

# FINAL REPORT: HUMANITARIAN WELLBEING PILOT

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# INTRODUCTION

This document is the final report of the first pilot phase of a Humanitarian Wellbeing Programme designed and implemented in 2021 by a Coalition of three experienced training and humanitarian support organisations operating within the European context of displacement. The pilot was funded by **Choose Love** and promoted to grassroots organisations within their network of partners.

The organisations which made up the Coalition were:

**Amna (formerly Refugee Trauma Initiative):** Refugee Healing Network was founded in 2016 to address the psychosocial needs of refugees affected by violence and forced displacement in Northern Greece. Our mission is to support refugee families to heal and rebuild their lives. Our vision is a world where trauma-informed practices sit at the heart of all humanitarian work. Amna's programmes are designed by experts in psychosocial support and education, working alongside people with lived experience of displacement to leverage their skills, resilience, and power. <https://amna.org/>

**The Human Hive:** Working with individuals and organisations to make a more welcoming and inclusive world. We train, support and resource change makers, (volunteer and professional) to find solutions to problems WITH, not FOR marginalised and excluded people, so they can get back on their feet after a crisis and thrive again. <https://thehumanhive.org>

**Indigo Volunteers:** People who want to volunteer often find it hard to decide where to go and how they can help. Indigo partners with over 40 grassroots organisations that offer many different volunteer opportunities across the humanitarian spectrum. Based on their skills, as well as the latest needs in the field, we match volunteers to the right project. <https://www.indigovolunteers.org/>

This report will include:

1. An introduction to the context and evidence for the provision of this programme.
2. An overview of the pilot structure
3. Findings from the external evaluation report produced by Emma Goldie
4. Recommendations for next steps based on this evaluation
5. A Wellbeing Policy Checklist for the use of grassroots organisations

## DEFINITIONS

For the purpose of this report, we have defined these terms as follows:

**Displaced People** - Refers to those officially identified as refugees, asylum seekers and/or migrants. These are populations that, in this context, have made their way towards Europe since 2015 to escape war, oppression, climate change and other life threatening factors and who come from a number of different countries in Africa, Asia and the Middle East. Most notably Syria, Afghanistan, Iraq, Iran, Eritrea and South Sudan.

**(<https://www.unhcr.org/refugee-statistics/>)**

**Humanitarians** - Refers to both paid staff and volunteer personnel operating within the grassroots humanitarian aid sector.

**Psychosocial support (PSS)** - Refers to psychologically informed health practices that support the health and wellbeing of staff, volunteers and displaced communities (in this context).

**Wellbeing** - Refers to mental and emotional good health. In the programme itself Wellbeing was defined as a combination of Safety, Belonging, Purpose and Identity - how a person's multiple identities (race, religion, gender, sexuality, dis/ability) affects that person's ability to feel safe, included and purposeful within an organisation.

# CONTEXT

Since 2015 grassroots volunteering to support displaced people in Europe has become a significant feature of the humanitarian aid sector. Numerous small scale organisations have grown across the continent to meet the dire need exposed by the lack of co-ordinated action by national governments, European agencies and large NGOs; in response, thousands of European (and international) citizens have tried to fill these gaps in towns, cities and refugee camps across Europe, from the islands of Greece to Calais, France. It is clear that an already critical situation for refugees would be worse still without the work put in by grassroots organisations.

However, despite great intention and effort, these volunteers are often ill-equipped for such humanitarian work, lacking the relevant skills and previous experience to equip them for such an experience, and to set up considered services. Consequently, such work has had an impact on the mental health and wellbeing of those volunteers, which in turn has affected the vital services provided to displaced people. The situation on the ground is complex and the environments that humanitarians encounter can be very challenging to navigate. Such challenges include:

- Human rights abuses including the denial of the rights of refugees to seek international protection and to have their basic human rights met
- Exposure to vicarious trauma
- Inter-organisational tension between local, national and international aid agencies
- Encounters with police and law enforcement
- The rise of nationalism in local populations triggering antagonism and in some cases, danger towards displaced communities and humanitarians supporting them
- Inter-ethnic tensions between displaced populations

In 2020, there were two devastating fires in camps on Samos and Lesbos. In the Lesbos fire, Moria camp which was built for 2,000 people but housed 20,000 in squalid, degrading living conditions burned to the ground, destroying the makeshift homes of displaced communities and rendering thousands completely homeless with limited sympathy from local populations. Volunteers were involved in supporting people through both these events and picking up the pieces in the aftermath. Considering that the majority of volunteers are young people in their early 20s from settled European societies, it is unsurprising that there have been significant mental health consequences from the shattering of pre-established world views and issues surfacing within young organisations set up with people who often have no or limited relevant experience.

