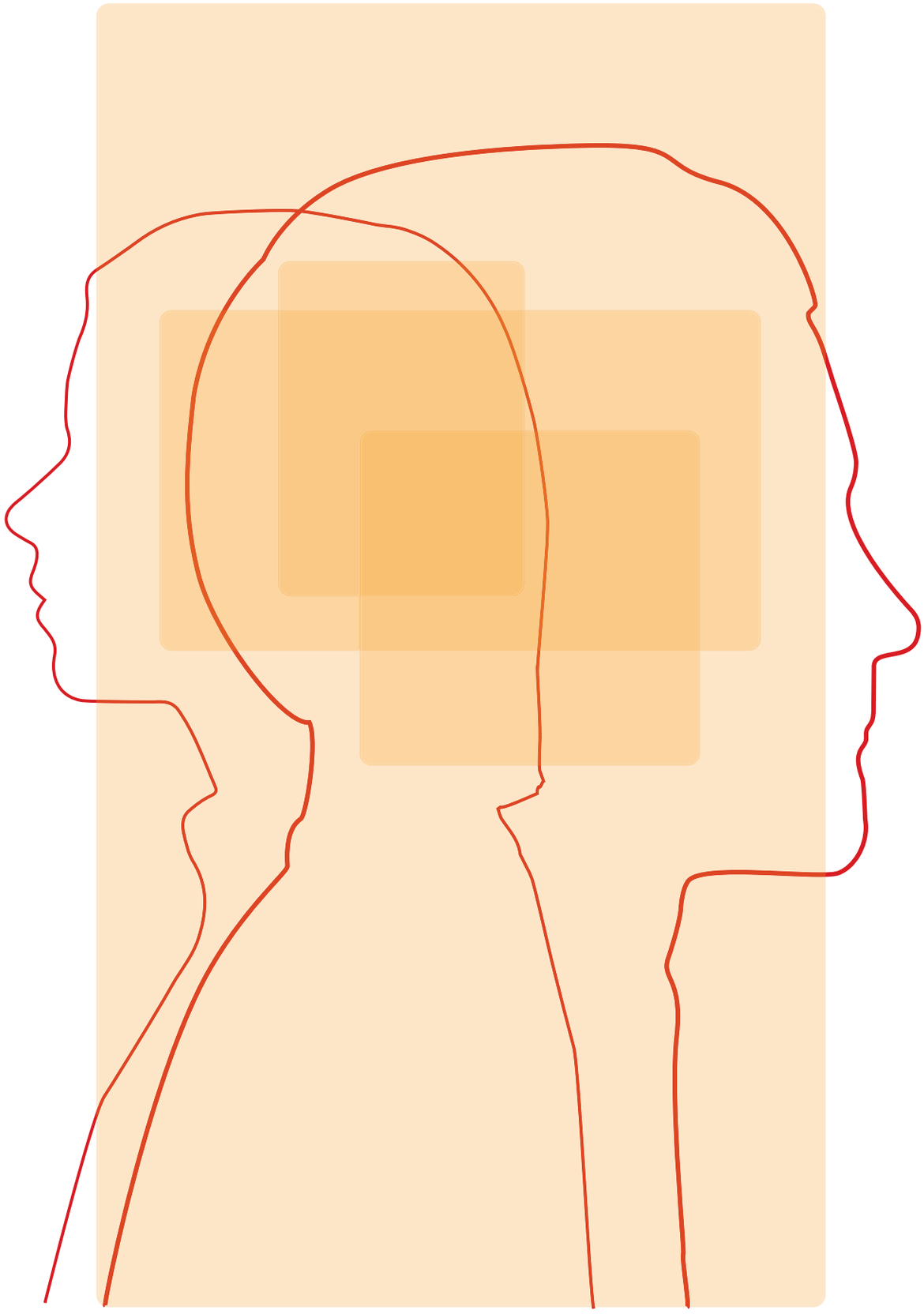


1. INTRODUCTION

This document provides an introduction to the REST (Responding to staff care needs in fragile contexts) approach and easy-to-follow guidance on how to use the approach in one's own organization. The approach was developed in the research project: "What helps the helpers?", carried out on behalf of GIZ regional program "Psychosocial Support for Syrian and Iraqi Refugees and Internally Displaced People" in a joint endeavor by teams of professionals based at the Sigmund Freud University (SFU)[1] Berlin and the International Psychoanalytic University (IPU)[2] Berlin. The project aim was to outline practical suggestions for the enhancement of staff care for organizations and projects working with refugees and internally displaced people in the regional context of the Syrian and Iraqi crisis, specifically in reference to mental health and psychosocial support (MHPSS). The research team developed these suggestions by studying staff's reality on the ground, analyzing what needs, difficulties and challenges existed and by learning which approaches are used and to what extent they are regarded as helpful. Based on extensive research with organizations in Turkey, Lebanon, Jordan, and Northern Iraq, REST was developed as a context-oriented and conflict-sensitive approach to staff care, which provides a framework that is also manageable for organizations working with a very tight budget.

REST-related documents include:

Research Report: presents the empirical findings on psychosocial needs, challenges, and barriers of staff working with refugees and IDP's in the Middle East.

Toolkit

Introductory Guide: explains the approach, helps teams to understand the complexities of the issue and supports them in taking the first steps towards realistic staff care measures.

Facilitation Manual: accompanies the tool and offers practical advice for the implementation of the tool.

Assessment Tool: is an assessment and planning instrument, designed to allow teams to define their specific staff care needs and to develop a tailor-made sustainable staff care plan and to implemet the corresponding measures according to their needs & structural and financial capacities.

Concept and suggestions for the development of peer support structures

Training-of-Trainers Curriculum

This introductory guide hopes to encourage teams and organizations to confront the challenge of implementing a staff care approach and to begin a process that does not only help the helpers, but that is key to ensuring quality help for their beneficiaries in the long run. In chapter two, the basic approach to staff care and some of the key background concepts are explained. Chapter three offers a description of first steps, that teams and organizations can take in order to develop useful staff care activities. Chapter four summarizes the staff care assessment tool, which should be applied with external help. The final chapter focusses on some of the difficulties organizations face when implementing staff care measures and discusses perspectives of evaluation.

1 | SFU Berlin: Prof. Dr. David Becker, Kate Sheese, Lenssa Mohammed, Luise Maier, Josephine Jacobi, Julia Gerlach.
2 | IPU Berlin: Prof. Dr. Phil Langer, Aisha-Nusrat Ahmad, Dr. Frank Schumann, Beyhan Bozkurt, Silan Derin.

2. WHAT IS STAFF CARE? WHY IS IT IMPORTANT?

Working in a context of conflict, continuous threat and destruction, and enduring emergency needs implies severe challenges to all staff of an organization: *"Staff members in emergency settings tend to work many hours under pressure and within difficult security constraints. Many aid workers experience insufficient managerial and organizational support, and they tend to report this as their biggest stressor. Moreover, confrontations with horror, danger and human misery are emotionally demanding and potentially affect the mental health and wellbeing of both paid and volunteer aid workers, whether they come from the country concerned or from abroad."* [3] While international staff can usually rely on a minimum of feasible staff care measures, local staff have little support, despite their needs being particularly high. They experience the "usual" difficulties of helping: they hear about and see horrible events, cannot prevent them from happening, and, because of their limited resources and lack of power, often cannot help to ameliorate their consequences. This repeated experience often leads to feelings of helplessness. They experience pressure from their superiors, from international donors, and, in the case of frontline staff, from their clients, all of whom have expectations which often cannot be fulfilled. In addition, they experience the hardships of living in conflict, e.g., security and health concerns and loss of loved ones, homes and/or life projects. A useful staff care approach has to respond to these challenges, dealing with sociopolitical and organizational realities as well as personal realities of individual staff members. It is thus a complex psychosocial task that needs to support and protect the relative wellbeing of all staff. Specific staff care issues and needs depend on the context in which an organization is working. It makes a difference if the work is in Gaza, in Lebanon, in Syria or in Northern Iraq. It also depends on whether the work is for a large international NGO or a small local organization, whether the clients are a more specific group, for example victims of sexual and gender-based violence, or if the work is with the whole population, and whether the focus is on food aid, on mental health, or on education. Consequently, staff care must provide precise tailor-made answers to the identified needs of specific organizations in specific contexts.

Staff care is...

a necessity and an ethical must for all professionals in the helping professions, not a luxury, that is frivolous in the face of extreme suffering of the target population. On the contrary, staff care is critical for staff who are required to function effectively in the face of atrocity, conflict and war.

more than self care. Self care (e.g. relaxation and meditation exercises) can be an ingredient of staff care, but when the problems to be dealt with go way beyond the individual (e.g. as complex interplays between contextual and organizational realities, task-linked problems and emotional processes of staff and clients), these problems certainly call for a holistic staff care approach.

an ongoing process, which is a continuous and normal part of work, not an one-time event or just a response to emergencies. When emergencies occur they are taken up in staff care activities, but the best protection is prevention. When an institution has a well-functioning culture of mutual help and spaces of reflection and conflict transformation, they are much better prepared than other organizations to deal with emergencies. Staff care has to be continuously evaluated and adapted.

something that has to be tailor-made for each organization, not something that can be applied successfully and meaningfully in the same way for everyone in every context.

foremost an organizational responsibility, not only a personal responsibility of every staff member.

not necessarily very expensive. Although staff care always needs a functional assessment, good planning, and active organizational policies, it can very well be adapted to the real economic capacities of an institution. Staff care only makes sense if it is a sustainable feature of the institution implementing it.

