Self-care and staff care: A Literature Review for NCA

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Introduction

This review explores self-care and staff care within grey and other literature, undertaken by The Collective on behalf of NCA. This review has been structured through three overarching sections. The first includes various approaches to self-care and staff care, exploring who is responsible for care and what it means to engage in self-care and staff care practices in GBV and emergency settings. Literature from other INGOs was reviewed and interviews were undertaken with staff working in similar settings and organisations. Section two focuses on NCA's existing practice to self-care and staff care, reviewing policies and speaking with staff directly about their experiences. From this knowledge, challenges and opportunities were identified that NCA could utilize towards creating a workplace with engaged and empowered staff. In the final section existing resources were identified; reviewing the types of resources currently available; reflecting on any identified gaps and opportunities, and expanding on what we found specifically in relation to self-care, staff-care and COVID-19. This review concludes with thoughts on next steps for development of the self-care and staff care workbook.

1.Approaches to self-care and staff-care

1.1 Who is responsible for care?

Grey and academic resources were reviewed to develop a thematic understanding of current approaches to self-care and staff care. Within our reading, one question emerged; who is responsible for care? In this section, we outline approaches and practices to self-care and staff care that attempt to address this.

Individual responsibility; Actions and practices: We found instances where self-care and staff care were conceptualised as individual responsibility and personal resilience whereby; "self-care is the actions that individuals take for themselves, on behalf of and with others in order to develop, protect, maintain and improve their health, wellbeing or wellness". [i] This approach was seen in practice that places responsibility on the individual to ask for help and support; where the interests of the organisation were seen as separate from the interests of the self,[ii] where self-care and staff care practices include individual, one-off or infrequent self-care and staff care activities; there is poor communication between leadership and staff on self-care and staff care; organisations don't have an explicit awareness of inequalities and there exist many hidden hierarchies. An illustrative case study highlights "there is a conflict of power in organizations. Various power dynamics are played out in relationships… there are many models and many forms of abuse. So much so that the various situations of abuse that I experience in my organization have led me to consider whether I really want to continue working in human rights. Reproducing the same model is of no interest to me."[iii]

Self-care as an approach: Feminist approaches we reviewed (AWID, FRIDA, GBVAfrica) conceptualised self-care as "a political strategy and tool to ensure the sustainability of the feminist movement and our personal resilience"[iv] This approach proposes that self-care and staff care is not only about developing individual resilience, but is also about long term sustainability; recognising the gendered nature of trauma, caregiving roles, and bodily safety concerns. This approach conceptualised self-care as an ethos; embedding self-compassion and community wellness in everyday life, where "looking after workers' mental health is seen as a natural extension of care [given]"[v]

Workplace culture: How individuals approach self-care was also found to be related to workplace culture defined here as "the character and personality of your organisation made up of your organisation's

leadership, values, traditions and beliefs, and the behaviours and attitudes of the people in it."[vi] Workplaces that understood self-care as an approach, rather than an individual practice, often had their values threaded through every area of work from recruitment, to retention, performance management, supervision as well as through proactive compassionate leadership. In these organisations, staff and management work together to identify challenges and support mechanisms, there exists regular communication between staff and leadership on mental health and wellbeing,[vii] and individuals core values are aligned to the values of the organisation[viii]. In a humanitarian context, this approach extends to staff and organisations *living* the values of human rights. For example, one workbook stated, "it is imperative that we recognize ourselves as workers with rights and duties and break free from the rhetoric of "sacrifice", which only serves to justify forms of violence that we would never accept in a factory or workshop, yet continue to live with every day in NGOs, collectives, and groups.[ix]In this model then, we saw staff care as extending to first responders, Western organisations learning from partners, staff and communities from the Global South, and embedding the values of compassion, trust, power, inclusion and mutual respect in all aspects of the work.

Staff care as organisational policies: Internal policies and procedures relating to duty of care, safety and security and debriefing were most clearly seen as staff-care, combined with work to prevent and respond to poor mental health in staff. (IASC UNHCR). Whilst not explicitly understood in those terms, other aspects of staff care also included terms and conditions such as salaries, working hours, leave, and support and supervision. However, most of the literature reviewed generally tended to focus on developing and supporting organisational culture around self-care and communicating this commitment coherently, consistently, and creatively with staff.[x]

In the next section, we review what it means to do self-care and staff care for those working on GBV, exploring first in section 1.2 the particular risks that GBV staff are exposed to, before moving on to section 1.3 where we review what INGOs do right (and wrong) in order to respond to this.

1.2 What it means to do staff and self-care for staff working on gender based violence (GBV) in humanitarian and emergency contexts

Prevalence and impact of GBV: It is estimated that 1 in 3 women will experience physical or sexual abuse during her lifetime. In humanitarian and emergency settings, this includes forced prostitution, trafficking, abduction, domestic abuse, domestic slavery, so called honour killings, forced marriage, FGM, rape, forced pregnancies or abortions, child sexual abuse as well as harassment, stalking, psychological abuse and shaming and isolation. Survivors of GBV 'can suffer sexual and reproductive health consequences, including forced and unwanted pregnancies, unsafe abortions, traumatic fistula, sexually transmitted infections including HIV, and even death.'[xi] There exists a strong interaction between poor mental health, unhealthy coping mechanisms and experiences of GBV whereby "women with pre-existing mental health conditions are also at greater risk of GBV, further reinforcing the link between mental health issues and GBV"[xii]. Women who experience violence during conflict are also likely to experience extreme violence and abuse not only from intimate partners and family, but also from state and humanitarian actors including police, army, Government officials[xiii] and INGO and NGO staff.[xiv] While the vast majority affected by GBV are girls and women, boys, men and non-binary people may also be affected,[xv] particularly in relation to LGBTQI identities, childhood, youth, and social norms and behaviours around expected masculinity.

Risks for staff: Experience of GBV: Due to the high prevalence of GBV, it is likely that many women who are working on issues relating to GBV will have some personal experience of violence and abuse; be it themselves, family members, or within their communities. Further, much of the feminist literature we reviewed noted that rather than women and girls experiencing "acts" of one-off violence, many move through cultures and societies that are highly sexist and violent. Intergenerational trauma[xvi] also

understands the long-term impact of violence and abuse experienced by family members and communities through either interpersonal violence or state violence and oppression. In these understandings then, whilst not all women will experience GBV directly, all will be impacted by the fear of it and the consequences of it. Indeed, one resource stated that "relatively apolitical, individual-focused psychotherapies are examples of frameworks that are not always adequate in meeting the collective distress caused by persistent forms of exclusion, violence and marginalization"[xvii].

Vicarious trauma: "Vicarious trauma is a process of change resulting from empathetic engagement with trauma survivors."[xviii]In our review, we found reactions to vicarious traumatization as[xix]; difficulty in managing emotions, fatigue, sleepiness or inability to sleep well, being easily distracted (which can lead to risk of accidents), feeling hopeless about the future, relationship challenges (such as withdrawing from friends and family, increased interpersonal conflicts, avoiding intimacy), increased irritability; aggressive, explosive, or violent outbursts and behaviour, destructive coping or addictive behaviours (such as over/under eating, substance abuse, gambling, taking undue risks in sports or driving); lack of or decreased participation in activities that used to be enjoyable, symptoms of Posttraumatic Stress Disorder (PTSD)

Burnout, compassion fatigue and cynicism: Benson and McGraith describe 'burnout' [as]...caused by long term involvement in emotionally demanding situations. Contributing factors include professional isolation, working with a difficult client population, long hours with limited resources, ambiguous success, unreciprocated giving, and failure to live up to one's own expectations. The symptoms are depression, cynicism, boredom, loss of compassion and discouragement. Burnout can be pervasive, and recovery can be difficult. Compassion fatigue, as opposed to burnout, can be of sudden onset and is a natural consequence of working with people who have experienced stressful events[xx]. In much of the feminist literature and workbooks we reviewed, as well as within the UN Handbook (2016)[xxi] , burnout was a well-documented risk of activism and GBV work, with one noting; "violence inflicted on account of our status as women... affects our participation in several ways...this includes the lack of motivation to continue...and negative impact on important relationships with partners, family, and friends. There is a general loss of personal and collective credibility and disillusionment...some women leave their spaces of participation."[xxii]

Vicarious resilience: Whilst many resources explore vicarious trauma, burnout and compassion fatigue as potential impacts of working within GBV settings, we also found resources and literature focused on "vicarious resilience". This approach posits that there exists many points of resilience and connectivity between survivors and supporters, whereby a collective experience of GBV and empathy can result in collective resistance and resilience strategies[xxiii]

Staff and self-care in emergency and crisis contexts: There is a large amount of literature and analysis available on staff care - and to a lesser extent, self-care - for people working in humanitarian and emergency contexts, and a lot of academic literature on the impact of 'aid work' on the mental and physical health[xxiv] of staff. There is also a large amount of information available about GBV in these contexts, in terms of best practice for working with beneficiaries, as well as some emerging literature looking at the fact that humanitarian and development workers are increasingly at risk themselves of becoming victims of GBV[xxv]. **However, considerably less exists on the intersection of these three areas: staff-care and self-care specifically for staff who work with victims/survivors of GBV, who are likely to face both increased stress and an increased likelihood of GBV themselves, including harassment, targeting of teams, rape and sexual assault**[xxvi].

