Responding to Staff Care Needs in Fragile Contexts (REST) – a Tool to Assess and Develop Contextualized Staff Care Approaches

David Becker, Phil Langer, Aisha-Nusrat Ahmad, Kate Sheese, Lenssa Mohammed

Content

1. Background

This document provides an overview of the REST tool, a tool which aims at helping teams and institutions find out what their staff care needs are and to develop their own model in accordance with these needs.

The REST Tool is a result of the two-year research project "What helps the helpers?", which was designed and implemented from June 2016 to May 2018 as a joint endeavour between the Sigmund Freud PrivatUniversität Berlin (SFU) and the International Psychoanalytic University Berlin (IPU) within the institutional context of the GIZ regional program "Psychosocial support for Syrian and Iraqi refugees and internally displaced people".[1] As an outcome of this research, we have proposed a reconceptualization of staff care and have developed and piloted the tool acronymed "REST" which stands for "Responding to staff care needs in fragile contexts". The REST tool offers a theoretical framework and facilitates a team based analysis process for identifying, clearly describing, understanding, and addressing a series of challenges organizations and their staff confront in a difficult and complex field of work.

It is often assumed that staff care does not happen because organizations do not consider it a genuine need or do not have the necessary funds to invest. In fact, as we saw in our research, many institu-

---

tions and international donors are aware of the challenges and recognize the need, but are at a loss as to how to define and tackle the issue. In the best of cases, where staff care measures are in place, they tend to misunderstand and approach the issue as stress management and as the facilitation of self-care. Looking more broadly, staff care has come to be described as a moral obligation, as is laid out in the IASC Guidelines, for example:

Staff members working in emergency settings tend to work many hours under pressure and within difficult security constraints. Many aid workers experience insufficient managerial and organizational support, and they tend to report this as they biggest stressor. Moreover, confrontations with horror, danger and human misery are emotionally demanding and potentially affect the mental health and wellbeing of both paid and volunteer aid workers, whether they come from the country concerned or from abroad. The provision of support to mitigate the possible psychosocial consequences of work in crisis situations is a moral obligation and a responsibility of organizations exposing staff to extremes. For organizations to be effective, mangers need to keep their staff healthy. A systemic and integrated approach to staff care is required at all phases of employment – including in emergencies – and at all levels of the organization to maintain staff wellbeing and organizational efficiency (IASC, 2007, p. 87).

While this conceptualization represents an important and positive shift in thinking about staff care as a need, not a luxury, it nonetheless fails to capture the ways in which meaningful and sustainable staff care must also be understood, fundamentally, as an organizational issue. Without grasping the ways in which organizational practices, policies, cultures, etc. themselves must be the subject/object of staff care discussions and interventions, staff care will continue to be something that everybody wants, but that most struggle to adequately define or develop practical ideas for how to sustainably integrate into everyday work. Thus, we felt strongly that the outcome of our research could not be a fixed model of how to carry out staff care. On the contrary, it had to be a structured, but flexible tool which would

  a) allow institutions to understand what staff care means to them

  b) define staff care in reference to context, so that the specific needs of specific institutions in a specific social surrounding could be assessed

  c) allow for the development of a tailor made, realistic, feasible and sustainable plan for staff care and its implementation.

The tool could not be an instrument that would provide the answers to all questions, but much more importantly, it had to *ask* the right questions in a way that would enable institutions to find *their* answers.

2. Conceptual and empirical underpinnings of REST

An alternative to dominant staff care discourses

In reviewing the existing models, instruments, and recommendations for staff care and relating these to our research findings, it became clear that a tool was needed that was sensitive to the specific, contextual demands of offering psychosocial support in the context of conflict and crisis and that necessarily approached staff care as a set of overlapping social, organizational, group, and individual issues.

In our research, the narratives of frontline staff, in particular, underscore the limitations of existing recommendations on staff care which tend to be highly individualized, decontextualized, and aim at universal application. Staff faces multidimensional challenges across social, political, and organizational levels of their work and need staff care measures to engage meaningfully with the daily, local realities of living and working in conflict and crisis, namely: chronic threat and insecurity, ongoing destruction and trauma, and pervasive injustice, inequality, and impunity. Our findings also emphasize that approaches to staff care that do not attend to the particular content of psychosocial support work or to the organizational cultures and institutional narratives that specifically shape this work, will exacerbate dynamics of denial, self-blame, and loneliness. Finally, our findings call for a critical conceptualization of wellness that does not require the banishing of despair, anger, and grief, nor of vulnerability and weakness, but that promotes the capacity for transitioning in and out of connection with these states as well as possible, not in the service of uninterrupted productivity, but in the service of an ongoing negotiation of a sense of meaning, maintaining professional/personal competence, and connection to oneself, one's work, and one's colleagues and communities.