Although the grassroots sector has been aware of this issue, there was limited time and capacity to address it until the global coronavirus pandemic of 2020 forced people to stop work due to national lockdowns. It was against this backdrop that the Coalition conceived the idea to run this Humanitarian Wellbeing Programme Pilot. Between March and July 2020, Choose Love, in partnership with Indigo Volunteers, commissioned professional practitioners to provide a series of one-on-one and group psychosocial support (PSS) sessions across the sector. Both The Human Hive and Amna (formerly Refugee Trauma Initiative (RTI)) were part of this response. Issues identified during these sessions informed the structure and content of the 2021 programme.

## ISSUES RAISED IN SESSIONS

- How to manage the mental health needs of displaced people - both during lock down and in general
- How to develop appropriate activities for displaced people
- How to manage secondary trauma from witnessing the distress of displaced people
- How to cope with the increased risk of violence towards humanitarian workers and displaced people and the subsequent reduction in 'lifeline' services exacerbating the risk to the mental health of displaced people
- How to manage emerging personal trauma from previous life experiences
- How to manage the intensity of relationships with other volunteers
- How to manage the mental health needs of other volunteers
- How to manage returning home with these new insights and experiences of moral injury (shattering of world-view due to confrontation with new harsh realities)
- How to manage feelings of privilege guilt (a feeling of guilt due to European volunteers' relative privileges compared to displaced people)
- How to manage work and life in lock down

## WIDER OBSERVATIONS OF THE ISSUES WITHIN THE SECTOR

- Humanitarians are largely untrained, often young and inexperienced and don't have the life experience to handle many of the things they encounter
- Inadequate professional boundaries are often present within organisations, which can have serious repercussions for individuals at both personal and organisational levels
- There is a lack of consistent, sector wide training provided by volunteer organisations on safeguarding policies and processes
- There is a lack of effort to follow safeguarding protocol because of an assumption that the sector is not supported by legal and welfare provision

- Many volunteers do not take the wellbeing and mental health of humanitarian workers seriously because leadership does not take it seriously
- Presence of an unhealthy volunteer “hero” culture that rewards continuous work and frowns upon rest and repair, coupled with “privilege guilt” that minimises need for psychosocial support
- Psychosocial/ mental health issues are only dealt with after the fact, if at all
- Life revolves solely around volunteering, with little respite or much opportunity for a life outside of work e.g. most socialising is with other humanitarian workers often from the same organisations
- Humanitarians are sometimes required to live with community volunteers (volunteers from displaced communities) and are ill-equipped to manage the inevitable boundary issues that arise
- Within projects, promotion often comes through longevity rather than skill or appropriateness for the role
- Due to lack of sector-wide best practice, volunteers who arrive with previously obtained professional training may cause friction by imposing their working practice on already established projects
- Volunteers move from project to project and cannot find a way out of volunteering and into related employment
- The cost of personal ongoing psychosocial support, such as one to one therapy, is prohibitive, leading to long-term, untreated mental health issues.

It was clear in 2020 that many volunteers were (and still are) ill-equipped to deal with the ongoing emotional and psychological needs of displaced people while struggling to manage their own needs. After seven years of intensive activity, the European "refugee crisis" does not show any signs of lessening. With a new wave of people fleeing the war in Ukraine and a predicted increase of climate refugees, the situation has the potential to become even more challenging.

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Following hosting a number of these individual emergency psychosocial support sessions, both Amna and Human Hive instigated meetings with Indigo to suggest a more coordinated, systemic approach to providing psychosocial support and training to the humanitarian aid sector. A meeting was convened by Indigo Volunteers with a number of session holders, out of which a Coalition between Amna, Human Hive, Kim Barbarji and Indigo Volunteers emerged. Together these partners conceived of the pilot programme described below.

# OUR APPROACH

Based on the evidence collected, the Coalition have approached the issue of Wellbeing support from three perspectives:

1. Personal – supporting and upskilling individuals
2. Organisational – embedding wellbeing into organisational policy and practice
3. Sector – instituting common inter-organisational policies and frameworks

Our aim was to provide Wellbeing preparation and support across the entire life cycle of the volunteering / staff journey:

1. Pre-placement preparation
2. Support while in role
3. Comprehensive debrief and sign posting to appropriate support services when transitioning back to “normal” life

To do this we recognised that for a real culture of Wellbeing to take root, we would need to work with different layers of the organisational structure, focusing on Policy (written documents governing the organisation’s approach to Wellbeing), Procedures (Wellbeing protocols that can be easily implemented and shared with succeeding generations of staff) and Practice (training a member/s of the team to actively develop and implement the unique Wellbeing culture of that organisation on a daily basis). We identified three distinct, but intersecting groups that we would need to target to develop a holistic approach to organisational Wellbeing:

1. The Senior Leadership Teams (those in positions of accountability of participating organisations)
2. Wellbeing Coordinators working within those organisations responsible for the team wellbeing culture and practices
3. Volunteers starting humanitarian work, many of whom in those organisations placed by Indigo Volunteers.