Lack of access to services, psychological distress and burnout in humanitarian and emergency contexts: A large and growing amount of academic literature exists on the mental health of aid workers, with evidence to suggest that humanitarian aid workers are at increased risk of psychological distress, anxiety, chronic stress, exposure to primary and secondary trauma and burnout[xxvii]. This builds on a number of alarming statistics around increasing numbers of major attacks on aid workers, aid worker deaths,

kidnappings and other incidences, but also an increasing awareness that staff are also often exposed to incidents of longer, protracted stress than to short-term events. Connorton et al (2011) found that 55-78% of aid workers experience at least one seriously frightening or disturbing incident in the course of their work, and between 19-33% of humanitarian workers report feeling their life is in danger[xxviii]. Despite these risks, evidence suggests that humanitarian workers can often dismiss the impact, seeing their own suffering as less relevant in comparison to the beneficiaries with whom they work[xxix]. These personal attitudes towards their own trauma are often reflected in the policies of the agencies for whom they work, often resulting in inadequate attention to both the security and psychological risks inherent in the work.

A study by Lopes Cardozo et al (2012) identified factors for individual staff that may have contributed to an increased risk for mental illness, burnout and lower life satisfaction as a result of their work in the humanitarian sector, including: people with a history of mental illness and those who have experienced personal stressors or trauma outside of work (including people with a history of domestic violence. They found that strong social support networks and higher levels of motivation were the most important protective factor against negative mental health consequences, while, interestingly, did not find enough evidence to confirm that healthy life habits (such as eating healthier, not smoking) had the same protective effect[xxx].

Unfortunately, a large proportion of the **literature looking at the mental health impact of working in emergency contexts are primarily looking at the experiences of international/expatriate workers 'on assignment' rather than national staff, and study the impact of the work from a pre- and post-deployment angle, despite the fact that national staff members for whom 'the field' is actually home are at an even higher risk of experiencing traumatic violent events than expatriate staff, and are likely unable to leave if the crisis situation worsens**[xxxi]. This means that some of the recommendations emerging from this literature, while helpful in some respects, often skew towards staff that are being deployed into a 'foreign' context, rather than staff local to the context they are working in (although notably in our interviews with other INGO staff, internationally deployed staff of colour or who are nationals of another developing or conflict-affected country, often report feeling 'forgotten' in both security and staff-care policies). Literature looking at the mental health and wellbeing of local human rights defenders and women activists, such as Joscelyne et al (2015)[xxxii], may be as relevant for the work of national GBV staff.

Gender security and humanitarian workers' increased vulnerability to GBV: Aid workers are also thought to be increasingly vulnerable to sexual assault and other forms of GBV, something that is even more true for national staff, particularly those working on GBV issues. Further, in humanitarian and emergency contexts, a staff member who is a victim/survivor of GBV (whether a GBV case worker or in another team/sector) is likely to face additional difficulties, including having to navigate the "complexities of working on multicultural teams, the absence of counselling/healthcare options, and failures in the legal system to ensure that victims will be treated respectfully, and perpetrators are brought to justice"[xxxiii]. Linda Wagener (2020) notes a number of factors in organisational cultures that can increase the risk of for women through direct or indirect communication of cultural norms: when risk-taking is admired; when self-care is not valued; when leaders or an organisation are uncomfortable with topics related to sex; and when an organisation does not treat men and women equally in regard to power and authority.[xxxiv]

Some literature acknowledges the role of gender in aid workers' personal security, encouraging international humanitarian organisations to take a gendered approach to their security policies and practices[xxxv]. This includes some interesting work around perceptions of security, and how these can be gendered - for example, research by Wagener (2017) shows women are far more likely to fear the threat of sexual violence than men realise, and men feel they may be more likely to bear the consequences if a female colleague violates local norms. Most participants in Wagener's research said that the opportunity to have these conversations in their workplace is rare.

Lack of services vs other stressors: Humanitarian workers, particularly those in conflict settings, are often dealing with issues of severe human loss, sorrow and distress in a context where they have no or limited access to specialised health or psychosocial support services. However, a number of researchers have also pointed towards the fact that the greatest stress comes from insufficient managerial and organisational support and everyday workplace stressors[xxxvi]. One survey of 210 humanitarian workers in South Sudan[xxxvii] (including over 50% national staff, but less than 25% women) found five inter-related themes of suggestions on how organisations can improve their staff support services: 1) Competitive benefit and salary packages (50%); 2) Internal work climate and organisational culture (18%); 3) Equality within and between organisations between national and international staff relating to pay, evacuation procedures for national staff, treatment and rest and recuperation (14%); 4) Skill enhancement and personal development (12%); 5) Physical safety and security (6%).

Organisational culture and approaches to staff-care and self-care: In general, the literature on staff care and self-care in emergency contexts tends to address either staff or self-care, with the former spanning a wide range of issues including duty of care policies and procedures, security and safety standard operating procedures (SOPs) and principles (with a huge emphasis on travel security arrangements), the link between staff wellbeing and good risk management practices, stress management, resilience and trauma and critical incident care[xxxviii] The idea of addressing staff care and self-care as two halves of one whole is newer in the literature, likely due to staff care policies being developed (and aimed at) first for those with line management responsibilities, with self-care addressed separately some time afterwards. Some but not all the literature addresses that fact that the workplace itself can be a key source of stress for staff[xxxix].

Recommendations and key principles emerging from this body of literature are extremely wide-ranging, but there are a number of recommendations that converge around organisational culture, as well as an underlying message around the need to provide comprehensive, systematic and ongoing, practical and culturally appropriate staff support, and the idea that this is a moral obligation. Particular recommendations and principles include: encouraging peer support structures; using participatory approaches and ensuring active involvement in organisational decision-making /consensual decision-making[xl]; recognising and celebrating achievements; active listening; ensuring equality between staff (national international, lower and higher management) in personal decisions around security risks; build teams and facilitate integration between national and international staff; acknowledging and addressing workload issues and long working hours; ensuring clear job descriptions and lines of management and communication; providing adequate living arrangements, work spaces and transport and ensuring appropriate food and hygiene for staff; recognising and responding to common trauma reactions; and making sure that basic psychological first aid is immediately available for critical incident survivors. Interestingly, a study by Devilly et al (2011) found that debriefing,the most commonly reported mechanism for support within INGOs at the time, was not proven effective in mitigating the effects of trauma, and in fact may be harmful[xli] (many INGOs now do not use this practice).

In their review of practices, InterHealth and People in Aid's 2009 paper on 'Approaches to Staff Care in International NGOs'[xlii] found that despite the growing availability of literature and guidelines, approaches to staff care varied hugely organisation to organisation, ranging from extensive and comprehensive to the patchy and ad hoc, and that an organisation's approach to staff care is largely a reflection of its wider culture. They also found that less than one third of the organisations they studied used any kind of evaluation of staff care practices, and that while there is an increasing awareness and interest in staff welfare, it is seldom prioritised. In recent years, particularly following the #MeToo movement, some large INGOs like Save the Children[xliii], Amnesty[xliv] and Oxfam have conducted organisational reviews to assess

their approaches to staff wellbeing, safeguarding and gender culture, though these are perhaps less revealing than they are defensive of the organisations' approaches. More recently, however, Save the Children have started a process of acknowledging and addressing institutional racism,[xlv] potentially one of the first large humanitarian INGOs to commit to this level of scrutiny.