It became undeniably clear to us how important it is that staff care interventions be designed to first clearly identify and describe, and then address specific, contextual challenges that go well beyond the individual level. A starting point for meaningful and contextualized staff care in these contexts, thus, must be the acknowledgement of a few key realities and corresponding questions:

Reality	Question for staff care
Well-being is always a relative, never a total state. In a context of ongoing crisis and conflict, it is not clear what kind of well-being can be achieved.	How to promote resilience and protect vulnerability?
Many work goals are poorly formulated and therefore unattainable.	How to meaningfully promote ownership and mitigate feelings of total impotence?
Conflictive issues of culture, identity, and belonging are always present and often manifest as hostile culturalizing attributions. Working in crisis tends to diminish healthy conflict capacity and the capacity to tolerate difference.	How to protect both difference and equality?
Gender-based violence is present everywhere in the world. It is intensified in conflict and war and reproduced in helping organizations.	How to de-culturalize and make visible systemic forms/reproductions of gender-based violence?
Organizational structures tend to impede connection and foster loneliness.	How to establish/protect spaces for connection and enhance capacities for acknowledgement and recognition?

With these as guiding concerns, we articulated four principles of staff care which underpin the REST tool:

1. Staff care should help staff stay connected to themselves and to their team with respect to the whole range of feelings, including pain, rage, and despair.

2. Staff care should help staff maintain/re-establish a sense of meaningfulness and competence in their work as well as the capacity to reflect and act.

3. Staff care should help staff confront the realities of threat, trauma, and loss as best as possible and as least self-destructively as possible.

4. Staff care should help staff to maintain a capacity to acknowledge inadequate resources and, at the same time, make best possible use of what is available.

Adhering to these principles demands an approach that does not view staff care as services and rather as practices. That is, staff care should be relational and systemic rather than focused on the individual; it should seek to be continuous, iterative, and process-oriented rather than offered as single applications which are resolution-oriented; and it should be spatially-near, integrated and embedded into the actual spaces of work, rather than spatially-distant, occurring outside of where people carry out their work. In taking a conflict focus and establishing a psychosocial frame, the REST tool facilitates an analysis of challenges that leads necessarily to a dynamic, relational, and systemic understanding of a group's staff care needs and promotes the development of a staff care plan that intervenes at these levels.

Taking a conflict focus and psychosocial approach

The structure of the REST tool is informed by the Do-No-Harm-Approach (Mary Anderson, 1996) and the psychosocial conflict analysis (Becker, Groninger, Luzar 2006). "Do-No-Harm" (Anderson, 1995) and so called "Conflict Sensitive Program Management- CSPM" (SDC, 2006) have become key features of any international cooperation project carried out in regions of conflict and crisis. It is surprising that, to date, these approaches have not been extended to the issue of staff care. Since these perspectives take as core assumptions that it is *people* working in conflict that can do harm *to* their surroundings and it is *people* working in conflict who can be harmed *by* their surroundings, staff well-being is, at least implicitly, a chief concern of both approaches. It follows, then, that attempts to understand and address issues of staff care would benefit from the lens of conflict analysis.

Although people tend to fear conflict and view it as something to be avoided, conflicts on a broader social level as well as on a very personal psychological level are, not only, a normal part of everyday life, but also contain positive possibilities of social and individual development. Although we often hear about "resolving conflict," what we actually do with conflict has less to do with resolving something and more to do with transforming the way a conflict is carried out, that is the way we develop and manage relationships. With these relationships in focus, a different approach to staff care becomes both possible and necessary. Instead of simply looking at individuals and assessing their symptoms, their levels of stress or their level of happiness, we have to assess the issues, people, institutions, values, interests, needs, etc. they are in conflict *with*.

The psychosocial approach and specifically the psychosocial conflict analysis tool put the person and its relationships at the center of the discussion. The psychosocial conflict analysis tool has proven quite successful in its application, essentially because instead of avoiding staff's subjective feelings and judgments, it offers them a space, reflects on these feelings and uses them to better understand what is going on in the work. This tool also allows teams to get involved with such complex psycho-issues as trauma, fear, and mourning and their social counterparts, destruction, threat, and loss without enhancing the typical fear and insecurity towards these issues. Nevertheless, the psychosocial conflict analysis tool, like the Do-No-Harm-Tool, never had the issue of staff care as a principal focus. Thus, when we developed the new tool, REST, it made sense to build on the well-established foundations of Psychosocial Conflict Analysis, and to connect this to our specific research findings in order to carefully develop a tool that would address the key concerns and principles of staff care, meaningfully connecting to the roots of Do-No-Harm and CSPM.