Recognising that our field based “Wellbeing Co-ordinator” (often the person already in the role of “Volunteer Coordinator”) would not be a trained therapeutic clinician, our approach was focused on providing skills and knowledge to allow them to observe patterns and changes of behaviour and to employ simple psychosocial practices to support general wellbeing and prevent any escalation into burn out and/or secondary trauma.



We deliberately did not focus this pilot on Wellbeing practices to support communities the organisations are working with, as there is already good work being done in this area by other organisations, including Coalition partners themselves (Amna and Human Hive) and the purpose of this pilot was to focus on service providers. However our belief is that by improving the Wellbeing of organisations working with displaced communities, this would have a positive impact on community facing work through improving the efficacy and resilience of those who work in the sector. At the time of writing this is still an underserved area.

# STRUCTURE OF THE PILOT

To address the pressing need of psychosocial and Wellbeing support within grassroots organisations, the Coalition designed a six-month pilot programme to support 12 grassroots humanitarian organisations and their teams to embed well-being into their policies and team practices.

## RECRUITMENT PROCESS

The coalition developed an application process which consisted of an application form and a short interview with the training partners. We received a total of 19 applications.

For the selection processes we rated organisations within three categories: 1) Need for wellbeing support, 2) Readiness to engage and 3) Location (diversity in terms of location to allow opportunity for informal information sharing). The selected organisations were then invited to bring their proposed project participants 1) Wellbeing Coordinator and 2) Senior Leadership Team Member for an interview with the training team. Based on the application and interview, we invited 12 grassroots organisations to join the pilot, located in France (Calais/ Dunkirk), Greece (Lesvos, Samos, Kavala, Athens) and Lebanon (Becca Valley). To ensure commitment towards the pilot, organisations were required to sign a partnership agreement.

Despite the criteria provided by the coalition, the interview highlighted that many organisations did not have a suitable team member nominated for their Wellbeing Coordinator role. In five organisations the coalition had significant concerns about this person's capacity to manage their own emotions, and therefore their teams. However, it was evident how much their organisation needed what the pilot was offering, so it was decided to provide additional support rather than exclude them from the programme.

We therefore quickly recruited two volunteer Remote Wellbeing Coordinators, to provide additional coaching and reflective practice support to the organisations of concern. As well as minimising the risks we were concerned about we also wanted to pilot working with remote wellbeing coordinators to consider if this is a model that could work well for the sector in some contexts.

The coalition successfully recruited a music therapist and a humanitarian wellbeing coordinator both with previous experience in the European humanitarian context, who attended the full pilot training programme and provided bespoke support to these organisations.

## IMPLEMENTATION PHASE

The pilot began with a full team Meet and Greet in May 2021, to establish the parameters of the programme, answer questions and co-create “Group Agreements” to govern our time together.

There were then four foundational training sessions for all participants, focusing on our main Wellbeing principles:

- Safety
- Belonging
- Purpose
- Identity

All training, reflective practice and workshops were delivered completely online in live Zoom sessions, which eliminated issues around travel, availability, social distancing and cost making the programme accessible to more organisations.

The pilot ended with a full team debrief and feedback session in October 2021, attended by all participants. At every stage of the process there were written feedback forms and formal evaluation took place during the two months following the end of the implementation phase.

## SENIOR LEADERSHIP TEAMS

The pilot began with a full Wellbeing audit of each participating organisation, looking at Wellbeing and Safeguarding policies and assessing where there were omissions, followed by workshops focusing on specific policy areas:

- 1.Code of Conduct
- 2.Safeguarding
- 3.Induction
- 4.Debrief / Transition

Additionally, policy specialist Kim Barbarji provided individual coaching sessions to fill any gaps and support each organisation to embed wellbeing practices into the full structure of their operations. SLT were required to attend the four foundational training sessions and invited to attend any other sessions.

## WELLBEING COORDINATORS

Specialist training was given to partner organisations nominated Wellbeing Coordinators to enable them to design and implement Wellbeing practices in their organisations. Following the four foundational training sessions, there was a monthly deeper dive training to develop practical skills and discuss issues relevant to the various contexts they were operating in. These included:

- Group facilitation
- Deep listening skills
- Effective communication & conflict resolution skills
- Boundary Management Skills
- Identity/ Power Dynamics awareness
- How to work with colleagues with lived experience
- Organisational self-care review and planning

Alongside training, Wellbeing Coordinators attended monthly Reflective Practice sessions, facilitated by Darren Abrahams and Gabriella Brent, where they could ask questions, share best practice and try out their new skills in a safe space.

## VOLUNTEERS

During the course of the pilot, the coalition ran two general volunteer training – one in June and one in September. These were aimed towards new volunteers before they start their placement and for any team members in participating organisations who had not experienced the training yet themselves.

Training content covered a condensed version of the foundation training given to full pilot participants, focusing on how to manage their own Wellbeing while on placement. Participants were encouraged to develop their own Wellbeing plan to support them while in their humanitarian role, to be share with Wellbeing Coordinators once placed.