Holistic approaches: Some literature, particularly in the human rights fields, advocates for a 'holistic' approach that combines self-care, psycho-social wellbeing, digital security and traditional organisational security processes.[xlvi] Smith et al (2016) note that various aspects of human rights defenders' security have tended to be treated separately, as if they existed in isolation from one another, and a lack of adequate awareness of the emotional and psycho-social aspects of security can "blind us to potential threats."[xlvii] In their approach to integrated security for women's rights activists, Kvinna till Kvinna talk about the need for "spaces where we can share challenges and worries, events of immense sadness, and extraordinary triumphs. Spaces where we can form a community, and develop practical ways to strategise, together, on how to keep going. How to stay safe, and sane, and still do the work we love"[xlviii] and the emotional, spiritual and physical costs of working in risk-ridden environments.

Collective forms of support: Some literature provides some useful concepts around communal and collective forms of psychosocial support for people in humanitarian or emergency contexts, such as the IOM (2019) Manual on Community-Based Mental health and Psychosocial Support in Emergencies and Displacement[xlix]. While these focus on provision of psychosocial support and services to particular beneficiary groups rather than staff, there are ideas that can be useful in terms of understanding the relationship between communities, cultural and social identities and mental health that are integral also to staff wellbeing. A community-based approach is one that looks at psychosocial wellbeing from a relational perspective, and promotes positive connection and social processes as much as direct services - something that is definitely applicable to teams in environments where individualised direct services like counsellors or 'hotlines' are neither available or always appropriate.

1.3 What do INGOs get right and wrong?

In this section, we explore how INGOs are delivering self-care and staff care in relation to GBV workers. To assist our understanding of the issue, we mapped these responses in relation to the Mental intervention pyramid as outlined in Appendix 1.

Social considerations in basic services and security: Whilst we found little in the literature around responding to this issue, Action Aid's 2017 report[l] highlighted that security concerns were commonly reported by workers in humanitarian contexts. They reported "some women had experiences that had ranged...from being assaulted on an airplane when being deployed, to not having lockable accommodation". Other needs they felt that weren't being met were around hygiene and menstruation and safety for the rest of their team.

Gender specific security policies and practices: In our review, other gender sensitive policies and practices we found also included practical approaches such as when planned work goes ahead within timeframes so parents can organise childcare in advance[li], recognising the need for breastfeeding friendly practice, and gender specific security measures relating to freedom of movement. As noted above, Oxfam's internal work on addressing sexual abuse perpetrated by staff has included strengthening reporting mechanisms, working to embed gender sensitive recruitment and training packages, as well as the formation of a "Living Our Values Everyday" working group.[lii]

Gendered understanding of chronic and collective trauma: As noted in section 1.2, the high incidence of GBV worldwide means that it is likely that staff supporting survivors may also be themselves survivors, or have friends, family and community members who have experienced GBV. A gender sensitive approach recognises the safeguards needed to support staff to attend to their own trauma and triggers, observing violence and abuse perpetrated by a colleague, as well as the vicarious or intergenerational trauma they may experience through providing support. In our review, we found many instances of international organisations applying an understanding of collective chronic trauma (AIR, Crea, AWID), with a recognition of the impact of witnessing, responding to or experiencing "extreme" violence.

Intersectional approaches to self-care and staff care: In our reading we found very little speaking to the experiences of staff who identify as trans or non-binary, nor did we find any work focusing on physical ability nor neuro-diversity.

Community connections and peer supports: Activism and networks: We found that positive relationships and community connections were seen as part of organisational good practice. This may be through recognising the shared experience of survival that may exist between women[liii], through supporting access to peer networks both within the organisation and beyond or through encouraging political activism and empowerment as part of self and staff care[liv].

Access to non-specialist support: We found a number of instances where destigmatising trauma and difficult emotions was seen as important to self-care and staff care, this could be provided by trained peers as a way to acknowledge the emotional, physical and spiritual impact of stress is a "normal" response[lv] rather than something that represents a failure of resilience.

Access to specialist services: In some literature we reviewed, there were calls to "decolonise Western approaches to health and wellbeing"[lvi] which included individualised psychological support. Much of this work also called for drawing on cultural and community practices and resilience already in place to support staff and survivors.

Gaps we identified were; 1) lack of gender specific understanding of basic needs, security needs, recruitment and retention, 2) little or no literature around the need for non-specialised intervention support from peers and colleagues in a GBV setting, and 3) north/south hierarchies. Whilst much work has been done by women's organisations working in and for the Global South or within community activist groups, much less has been adapted by INGOs working in the Global North.

There are promising practices happening in local teams and partner organisations: In their 2017 report on transformative and feminist leadership, [lvii]Oxfam noted a number of promising practices in grassroots organisations around encouragement of relationship building among staff, decreasing the artificial separations between work and life that often contribute to stress and burnout; mentorship programmes and emphasis on recognizing the trauma of activists and front-line service providers, and valuing and providing opportunities to develop self- and collective-care strategies for collective impact.

What do INGOs get right and wrong? Talking to staff:

From talking with 5 staff working with INGOs in emergency humanitarian contexts around the world[lviii], a number of common themes emerged regarding organisational approaches to self-care and staff care:

Creating a supportive environment: Feeling like you are in a supportive environment in general appears to be the most important factor to staff feelings of wellbeing, where staff feel valued, and good supporting

relationships exist between colleagues. *"We don't need a complicated system - we need someone to hear us, listen to us, tell us we'll work on it together."* The provision of staff and self-care support often comes down to the will and skills of a particular manager, who will offer their support to others regardless of whether it is an official part of their role. These individuals often lack the structure and support they need, are usually women, and feel additionally burdened - but at the same time it is these individuals that everyone recalls as the most helpful in helping staff wellbeing. *"I had one supervisor who did additional check-ins at least once a month, just to see how you were doing and check in on your mental health. It wasn't about making a friendship, but she shared tips and reminders. This kind of support was very useful to me."*

Women's safe spaces: Some organisations have established groups and networks for all/any female staff, which has led not only to tangible results like providing daycare for children, but have also developed into peer support groups and *"local solutions to wellbeing."*

Collective as well as individual approaches, owned and led by local teams: International organisations tend to take an individual rather than a collective approach to both staff and self-care, which can limit options. One humanitarian worker told us about successful approaches that have been instigated by local team leaders, which built a really strong and happy team, through away days, team building and picnics, where the staff *"didn't want one-on -one deep and meaningfuls."* Another person mentioned how in their Protection Team, local team members were trained in mental health and psychosocial support (MHPSS) and helped apply the same measures within the teams as they did with the beneficiaries. These team members *"found solutions that worked for their team and it worked really well"*

Resourcing context-specific approaches: Bigger organisations tend to have more budget for self-care, coaching, and hotlines; some organisations, such as IRC, have an entire Duty of Care department as well as subscribing to a number of Konterra services for all staff. However, even large centralised resourcing can still risk being tokenistic, not suitable for the local contexts, and even seemingly simple activities like making a music playlist may not work for teams who lack regular internet access, let alone accessing an app for counselling services. More than one person we spoke to expressed concern that *"In all cases, what is on offer is the white American European approach. my culture is wider than this."* Local staff often don't feel comfortable using hotlines or individual counselling or reporting incidences through the formal structures that exist (for example, incidences of sexual harassment), and there may be cultural and religious barriers as well as language barriers. Everyone mentioned the need to empower country officers to establish locally relevant structures in the country and involve local staff in the design and development. Similarly, ensuring budget lines for staff wellbeing for all teams, and making sure that the team has ownership over how that money is used. When there are central resources available, such as online courses, these need to be communicated about regularly.

Recognising both the sources and the exacerbating factors of stress and trauma: A number of people mentioned that it is often not the traumatic events that are the key problem but organisational dysfunction around basic day to day activities that are the main cause of stress. *"There is a need to get the basics right, including around salaries, making payments on time to partners, the way that you operate in the office, even down to how you structure a team".* Similarly, being overburdened by work can replicate problems - while management may talk about the need to take annual leave, often staff do not feel they can when teams are understaffed and they feel they are the ones ultimately responsible for the wellbeing of beneficiaries.