As we were summing up our research experiences, presenting our results to participants in backtalk workshops in Jordan and Turkey, it was moving to perceive how staff reacted to our summary. We did

not have a rosy picture to paint. Quite to the contrary, we had to talk about the impossibility of well-being, about unfinished mourning processes, about impotent anger and about fear of others and fear of self-destruction. Nevertheless, staff did not react negatively, but actually quite to the contrary, in a very enthusiastic way. Especially local staff expressed a powerful feeling of recognition. We had risked calling things by their name, and instead of producing more depression and helplessness, it generated a reaction of empowerment, not only in terms of feeling, but also in terms of wanting to take action. Staff care in these discussions stopped being a psycho-issue one needed to be afraid of, neither a response to a mental illness or a personal failure to cope, but rather something normal that might be actually linked to basic human right.

3. The REST Tool

The REST tool we have developed focuses on enabling teams and organizations to find out what their specific staff care needs are and then to develop a practicable staff care plan which can be implemented. The tool as such does not offer staff care. It is also not a summary of techniques. Nevertheless, if one starts from the idea that defining a problem is already half the solution, then the instrument indeed contributes to staff care.

The tool consists of 7 modules, to be worked through in a 2-3 day facilitated team process, which aim at developing (1) a thorough understanding of staff care needs within a group of staff and (2) construct a realistic staff care plan. This is only the first step, as this plan needs to be put into practice by the respective teams/institutions. The REST tool provides a framework to facilitate this first step; however, the implementation of the staff care plan needs to be followed-up either by the teams/institutions themselves and/or through external facilitators.

The modules of the REST tool are listed here and outlined in the following:

Module 1: Setting the Stage/Understanding Staff care

Module 2: Identifying Conflicts

Module 3: Analyzing Conflicts – Actors and Dimensions

Module 4: Analyzing Conflicts – Key Psychosocial Issues

Module 5: Key Staff Care Concerns

Module 6: Establishing a Staff Care Plan

Module 7: Closing

Module 1: Setting the Stage/Understanding Staff care

Module 1, focuses on establishing an initial link between participants and facilitator(s), achieving a common understanding of what will happen in the team process and finally, focuses on establishing a common understanding of the complexities involved related to staff care.

A paradigm shift in staff care is introduced, moving away from thinking about staff care as a purely individual task and responsibility, and towards a psychosocial approach which acknowledges the complexities and nuances of needs and conflicts when working in fragile contexts. Within this first module the four staff care principles are introduced and discussed:

1. Staff care should help staff stay connected to themselves and to their team with respect to the whole range of feelings, including pain, rage, and despair.

2. Staff care should help staff maintain/re-establish a sense of meaningfulness and competence in their work as well as the capacity to reflect and act.

3. Staff care should help staff confront the realities of threat, trauma, and loss as best as possible and as least self-destructively as possible.

4. Staff care should help staff to maintain a capacity to acknowledge inadequate resources and, at the same time, make best possible use of what is available.

Module 2: Identifying Conflicts

Module 2 then focuses on generating a list of difficult situations in the working experience of staff and on choosing one of these issues for deeper analysis. This list is of key importance for the whole endeavor of producing a staff care plan. Difficult situations always encompass a mixture of personal feelings and larger contextual issues. The situations are therefore ideal for revealing what most powerfully challenges individual wellbeing of staff, while at the same time, point to larger team and institutional challenges that need to be understood. Instead of blaming either the person or the institution, the problem situation encompasses both and presents us less with the question of who is at fault and more with the complex roots of the problem. At the end of this module one situation is chosen for deeper analysis. This does not mean that the rest of the list is forgotten, but that instead of looking superficially at all problems at the same time, the group examines one problem in depth and then refers back to the broader list of issues in a later module.

Module 3: Analyzing Conflicts – Actors and Dimensions

In module 3, a detailed and in-depth analysis of one issue begins. First all actors involved in the problem are identified and then the specific psychosocial dimensions of the problem are discussed: (1) subjective dimension, (2) material dimension, (3) group dimension, and (4) power or political participation dimension. The subjective dimension, that is, personal feelings, needs and wishes, is always important. The material dimension sometimes is not so dominant, but resources, money, livelihood, etc. have a certain relevance to understanding challenges that present themselves in one's work. The group dimension, that is, our multiple belongings and what they imply for our feelings, perceptions, and behavior, also plays an important role. We belong simultaneously to different groups (e.g., gender, professional role, nationality, etc.) and these belongings often appear as a relevant part of the difficult situations staff experiences. Sometimes these conflicts of belonging are also experienced as internal conflicts, for example, between me, as a member of a team, and me, as a member of my family. The fourth dimension refers to the fact that, in any conflict, there is always a power issue involved; not only in terms of which of the actors has more or less power but also in general how much power I literally have to act on and solve a situation or not.