# CONTENT OF SESSIONS

Well-Being Coordinators	Senior Leadership Team
<p>Meet and Greet:</p> <p>Introduction to the pilot, introduction between participants and creation of Group Agreements that guided everyone involved through the whole programme</p>	
<p>4 x Foundational Training:</p> <ol style="list-style-type: none"> <li>1. Introduction to Safety - Do people feel physically, psychologically and emotionally safe working or volunteering in their organisation?</li> <li>2. Introduction to Belonging - Do people feel included, respected and welcome to share their ideas, feedback and perspectives in their organisation?</li> <li>3. Introduction to Purpose - Do people feel valued and supported to manage their tasks with an understanding of how their role fits into the wider mission of their organisation?</li> <li>4. Identity Informed Practice 1 - Do people have sufficient self-awareness about their own identity and the tools to be respectfully curious about the identities of the people they are working with to not cause harm through unconscious power dynamics, biases and assumptions?</li> </ol>	
Well-Being Coordinators	Senior Leadership Team Members
<p>5 x Reflective Practice Sessions:</p> <p>A facilitated online session space in which participants could reflect on their experiences of implementing wellbeing practice in their organisations: challenges, successes and an opportunity to try out new skills before using it in teams.</p>	<p><b>4 x SLT Well-Being Workshops focussed on embedding wellbeing practices into organisational policy. Followed by 2 x 121 consultations for each organisation to support implementation of changes. Policy changes focussed on:</b></p> <ul style="list-style-type: none"> <li>• Code of Conduct</li> <li>• Safeguarding</li> <li>• Induction</li> <li>• Leaving the field/ Integration/ Debrief</li> </ul>

<b>Well-Being Coordinators</b>	<b>Senior Leadership Team</b>
<p>4 x Monthly Training:</p> <ol style="list-style-type: none"> <li>1. Identity Informed Practice 2: looking specifically at unconscious bias, power dynamics and identity themes and practices related to working with displaced communities</li> <li>2. How To Be A Wellbeing Coordinator: a deeper dive into the practicalities and opportunities to discuss and practice wellbeing practices relevant to their teams and role</li> <li>3. Wellbeing Coordination in Practice: templates and scripts for running group and individual wellbeing sessions</li> <li>4. Boundaries and Limitations: exploring professional boundaries: capacity and limitations of their role and tools for enacting compassionate boundaries</li> </ol>	
<p><b>Incoming and current volunteers</b></p>	
<p><b>3 x Introductory Training</b> (see further information in 'Foundational Training' section):</p> <ol style="list-style-type: none"> <li>1. <b>Safety</b></li> <li>2. <b>Belonging and Purpose</b></li> <li>3. <b>Identity</b></li> </ol>	

## REFLECTIONS FROM A PARTICIPANT

I was lucky to participate in the Humanitarian Wellbeing pilot last year, representing an organisation based in northern Greece. As the Wellbeing Coordinator, I had some knowledge and methods to approach my role in supporting volunteers, however it lacked structure and deeper understanding of the nervous system, trauma, and specific approaches to holding safe spaces for others.

In February 2022, we were faced with a difficult and extremely sad situation, as a young boy in the camp we provide support to committed suicide. This of course had a strong impact on the communities living in the camp, including our community volunteers, and the rest of the volunteer team. The training we received enabled the senior leadership team to respond quickly, setting up emergency meetings with the volunteers to inform them of the situation, before having a debrief at the end of the day and again at the end of the week. I also held individual check ins with each volunteer, particularly as a few of them were young and visibly shocked. Learning how to facilitate an open space to allow volunteers to express uncomfortable feelings/experiences and reflect on how we could move forwards with it as a team came from the training pilot. I felt comfortable knowing the types of questions to ask/avoid, knowing how to notice volunteer's energy levels through the following week, knowing when to check on them etc. The volunteers fed back that they felt included in the discussions and supported in the team.

In addition, we got back in touch with Refugee Trauma Initiative (Amna) to ask for some support regarding psycho social support for our community volunteers, who experienced the situation more closely. RTI (Amna) quickly organised sessions for us in the following days, with Farsi translators and advice on how to facilitate the session. The sessions, whilst challenging, enabled a space for the participants to really express themselves, in a way which went far beyond my expectations. I cannot speak for them, but my impression having listened was that it provided a safe environment for them to begin to process the events. We have had subsequent sessions making the support sustainable, and with translators provided, I find them extremely useful in our work. Psycho social support in this environment is lacking horrendously and is something which I hope can continue to improve and expand.

# FINDINGS FROM THE EXTERNAL EVALUATION REPORT

To ensure the pilot was properly evaluated, the coalition recruited an external evaluator who joined the team in the development phase of the pilot to develop the evaluation strategy and log frame. The coalition via Indigo Volunteers then collected the data throughout the project, and the evaluator, Emma Goldie, rejoined in the final pilot stage to complete the evaluation via focus group interviews, evaluate the data and write the final report. See below for an outline of the findings and refer to the [full evaluation and recommendations](#) provided by Emma Goldie.

