

GLOBAL CENTRE FOR
**HEALTHY
WORKPLACES**

Advancing Duty of Care and Healthy Workplaces

Handbook for
Non-Governmental Organisations (NGOs)

Contents

Introduction	4
The NGO Challenge	5
Types of NGOs	5
Challenges Facing INGOs	5
Definition of Duty of Care	6
Meeting Duty of Care Responsibilities	6
What is a Healthy Workplace?	8
Practical Guidance & Recommendations	9
Case Studies:	12
CAFOD: Approach to Duty of Care and Wellbeing	12
Transforming Surge Capacity Project Mindfulness & Wellbeing Programme	14
Advancing Duty of Care in BRAC: Responsibility for Employee Wellbeing	16
Resources	18
Global Healthy Workplace Awards Winners and Finalists	19
About the Global Centre for Healthy Workplaces and the Cigna Foundation	20

Introduction

This Global Centre for Healthy Workplaces and Cigna Foundation Handbook for Non-Governmental Organizations (NGOs) was developed with the assistance of NGOs, such as the CHS Alliance, and experts in the field, with the aim of providing a practical guide NGOs can use to advance the Duty of Care concept within their organisations and create healthy workplaces, both traditional and non-traditional, for the benefit of their employees.

This Handbook has the following goals:

- 1. Raise awareness of challenges related to staff health and wellbeing specific to NGOs;**
- 2. Advocate for a more progressive understanding of Duty of Care towards wellbeing and healthy workplaces;**
- 3. Provide practical guidance and resources, which NGOs can adopt and use for their own purpose;**
- 4. Feature current case studies in order to advance enhanced learning and sharing amongst NGOs.**

The NGO Challenge

Types of NGOs

A non-governmental organization (NGO) is a nonprofit organization that is independent of governments and international governmental organizations. Non-Governmental Organisations NGOs play an important part in the fabric of communities and economies. According to the US State Department, there are roughly 3.7 million NGOs in the world – two million in India alone – with the first dating back to the founding of the United Nations in 1945, when certain organisations were granted NGO observer status.

When examining challenges specific to the health and wellbeing of NGO employees, one needs to take a closer look at what kinds of groups of NGOs exist. NGOs take on a variety of social challenges covering education, health, environment, human rights, etc. Types are commonly classified by orientation and level of operation. The orientation can be charitable, service, participatory and empowering. The latter comes with a maximum involvement of the beneficiaries with NGOs acting as facilitators. NGOs can be community-based, city-wide, state-wide, national or international.

This Handbook looks primarily at international NGOs (INGOs) in the humanitarian and development sector.

Challenges Facing INGOs

Whilst many INGOs are highly professional organisations with mature systems, structures and policies, common challenges to many include a lack of funds, absence of strategic planning, poor governance and networking, lack of use of modern technologies, limited capacity, and, sometimes, a lack of empowerment of local people and institutions.

Additionally, INGOs face multiple challenges when it comes to guarding and enhancing the the health and safety of their workers unique to their type of organisation. Many operate in insecure and hostile environments, which can necessitate a safety-first approach. The health and wellbeing of such workers is a particular cause of concern.

For many, trauma and stress are a daily part of life and employees are required to be resilient in order to survive and function effectively. Often workers appear selfless, with a strong belief in and affinity for their organisation's mission. There is a risk that the mission and passion of an INGO to help people in emergency situations sometimes may prevail over the need to take care of the organisation's own workers. Professional commitment can come before personal wellbeing, especially if the direct health-related consequences are not immediately visible, e.g. with mental illness and stress. The need to address stress, anxiety and burnout, through an emphasis on preparedness and prevention, within the humanitarian sector is compelling. For example, The Guardian newspaper conducted a survey of humanitarian workers in 2015. The results revealed that an astonishing 79% of the 754 aid workers surveyed had experienced mental health issues, of which 93% indicated this was directly related to working within the humanitarian sector itself.

Furthermore, it is essential for INGOs to respond rapidly in times of crisis, so standards, procedures and checks are difficult to maintain. The impact of such problems is sometimes not measured, or if so, only fractionally. Finally, many INGOs have a global workforce with staff based in many countries, which amplifies the difficulty in adopting uniform standards and implementing wellbeing programmes.