3 | IASC (2007) Guidelines on Mental Health and Psychosocial Support in Emergency Settings

Following the above cited MHPSS guidelines of the Interagency Standing Committee (IASC) the development and implementation of staff care at all levels of the organization – from the technical staff to administrative and logistics staff, to the professional helpers, to the middle and senior management – is *"a moral obligation and a responsibility of organizations exposing staff to extremes"* (IASC, 2007). This is important to emphasize because staff care is often misunderstood as self care, frequently reduced to a set of techniques that are supposed to reduce and manage stress, but that ignore contextual and organizational realities on the ground and thus make wellbeing the responsibility of the individual staff member, rather than of the organization. The measures in use mainly focus on resilience, misunderstood as individual stress management activities in order to stay strong. This focus erroneously suggests that feelings of fear, sadness, insecurity, and anger can and should be avoided, in spite of the characteristics of the social environment. Furthermore, the illusion is created that a particular set of techniques can make uncomfortable and burdening feelings disappear.

In helping professions, it is not uncommon for staff to think that professional behaviour implies acting rationally and avoiding feelings and emotional involvement. Understandably, staff confronted with unbearable and overpowering events and the corresponding emotions tend to protect themselves. Often, they try to do this by being what is generally perceived as brave and strong, which also aligns with common views of what is "professional". They want to retain their capacity to think and act and, at the same time, run the risk of suppressing their capacity to feel and reflect. Although protecting one's ability to act is a very legitimate interest, doing so at the expense of feeling and reflecting means acting more like machines and less like human beings. Sometimes organizations reinforce this process by expecting staff to remain strong or positive and to not show how reality affects them. This expectation, in the long-run, leads to un-empathetic and potentially harmful behaviour. This can happen when difficult feelings or the experienced weakness are seemingly overcome by being displaced, only to reappear in a decontextualized way, perhaps as a strange reaction to a completely different situation; as a personal nightmare, as a surprising feeling of personal unworthiness, as inexplicable anger with loved ones.

In this document, we talk about **relative wellbeing** because in the context of conflict and war, sometimes it is hard, often impossible to feel good. So, it is essential to ask what kind of wellbeing is possible and achievable. Relative wellbeing is not something you have or do not have. It is established and continuously re-established while dealing with the challenges of life in general and with specific work experiences. Maybe wellbeing is unachievable in the context of extreme human suffering, but one can defend capacities to communicate, to relate to others, to not harm oneself, to not become isolated and lonely, and to sometimes even be happy and laugh.

Feelings, however, are a permanent, unavoidable, and even useful element for understanding and reacting to the environment: there is no communication without emotion, no perception of others, no understanding, and no relationships. The question, then, is how they can be managed in a productive way. The more they are pushed aside and the less they are dealt with acceptingly, the higher the risk of misunderstanding others and oneself. This misunderstanding may heighten stress levels and make the social environment even more burdening. In the context of conflict, crisis and war, where staff is chronically confronted with difficult emotions, it is important not to deny these feelings, but to accept them, reflect on them, understand them, and work with them. The more an organization protects and facilitates a reflective attitude of staff (where thoughts, actions and feelings have equal space), the more it can be assured that staff does not harm themselves and clients. The goal is to stay connected to one's own emotions and be able to work with them. In helping professions, the essential tools are staff themselves, with their minds and bodies, with their capacity to think and feel, and to relate to others. Professional helpers need "maintenance", not because they are unfit for their jobs, but simply because they interact with their environment, and because they are their own tool. Nevertheless, in the middle of adversity, people feel, legitimately, that they cannot risk being overcome by feelings of hopelessness and helplessness, of frustration, pain, anger and grief, by feelings they fear will weaken them more and more.

Strength and **vulnerability** must both be protected and defended if relationships are to be developed and sustained and if support should be offered. Staff care must help to protect a relative equilibrium between both aspects. Another tension staff care needs to carefully navigate through is between **difference** and **equality**. Under conditions of continuous external and internal threats, people find it increasingly difficult to live with conflicts and differences between them. In many teams, one can observe how the capacity to perceive a difference of opinion as normal, slowly disappears. One does not want to discuss anymore. The pressure to avoid conflict and to force uniformity rises because differences are increasingly perceived as similar to the violent conflicts in the social environment. Thus, in the more limited environment of a team, people try to eliminate differences. The team members search for harmony, but in doing so, tend to deny their opinions, values, and individualities. In order to avoid conflict, they begin to confuse equality with sameness. Conflicts are not dealt with, differences of opinion are perceived as a betrayal of the common cause (e.g. wearing a hijab stops being an expression of religious beliefs and becomes something that attacks the team spirit), and hierarchies are defended more rigidly. A kind of collective authoritarianism appears with the hope of eradicating conflict, but which can actually foster even more powerful divisions, sometimes leading to the disintegration of teams. Defending a healthy conflict capacity is an essential ingredient of staff care.

Things to watch out for when defending strength and vulnerability:

- Groups under stress tend to overemphasize strength and undervalue vulnerability and confuse strength with resilience. Often when somebody shows a little bit of weakness, somebody else rapidly makes a joke or says something shaming or judgmental or just changes the topic, which contributes to delegitimizing vulnerability.

- When something is really sad, it is not unprofessional to cry, but adequate and human. Actually, in such a situation it is more professional to show a coherent emotion in reference to the situation being communicated, than to pretend a strength and distance, that is untrue and un-empathetic. Nevertheless, being empathetic has a cost and it is also legitimate and correct to define limits, to show that we cannot be empathetic 24 hours a day.

- Fear can be dealt with more effectively if it is accepted and not denied. Children in a risky situation, for example, feel better protected by parents that acknowledge the legitimacy of being scared than by parents who pretend everything is ok, while their children know and feel that everything is not ok.

- Sharing difficult emotions doesn't make them go away, but sometimes we can understand them better and feel less alone with them. People often initially feel ashamed when they are visibly overcome with their vulnerability. It is important to help them not feel ashamed.

Recognition, or the lack of it, is one of the big overarching issues staff care has to deal with. Recognition is a basic human need and a big part of what constitutes wellbeing. For staff members, it is important to feel recognized and appreciated on very different levels, e.g., by the clients/beneficiaries as a good professional, who is dedicated to helping and is helping successfully; by colleagues and management who must show that they see and value their commitment; and by the broader social environment. Unfortunately, the experience of lack of recognition for helpers is frequent. Clients often (and for good reasons) feel that they are not receiving the help they need. Since many of them live in precarious situations and hope for some authority to do justice to them, they tend to overestimate the power of the helpers and become easily frustrated. Superiors and colleagues often seem to send the message that one's work is not good enough; the individual professional thus suffers feelings of incompetence that are reinforced by those around him or her, who although they have the same feelings, tend to project them on others. Low and irregular salaries and short-time contracts can be perceived as an expression of a lack of organizational recognition. A lack of broader social recognition occurs when, for example, professionals work in a women's shelter, focusing on issues of violence and women's empowerment, and are perceived as undermining traditional norms or, for example, when one's work to provide material aid to refugees is perceived as coming at the expense of one's own community, which is also lacking resources.

Things to watch out for when working on equality and difference:

- Team conflicts often are so heavy and seemingly unsolvable, not because of the content of the conflict, but because the team has lost or has never had a healthy conflict capacity, a capacity to deal with differences constructively.
- The exaggerated wish to keep things harmonious and conflict-free usually leads to heavier and more protracted conflicts. It is important to create spaces in which differences and conflicts can be dealt with, instead of denying them.
- Management, once again, has a huge responsibility in the facilitation or hindering of a helpful culture of conflict and diversity.

Things to watch out for when trying to develop recognition:

- It is the behaviour of the management that will facilitate a culture of trust and mutual respect in which every member of a team feels valued in reference to their work and with a legitimate right to share problems. If superiors are unable to listen respectfully, they cannot expect their staff to behave differently with each other or with clients.
- It is easier to know that I need recognition, than to recognize and accept this need in others. In teams working in chronically difficult situations, we often find a great need to talk, but only limited capacity to listen. A kind of competition of needs erupts. Instead of everybody listening to everybody, listening to one person implies for the others that they are not listened to. To overcome this, it is important to recognize and acknowledge the group problem and consciously work on really listening to different needs and issues within the group.
- An attitude of trust, respect, interest, and containment is not learned in a day. But every active act of recognition is important. Recognition does not mean to put everything into a positive light. Quite to the contrary, it means acknowledging issues and feelings for what they are. If I am sad, recognition means to, first of all, acknowledge my sadness, not to tell me that it will soon pass.