Clear job descriptions and accountability and avoid pushing responsibility downwards: It is important that everyone has clear job descriptions, with clear duty of care responsibilities written into all JDs of senior management, that are transparent and management can be held accountable to. While it is

important for solutions to be locally owned, it is also clear that some organisations are using 'self-care' as an excuse to put the responsibility for staff wellbeing back on the individuals, promoting it heavily, and also creating a sense of failure for the people who struggle with it.

Addressing gender power dynamics within teams and management and understanding of who you are recruiting: The gender makeup of teams needs to be better considered in how it can have an impact on team welfare, as often male team leads are responsible for reporting back on what staff are experiencing in the field, or making decisions on security at HQ level. Security coordinators in both local teams and HO should be given training on GBV and self-care techniques. There is also a need to acknowledge when you are recruiting people who have been affected by the conflict you are working on, and properly do an analysis of what this means ahead of recruitment. Often organisations will be recruiting from a pool of people who have been resilient throughout the conflict, but then find that the job can do further damage to their wellbeing.

Moving beyond major incident response: Organisations often have SOPs for major incidences, often tailored primarily for expat staff evacuations. There is often a lack of available options to teams when a staff member starts to show signs of ongoing psychiatric symptoms. There is also a need to think more about how an organisation not only responds to incidences, but also how they handle moments of disclosure.

Supervision for caseworkers: Expert MHPSS one-on-one and team support for GBV caseworkers is vital, with a structured process for discussing and documenting challenges.

In the next section, we look at staff care, self-care and the impact of COVID-19

1.4 Staff care, self-care and COVID-19

Impact of COVID on staff: The global pandemic will be bringing new set of demands on staff, including but not limited to: the need to work longer hours from a different location, dealing with COVID-19 stigma or discrimination, worries about their own and their loved ones' safety and wellbeing, being confronted with illness, suffering and death, having to care for family members or quarantine. Levels of stress and exhaustion will increase, as may feelings of loneliness and powerlessness, which will impact on physical health and mental wellbeing.[lix]

The pandemic is also having specific, gendered impacts on women and women workers across countries and locations, and across sectors, that need to be taken into account when considering organisational responses to COVID-19 and staff support. For example, across professions and in most countries, women are likely to be the primary caregivers at home, which means that they are likely to be juggling competing demands between work and caring responsibilities during the crisis. "This creates additional layers of logistical and emotional work, that compounds with their responsibilities as direct service providers to heighten acute stress," says Yaker (2020)[lx] For women who are a primary income earner in their families, they may be forced to make difficult decisions between maintaining their income and supporting their families, particularly in contexts where social distancing or obtaining protective equipment such as masks or hand sanitisers - or even clean water - for their families is difficult. This may also leave staffing gaps for teams, increasing team stressors. For women still attending workplaces during the pandemic, changes and disruptions to their normal methods for getting to work may leave women more vulnerable, including to sexual violence,[lxi] for example, if there are no public transport options, or the streets are less busy than normal, and female staff who are isolated at home are also likely to be more vulnerable to intimate partner violence and other forms of domestic abuse.[lxii]

Reports suggest that there are likely to be large increases in GBV incidents in the countries most affected by the COVID-19 outbreak, including increased reports of domestic violence,[lxiii] increases in forced marriage[lxiv], as well as a growing number of attacks on female healthcare workers[lxv]. Measures being implemented in many countries are also limiting survivors' ability to distance themselves from their abusers as well as reducing their ability to access external support[lxvi]. This means that the work of GBV practitioners will be increasingly critical, but the workload, pressure to 'deliver' and emotional burden on these workers will be even greater than in normal circumstances, and at the same time they will be dealing with all of the increased general pressures as described above.[lxvii] The emotional impact of this will be incredibly hard, and the GBV AoR helpdesk note the likelihood of staff "feeling powerless in referring GBV survivors to appropriate services due to an overwhelmed health-care, social welfare and protection system."[lxviii] It is also worth noting the additional stressors for staff in areas where it is difficult to provide their services remotely, due to lack of confidential space at their homes, or difficulties and stresses involved in establishing internet and phone access.[lxix]

What the majority of the literature has hinted at but not really addressed head-on, is the sheer scale of the potential impact of the pandemic in already fragile contexts such as Syria and Yemen and refugee camps, and what this will mean for GBV or other humanitarian and development local staff in these areas.

Organisational responses: In her report on women frontline healthcare workers, Robyn Yaker notes that many institutions and organisations have failed to undertake a gendered analysis of their response to COVID-19, which will be critical to staff safety and wellbeing.[lxx] For example, lack of paid sick leave can disproportionately affect women, as can inadequate attention to mental and psychosocial support for staff. Both the Yaker report[lxxi] and the GBV AoR Briefing notes[lxxii] have a number of key actions for employers, many of which are applicable to women working as GBV practitioners and in wider sectors, including; ensuring that women are well-represented in decision-making across the response and hold key decision-making positions; consulting with female staff and volunteers about their needs, concerns and ideas, including asking what risks they are facing, being open and available to problem-solving, and addressing queries related to salary and sick pay; communicating both accurate information and decisions about COVID-19 regularly and clearly, addressing women's concerns and ideas; creating a culture of care (using a gendered lens) including looking into support systems for childcare, promoting and making time for positive self-care strategies, providing extra training manage stress and offering remote counselling.

These papers also note the need to recognise that support needs will be different based on individual experiences of stress, and to ensure that this support continues beyond the crisis, as people readjust. The Headington Institute have also noted that managers will need to be well equipped emotionally as well as practically as there will be an increase in needs from team members in terms of reassurance and guidance, and questions around safety and security.[lxxiii]

While GBV caseworkers/practitioners will also benefit from the above approaches, Yaker and Erskine (2020) have also written some specific recommendations around prioritising duty of care to GBV staff during COVID-19.[lxxiv] Similar to the more general approaches to supporting women workers, they also suggest that GBV case workers are kept actively engaged in decision-making, that remote models for check-ins are developed that go beyond the normal supervision relationship and check in on them personally as well as professionally as a form of emotional support, that organisations should work to reduce risk as well as perceptions of risk, and that resources for managing stress and maintaining emotional wellbeing are shared. Additionally, they talk about the need to focus on humanity over productivity when trying to work out new ways to provide GBV services during the pandemic: "Staff will likely need time to slow down, to figure out what the next days and weeks look like, and to manage stress alongside continuing work."[lxxv]

Using our findings from staff interviews and the literature we reviewed, in the next section, we explore what best practice might look like.

1.5 What might best practice look like?

Applying the IASC 2007 model in Appendix 1 would see self-care and staff care embedded at all levels of the organisation. Organisations would be responsible for ensuring staff have their basic needs met, and managers would "buy into" the importance of a holistic wellbeing approach, recognising that it is not simply an add on luxury, but rather should be integrated into day to day working routines. Wellbeing practices would be just that; practices. Peer and community support would be formally encouraged and structured, wellbeing would be integrated into recruitment, retainment and appraisal practices, GBV workers would be formally encouraged to engage in community support and networks, and specialised services would be offered. Staff and organisations would acknowledge gendered and other hierarchies within the workplace, seeing exposure to trauma, not as a "one off event" but as part of the lived experience of many women. Best practice would also see a wellbeing review of all staff members, and work to destigmatize poor mental health, vicarious trauma or stress in the workplace. Shifting workplace cultures that place value on presenteeism or sacrifice would enable staff to attend to their wellbeing needs within and outside their working lives.

For GBV workers in humanitarian contexts, Kvinna till Kvinna (2011) writes: "Women human rights defenders described consistently a concept of security that incorporates a range of inter-related priorities, many that are not typically considered as security concerns in a 'traditional' sense. These include the right to: conduct their work freely, without restrictions; work in safe spaces, in their own spaces, without the constant, grinding need to justify the work, or themselves; travel without fear; stay healthy and happy; be able to do the work, and still to take care of the basics for one's self, and one's family; justice and recognition; and rest, recover and renew."

In the next section, we turn to look at NCA's current policies, approach and practices.