## PERSONAL WELL-BEING

**Outcome 1: Project participants and volunteers will learn new skills needed on an individual level to support themselves and look after their wellbeing -  
OUTCOME ACHIEVED**

<p>Indicator 1: 75% of project participants and volunteers indicate they are better able to care for their wellbeing in the field while managing their work</p>	<p>86% of project participants indicate they are better able to care for their own personal well-being in field</p> <p>100% of volunteers report increased knowledge of wellbeing, although it is not clear how and if it helped them in the field</p>
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**Output 1.2: Volunteers going into the field will be supported through pre-departure foundation trainings - OUTCOME ACHIEVED**

<p>Indicator 1.2.1: Volunteers receive training before they begin volunteering in the field</p>	<p>77 volunteers were provided with training before they went into the field</p>
<p>Indicator 1.2.2.: 75% of volunteers report that training increased their knowledge and helped them feel more supported before doing into the field</p>	<p>100% of volunteers report increased knowledge of wellbeing although it is not clear how and if it helped them in the field</p>



**Output 1.3: Project participants (Wellbeing Coordinators and SLT) will be provided with specialist trauma-informed trainings to improve personal awareness around wellbeing - OUTCOME ACHIEVED**

Indicator 1.3.1: 20 project participants receive training on looking after individual well-being	23 project participants completed the foundation training
Indicator 1.3.2: 70% of project participants report that the trainings increased their knowledge and highlighted the importance of wellbeing	100% of project participants reported that the trainings increased their knowledge and highlighted the importance of wellbeing in the field

## **ORGANISATIONAL WELLBEING**

**Outcome 2: PSS and wellbeing will be more embedded into activities and practices at 12 partner organisations**

Indicator 2.1: By the end of the pilot, partner organisations will be able to show they have improved policies and practices around wellbeing	9 partner organisations have shown they have made steps towards improving their policies and practices (Two organisations did not complete due to organisation closure and staff turnover, one organisation reported no impact on policies and procedures)
Indicator 2.2: Participants and Partner teams report improvement in their wellbeing practices	9 partner organisations all report some improved wellbeing practices.

**Output 2.1: Wellbeing Coordinators are trained in providing wellbeing and reflective practice sessions - OUTCOME ACHIEVED**

Indicator 2.1.1: 12 Wellbeing Coordinators are trained to help support their teams	11 Wellbeing coordinators completed the training to support teams in 9 partner organisations
Indicator 2.1.2: Wellbeing Coordinators indicate that the training made them feel more confident in providing wellbeing support to their teams	Out of those surveyed, 100% stated that they feel more confident (8 completed the survey)
Indicator 2.1.3: Wellbeing Coordinators record an increase in wellbeing practices they run within their project	There is evidence of increase wellbeing practices in 9 organisations (see p.28 for on external evaluation report for further evidence)

**Output 2.2: Senior leadership teams will have guidance and support in developing policies and procedures including audits and development action plan - OUTCOME ACHIEVED**

Indicator 2.2.1: 12 wellbeing policies and action plans created	12 wellbeing audits were conducted in the beginning and 9 completed action plans at the end of the pilot
Indicator 2.2.2: SLT receive 1:1 support to improve policies and procedures	21 1:1 sessions conducted with 11 partner organisations (2 organisations had one at the start and did not complete at the end)
Indicator 2.2.3: 75% of SLT indicate they have benefitted from monthly workshops and guidance	75% of partner organisations (9 organisations) who took part in the project can show that they have made progress and benefitted from SLT guidance.

# OUR RECOMMENDATIONS

Evidence from the external evaluation has indicated that there is significant potential for the approach demonstrated in this pilot to have a profound impact on the wellbeing needs of the grassroots humanitarian aid sector and beyond.

Key findings have demonstrated:

- The importance and need for training and support to improve the safeguarding, safety and wellbeing policies and practices in the participating organisations
- The need for organisations to be supported to develop thoughtful policies that are pre-emptive and responsive and not reactive
- The need for SLTs to be more engaged with organisational development and supportive of Wellbeing Co-ordinators or people in equivalent roles, such as 'volunteer coordinators' who are responsible for team wellbeing. Wellbeing Co-ordinators cannot work in isolation, and their role needs to be supported by organisational management and policies that outline processes where safeguarding or management concerns arise.
- The need for organisations to take Wellbeing seriously and to have at least one dedicated team member focused on supporting the psychosocial needs of the team.
- The need for the person fulfilling an organisational Wellbeing Co-ordinator role to be suitable for this role and committed to working in organisations for at least a year (ideally) to implement changes and support embedding of wellbeing.
- For the person fulfilling the role of Wellbeing Coordinator to have access to a reflective practice and where possible clinical supervision support space.
- The overwhelming commitment of participating individuals and organisations in spite of the challenges they are facing.
- That all the above recommendations are essential for ensuring less harmful, safer and better quality frontline services for the displaced communities they serve.