Sexual and gender based violence are omnipresent in war and conflict areas. **Gendered roles** and expectations are intensified whereas, simultaneously, due to the effects of war and conflict, the traditional gendered roles and expectations are disrupted. For instance, women more easily find employment in the humanitarian field. This can sometimes foster resentment, hostility, and other forms of violence in the family. Professional women often face additional challenges, having to balance work and family life. They might feel additional guilt and experience stigma from family and community members for appearing to neglect their family obligations. In addition, women in leading positions may feel frustrated because they are not respected enough. The notion of masculinity also seems to be intensified during war and conflict: the powerful soldier becomes an important aspect of the social imaginary of men, and correspondingly, moments of weakness are denied, asking for help sometimes becomes impossible. Moreover, the work of organizations supporting and seeking justice on behalf of women, for example, protecting women fleeing gender specific violence or defending of women's legal rights, is often devalued or even vilified and the lives of their staff is sometimes endangered. Therefore, gendered issues must be made central topics of staff care and not seen as something extra.

Security is another overarching topic staff care has to deal with, because in war and crisis regions, daily survival depends on adequate judgment of the existing threats and risks. It is a regular part of staff's communication to discuss daily changes in the security situation, sharing radio news or rumors. It is often difficult in areas of crisis to know what is really going on and thus people depend on exchanging information and judgments. This exchange, however, can also carry the risk of fueling rumors, fear, and insecurity. As part of staff care, it is, therefore, necessary to make sure people can exchange what they know with each other and can jointly elaborate judgments about the situation without becoming unrealistic or paranoid. Most institutions have very clear security rules and protocols, which are supposed to protect the institution and the people working there. For example, many organizations have strict rules about who is allowed to ride in the institutional car or how people have to behave if there is an armed confrontation nearby. However, many of these rules are more rigid and strict than the daily situation requires or are impossible to fulfill. A helper working in a village and meeting a client with a sick child might decline to transport the child and thus fulfill the organizational rule, but in doing so, is forced to reject a normal human attitude and might lose respect in the community. On the other hand, if the child is transported, the organizational rule is broken and that shatters the entire security system. Security rules are important for the survival of staff, but an intelligent security policy must re-evaluate these rules continuously and also relate and link them to the judgments of staff and their individual decisions.

Things to watch out for when looking at gendered conflicts:

- Is it allowed to speak about gendered issues or are they silenced?
- Is the gender topic perceived as a western donor controlled issue?
- How rigid are masculine and feminine role divisions in the team?
- Is gendered violence discussable and how aware is staff that these topics always touch very personal and intimate aspects?
- Is power and hierarchy discussed in relation to gender, e.g. if the whole management level is male?
- Is there discrimination of staff with a sexual orientation that is perceived as being not culturally accepted?

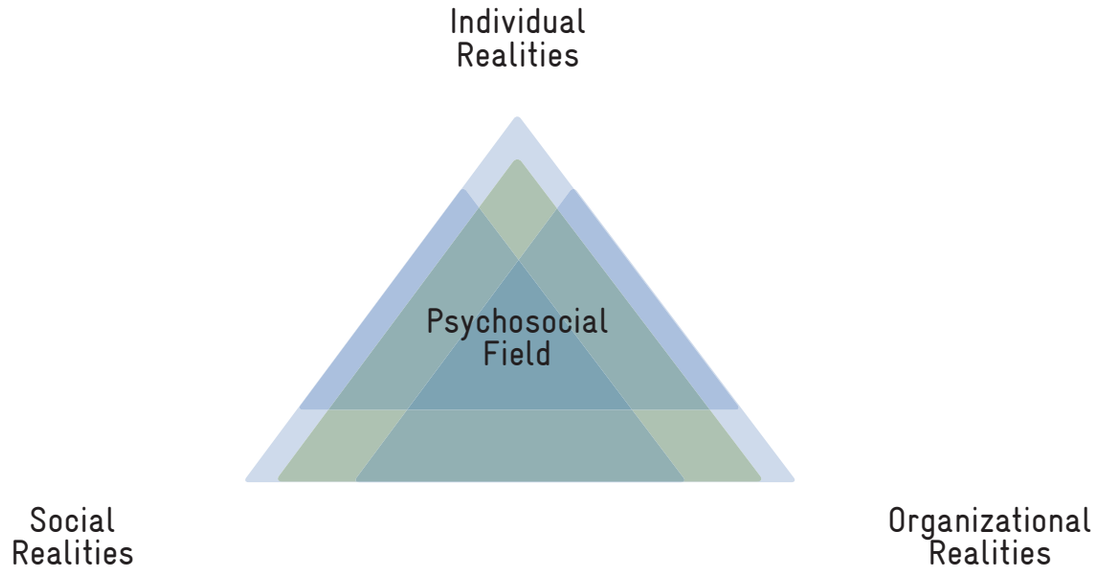
Things to watch out for when enhancing and reflecting on security with staff:

- Security measures in an organization need to be routine, otherwise they will never work. On the other hand, people do not always act rationally and, especially when those routine systems are too rigid, people tend to ignore them. A regular and systematic reflection needs to happen within teams, which includes and respects their daily experiences.
- Security is not only an issue in war or crisis. It also refers to the kind of risk staff faces when, for example, doing home visits or visits to a refugee camp.
- Security management has a lot to do with flexible and relationship-oriented fear management.
- Jointly assessing the working reality in a team is relevant in terms of security, but also in reference to the work in general.

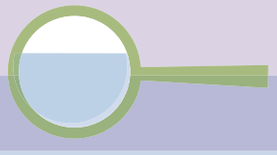
Key Goals of Staff Care

1. Staff care should help staff stay connected to themselves and to their team with respect to the whole range of feelings, including pain, rage and despair.
2. Staff care should help staff maintain / re-establish a sense of meaningfulness and competence in their work as well as the capacity to reflect and act.
3. Staff care should help staff confront the realities of threat, trauma, loss, and injustice as best as possible and as least self-destructively as possible.
4. Staff care should help staff to maintain a capacity to acknowledge inadequate resources and, at the same time, make best possible use of what is available.

The staff care approach presented here adopts a conflict focus, which, at first glance, may raise concerns. Dealing with conflicts can be challenging and organizations might be afraid what issues might appear when conflicts are brought up. Sometimes it is easier to silence and deny conflicts, but in the middle of crisis and emergency, the issue is not whether to have or not have conflicts but rather, whether staff members are invited to share their experiences and perspectives or to endure the conflicts alone. A positive conflict culture helps staff deal with multiple conflicts that affect them and their work and enhances joint processes of **conflict transformation**: *"Conflict transformation is to envision and respond to ebb and flow of social conflict as life-giving opportunities for creating constructive change processes that reduce violence, increase justice in direct interaction and social structures, and respond to real-life problems in human relationships"* (Lederach 2003, p. 2). Looking at conflicts brings contradictions and tensions into view and thus allows staff to reflect on and manage them as well as possible, while navigating the profound insecurity and uncertainty inherent in this work.



As already mentioned, staff care is a psychosocial task, and this is the case for two reasons: 1) The work of aid organizations itself is located within the psychosocial field (see graphic on page 11). Regardless of its intention or key focus (more macro or more micro, more individual- or community oriented, more or less focus on social issues), the work always deals with a complex combination of individual, organizational and social realities. Professional interventions in this complex field influence and shape the preexisting difficulties positively or negatively, as Mary B. Anderson was able to show with her "Do No Harm" approach, about which the Collaborative for development Action (CDA), the Organization she co-formed says the following: "*The Local Capacities for Peace (LCP) was formed in 1993 in order to help aid workers find ways to address human needs in conflict contexts without making the conflict worse […] CDA developed a framework for analyzing the impacts of aid on conflict – and for taking action to reduce negative impacts and maximize positive impacts […] CDA detailed the framework and its use in Do No Harm: How Aid Can Contribute to Peace or War by Mary B. Anderson*" (Do No Harm Program, 2019). Humanitarian aid workers are thus unavoidably involved in doing or not doing harm, which makes the way in which work is carried out and reflected upon, a staff care issue. 2) A psychosocial lens is also of specific relevance for staff care because it focuses on the close connection between the inner psychological and individual aspects (e.g., feelings, thoughts, values, desires and beliefs) of every staff member and the outer social (e.g., cultural contexts, living conditions, state, material resources) and organizational aspects of experiences, never looking at just one of these aspects in isolation. Staff are directly and indirectly impacted by the conflicts around them and they are continuously required to make difficult choices in their work. There are issues of trust and mistrust, power issues, and team conflicts. This is not about black and white, or good and bad, it is about navigating in conditions of fundamental insecurity, uncertainty, and ambiguity. It is about having 2.000 meals, but 20.000 people who need food. It is about trying to help children whose parents were shot right in front of them and feeling that there is nothing comforting one can say. It is about watching somebody being beaten up by a soldier and not being able to intervene. It is about trying to help victims of violence and knowing that there is no safe space for them. In other words, staff care must unavoidably deal with conflicts: inner conflicts, conflicts between individuals, teams, or groups within an organization, and conflicts in the social and political environment beyond it.