2. What is NCA's existing approach to self-care and staff care, and what is needed?

Based on our document review and on the staff-interviews, it is clear that NCA is one of the INGOs that provide a more structured, well documented and positive benefits programme compared to a lot of other international organisations. While there are multiple highlights amidst the policies and practices within NCA, our research found scope and opportunities where policies could be further tapped into as well as suggestions in practices that could create an overall positive impact of staff well-being, that would ultimately result in better impact of the work that NCA does.

The NCA Global Personnel Policy (GPP) states that towards creating a just world, NCA upholds that empowered and engaged employees are its most important asset. NCA also expects all staff to experience professional and personal development so that they can take on challenging tasks and deliver best results. It is in this spirit that the NCA documents have been reviewed and recommendations have been presented. For the purpose of this literature review, we will limit our scope to only those pointers that may affect employee well-being from the lens of self-care and staff-care opportunities.

2.1 NCA policies and regulations that encourage staff-care and self-care opportunities:

Upon reviewing the twelve documents shared by NCA, all findings may be categorised into three broad classifications, namely:

1. Policies and regulations that encourage staff-care opportunities

2. Existing NCA practices and gaps around staff care and self care
3. Implications for the workbook and beyond

Policies and regulations that encourage staff-care opportunities:

Equality (applied to all employees) and Diversity: The policies at NCA in reference to expectations, code of conduct, applicability of guidelines are equally applicable and accessible to all employees without discrimination. The explicit nature of policies highlighting equality of remuneration for men and women as well as same opportunities for career development are a great starting point. The Global Personnel Policy states that NCA is also committed to gender mainstreaming as a strategy to achieve gender equity and equality. The GPP further states that NCA aims for diversity and promotes inclusion regardless of religion, ethnicity, culture, gender, age, disability, sexual orientation and political views. Discriminatory practices in the workplace will not be tolerated.

Being treated equally, without discrimination is a critical starting point for ensuring that all employees feel safe. This also means that because NCA policies apply to all staff, regardless of differences in position, nationality, duty station, and so on, it becomes the responsibility of the organisation to ensure that all staff are empowered and engaged as well as have opportunities for personal and professional development.

Streamlined processes and documentation: It is our understanding that NCA has routines for 'incident reporting' and handling of undesirable incidents. Not only are there processes for recruitment and on-boarding, but also for travel preparations, security training, as well as including a physical and mental health check before travel. There are also documents available as a guide for managers, processes for performance development review (PDR), workplace health, environment and safety (HES) and so on. Having documentation in place and streamlined processes make it easier and faster for employees to know when to reach out, whom to reach out to and what process that entails. One such example of staff well-being is in the documentation of working hours and leave. NCA policy states that there must be a process in place for registering time worked and for recording any time away from work, including sick leave.

With a clear indication of minimum weekly working hours as 40, staff members are expected to be flexible beyond the normal working hours when formally requested by the Area/Country Director. The policy mentions that this may happen in the case of an emergency or an unexpected work situation that requires immediate response. For this, NCA does have flextime arrangements that encourage compensation for work beyond normal work hours. Records of hours worked must be maintained in Aditro in order to ensure that employees do not overwork or under-work. This is a great mechanism to ensure that employees live balanced lives. In our conversation with staff, it was interesting to note that a manager did mention that her supervisor ensures that she takes time off or is compensated for the extra work she puts in. However, it may be interesting to check who is ensuring that the Area/Country Director is also able to access these benefits. Employees are offered compensation days to receive adequate rest after duty travel, annual leave, sick leave and leaves for unforeseen circumstances, such as compassionate leave or mourning leave. These leaves are paid and have a maximum limit of leaves within each category mentioned.

Duty of Care and Code of Conduct based on international accountability for staff safety: The Code of Conduct applies to all staff: local, national and international. This includes temporary personnel, consultants and volunteers (when representing NCA). The main purpose of the Code of Conduct is to promote accountability, protect staff and beneficiaries from abuse and unethical behaviour. It defines required behaviour as well behaviours that constitute misconduct. NCA is a partner of the ACT Alliance and upholds the internationally recognised standards for code of conduct.

NCA works under the broad internationally accepted definition for duty of care: “The responsibility of a person or organisation to take all reasonable measures necessary to prevent activities that could result in harm to other individuals and/or their property.” Although ‘duty of care’ is not a legal definition in Norway, NCA assumes liability and responsibility to secure a safe working environment also outside the borders of Norway.

Based on our interviews, it was clear that the staff members are aware of the concept of duty of care, which seems to be a result of continuous reference to the term during daily functioning. The Duty of Care document also mentions that it is the individual staff member who is responsible for their own safety and security. Duty of Care in NCA is based on duty of information, duty of prevention, duty of monitoring /ensuring rules are followed and duty of intervention. This is crucial because it highlights the duty of NCA to inform employees of work that involves unusual risks they may not be aware of and supports employees in steps they can take to avoid those risks. How NCA anticipates and then mitigates any risk to employee well-being seems to be included within duty of care. The document also states that it is NCA’s duty to monitor compliance with guidelines, both individually as well at a systemic level and also allows for an intervention when there is non-compliance with risk management processes. For NCA, these standards serve as an analytic tool to ensure that all aspects of duty of care are covered, in both a legal and moral sense. NCA also trains personnel in Code of Conduct and security policies. The document also mentions that NCA understands debriefing and other post deployment measurements provided by health personnel as part of the duty of care.

Flexibility and adaptation to change: As per the Global personnel policy, NCA seeks to be flexible and able to adapt to changing circumstances and extraordinary situations. NCA has mentioned the following in its documents; when the need for change is identified, NCA commits to involve affected staff members at an early stage to discuss needs, expectations, process and implementation. As highlighted in the documents, NCA’s leaders have a special responsibility to support and equip their staff members and to exercise good change management. This could include provision of reliable and relevant information, and reassigning work so that each employee maintains a reasonable workload. During the COVID-19 crises, NCA quickly adapted and asked “Moment’, their well-being partner, to conduct sessions for employees to adapt and manage stress during the pandemic, while also finding ways to self-care while working from home.

Flexibility and openness/adaptation to change is critical for organisations, especially those that are well established and have been operating under fixed structures. With NCA bringing this point to focus, it is a huge advantage that shows the mindset of continuous growth for an organisation.

2.2 Existing NCA practices and gaps around staff care and self-care:

Based on our interviews with staff members and the documents available for review, we were able to highlight some useful current practices and some existing gaps around self-care and staff care at NCA. We found NCA staff feedback echoed many of the emerging themes from other INGO staff, which we have covered in section 1.3.

High knowledge, but low practice: All staff identified personal tools they use for self-care, including meditation, exercise, cooking, outdoor activities, sleep, peer support, friends and family. Positive relationships emerged as one of the key themes to self-care and staff care; *“we know relationships in the workplace are very important, between staff”.* They were also able to identify positive ways in which they supported others towards self-care. A newer staff member shared that her supervisor ensured she prioritised self-care but she was painfully aware that her supervisor is an exception to the norm. Many staff

members noted a number of barriers to practicing self-care including; work load; travel and movement restrictions, security, lack of social connections, and exhaustion resulting in unhealthy coping mechanisms and a lack of energy to practice self-care, with one interviewee stating *"networking is a huge part of the job; office during the day and official dinners at night".* Another barrier was on-the-ground reality where the staff member could not take a break because either there were not enough staff members to manage the workload or in some cases, the *"the time never seems right".* In some cases, self-care looked like *"it's okay to not look at work emails on a weekend."*

Need for organisational buy in: All staff were able to differentiate between staff-care and self-care, most often through the lens of self-care as individual acts, and staff care as *"more HR related*" and *"being able to talk to your manager"*. There was, however, uncertainty about when staff *could* "self-care", with one noting *"Staff care includes self-care, supporting staff to do self-care, we need to do better to support staff including that* ***into day to day****. It shouldn't just be something staff are expected to do on the weekends, or in their own time."* Overall, there was lack of knowledge about *explicit* self-care and staff-care practices encouraged by NCA, with most of the interviewees uncertain about what resources existed. However, all the staff and partners interviewed identified at least one practice or activity that would constitute staff care (good recruitment and onboarding processes, training, promotion of physical activity). There was also a sense that whilst self-care is encouraged within GBV programmes, this was not extended to other areas of the organisation, with some noting resistance from line managers; "*We want managers to set time aside to see the importance…. line managers set the tone; if all you're saying is "all this is bullshit, we're not fragile, we don't need this". We see this sometimes after debriefing, when people say "I nearly got robbed" and the line manager responds "come on pull yourself together".* Another staff member shared that there was no mention of well-being or importance of self-care and staff-care during the day long induction for international staff at NCA's Head Office.