We have identified four areas of the pilot that need to be adapted in future rounds of this programme:

## 1. STRUCTURE

Feedback about the content of the programme has been universally positive. Some training content needs further thought – in particular integrating Identity training even more throughout the pilot programme. – but our main conclusion from the evaluation is that the structure and timing of the programme needs revising.

## RECOMMENDATIONS

- We suggest dividing the Wellbeing programme into three intersecting but independent streams:

1. Policy Development
2. Wellbeing Co-ordinator Training
3. Preparatory Training for General Staff / Volunteers

- These streams would share a common language and framework so that we continue to embed shared Wellbeing concepts across the sector, but could run independently allowing for a more condensed and targeted experience for participants.
- Remote Wellbeing Co-ordinators with more experience can be available online for peer mentoring – this approach was very successful in the pilot.
- A cohort of experienced Psychosocial practitioners available for referral, for times when Wellbeing Co-ordinators require additional or specialist Psychosocial support for individual team members.

## POLICY DEVELOPMENT

- Develop a consultancy style approach where organisations have the option of consultancy guidance about their team's organisational wellbeing practice.
- Revise the workshop sessions so they are more targeted to specific issues and set related tasks to be completed before the next meeting.
- Connect Senior Leadership participants with Wellbeing Co-ordinators earlier in the process, so they can co-design appropriate approaches for their specific contexts.

## WELLBEING CO-ORDINATOR TRAINING

- Run training twice a year, attracting candidates who are specifically interested in the programme and suited to the role, rather than solely relying on allocated team members from partner organisations.
- Condense foundation training to a five day course up front, so trainees are ready to enter post sooner with all relevant knowledge in place.
- Support trainees once in post with regular reflective practice sessions and extra training.
- Introduce trained Wellbeing Co-ordinators to matching organisations such as Indigo Volunteers once trained.
- Provide peer mentoring from more experienced Remote Wellbeing Co-ordinators.

## PREPARATORY TRAINING FOR GENERAL STAFF AND VOLUNTEERS:

- Run regular preparatory training for general volunteers and staff, to coincide with major recruitment dates for the sector.
- Distinguish this training from the more in depth Wellbeing Co-ordinator Training, with more case studies, role play and context to address actual experiences on the ground.

## COMMENTS

- The Coalition has observed that success and failure in an organisation relies on suitability of staff/volunteers to particular roles and contexts. Therefore, the training could also serve as an informal way on behalf of staff/volunteer matching services to assess the suitability of candidates for community facing roles and who would be better placed in more operational roles. This could reduce the level of overwhelm and turnover observed during the pilot, particularly for people entering the sector for the first time. It is anticipated that over time, organisations will have a preference for trained staff /volunteers over others.

## 2.SUSTAINABILITY

- Sustainability was anticipated to be the biggest challenge and it would have been unreasonable to expect that we would solve this problem in a single 6-month intervention. As stated several times in this report, the challenge of embedding sustainable and long-term change is rooted in the nature of the sector itself. Grassroots activism at its core is spontaneous, anarchic and reliant on the activism and good will of predominantly unpaid individuals. This is both its greatest strength and greatest weakness. Strength because it very quickly fills the immediate, localised gaps left by governments and INGOs during humanitarian crises; weakness because its very spontaneity means that new groups are reactive to the latest crisis and inevitably "reinvent the wheel" in terms of policies, practice and at the appointment of new personnel - combined with an often lack of relevant skills for the role. As we have seen in the recent history of the European "refugee crisis" that peaked in 2015, spontaneous support has expanded into a seven year, sustained intervention, that has stretched the capacity of voluntary groups beyond their initial action and has had serious long-term mental health effects on many of those involved. As this persists throughout 2022 and with a new refugee crisis hitting Europe caused by the war in Ukraine, addressing this problem is more urgent now than ever.

The Coalition has learned a great deal from the experience of designing and implementing this programme. The Evaluation has proven that on the individual human level we are very effective. Those who were immediately involved with the programme have taken away lasting knowledge and skills that have the potential to support them to negotiate self-care with humanitarian work for many years to come. Although this work is promising, the coalition is aware that to achieve similar success at the organisational level further developments are required. In grassroots, underfunded organisations, staff turnover is high – the inexperience and financial precariousness of most team members means that organisations struggle to retain skilled people over the long term. Therefore the acquired knowledge and skills embedded in individuals, walks out the door when leaving their role.

## RECOMMENDATIONS

- Include founders and board members in training and / or consultancy so that knowledge builds across the organisation.
- Build a community of practice by training cohorts of people with a professional interest in wellbeing that can be placed into organisations when needed.
- Circulate Wellbeing resources and encourage shared use of language between organisations.
- Maintain a strong network by hosting regular wellbeing drop in sessions available across the sector.
- Train experienced Wellbeing Co-ordinators to build capacity within the sector around delivery and provide a professional development pathway for suitable candidates. This would start to demonstrate long term sustainability and expansion capability for the programme over time.