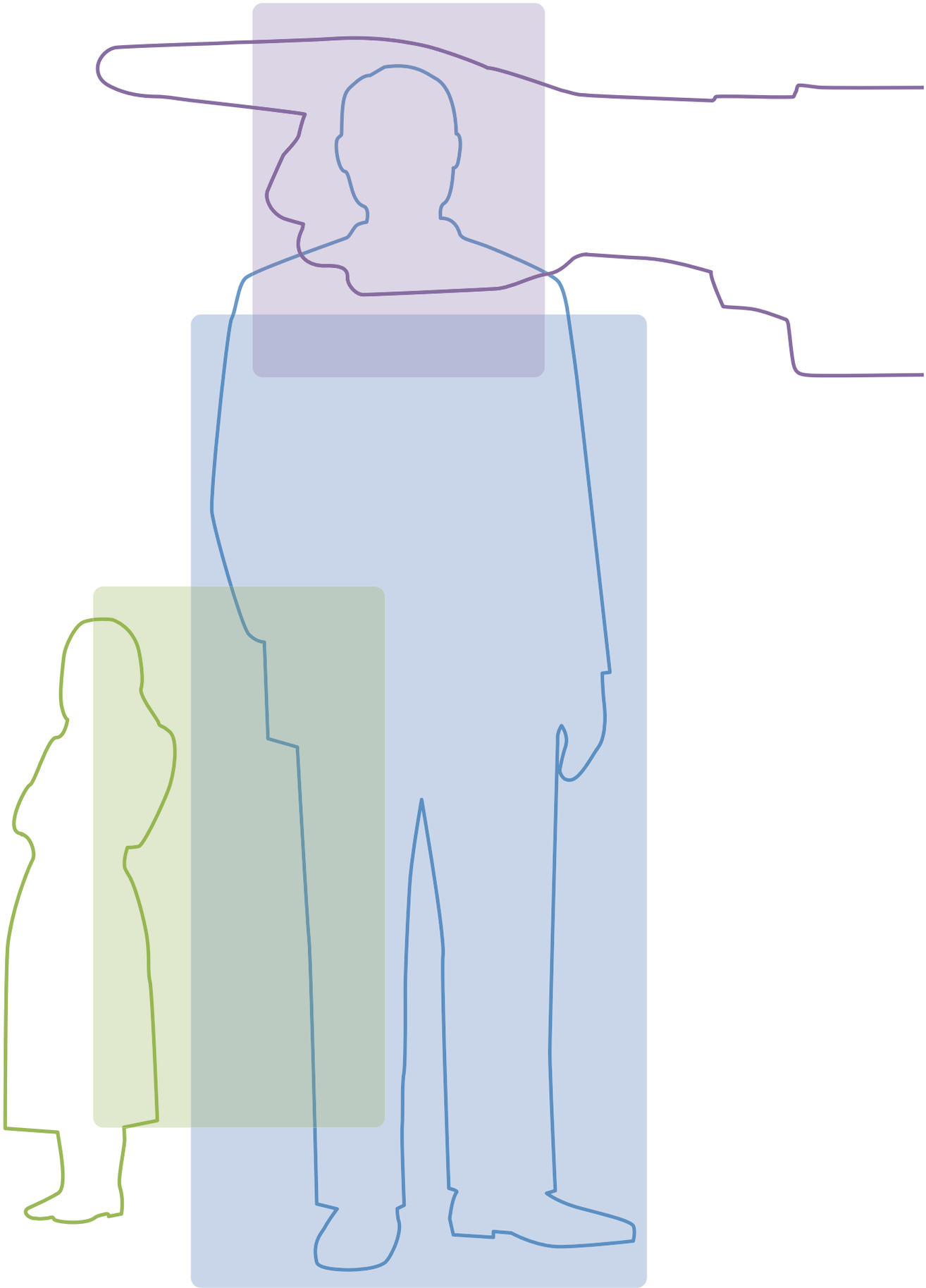


Example[4]: Mohammed in the psychosocial field

Mohammed is a humanitarian aid worker in a local NGO in Amman, Jordan providing limited material help to elderly beneficiaries. He has to carry out home visits to asses the eligibility of persons to participate in the program of his organization. Mohammed visits Mrs. Ali, who is very poor, all alone and does not even have a stove to heat her apartment. She explains not only her severe poverty, but also her loneliness. Most of her family members have died. Her only surviving sibling lives abroad. Mrs. Ali is happy to talk to Mohammed. Mohammed will get her a stove through his organization, but he feels guilty because he can do so little for her. Also after half an hour he has to leave because he has to visit ten more clients this day.

The example helps to illustrate the close interconnection between the social, individual and organizational realities, which are part of the work and of staff care in emergency settings. In reference to the work, which in this case is focused on the situation of Mrs. Ali, it becomes clear that her problem is not only poverty. She is also feeling lonely and isolated, but for that aspect of her problem Mohammeds organization has nothing to offer. In reference to staff and staff care, it becomes clear that Mohammed is deeply moved by this women on a personal level. He is feeling sad and helpless, he wishes he could do more for her. But due to the organizational and social structures, his options are very limited. For right now Mohammed thinks it is his fault, that he is not up to the job he is given and thus feels guilty and helpless. Staff care should help Mohammed to look through a psychosocial lens, maybe developing a more integrated approach to help in his institution and also helping him personally to positively understand and accept his feeling of compassion, but not feeling guilty on a personal level for the lack of organizational resources and the sad social realities.

4 | All the case examples used in this document are based on data from our research, but in order to protect anonymity are presented here as composite cases: Names, places and sometimes gender were changed, but also each example was constructed from at least two different situations.



3. STARTING STAFF CARE: SOME THINGS THAT CAN BE DONE WITHOUT EXTERNAL SUPPORT

A lot of staff care activities require external help (e.g. supervision). But many things can be done by teams without external support. This chapter explores first steps that teams can take. Developing staff care is ideally about two things simultaneously:

1. It is about developing a culture of conflict capacity, of respect, of empowerment, of reflective capacity, and of protection and generation of relative wellbeing within the organization.

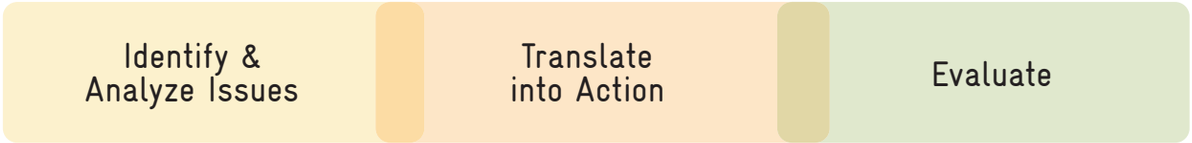
2. It is about identifying and assessing the specific contextual issues/problems of an organization and developing regular and secure spaces, structures and activities that respond to the identified needs and are consistent with the financial and structural capacities of the institution.