Need for a gendered approach to risks and recruitment: "*Why are there no procedures explicit to the GBV staff in their Security SOPs? For example, when a female member of staff ends up staying alone overnight in a dangerous area"*. A number of interviewees noted that there is little organisational acknowledgment of gendered needs around staff-care and self-care; highlighted in both HO practice as well as risks for country staff; "*there is a need to focus on differences in gender while creating self-care and staff care plans- as women might experience very different stress/harassment".*

The impact of burnout, vicarious trauma and impact of COVID-19 and other public health emergencies: All staff acknowledged difficulties in self-care and staff care during COVID-19 and other emergencies, whether they were working in HO or as country staff. However, staff also acknowledged the comfort and safety at HO as compared to a high-risk duty station, where even stepping out to buy groceries is a matter of stress, anxiety and in some cases, dangerous especially for the female staff because of the isolated streets. Common themes that emerged were lack of physical exercise, isolation, fear, illness and lack of R&R time during a busy and stressful period. However, whilst HO and international staff acknowledged online trainings received on well-being during the COVID-19 crises that was swiftly arranged by NCA and Moment, no national staff we spoke with mentioned this. Some managers also just made it a point to check-in individually and do small team check-ins to see how their team members are doing. However, this was not mandated.

Unhealthy staff practices: A number of staff touched on unhealthy self-care behaviours from colleagues, including **"***a lot of negative coping mechanisms seem 'cool'. Having a weekend off, seems uncool"* and "*tougher the mission, the more negative coping mechanisms (excessive drinking, hooking up with each other). It may be useful to try and assess personnel behaviour before deployment."*

2.3 Implications for workbook and beyond

2.3.1 Staff voices for the workbook

Staff shared multiple ideas of what they would prefer the workbook could accommodate. This section focuses on the voices of staff.

Keep it simple: Staff want to see exercises and methods that are simple so that it increases their likelihood to use the workbook.
Combination of individual and group exercises: Staff recommended a mix of individual and group exercises that could be done through a small group of 2-3 people as well. This could potentially encourage them to take some time together and use the workbook. Another recommendation was to cater to different personality types as some might consider themselves extroverts and others, introverts.
Exercises that could be adapted in various contexts: Staff suggested that country contexts differ highly and each duty station as its own risks and challenges. Exercises not involving too much dependence on external resources are preferable. It was recommended to have exercises that the local partners can then adapt to their contexts as well.
Practical everyday tools: Tools that staff can use in their everyday work, for themselves and their teams are preferred. Practical, interactive tools and techniques were requested. Staff particularly also requested for activities to be designed in a manner that staff can consistently carry on practices, and for it not to be limited to just once.
Positive coping mechanisms: Suggestions on positive coping mechanisms were sought by the staff. These could be simple, and yet, effective.
Combination of indoor and outdoor exercises: At duty stations, where security is high risk, exercises that can be done indoors within a hotel or hostel were also requested.
The power of the body and mind: Exercises catering to the body and mind were requested, including physical exercises, some yoga practices, breathing, grounding exercises, exercises that help in releasing tension, as well as exercises that focus on mindset shift.
Self-dependent: Another suggestion was about how one could avoid secondary trauma by themselves in situations where they might not have external support systems in place and if the staff member relives a traumatic experience, how could they perhaps close the circle by themselves if no one else is available. Another question perhaps worth exploring would be how could staff create a balance between showing empathy and not getting too involved at the cost of their well-being.

Staff also presented some alternative ideas that NCA could explore. These include:

1) Creating/using an interactive app on the phone that could perhaps be linked to workbook exercises.
2) Introduce a yearly exercise campaign especially for staff who are based in high risk areas and moving out is limited. It was also suggested to have well-being contests such as- fittest country office and so on.
3) Mandatory psychologist visits
4) Partner's offices or GBV centres could be used for trainings or sessions on well-being and self-care and be done within office hours. There could be a yoga instructor, a psychologist, a gym room where different staff could choose how they want to focus on their well-being.

2.3.2 Potential opportunities that NCA leadership can further tap into based on the existing policies

As mentioned in its policies, NCA realises how important the work-life balance is to the productivity and creativity of employees. The policies state that all employees must work to ensure and protect the health, safety and welfare of others by identifying potential risks in the workplace and taking appropriate action as soon as possible to minimize any risks. Based on our review of the documents and understanding of

practices from representative staff during our interviews, we are recommending some potential opportunities that NCA can tap into and create an organisation where the greatest assets, the employees, are engaged and empowered, thus also contributing to highest results.

Organisational approach to self-care and staff-care: Staff, during our interviews, suggested that what is needed is not one department's focus on self-care and staff-care, but the organisational focus. As mentioned in section 2.1, the organisational policies highlight the potential for prioritising staff well-being through its values, the HES policies, the duty of care and so on. Nonetheless, with some gaps highlighted in the above section, 2.2, between policies and practices, it is our recommendation to harness NCA's strengths, while bridging gaps in practice. Staff members suggested the need to move away from 'a check-box approach' that highlights 'we have to do it' to 'we want to do it because we understand it is important.'

- **Highlight the application of values:** The values of NCA such as Integrity of Creation, Human Dignity, Global Justice, Inclusive Communities and Compassion serve as a great potential to create a workplace where the well-being of each staff member is highlighted. While most international organisations operate with an acknowledgement of their core values, the struggle lies in making these values 'living breathing values' that feed into the culture the organisation wants to consciously create. All core values of NCA, but more specifically that of compassion and human dignity are highlighted when well-being of staff is considered. Particularly because of the work NCA staff engage in, 'how can one operate at NCA from a place of compassion for self and compassion for others' becomes a guiding question. Moreover, the International Covenant on Economic, Social and Cultural Rights promotes 'the highest attainable standards of physical and mental well-being'. In NCA's pursuit to further integrate its core values into practice, we recommend the following areas of focus organisationally.

Equality and Equity: The Global personnel policy and National Handbook applies to all employees regardless of position and function. It also notes "national laws and regulations will always supersede NCA regulations and the terms and conditions outlined in this Handbook can in no way be in conflict with local legislation. All employment contracts and workplace terms and conditions must be compliant with and adhere to national laws. In cases where national regulations and labour rights are less favourable for the employee than NCA's are, and there is nothing that legally prohibits national staff from having more favourable arrangements, then NCA's regulations shall be adhered to." highlighting that all work and contracts whether national or international, must adhere to Norwegian national law as the minimum.
Some recommendations where equality for well-being may be considered is for paternity leaves. While maternity leaves at NCA span 4 months with full base salary, paternity leave is for 10 working days with full base salary. As an organisation that is committed to gender mainstreaming to achieve gender equity and equality, we recommend for NCA to consider more time for fathers[lxxvi] to spend with their new born baby as that not only helps fathers build better bonds with their child, but also promotes family well-being.[lxxvii] Another recommendation is regarding women staff. How can NCA create stronger mechanisms to support women staff operating in highly dangerous areas. Stress levels and anxiety levels are different for men and women at some duty stations, especially where movement is limited for women because of their safety and fear of harassment is a daily living reality. At such points, it would be helpful for appropriate trainings from HO to prepare staff and also provide each staff member with self-care resources. Could there perhaps be specific procedures explicit to the GBV staff in their Security SOPs?

Induction and on-boarding: A staff member noted**,** *"we didn't have anything on well-being in our induction".* The NCA Staff Handbook states that the on-boarding programme should give the employee the

training, tools and support they need to successfully complete their work. This includes training to relevant software and systems, documentation and an orientation to the physical workspace. All NCA employees must also receive an introduction to who NCA is as an organisation both globally and locally, what is required of them as an employee by going through the ACT Alliance Code of Conduct and the National Staff Handbook as well as training in relevant safety and security measures. The onboarding list in Aditro should be used to plan the on-boarding program to ensure that all staff get a uniformed induction to NCA. As can be seen, there is no mention about employee well-being. Considering the potentially traumatic work that NCA staff members engage in daily, it is recommended to include a focus on staff well-being through self-care and staff care processes during induction and on-boarding.