## COMMENTS

- Due to the success of embedding skills in individuals means we now have a strong first cohort of experienced Wellbeing Co-ordinators, many of whom are interested in offering this service again
- Ten of the twelve organisations are still in operation and with their new understanding of Wellbeing, shared language and common policies, could form the foundation of an expanding network of shared practice

## 3.INCLUSION

- This project focused on International staff and volunteers, but as has been stated, many organisations are increasingly engaging staff with lived experience who come from the communities that use the services provided. We strongly feel this is a sensible and empowering approach, but comes with its own set of challenges with regards Wellbeing. Many Community Volunteers still live and function within the crisis situation and as a result could be experiencing significant life challenges.

- We recognise that language and cultural differences may present barriers to accessing training and resources, alongside lack of suitable technology. Moreover we are aware that many teams are currently ill equipped to provide appropriate training and support to their Community Volunteer teams as well as being ill equipped to contain the trauma and mental health issues that may be shared with the Wellbeing Co-ordinator. Further training modules would be needed to ensure safe practice for teams working with community volunteers, which Amna and Human Hive could support.
- However we are committed to reaching this important cohort as it provides the vital link between European run organisations and the communities they work with and we are therefore proposing the following recommendations.

## RECOMMENDATIONS

- Design a set of visual, sharable and durable Wellbeing resources that can be easily translated into appropriate languages.
- Revisit the foundation training content so it's appropriate for community volunteers and trial different training approaches - session length, delivery method, translation services - in consultation with representatives from target groups.
- Enable access to technology and suitable training spaces.
- Where not possible train Wellbeing Co-ordinators to deliver aspects of the foundation training on the ground, so there's less reliance on technology.
- Add specific content in the Wellbeing Co-ordinator training about how to best work with a mixed or predominantly community team.
- Continue to ensure that the focus is on self and co-regulation / support, not trauma therapy.
- Engage experienced clinicians in supervisory roles to ensure that any trauma disclosures are appropriately managed and good boundaries are maintained by the team on the ground.

## COMMENTS

- Because our current training model was designed with international staff / volunteers in mind, some of the materials may not be appropriate for community volunteers - in particular managing situational inequality between those living in constrained circumstances and those who have the means and freedom to come and go. We may therefore need to deliver two versions of the training - one for internationals and one for community volunteers - although we are aware of many successful models of integrated training (including programmes provided by Amina )and this would be our preference.

## 4.FUNDING

It was part of our remit to explore how a programme such as this could be funded in the future. As a sector we cannot be reliant on the generosity of the public over the long term, particularly as many donors want to directly support people, rather than support volunteers. Completing funding applications for grants is time consuming and precarious and there is always a danger in relying on a donor for a period of time, who then may withdraw as their remit evolves.

These are the financial sustainability models we have been considering, a combination of which will be needed to run this programme long term.

**Membership Model:** participating organisations will pay a monthly or annual “membership” fee to support sector-wide Wellbeing support. This would be proportional to size and include access to materials, policy consultancy, network wide drop in sessions, specialist training and trained practitioners.

**Training Fee:** All international volunteers will pay a small fee to access foundational training and materials. A personal investment often acts as a catalyst for attendees to take preparation seriously and attend all sessions. We imagine that over time organisations will require that anyone working with them in a community facing role will take the training.

Wellbeing Co-ordinators will pay for their training – either personally or through sponsorship. These are transferable skills that can be used in a variety of different professional contexts, not only in the grassroots humanitarian aid sector. We will pursue developing a certification for the programme so there is added value for participants.

**Robin Hood Model:** Providing the same services to larger organisations with similar Wellbeing needs and using the profits to augment the grassroots provision and providing bursaries for people who may find training fees prohibitive.

We believe that the pilot stages are the most costly in this process because they require funding for creation, iteration and evaluation. We imagine that over time and with the inclusion of more participating organisations, costs would fall and be associated mostly with delivery of training and supervision. More roles within the process would begin to be taken by a growing cohort of skilled and experienced volunteers, including those who have participated in the “train the trainer” module discussed above which would up-skill participants to deliver some of the training and would receive an appropriate training fee.

We do not rule out ongoing fundraising and grant applications to cover costs, but we do not want to be reliant on this as a long term business model for all the reasons cited above.



# WELLBEING RESOURCES FOR ORGANISATIONS

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# WELLBEING POLICY CHECKLIST

This checklist is intended for internal use by the organization in order to assist in the review, improvement, or development of wellbeing-related policies and procedures. It is by no means exhaustive; rather it highlights several key considerations.