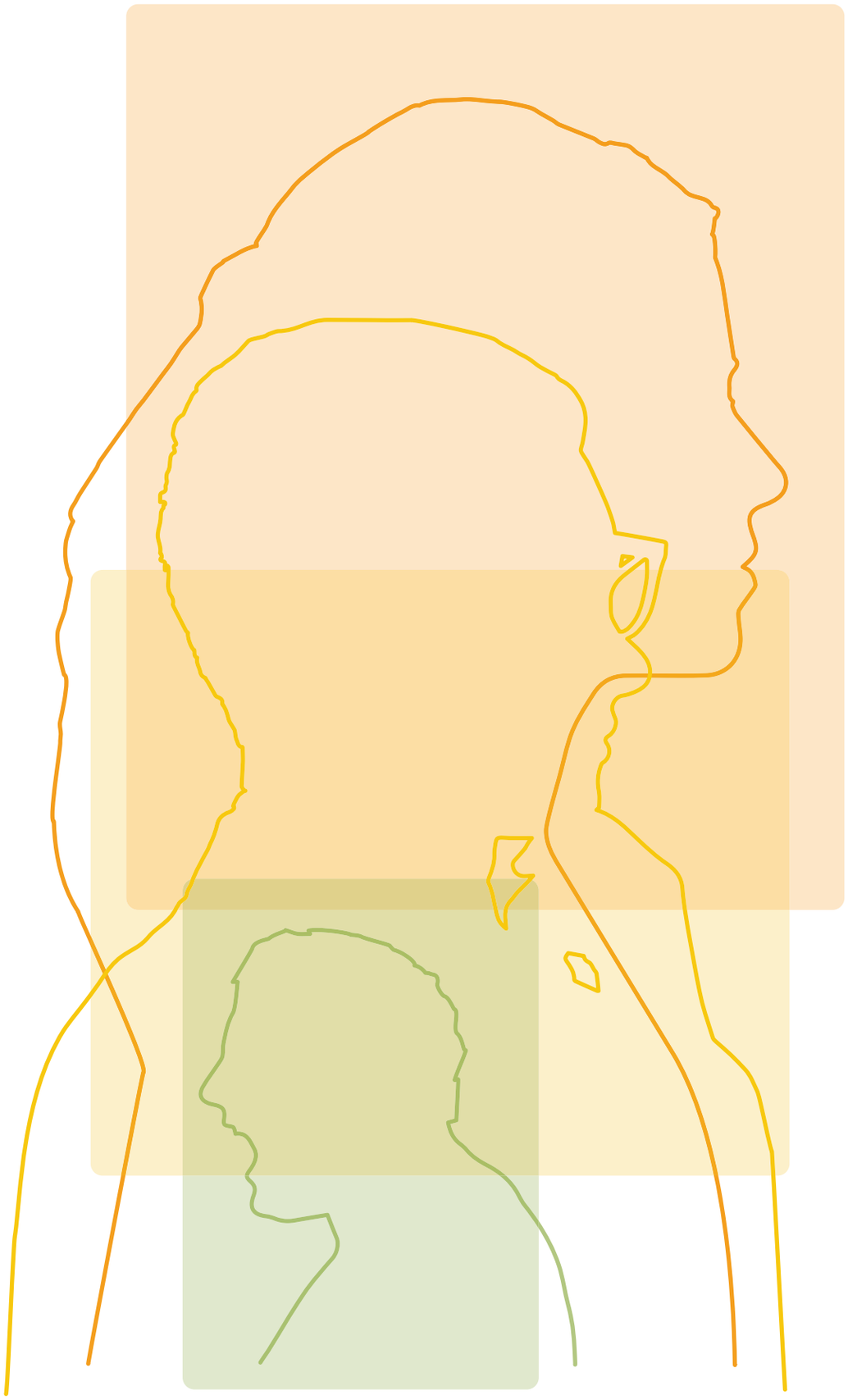
It is always possible to enter into the discussion and analysis of challenges, conflicts and resources. Teams should not be afraid of starting this discussion. Conflicts that are talked about usually evolve less destructively than conflicts that are silenced.

Organizations working in a conflict environment under stress and duress tend to lose or believe they have lost their ability to look at conflicts in a normal and healthy way. So staff often ends up with a contradictory feeling: On one side there is a big need to discuss and deal with issues, on the other side everybody is scared, that things will even get worse, if one dares to talk about them. Opening a staff care discussion space is thus always a daring step towards acknowledging difficulties and a mutual need to confront them. In fact, talking about problems is nearly never as terrible as people fear. Silence is always the most destructive alternative. Nevertheless some basic issues must be observed, in order to handle the situation as positively as it deserves to be handled:

- Management must be 100% on board
- Nobody should be excluded from the discussion
- The goals of the discussion must be well defined and understood by everybody
- Ground rules about respectful language and the need to avoid personal judgements must be established
- It must be understood that defining problems does not solve them immediately but helps to start doing something about them
- If a generalized feeling appears that discussions are unproductive and are getting too difficult to handle, then outside help should be obtained

When starting the process of staff care, three phases must be distinguished:





When an organization wants to start staff care, it is essential that the management really commits to the task, participates actively, and supports their teams with resources, time, spaces, etc.. It would make sense to start with **small initial discussion groups** to introduce the topic to the whole staff and to start identifying and analyzing work and context-related issues. Staff care should be a collective endeavor of everybody working in the institution. Therefore, these discussion groups should be carried out by all staff members. If it is a small institution, everyone could sit together. In a bigger institution, several groups need to be organized. These initial discussion groups should consist of three parts.

Part 1:

A joint discussion in which the key concepts of staff care are explained and discussed. A member of the group should take on a facilitation role. She/he should try to structure the conversation, making sure everyone has their say, and is being respectful to each other. For an open discussion, attention should be paid to the atmosphere (e.g. a quiet room where no disturbance is expected). Sometimes it is hard to get into a discussion. The staff care approach presented in chapter two can be a good starting point. In addition, the following guiding questions can be used to start a discussion:

- How recognized does staff perceive themselves within the institution in reference to what they feel and do? Up to what point are feelings of anger, of frustration and of fear acknowledged and accepted? Is it possible to talk about feeling overburdened?
- Is there a real interest in the institution to find out how people feel in their work or is there only an interest in achieving the official goals of the program? How good is the recognition culture in the institution, also on a structural and contract level (e.g. increased salaries, long term contracts)?
- Can the individual professional do something to achieve more recognition from those around him or her?
- Are there possibilities for staff to reflect on security structures? Can staff express their daily experience in reference to security rules? Can these be adapted flexibly?
- Can gendered issues be discussed? Can violence and discrimination be expressed by staff members or beneficiaries?
- Is there a constructive and open culture to discuss conflicts?
- Are there options for the organization or for staff members to promote a conflict capacity?

Things to watch out for when starting a staff care discussion:

- Don't try to solve conflicts and challenges that come up immediately. The objective of these discussions is first and most importantly to understand more about the situation and the other staff members. It is about leaning to listen to each other.
- A group must be a penalty-free room in which no one is punished for their experiences, feelings or opinions. This applies equally to administrative staff, management and front-line staff.
- It needs clear rules of conduct, which should be negotiated together (e.g. confidentiality).
- Don't try to rush it, don't try to force trust, and don't try to talk through all issues immediately. Taking your time, thinking, and discussing are the best protection to make such an endeavor successful.
- According to the specific work related tasks, different staff is perceiving issues differently. This can be potentially conflictive, but also a possibility to get different views.

The mentioned questions serve only as orientation and should ideally be supplemented and flexibly adapted. Not all of the questions can be discussed in one session, if the time is taken to go deeper into the topic. Since staff care is not a one-time event, but a process, the discussion groups can be continued at regular intervals.

Part 2:

During the discussion the ideas, wishes, and needs that staff members come up with should be collected. These should be recorded in writing, preferably on posters, which are created together and should be used for ongoing discussion and referred back to throughout the staff care development process. It is important that they are managed anonymously in order to be able to use them in a sharing process.

Part 3:

After a couple of initial discussion sessions, a joint recreation activity should be planned (e.g., drawing together, having dinner, or a walk in nature). This requires a bit of creativity. It is important to make sure that all participants feel comfortable and no additional time pressure arises. The goal of this activity is to relax a little bit together and to share enjoyable activities, not only problems. Although it is not intended as a final staff care measure, it can have a powerful and positive impact on the ongoing discussion process.

To translate some of the emerging ideas, wishes, and needs into action, the results of the initial discussions should be shared with the whole staff (if there were multiple groups). Afterwards it will be decided together which next steps to follow: A more thorough assessment, for example, application of the REST assessment tool with external support? A couple of thematic workshops, for example, about conflict capacity, fear management, security structures or relaxation exercises? Some changes in work contracts? Installing spaces for reflection and sharing? The key approach should always be: solve what is solvable, continue to discuss and think about the other issues.

Confidentiality

is not something you can bring into being by deciding on it. Rather, it becomes a reality only in the course of time, when people have experienced that issues of the sharing space are kept in that space. Confidentiality is something that is built up together.

Sharing Spaces

One possibility is to establish sharing spaces within the organization in order to enhance communication. These spaces can be an opportunity for staff to express their feelings, to connect to themselves, and to listen to each other. Doing so can help to create a small distance between the suffering and oneself. It alleviates loneliness, helps staff to feel understood and validated (recognition), and makes the difficult feelings less overwhelming. It can help to increase openness and the capacity to reflect on the work and to find creative answers to difficult situations. Sharing is often a liberating experience. It can help strengthen relations and facilitates cohesion in the group. It allows for a greater capacity to discuss differences of opinion and conflicts in a productive way. Although a sharing space isn't a work meeting, it makes work easier and better. But remember: The only goal of a sharing session is to share. Sharing is focused on personal level themes, about our experiences and feelings in our lives and in our work. It is not primarily about project or activity planning, solving cases, or things like that. Those issues can be left to regular team meetings. Expressing our emotions and feelings helps to work through difficult experiences and events. Because sharing is not always easy, there are some important aspects one has to take into account in order to create a secure space:

- The group should sit in a circle with no table between the participants.
- Each participant should have the possibility to talk in his/her mother tongue, maybe therefore an interpreter is needed.
- Confidentiality must be the rule: everything that is shared in the group should not be communicated to persons who don't belong to the group. Nobody takes notes. A sharing space must be a safe space in which participants feel confident to share.
- One person should take the role of moderator, just making sure that everybody has a chance to talk, that people listen, are respectful and not judgmental. Remember: Our task is to acknowledge each other, not more and not less.

Sharing spaces only make sense if they happen regularly (e.g., 2 hours every week or every two weeks), within working hours and have a fixed group of participants (no less than 4, no more than 12).