Sometimes one dimension is more important than the other, but in any given problem situation, all of them are present and jointly constitute what we could call the psychosocial field. In summary, module 3 really looks at all the different aspects that make up the specific problem situation. It shows that our narratives about the problem are usually not conscious enough about one or another dimension involved here.

Module 4: Analyzing Conflicts – Key Psychosocial Issues

Module 4 extends the analysis by discussing certain psychosocial issues more specifically and in depth. It discusses the social realities of threat, destruction, loss and injustice and their corresponding psychological reactions of fear, trauma, grief and impotent anger. At the end of module 4, a first summarizing interpretation is carried out: what have we learned so far? Has our understanding of the conflict changed and what implications does all of that have for staff care needs?

Module 5: Key Staff Care Concerns

Within module 5 the following key overarching staff care concerns, which we have identified as as relevant in the context of our research, are introduced and discussed:

1. Gender and gender based in violence

2. Conflicts in belonging

3. Culturalizing conflicts

4. Protecting vulnerability

5. Dealing with severe suffering and witnessing injustice

6. Security concerns

The first two issues are probably self-evident. The third focusses on the fact that, especially in refugee work, prejudices develop which tend to associate certain behavior with supposed national, ethnic, or religious characteristics, but could also be associated with supposed gender or class characteristics, for example. The fourth topic is a permanent conflict for clients and staff, because in the middle of turmoil you have to be strong in order to survive, but if you are only strong and never acknowledge your own suffering, you become less human, you stop being empathetic, you lose your connection to yourself. One of the key problems in all areas we researched was the reality of staff having to witness severe injustice and having to accept that help is impossible. In other words, the professional helper constantly has to deal with the fact that he/she cannot help and that often he/she is witness to crimes and impunity, without being able to stop them. The final issue is not present in all institutions but nevertheless for many, security is an issue, not only because the project might be carried out under conditions of war and conflict, but also because amongst other things, staff has to deal with a lot of aggression from clients. Most security rules of organizations do not adequately include the realities of front line staff and their experiences. The participants discuss all 6 issues and check how important they are for them, and how they relate to their own list of difficult situations.

Module 6: Establishing a Staff Care Plan

In module 6, a staff care plan is developed. All analyses carried out until now are briefly reviewed and then the group makes a list of key issues to be addressed. This is no longer a list of challenges, but a list of different tasks that need to be worked on in order to fulfill the staff care needs. Furthermore, the group collectively generates a table that defines what will be done, when, how and by whom, and how the interventions can be evaluated to the satisfaction of the staff involved.

Module 7: Closing

The last module offers a space to evaluate the workshop, and to say good bye. After the workshop the facilitators write a summary report of all the results and send it to the institution. Workshop partici-

pants check if everything has been correctly understood. The report is sent to all members of the institution and becomes the official staff care plan.

Most institutions will need a follow up after this initial step, without which, staff care might not really work. It is worth restating that staff care refers to real issues in teams and to complicated needs. Learning to work on these needs is not a onetime endeavor. Good staff care implies a change of culture in most institutions. This tool can begin this change, but it is not enough to make it happen.

4. Final remarks and future perspectives

The research process and development of the REST tool has proven to be more important, more challenging and more rewarding than we all expected. We knew before starting how immense the needs were. However, when conducting the interviews and doing the workshops it became overwhelmingly clear how underrated, underanalyzed and underacknowledged this field of work is, and how much there is still left to do. We have tried to accept the high ethical obligation conveyed to us by our interview partners, by the teams we worked with: They have trusted us with their problems, with their bravery, with their needs. We can only accept the challenge of communicating what we have learned:

1. Staff Care is important. It cannot and should not be ignored any longer.

2. Staff care is an essential part of doing no harm and conflict sensitive program management.

3. Staff care is and should be possible for everybody and does not need to be extremely expensive if it is preceded by a very good specific and contextualized staff care needs analysis, carried out by the people it is intended for.

4. Staff care can be self-contained but initially needs external guidance, by trustworthy and well-trained professionals.

5. Staff care must focus on all staff. It must be culture sensitive and in many places it must deal with the difficult relationship between expats and locals.

6. Staff care should not only be an answer to emergencies, but a regular part of work always.

7. Staff care is a process not a one-time activity.

8. Staff care in areas of conflict and war cannot pretend to achieve wellbeing, but instead must focus on helping staff to maintain an adequate balance between strength and vulnerability, overcoming again and again loneliness and isolation, disempowerment, anger and facilitating mourning processes.

Here we have offered a brief overview of the REST tool, its underpinnings and key components. The full version of the tool and accompanying guide is still under development and will be available for distribution in the second half of 2019.