It is important, however, to point out that some characteristics common to both NGOs and INGOs can be used as an advantage. Working for an altruistic cause and strongly identifying with your employer's mission correlates favourably with worker engagement and is generally good for life satisfaction as well as for health and wellbeing. This represents an important competitive advantage compared to many large corporations who are struggling to get employees more engaged and motivated. Furthermore, numerous NGOs and INGOs have been highly innovative when it comes getting the most out of limited resources. This kind of thinking and approach can be transferred to the betterment of staff health. Some successful examples are examined in the Case Studies section of this Handbook.

Defining Duty of Care

Duty of Care is a moral as well as a legal obligation to ensure the safety or wellbeing of others. For international organisations, Duty of Care means guaranteeing staff are safe and healthy (both mentally and physically). This applies wherever they are in the world, which can be challenging where legislation and regulations differ significantly between countries. While it is a legal duty in most countries to ensure the health, safety and wellbeing of employees, one can make a strong argument for the moral duty and equally for the business case of healthy and engaged employees.

Awareness of Duty of Care principles is growing in the workplace as well. Aid workers are becoming increasingly concerned about whether their employers are providing adequate Duty of Care. Last year, an international petition was raised – unsuccessfully – to have this issue included as a key topic at the inaugural World Humanitarian Summit.

Whilst duty of care was originally regarded as a legal obligation to avoid harm to staff or others, it now commonly carries a broader human resource perspective with the organisation's responsibility for employee wellbeing. This thinking aligns closely with the concept of corporate responsibility. With

Figure 1: Duty of Care

Duty of care:

- is an employer's moral, legal, financial obligation towards its employees
- touches upon all aspects of an employee's experience with an organisation – from recruitment to exit
- is multi-dimensional and multi-layered
- must be continuously reviewed

Source: Cigna & Duty of Care International

its establishment of the Core Humanitarian Standard, the CHS Alliance¹ has advanced the discussion in standards of care in the humanitarian sector, which includes staff support as one of nine key commitments. The International SOS Foundation also conducted a global benchmarking study specific to Duty of Care and travel risk management. The study questioned over 600 companies and concluded that while organisations are becoming more aware of Duty of Care responsibilities, practices vary widely.

For example, research by Cigna NGO Health Benefits and CHS Alliance in 2013 showed that while nearly 70% of international NGOs offer health insurance to their employees, only half offer it to volunteers. In addition, two-thirds of NGOs don't offer health insurance for their local and national staff.

Meeting Duty of Care Responsibilities

Proper duty of care practices must be multi-dimensional, adaptable and continuously reviewed.

Scott Breslin (2017) describes three standards of care frameworks:

1. Safety (Minimalist) Standards

Organisational focus is on complying with the law and not being found negligent, e.g. with regard to staff safety.

2. Wellbeing Standards

The organisation is eager to meet or exceed industry standards and implement programs beyond what the law requires, e.g. smoking cessation, weight loss, stress reduction, burnout prevention.

3. Thriving Standards

These organizations go beyond legal compliance and industry standards and aim at becoming a healthy workplace where employees can thrive.

A lot of the discussion around Duty of Care in the NGO world is currently focused on how to establish wellbeing standards, which is a positive development compared to solely securing safety standards. This Handbook is intended to assist NGOs in creating working environments where employees can thrive,

1) The CHS Alliance forms one of the largest and most influential networks of organisations committed to improving humanitarian and development work through the application of standards in quality, accountability and people management.

better enabling the organisations they serve to advance their core mission via their programmes.

The underlying principle that all NGOs should be aware of is that Duty of Care should include creating healthy workplaces where the organisational culture enables, reinforces and rewards thriving (as outlined on page 8).

In summary:

Duty of Care is the obligation to ensure the safety or wellbeing of others, ideally at the level of Thriving Standards.

To meet their Duty of Care responsibilities, NGOs and INGOs need to:

- ✿ Ensure a physically safe working environment;
- ✿ Provide training on how to operate machinery;
- ✿ Set reasonable working hours;
- ✿ Protect employees from harassment or bullying;
- ✿ Provide ways for employees to raise concerns and give feedback without recrimination.