Support Mapping[5]

Another possibility is to do workshops carrying out **support mapping**. Mapping can help individuals and organizations, not only to think about what supports them, but also what maybe blocks it. In this way, mapping helps to identify and analyze issues and conflicts and helps to imagine possible solutions through the visualization. While the individual map can be crafted alone, the organizational map is worked out together and could include, for example, donor or community related aspects.

Map your support system

- Take a large piece of flip chart paper and draw a picture/ symbol of you in the middle.

- Then draw a map of your support system at work around you: you can use words, symbols or pictures to represent everything that supports you in fulfill your work related tasks the way you want and feel relative good with it? Peoples or things can be part of your support system e.g. a walk to work, books you read, colleagues, meetings, friends).

- Ask yourself: How is your connection to these supports (e.g. near or far? Strong and regular link or tenuous and distant link)?

Map the blocks in your support system

- Now take another color and draw on the picture symbols of blocks which prevent you from making full use of their support (e.g. time pressure, fear of consequences or of being criticized, unavailability, etc.)

- These blocks can be within you, within the organizational setting or in the social context.

- Feel free to draw anything you feel blocks you from getting the support you want and need!

Share your support map

You can share your support map with a colleague or with a group of colleagues that can give a response to the overall picture/impressions and could ask some of the following exemplary guiding questions:

- Do you get the support you want? Do you get enough support? Do you miss any sort of support? What kind of? How would you get this support?

- What kind of support do you perceive as positive? What can be done by you/by others that the support is nurtured and maintained?

- Which blocks can be solved or reduced? Is there anything you can do to solve/reduce the blockages? Is there anything the organization could do?

Develop an action plan

- Use your individual support system map and think about how you want to develop your support system in order to get the support you need and develop an action plan.

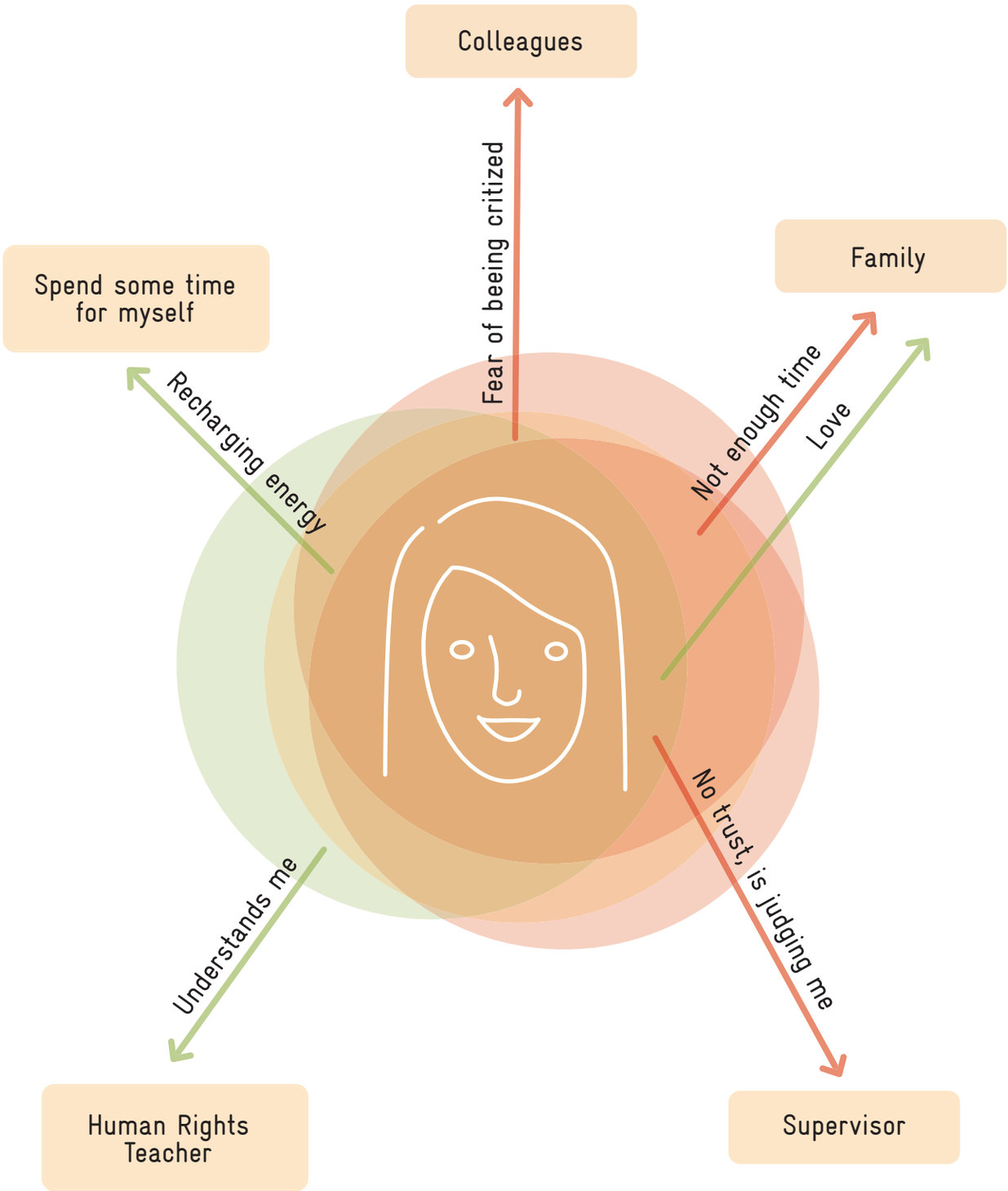
- Therefore you should answer the following questions: What needs to be done? By whom? When and where does it need to be done?

Staff care, in the best of cases, is a developing process that needs to be regularly evaluated and further developed (see chapter 5). Some aspects of staff care can be developed by institutions themselves and, for others, outside help would be needed. Once a staff care system is installed, some activities might continue to rely on outside professionals, for example, clinical supervision for psychotherapists, but many or most can be carried out within the institution without additional cost. If the organization's long term strategy is to install a sustainable staff care system, it should try to get external support at least for the initial assessment.

If staff care actually looks at inner and external conflicts and their management, there will always be a certain level of fear and insecurity when these issues are first mentioned. Staff and management might be rightly worried about issues that come up. At least in the beginning it is always easier to do this with somebody external who can be perceived as neutral and who can help as an external mediator/facilitator to analyze these issues. If this is initially not feasible, teams should go slowly:

Don't try to rush it, don't try to force trust, and don't try to talk through all issues immediately. Taking your time, thinking, and discussing are the best protection to make such an endeavor successful.

[5] The concept of support mapping is taken from "Supervision in the Helping Professions" (2012) by Peter Hawkins and Robin Shohet, p. 17 which we recommend for further information.



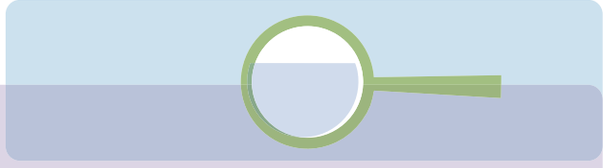
Example: Support map of a school counselor in Jordan:

4. STARTING STAFF CARE WITH EXTERNAL SUPPORT: APPLYING THE REST ASSESSMENT TOOL

The REST assessment tool was developed to support organizations in fulfilling staff care related tasks. As the practical core of the REST approach, the REST tool is aimed at assessing organizational staff care needs and developing and implementing a contextualized staff care approach that responds to these needs. The tool, as such, does not offer staff care. It is also not a summary of techniques. It provides an empirically grounded and practically tested systematic and procedural framework for organizations to come up with their specific staff care plan. The assessment tool consists of 8 modules, to be worked through in a 2-3 day facilitated team process. The process begins by identifying relevant problems perceived by the staff, then developing a thorough understanding of these problems, defining specific staff care needs, and finally, constructing a realistic staff care plan. This is only the beginning, as this plan needs to be put into practice by the respective teams/institutions. The implementation and evaluation of the staff care plan needs to be followed-up either by the teams/institutions themselves and/or through external facilitators. It is recommended that the REST tool be applied with an external facilitator because this can make it easier for staff to put the real issues on the table. The facilitation manual can and should be read by the facilitator, but also could be read by staff. We briefly present the modules of the REST assessment tool to give an initial idea of what this tool offers.

Module 1 introduces and discusses a paradigm shift in staff care, moving away from thinking about staff care as a purely individual task and responsibility, and towards a psychosocial approach which acknowledges the complexities and nuances of needs and conflicts when working in fragile contexts. (This module is very close to chapter two of this introductory guide.)

Module 2 is dedicated to identifying issues and conflicts the institution is dealing with and which need to be addressed in a tailor-made staff care plan. First, a joint list of issues is created by all team members. Then one issue is chosen which will be analysed in depth. This does not mean that the rest of the list is forgotten, but that instead of looking superficially at all problems at the same time, the group examines one problem in depth and then refers back to the broader list of issues in a later module (inductive method).