Policy Considerations		Notes
Does the organization have the following policies in place?	<u>Safeguarding (including Child Protection)</u> 1. YES/NO 2. Areas for improvement?	
	<u>Code of Conduct</u> 1. YES/NO 2. Areas for improvement?	
	<u>Time off policy.</u> 1. YES/NO 2. Areas for improvement?	
What practices are in place to support staff well-being?	<u>Team meetings</u> 1. YES/NO 2. Areas for improvement?	
	<u>1:1 Supervision</u> 1. YES/NO 2. Areas for improvement?	

	<u>Group reflective practice</u> 1. YES/NO 2. Areas for improvement?	
Is there someone responsible for supporting well-being of staff?	1. YES/NO 2. Role?	
Are the following topics covered as part of staff induction or training?	<u>Trauma and/or Vicarious/Secondary Trauma</u> 1. YES/NO 2. Areas for improvement?	
	<u>Identity-informed Practice</u> 1. YES/NO 2. Areas for improvement?	
	<u>Self-care in humanitarian field</u> 1. YES/NO 2. Areas for improvement?	
Integration:	<u>Debrief/Exit Interview</u> 1. YES/NO 2. Areas for improvement?	

	<p style="text-align: center;"><u>Re-entry Discussion</u></p> <ol style="list-style-type: none"><li>1. YES/NO</li><li>2. Areas for improvement?</li></ol>	
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**Action plan for improvement or development of wellbeing policies:**

- 1.
- 2.
- 3.
- 4.

# SENIOR LEADERSHIP WORKSHOP TOPICS AND QUESTIONS FOR CONSIDERATION

(through the lens of **Safety, Belonging, Purpose and Identity**)

- **Safety:** Do people feel physically, psychologically and emotionally safe working or volunteering in our organisation?
- **Belonging:** Do people feel included, respected and welcome to share their ideas, feedback and perspectives in our organisation?
- **Purpose:** Do people feel valued and supported to manage their tasks with an understanding of how their role fits within the wider mission of our organisation?
- **Identity:** Do people have sufficient self-awareness about their own identity and the tools to be respectfully curious about the identities of the people they are working with to not cause harm through unconscious power dynamics, biases and assumptions?

## CODE OF CONDUCT

A voluntary code, upheld by the organisation to maintain humanitarian principles. These guidelines seek to guard staff and volunteer standards of behaviour, according to the humanitarian ethos

- **Safety:** What rights and responsibilities should be incorporated into our Codes of Conduct to ensure that everyone feels safe?
- **Belonging:** How can we convey inclusiveness and respect in our Codes of Conduct?
- **Purpose:** Are boundaries clear enough within our Codes of Conduct to help protect the integrity and purpose of staff/ volunteer roles in our organisations?
- **Identity:** Do our Codes of Conduct appropriately reflect and respect the identities of the people within our organisation? Do our Codes of Conduct empower our staff/volunteers to serve as cultural mediators in our work?

## SAFEGUARDING

All actions taken by organisations to protect their personnel from harm and to prevent them from harming others <https://reliefweb.int>

- **Safety:** How would you assess/ address risks to the physical, psychological, and emotional safety of your staff and volunteers and those with whom they interact?
- **Belonging:** How do you safeguard around inclusion? Are there issues regarding interpersonal relationships that involve risk in your context?
- **Purpose:** How does Purpose intersect with Safeguarding? Are there risks to wellbeing involved with carrying out jobs / tasks within your organization?
- **Identity:** How would you assess/address risk around identity issues for your team? For example, are there risks with regards to expressions of gender, sexuality, faith, culture, etc. associated with your context?

## INDUCTION

Both the transfer of important information to and the “welcome” of new staff/volunteers into an organization. This can include everything from the very practical elements of the organization’s work to introducing the general cultural/ political landscape into which new team members are coming. Simply put, it’s where we set up expectations.

- **Safety:** How would you prepare and assure new staff/ volunteers that your organisation takes their physical, emotional and psychological safety seriously?
- **Belonging:** How do you help new staff/volunteers feel welcome and included in your organisation? How do you convey the values of your organisation and welcome their participation?
- **Purpose:** How do you convey the importance of every job and role at all levels of your organisation and show how they all contribute to the wider mission?
- **Identity:** How do you gain a good enough understanding of who a person is so that they can be matched to an appropriate role within your organisation?

## INTEGRATION

The way we process experiences on different levels – emotionally, psychologically, socially. Taking the time and space to bring meaning to events and experiences. The debrief at the end of an assignment, in preparation for the transition out of your organisation in order to return home or go somewhere else.

- **Safety:** How would you promote a sense of physical, emotional and psychological safety as staff/volunteers transition out of your organisation?
- **Belonging:** How do you support staff/volunteers to manage the process of separating from the team and the relationships they have built? How do you support them to maintain a connection with your organisation during transition and beyond?
- **Purpose:** How do you support staff/volunteers to reflect on the work they have done in your organisation and to continue similar work in the future (if wanted)?
- **Identity:** How does a person's individual identity impact on the integration process e.g., a community volunteer as opposed to an international volunteer?