Although NGOs and INGOs exist to serve social and humanitarian needs, when it comes to their relations with their employees (and volunteers), they share in important imperative with for profit entities:

Duty of Care may be a legal and moral obligation but it's also a good organisational practice. If employees know their employer is concerned about their health, safety and wellbeing, it builds trust and engagement, and can support productivity and long-term commitment.

While Duty of Care – and the promotion of employee wellbeing that forms its core – extends to a wide array of social factors, its most important component involves the working environment itself. For this reason, NGOs must strive to create and maintain a healthy workplace, be it in an office or storefront setting, or in a disaster area far from an organisation's headquarters.

What is a Healthy Workplace?

Utilizing the workplace as a setting to promote health is a comparatively novel approach in the overall history of health and medicine. The workplace has traditionally been regarded as a potential risk to worker health and most studies in the field have been focused on how to minimize or eliminate these risks. This focus has evolved, with the workplace now being regarded as one of the priority settings for health promotion into the 21st century. The opportunities to promote good health are enormous: a majority of adults spend a large part of their waking day at the workplace, and employers and employees alike benefit from the introduction of health promotion at the workplace – a so-called win-win situation. Employers benefit from more productive and motivated employees generating less health care costs and employees enjoy better health and enhanced quality of life.

The World Health Organization (WHO) Healthy Settings approach reaches back to the Ottawa Charter on Health Promotion in 1986. However, only recently (2010) has the WHO made this an official policy with the launch of the Healthy Workplace Global Model for Action. Acting on the Global Plan of Action on Workers' Health 2008-2017, the Model for Action assesses healthy workplaces in the context of:

- ✱ work-related physical and psychosocial risks;
- ✱ promotion and support of healthy behaviours;
- ✱ broad social and environmental determinants.

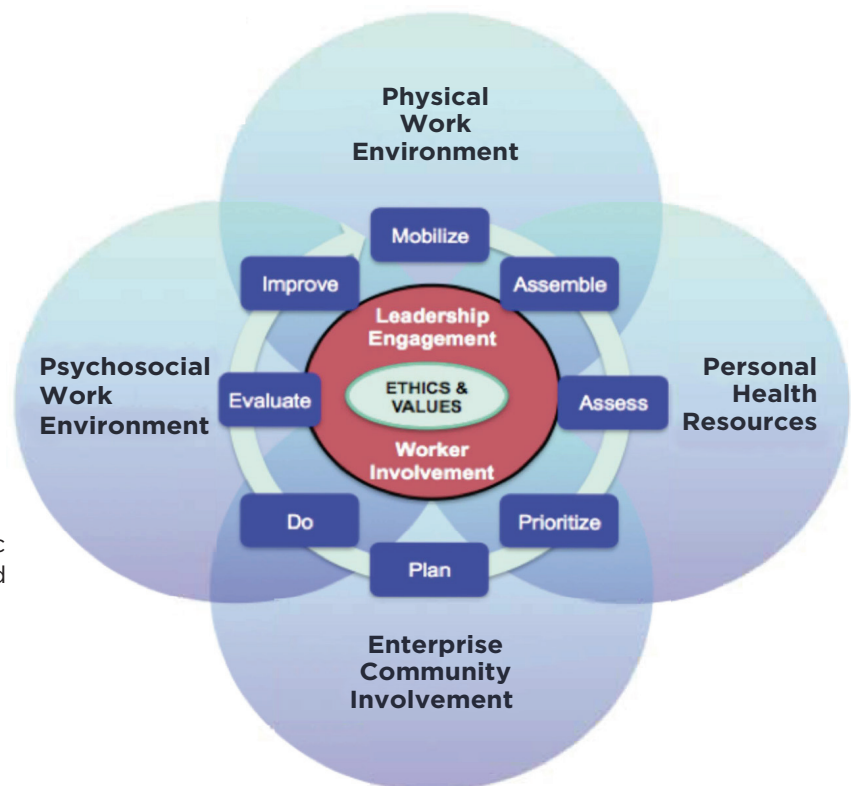
The Healthy Workplace Framework provides guidance for a comprehensive and systematic approach with global relevance and is divided into the following interrelated sections:

- ✱ **Physical Work Environment**
- ✱ **Psychosocial Work Environment**
- ✱ **Physical Health Resources**
- ✱ **Enterprise Community Investment.**

The Healthy Workplace model follows a continual improvement process, e.g. highlighting the need for evaluation, and places leadership engagement and worker involvement as central priorities. Moreover, it is adaptable to diverse countries, industries, workplaces and cultures.