Module 2 Example:

Team members of a health care center in Syria come together to name problem situations and challenges they face at work. Everyone can bring in an issue. Also Rawya is telling her story: Rawya, senior nurse has a fight with her superior, who is in charge of all health centers in the area. The superior and Rawya have known each other for a long time, are even friends and usually work very well together. Now there was an emergency and he informs her that he has to remove her last remaining colleague to get the situation under control. Rawya is very angry about it and starts arguing with the superior: How is she supposed to work under these circumstances? Her superior is aware of the difficulty but, also gets angry and order her to comply.

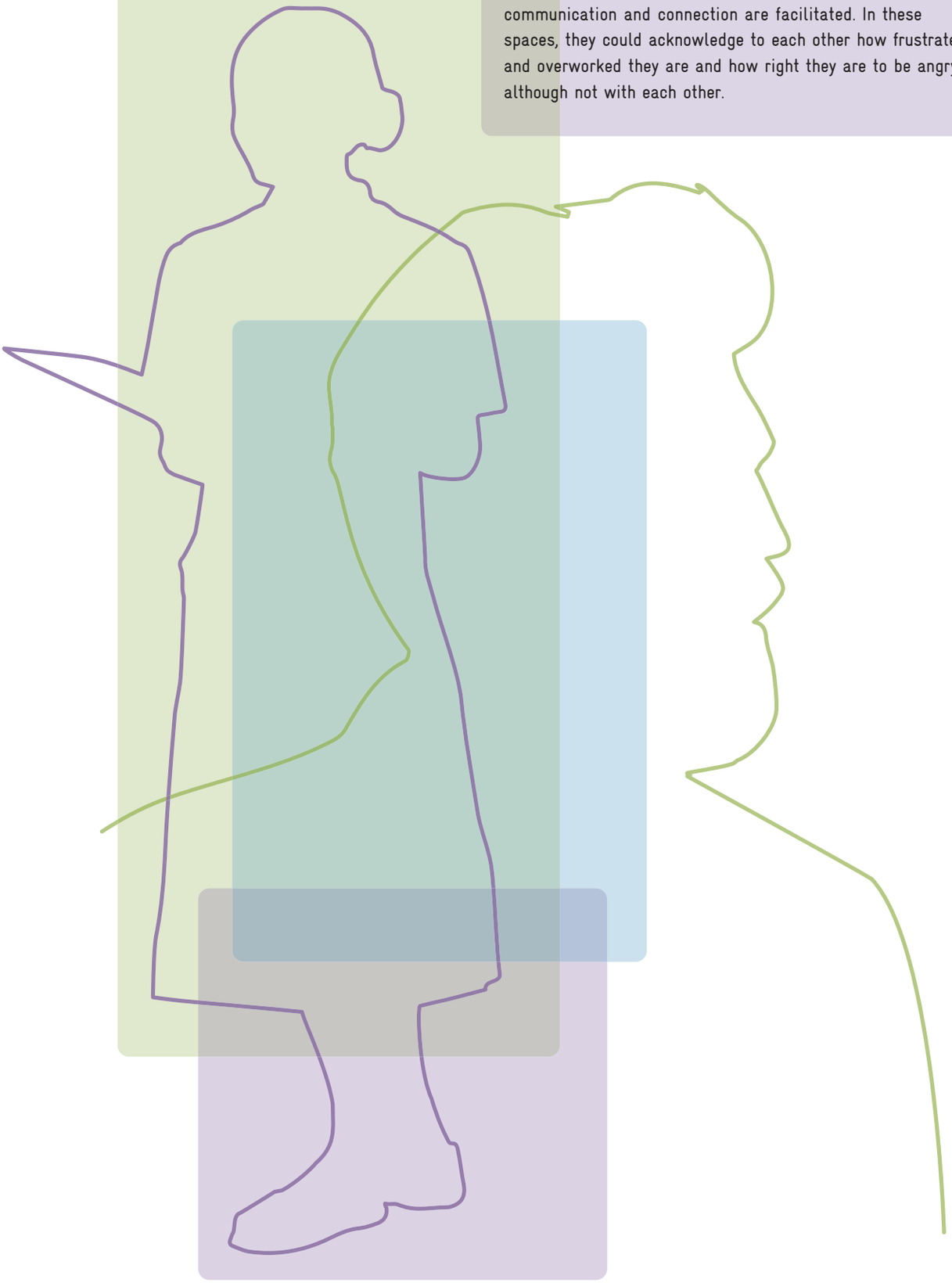
The group decides to use Rawya's case and to analyze it more deeply.

Module 3 is dedicated to initiating a detailed and in-depth context analysis of the selected problem situation. First, all actors involved are identified and the situation is made present (e.g., through a role-play) so that different perspectives of actors become apparent.

Module 4 analyzes the issue in reference to four conflict dimensions: (1) material dimension, (2) group dimension, (3) subjective dimension, and (4) power to act dimension (see tabular on page 21 and example on page 22). Examining these four dimensions of a conflict produces a rich and insightful view of the issues that make up the conflict and that staff care should address. Sometimes one dimension is more important than the other, but in any given problem situation, all of them are present and warrant discussion.

Description of dimension	Example
Material Dimension: Conflicts always have a material dimension, especially when resources are limited. These limited resources may have to do with salaries and livelihood, but could also have to do with a lack of work material or space. Exemplary key questions to answer: How is wellbeing of staff and clients/target population or lack thereof shaped by material issues, like poverty, livelihood, access to services, productivity of soil etc.? If the material dimension is important for the clients, how much is staff enabled to deal with this? How is the material situation of staff, e.g., job security, duration of contract, delay of payment or payment differences between national and international staff?	The organization does not have enough nurses and all workers are working beyond their limits. There is not enough budget to hire new nurses. Behind the fight between Rawya and her superior is a severe issue of human resources within the organization.
Group Dimension: When one wants to understand the group dimension of a conflict, one needs to look at how belongings, relationships and group dynamics affect the conflict and are affected by it. From a staff care perspective, the group dimension helps to understand how connected, supported or isolated people feel. Exemplary key questions to answer: How are the relationships within an organization? Between management and staff; between different professionals; between different teams; between national and seconded staff? How is wellbeing of staff and clients/target population or lack thereof shaped by conflicts of belonging and/or experiences of exclusion and inclusion?	Rawya and her superior are friends. They have been working together for a long time. Here they end up in a personal fight because of their different roles and interests: the management task of her superior and Rawya's defense of her needs as member of the specific health centre. Instead of a friend, Rawya perceives him (in this particular case) as a inconsiderate superior who can't help her, and he probably perceives her as lacking comprehension for his managerial obligations.
Subjective Dimension: Conflicts always have a subjective and personal dimension. Staff experience the issues at work with their bodies and minds. Exemplary key questions to answer: How is wellbeing of people or lack thereof shaped by personal experiences of suffering, by inner conflicts (e.g. hard decision making), by relationship issues? How liked and appreciated does staff feel? How strong is the pressure in the organization to be perfect? Does power abuse take place at work?	Rawya does not feel appreciated by her superior. Probably, the superior feels the same, according to their personal relationship. Although they are both aware of the objective difficulty they are angry with each other, because both try to fulfill their task as far as they can. Rawya feels frustrated, not acknowledged and lonely, because they end up blaming each other for the lack of understanding.
Power to act on one's problem: Actors in a conflict have different levels of power to influence or change the situation. Power dynamics, structural inequalities and roles shape interaction and feelings of agency or helplessness. Exemplary key questions to answer: How is wellbeing of people or lack thereof shaped by their capacity to influence the outcome of the problems they are dealing with? How empowered or disempowered are they to change their situation? Is staff encouraged to voice their own concerns? Does voicing concern lead to meaningful action? Are they supposed to think and talk about their work or should they just do what their superiors tell them do to?	Rawya can protest, but she does not have the power of decision. Her superior decides the situation, but cannot force Rawya to see the situation the same way he does. In a certain way, both are impotent to do what is best because they lack the necessary resources to hire enough nurses.

Rawya and her superior suffer from all those aspects as well as from confusing this organizational/resource problem with a personal problem. In terms of staff care, it would be important that the organization provides safe spaces where communication and connection are facilitated. In these spaces, they could acknowledge to each other how frustrated and overworked they are and how right they are to be angry, although not with each other.



Module 5 extends the analysis by discussing certain psychosocial issues more specifically and in depth. In a psychosocial sense, individual mental processes correspond to social and organizational realities. The social reality of staff working in areas of war and crisis includes, amongst other things, threat, destruction, loss, and injustice, which can lead to feelings of fear, trauma, grief and anger. These mental processes are not mental illnesses; they are simply part of human reactions and range of feelings.

Threat and Fear: In conflict areas fears are omnipresent because of the manifold social and personal insecurities and threats people have to live with. When fear is a permanent part of life, it often becomes difficult expressing fears and realistically assessing dangers. If anxiety has become chronic, it often continues, even though the original threat is gone. From a staff care perspective, fear management is a key aspect. Often people are so used to it, that they don't analyze the threats and fears anymore and thus are unable to develop the necessary protective measures.