Revisit priorities (PDRs): Based on reviewing the Performance Development Review (PDR) document, there was a clear focus on key results. However, it was noticed that the key results are essentially task-based. There is a definite mention of keeping some time for staff well-being among other points in the first part of the team meeting, before getting to reviewing targets in the second part of the team meeting. It is recommended that while creating targets, specific targets could also include well-being targets. Rather than making staff well-being an option, this approach will encourage managers to focus on staff well-being alongside achieving other targets. As a result, managers will think of creative ways in which their team members are engaged, empowered, healthy (physically, mentally and emotionally). Because the policy expects leaders to support co-workers' prioritisations under pressure, this approach can bring the focus to creating balance, both for oneself and the team. Another recommendation that emerged from staff was about prioritising local staff (front-liners) needs for well-being. It was also recommended that NCA not only provide technical capacity building to partners, but also provide support to them on self-care that would cater to their needs.

Budgets: Based on the interviews, there was a sense that many country teams had already invested in good self-care and staff care practices such as working with mental health providers, encouraging team building retreats, utilising partner resources, however a number mentioned the need for this to be built into budgets and programmes, not only for GBV teams, but for teams across NCA. A suggestion around budget allocation for staff wellbeing included how each country office could choose how to allocate their well-being grant based on their contexts. For some it could look like sponsoring healthy lunches for staff, for others it could be an indoor gym in high risk areas, where one cannot step out and it could also be purchasing fitness apps for employees.

Creating spaces for responders to process stress: As one interviewee noted *"We have a lot of COVID 19 cases….We have a lot of lockdowns, with some exceptions for NGOs. The staff were working remotely, but in some locations have returned to the office. Stressful time for everyone. During this pandemic still working, still on the frontline.*" We recommend that NCA focuses on consciously creating safe spaces and time for frontline responders to process stress. This could be through a focused group session with a psychologist or could also be a fixed time and space where any staff member could come and process stress whenever they felt the need. Members of staff can be trained to hold space for their colleagues, if no psychologist is available. Community approaches to wellbeing could also be explored through regular staff-care morning meetings once or twice a month.

In the final section, we now turn to look at existing practical resources, and offer thoughts and reflections on some of the strengths and weaknesses of these approaches.

3. What practical resources are already available?

In this section, we look at what practical resources are available and offer key takeaways from our readings. More on our thinking can be seen in our overview in Appendix 2: Table of resources. In our review, our guiding

questions were; Is it usable? Is it accessible? Is it culturally appropriate? Does it apply a psycho-social approach to wellbeing? What is missing? What themes are emerging? Are there 'gold standard' resources used by other organisations?

3.1 Staff care, self care and COVID-19 resources

Staff care: Key documents on staff care for international humanitarian and development INGOs that take a more comprehensive or mental health-focused approach include the 'IASC guidelines on Mental Health and Psychosocial Support in Complex Emergencies', 'Guidelines for managing stress in humanitarian workers' by the Antares Foundation, 'UNHCR's Managing the Stress of Humanitarian Emergencies', and a number of training modules from the Headington Institute around critical incident care, vicarious trauma and travel and reentry stress. Many of these move beyond theory into practical guidelines and exercises for management and teams.

However, perhaps because they are working from an evidence base primarily focused on the mental health wellbeing of international workers (see section 1.2), a lot of these documents also seem more relevant to internationally 'deployed' staff than to national or local staff, and there is a clear need to decolonise much of the approaches being taken to staff care. Similarly, while there are certain documents that focus specifically on staff care in women's organisations such as CREA,AWID and FRIDA much of the generalist literature fails to take a very gendered lens - often only noting gendered differences under points around travel safety.

Self-care: There exists a wealth of resources for activists working on issues relating to GBV on self-care generally from feminist grass-roots organisations, with a specific focus on understanding the collective trauma that may be experienced by women in particular working to challenge social norms and practices that are harmful. These resources tend to be reflective, group activities drawing on a multitude of creative practices and activities, often in response to an acknowledgement of the risks of undertaking this work in communities and families, and the potential isolation that may result from this. In this approach, building a community response to self-care and activism is hugely important. Resources such as Prevent GBV Africa's zine on self-care and collective care, the Self-care and Self Defense manual from CREA, We Rise toolkit as well as the extensive work on self-care from FRIDA and AWID focused on creative, group activities that reflect a community, feminist response to wellbeing and self-care. There are also a number of non-gendered resources on general self-care that tend to focus more on individual practices; meditation, asking for help, self-assessments, and recognising your own triggers as seen in the Headington Institute awareness exercises on range of issues relating to stress, vicarious trauma and burn-out.

Less exists in academic or grey literature on self-care policies and practices in emergency contexts, and in fact literature on self-care in humanitarian contexts tends to be more on the practical resource side, such as the Plan International self-care manual, or within broader trainings and guidelines on working on GBV (such as Restless Development's GBV Training Manual[lxxviii]). As a rule, these tend to be more focused on the experiences of national team members and, more often than staff care guidelines, somewhat more likely to be produced by local teams.

COVID-19: Currently, there are a small number of resources specific to COVID and GBV practitioners, mainly produced by the GBV AoR Helpdesk, including a report on GBV Case Management and the COVID-19 Pandemic, which includes a section on staff care,.These are very useful analysis, and provide important policy level recommendations, and can be used as background for developing practical recommendations for teams on the ground. Specific, practical resources that address staff care during COVID for GBV teams can be found within broader collections of resources on how to approach GBV case management during the pandemic, for example this video and podcast on remote supervision and staff care from the GBVIMS Steering Committee; and a short note from the GBV AoR Helpdesk on Staff Care and Support During COVID-19 Crisis.

Useful - more general - resources on staff care during COVID in humanitarian settings include the module on 'Your Wellbeing' and the Annex containing advice for managers and supervisor in IASC's 'Basic Psychosocial Skills: A Guide for COVID-19 Responders'; and the series of short discussion papers, videos and 'quick guides' produced by The Headington Institute for the wider humanitarian community on COVID-19, covering areas from how to manage your team during a pandemic, dealing with social distancing and isolation, dealing with the sense of uncertainty, and managing your mental and physical responses to the risk of the virus. These are a useful set of resources and are each short and accessible with key points highlighted for readers or viewers to takeaway. However, some are more practical than others, and some are more relevant to expatriate staff, and it would take some time for teams to sift through to find the ones of most use without reading everything. In general, the recommendations around staff and self-care for GBV practitioners do not in fact differ that greatly from more general frontline or humanitarian worker guidelines, or to normal best practice approaches for GBV in emergency settings.

Finally, a wealth of materials have sprung up for European and American employers on staff wellbeing and mental health during the COVID pandemic, around performance energy, video advice for staff, employers and managers, toolkits for team leaders etc. Some of these are explicitly aimed at women, or written by and for women's organisations, including an array of helpful blogs, such as this one from Gemma Houldey on collective care and this from Amanda Briggs-Hastie on virtual team leadership. However, there are also a number of visual resources on wellbeing-during-COVID that are being produced by organisations in countries like India, often shared over Instagram or the basis of Facebook or Instagram training programmes, such as those shared by @youthallianceofindia.

Organisational culture: Although the literature and the feedback from staff suggests that organisational culture plays an extremely key role in staff wellbeing, less practical resources exist that directly address this. However, a number of the guidelines and best practice documents around staff care or GBV best practice do have subsections with relevant topics, such as on collaborative leadership and effective communication in this giant handbook on coordinating GBV interventions in emergencies, and the tips for managers on how to create a supportive workplace in UNICEF's Stress in Our Workplace, and the section on organisational culture in CHS Alliance's Working Well?. There are also a small number of guidelines for organisational changes in the humanitarian sector, such as this one from ALNAP, which touch on issues around values and structural and cultural constraints, and papers which discuss the link between health workplaces and worker health in international settings, such as this extremely lengthy 'Healthy Workplace Framework and Model' from WHO.