It is important to point out that employers should first address those areas that are most pressing in the given work environment, e.g. complying with occupational health law and regulations. However, all organizations, large and small, blue collar and white collar, need to address all four areas in the Healthy Workplace model in order to become a healthy workplace. This approach is less a matter of resources, and more one of thinking, organization and priorities, i.e. low-resource programs can be applied for micro companies in low income countries.

Figure 2: The Healthy Workplace Framework



Reprinted from: Healthy workplaces: a model for action. Page 13. http://www.who.int/occupational_health/healthy_workplaces/en

© Copyright World Health Organization (WHO), 2010. All Rights Reserved.

Practical Guidance & Recommendations

At the center of creating healthy workplaces is the continual improvement process. This systematic step-by-step process is essential in order to promote the health and wellbeing of the workers in a successful and sustainable way. There are eight main steps:

1. Mobilize

The first step to a healthy workplace is to mobilize **leadership** and **staff** about the necessity of investing in the health and wellbeing of employees. While the benefits are evident it is important that the opinion leaders and influencers in the organisation are motivated. The case needs to be made that actively supporting employee health and wellbeing will further the mission of the organisation. One way of doing this is to outline the link between health and staff productivity. Many studies have documented this link and demonstrated that physically or mentally unwell workers will perform to a lesser degree, often manifested as **presenteeism** (i.e. the practice of coming to work despite illness, injury, anxiety, etc., often resulting in reduced productivity).

The Healthy Workplace strategy needs to be adopted as a **comprehensive policy** and agreed by the organisation's highest authority.

2. Assemble

Once key stakeholders have been mobilized, they can best operate through assembling a **healthy workplace committee** to direct resources. This role could also be taken on by an existing committee such as health and safety. The committee should include a **healthy workplace coordinator**. In addition, workers must be actively involved in every step of the planning and management process including gathering their opinions and ideas to improve the health and working environment.

3. Assess

It is essential to gather baseline health-related data in order to develop and evaluate an effective and healthy workplace program. With regard to battling non-communicable disease at the workplace, it is highly recommended for each employee to participate in a **personal health assessment or health check**. Such assessment is typically organized in conjunction with some basic **biometric screening**.

This will enable your health promotion activities to be strategic and targeted. For example, if you have a high number of overly stressed workers it would make sense to offer mental wellbeing programs and counseling as well as provide opportunities to be physically active.

Free online health checks:

- ☀ NHS One You "How Are You Quiz" <https://www.nhs.uk/oneyou/hay#IUPI57utfXgxcEd8.97>
- ☀ CDC National Institute for Occupational Safety and Health's (NIOSH) Quality of Worklife Questionnaire <https://www.cdc.gov/niosh/topics/stress/pdfs/qwl2010.pdf>
- ☀ CDC Employee Health Assessment (CAPTURETM) <https://www.cdc.gov/workplacehealthpromotion/tools-resources/pdfs/nhwp-capture-health-assessment-update.pdf>

All collected individual data should be treated confidentially and only accessed by health professionals. Immediate supervisors, human resources managers and senior management should be able to see only aggregate data - not personal data of individuals.

Additional information can be gathered by looking at what other companies are offering with regard to improving the health of their employees, i.e., benchmarking. The Global Centre for Healthy Workplaces profiles Global Awards winners and finalists and their programmes at <http://globalhealthyworkplace.org/profiles.html>.

4. Prioritize

Here are some key factors to consider when setting priorities for your health promotion program:

- ☀ Ease of implementing solution: a "**quick win**" may motivate and encourage continued progress;
- ☀ Prevalence of health risk, e.g. the majority of employees are smokers;
- ☀ Severity of health issue and perceived threat to health and wellbeing;

- ☀ Possibility of making a difference, e.g., workers are ready to change a behavior, external support or link with other company policies;
- ☀ The costs of ignoring or neglecting the problem;
- ☀ Subjective opinions and preferences of workers and managers involved with the health programme.