Destruction and Trauma: An experience is traumatic when it totally overwhelms us and destroys our beliefs in the world and ourselves, exposing us to extreme impotence. In areas of conflict trauma is not a short term situation but usually a long and continued process, because destruction becomes part of daily life. From a staff care perspective trauma implies a psychological wound that must be taken care of. Often also staff is witness to traumatic processes of clients and cannot help. That sometimes provokes so-called "secondary traumatizations". Traumatic experience always hurt. The most important defense is to acknowledge that the pain is situated in a social context. The individual is not crazy, the context is.

Loss and Mourning: Losses are part of our life. In areas of crisis and conflict even more so and often in a shocking and sudden way. If we lose something or someone, then we must be able to grieve – which is often very difficult in times of war and crisis, because there are so many things to grieve about. However, mourning is the only psychologically healthy way to deal with losses. From a staff care perspective it is very important to facilitate mourning processes. In fact, staff needs continuous help and spaces to work through the unavoidable experiences of loss they have to deal with all the time.

Injustice and Anger: Staff often experience directly or are witness to massive injustice suffered by their beneficiaries. There are, for example, not enough resources for everyone and sometimes unjust political or organizational decisions are made. Staff cannot prevent it from happening and are left with accumulating impotent anger and guilt. From a staff care perspective it is important to understand that the accumulated impotent anger sometimes explodes in the wrong moment or is expressed in references to something that has nothing to do with the original problem. In order to prevent damage and to deal with anger in a constructive manner it needs to be addressed and talked about. There is always room to manoeuvre as little as it might be.

Module 6 now focuses again on the initial list of issues and in a more deductive methodology picks up the overarching issues: strength/vulnerability, difference/equality, recognition, gendered conflicts and security (which are described in chapter 2). All analyses that have been developed in the previous modules, the inductive analysis and the deductive discussion are now examined together and the group jointly decides on the key staff care needs that follow from this analysis.

Module 7 which takes up the final day of the workshop, then consists of translating these needs into specific actions, preparing, and developing a realistic staff care plan. Not all problems require the same type of solution. Some can be dealt with easily, others require structural or managerial corrections in the institution, and many do not have a solution at all, but simply require the development of trustworthy spaces of reflection and sharing. The goal of this final module is to make sure that the institution has not only discovered needs but also found a way to deal with these needs productively and sustainably.

Module 8 is the closing session of the assessment process in which facilitators give a short final summary of what they perceive has been achieved, what is still pending, and how they have understood the group process. Participants have a chance to offer feedback to the facilitators and carry out a critical appraisal of the workshop.

5. TRANSLATING A PLAN INTO ACTION: THE STRUGGLE OF IMPLEMENTATION AND EVALUATION

Regardless of whether an organization is working with the REST assessment tool and with external help or without: Once a clear staff care plan has been established and accepted by all relevant actors, it needs to be implemented. This is always complicated because it contains structural and logistical issues that need to be addressed. For example, if it has been agreed that sharing spaces will be arranged on a regular basis for everybody, then groups have to form, meeting places must be decided, workloads need to be organized in a way that no extra pressure occurs, so that these meetings can take place and so on. Also, in the beginning of such measures, people might be unsure or fear negative consequences. Staff care implies a huge change in group relationships and we all tend to trust more in the unhappiness we know than in the comparative happiness we might achieve if we change things. Groups and organizations, in general, are conservative and even more so, when operating under constant stress. So, the step from planning to implementation is a complicated one. Sometimes it is more comfortable to also have external accompaniment of this step, helping staff and the organization as a whole to overcome difficulties. Sometimes in this period, it might be necessary to carry out some additional training for specific issues, for example, team-building or management skills. To better structure the implementation, tabulars can be used.

In our experience it can be quite helpful to have some sort of external support and accompaniment in the first year of implementation. This should occur with a certain regularity, but does not have to happen with an especially high frequency . A follow-up workshop every three months and Skype conversations with those accompanying the implementation process can be helpful.

Once a system is really operating, it is important to remember that this is a process that needs to be evaluated and reassessed at least once a year. A straightforward way of doing this is by directly asking staff about their experiences, in the best of cases, carrying out an evaluative workshop with the whole institution. Staff care is always a process and the key is to make sure it is never treated like a one-time event. Staff care starts at a certain point, but it never ends.

Implementation Plan	
Core issues	• What are the core issues? Can they be clustered?
Solution approach	• What solutions can be imagined? Are there alternative solutions? • Is it a one-time solution (e.g. buy some chairs) or is a process needed? • Is it possible to work with intermediate targets? • Is it not possible to solve the problem? If not, can we install spaces where staff can talk about it?
How/Who/When?	• What exactly will happen (e.g. install a sharing space)? • What is therefor needed (e.g. room, snacks, interpreter)? • Who will participate? • Who is responsible for what? • When will it happen? • How long it will be continued in the future? • When is the evaluation?

The evaluation of staff care structures cannot be a simple judgement of good or bad, or of assessing wellbeing. Evaluation must refer to the four key goals defined earlier (see page 11).

1) Has connectedness of staff to themselves and to their colleagues improved? This cannot be measured objectively because the issue here is to a more subjective one. Therefore, one can ask staff to give their opinion on this question and then ask them to offer examples and indicators which would substantiate their feeling.

2) Has staff care established or re-established a sense of meaningfulness and competence in their work? Has this enhanced their capacity to act? Again, the key information here is a subjective appreciation by staff and practical examples with which they explain their opinion. Nevertheless, this information can be enhanced by analyzing work and project reports as well as in case discussions.

3) Is staff capable to cope as well as possible with the realities of threat, trauma, loss and injustice? This aspect should be evaluated in group discussions, in which the key social dimensions are explored and the way staff has dealt with their psychological implications is analyzed. The key point here is to evaluate the management of the situations, not the question if somebody felt sad or not.

4) Has staff been able to analyze and discuss beneficiaries' needs in reference to the resources of the institution and have they been able to deal with the potential tensions and conflicts productively? This question can be analyzed in group discussions and should always include members of the management.

The evaluation of staff care must be carried out by those who participate in it. Finally, it is their own judgment that is the key evaluative indicator. One simple way of evaluating is to ask staff once a year to individually and anonymously answer the mentioned questions and then discuss the results in a joint evaluative workshop.

Evaluation of staff care should focus on the following:

- Does staff feel connected to themselves and their colleagues?
- Do they feel they can have problems at work and can talk about them in a good way?
- Does staff feel empowered in the sense of conflict capacity and acceptance of diversity? Does staff feel sufficiently recognized in their work?
- Is the institution discussing and working openly on challenges?
- Does staff feel that resilience and vulnerability are protected?
- Does staff perceive the installed measures as practicable and effective?

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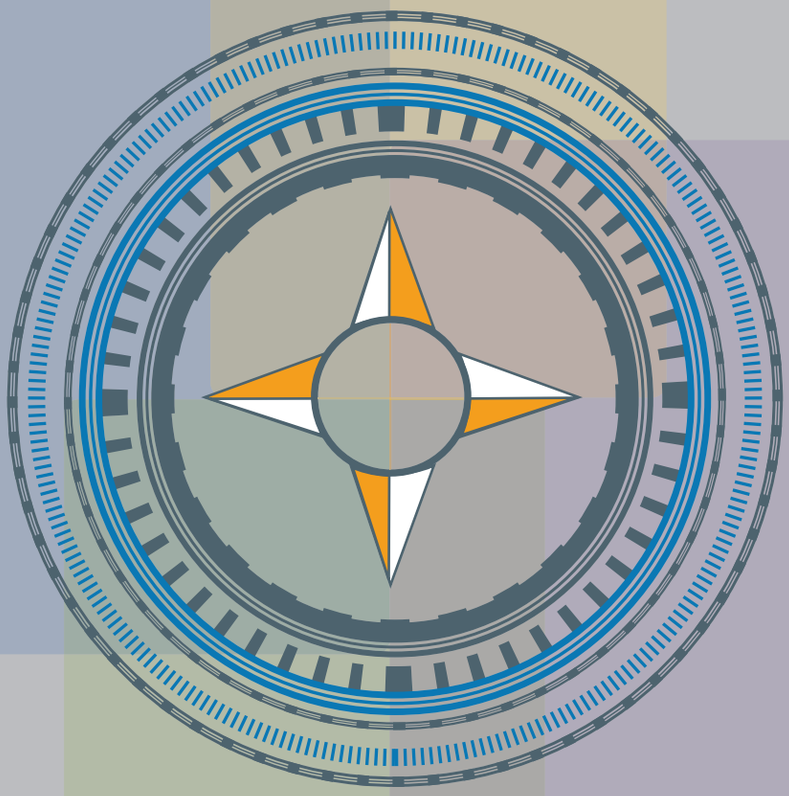

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