Various international feminist collectives have developed useful exercises and thinking on organisational culture from a women's or gender perspective. For example, in the Healing Solidarity Collective's "Activities For Groups", they suggest a group discussion on how your organisation is living up to its values, and where the gaps are. In Kvinna till Kvinna's Integrated Security: The Manual there are a number of exercises related

to exploring power dynamics in work relationships, where in your organisation you find your support, and exploring trust and boundaries. Perhaps too big an ask for an existing large INGO, but Black feminist activists Hope Chigudu, Rudo Chigudu and Jessica Horn have produced an incredible guide to 'Building an Organisation with Soul', which addresses important issues like creative ways of solving problems, embracing diversity and inclusion and ideological contradictions in work spaces, alongside self-care techniques.

Also emerging from a similar feminist space, but also from more corporate and more spiritual organisations, are toolkits and exercises around compassionate communications, compassionate leadership, and use of empathy in the workplace. For example, this guide from Roffey Park Institute looks at opportunities for and barriers to compassion in organisations, as well as presenting a number of different models and visualisations. Another example is of Compassionate leadership: A facilitator's guide by Patient Voices. They use the power of storytelling to deliver insights that can guide organisational change through their DNA Care programme. Further, one can refer to this article that discusses the importance of 'managing compassionately' in times of crises as a key skill to success. A number of these techniques will also be particularly relevant to organisational culture during the COVID-19 pandemic.

There are also a number of more 'corporate' or traditional human resources-focused approaches to understanding and developing positive organisational cultures, such as the ones outlined by SHRM, McKinsey, and this toolkit on Compassion At Work. Much of the corporate language and understanding of workplaces in these are inappropriate for humanitarian and development work (the compassion toolkit discusses how "compassion fuels competitive advantage", for example), and most have no gender analysis at all. However, similar toolkits, activities and exercises that have been adapted for people working in caring professions, such as this Skills For Care Toolkit on Workplace Culture, may have some elements that are further adaptable, particularly ones that look at issues around shared sense of identity, shared valued and open communication. There are also several useful toolkits for embedding good practice around Mental Health in the workplace, such as the ones collated by Mental Health At Work, MHFA England and toolkits by HeadsUp and Time To Change, though similarly the ones we have found have UK or American organisations as their primary audience.

3.2 Takeaway points from our review

Supporting others as well as yourself: The most engaging are likely to be ones that focus not just on individual and group exercises, but exercises and tips on how to support your colleagues.

Professional support: There is a need for clarity in the resources about when professional support or follow-up is required, and what might be available in the different countries

Specific needs of GBV caseworkers: Resources tend either to be for women and women's organisations, or for anyone working in an emergency context, but rarely specifically for GBV practitioners. In part this may be because this is not needed however, from our review in section 1.2, on the specificity of GBV work and its impacts, we would recommend resources do take this into account

Visual design: It is really important that the resources are well designed and attractive to use and look at. Something that looks plain or dated is unlikely to be picked up in the first place or returned to.

Exercises: Can be really simple and still effective, and creative and breath practices can work in a multitude of settings. We found instances where exercises, particularly self-assessment checks, did not offer feasible

solutions to managing stress once identified. However, we also found resources where self-reflective exercises would work well in group settings, as long as a safe space was supported and available.

Collective approaches: De-gendered self-care resources tended to act as guidelines for how to support yourself as an individual, rather than techniques and practices for a group, which were seen much more commonly in the feminist resources we reviewed.

Removing stigma: Some resources aim to remove some of the stigma attached to poor mental health and stress, these would undoubtedly also work to create safe spaces for group work to occur.

Physical responses: Some of the resources focused on the physical responses to stress; headaches, digestive problems, sleeplessness, and impact on relationships. In environments where security and safety have resulted in curfews or lockdowns, it is even more important to attend to physical wellbeing as a means to promote healthy rest and sleep.

4. Next steps

With many themes recurring across self-care, self-care for GBV workers, self and staff care during crisis and emergencies, and staff care more broadly, we have gained a good insight into what works, what is missing and what is needed. As such have begun to identify key issues for the workbook and training going forward. Crucially, the workbook will need to be owned by local teams, and needs to be not only accessible, but engaging too. It will take a holistic approach to wellbeing, recognising that self-care and staff care are not one off “events” or actions, but rather an ethos, and it will recognise that organisational and individual values should be aligned to support self-care and staff care. It will draw on creative and self-reflective practices that provide realistic solutions to not only identifying stress, but also moving through it with compassion for the self and others. We will apply a feminist understanding of self-care and staff care recognising that GBV isn’t something that happens “out there” but rather is something that impacts on all women and girls, as well as their communities, colleagues, and organisations. We will build on the notion of vicarious resilience, and the importance of community approaches to self-care and staff care as a vehicle for sustainability, change and empowerment.

Appendix 1 (Intervention pyramid)

Mental health and psychosocial support in emergencies intervention pyramid
Source: Interagency Steering Committee Reference Group on Mental Health and Psychosocial Support, 2010

Appendix 2 (Resource table)

	Example(s)	Pros	Cons
Technical guidelines and principles for organisations	Antares Foundation: Managing stress in humanitarian workers IASC Guidelines Konterra Group Essential Principles of Staff Care	These can encompass a lot and can vary from having a lot of technical information, to being a more illustrated set of principles These are practices to Strengthen Resilience in International Humanitarian and Development Organizations. It is outlined in s simple and comprehensive manner of listing principles, objectives and practices that can be adopted for each principle.	Some reference the need to think more about national staff, or about specific needs of women, but then this is not reflected beyond the introduction
Mixed methodology guidelines for organisations	Building an Organisation with Soul Intervention: A journal of mental health and psychological support in conflict affected areas	Embeds a holistic approach to self-care and staff care Papers and reports and recommendations based on learnings from the field in high risk countries, localised contexts etc.	Can be problematic for existing structures to accommodate new ways of working
Learning or self help manuals for staff and activists, 'ABC of self-care' (not exercise based)	Plan International: Self-care manual for humanitarian aid and development workers How leaders can help their teams look after their wellbeing in	Useful as an eye opener for new people to remind them to take care of themselves. Tend to be well illustrated, accessible amount of content	But when problems hit these are not useful. Oversimplified, better when targeted?

	challenging times UNICEF Stress in Our Workplace Self Care and Self Defense Manual for Feminist Activists Trauma and Self Care Approaches to Staff Care in International NGOs	Combines tips for leadership /management and non-management staff It is research based and detailed outlines are presented on INGOs across	A lot for staff member to get through It was published in 2009 and the study was originally based on and for international humanitarian staff, not national staff
Training programmes or and manuals for facilitators	Integrated Security: The Manual	Great approach to thinking about security	Not right fit for this piece of work
Workbooks, toolkits and exercises for individuals and groups	Skills For Care Toolkit on Workplace Culture Healing Solidarity Trauma and Critical Incident Care	Useful simple activities and exercises, that require minimal facilitation Discussion based, developed by women from around the world	Would need to be adapted for humanitarian and development contexts
Self-reflective questionnaires for individuals	Headington Institute	Accessible and easy to complete	How useful is this without clear follow up? Not clear what the follow up to this is, or how the individual received support

Listicles of 'tips and tricks' and blog posts	https://www.tuneupfitness.com/blog/self-care-for-aid-workers/ https://gemmahouldey.com/self-reflection-and-self-care-in-the-aid-sector-opportunities-and-limitations/	Some useful reflections and insights around physical health and cultural contexts	These often feel aimed at white expat staff
Narratives and stories, examples of shared experiences and learning	What's the point in a revolution if you can't dance?	Important to be able to point some people towards resources like these	
Videos and podcasts	GBVIMS COVID-19 Series/Episode 7: remote Supervision and Staff Care	Multi-language and multi-topic	Internet and technology reliance may mean this is inaccessible for many
Posters, postcards, pocket guides etc	Zine: Self care and collective care: Prevent GBV Africa UN pocket guide to stress management RECOVERY AND RESILIENCE How to deal with psychological and emotional reactions after (police) violence, repression or other high-stress experiences	Accessible,very visual, zine's can also be made in situ with staff Accessible, can be used anywhere Poster format, useful tips on destigmatising stress and burnout	Requires resources, time and space Very light touch, focused on individual responses Has design needs

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