5. Plan

A healthy workplace plan should address priorities and specify attainable goals with an indication of time frames. Long-term goals and specific objectives need to be set. This should include budgets, facilities and resources as well as planning for launching, marketing and promoting the programs.

*Clearly stated, **measurable** goals and objectives will make evaluation much easier. One should keep in mind that behavior change is difficult and takes time as it involves norms, beliefs and values. Initial changes will occur in knowledge and awareness of health issues – goals and objectives should be set accordingly.*

6. Do

In launching a new health promotion program, it is important to **promote** and **market it effectively** in order to obtain high participation rates. A well-designed program will be without effect if not “sold” appropriately to the workers. **Multiple communication modes** should be applied, e.g., flyers, posters, text messages, e-mails, intranet announcements, social media, etc.

7. Evaluate

Evaluation is essential to see what is working and what is not, and to justify the program as a management tool. This is a step often neglected by health or HR professionals leaving them clueless as to the outcomes and sometimes leading to programs being dropped.

Both the implementation **process** and **outcomes** should be evaluated in the short and long terms. The baseline data from the survey and screening will

Promising Practices for the Use of Wearable Tracking Devices in Health Workplace Programmes

- ☀ Extend wearables to spouses and domestic partners to increase employee participation rates and provide social support outside of the workplace.
- ☀ Pilot wearable-supported programs first to identify ways to improve program communications and design prior to launching across an entire enterprise.
- ☀ Incorporate culturally relevant incentives and tie them to wearable use and deeper levels of engagement. Consider different levels of incentives for varying levels of steps or activity.
- ☀ Incorporate wearables into a broader program that goes beyond a single challenge focused on physical activity. Leverage interest in wearables to engage individuals in other health and wellbeing programs.
- ☀ Provide ongoing enhancements to program design and engagement strategies, never allowing the program to feel stale. Keep programs relevant and fresh by responding to program evaluation data and employee feedback to continuously improve your approach.
- ☀ Develop goals and objectives for your program and leverage available wearables data to evaluate achievement of those goals.

Source: HERO, 2017

come in handy at this point to review any progress, or lack thereof.

This includes evaluating the impact of the program on **organisational indicators**, e.g., staff engagement, retention, absenteeism rates or productivity.

8. Improve

After evaluating the results, changes can be made to the programs. It is very important to visibly **recognize and reward successes**, sharing outcomes with the stakeholders and all employees. This helps to build further momentum and promote engagement.

Here are examples of evaluation indicators with regard to process, outcome, health impact and organizational impact:

Process

- ☀ **Participation rates.** Were participation goals met?
- ☀ **Satisfaction.** Would the participant recommend the program to a friend?

Outcome

- ☀ **Knowledge and skills.** What did participants learn from the intervention?
- ☀ **Health practices.** What health behaviors did participants change as result of the intervention (e.g., stress levels)?

Impact

- ☀ **Risk factors:** Can you show risk factors were reduced as a result of the intervention?
- ☀ **Health status:** Can you show that actual disease prevalence has decreased?
- ☀ **Working environment:** Staff morale and job satisfaction

Organizational impact

- ☀ **Engagement:** Did the program help increase staff engagement?
- ☀ **Retention:** Have retention levels increased?
- ☀ **Absenteeism rates:** Were you able to reduce/stabilize sick leave?

Case Study:

Catholic Agency for Overseas Development (CAFOD): Approach to Duty of Care and Wellbeing

CAFOD is an agency of the Catholic Church of England and Wales, which receives around 70% of support from individual donors within the Catholic community of England and Wales. The decisions on how funds are used are based on the principles of good stewardship of all resources. This means balancing the need to care for their own staff with the commitment to ensure income is used predominantly to support the vision and mission of the agency.

CAFOD's mission is four-fold: emergency response, long-term development internationally, advocacy in the UK and internationally, engagement with volunteers and supports in England and Wales. In the international work, CAFOD focuses on reaching the poorest and most marginalised through a network of local, Church and non-Church, partners in around 40 countries. This work takes the organisation into some of the most insecure environments on earth. The range of work is described on the website at www.cafod.org.uk.

People

CAFOD employs 440 staff, a third of whom work in international programmes in 11 countries in Africa, Asia, Latin America and the Middle East. The remaining staff work in the UK. The two key challenges for the care and wellbeing of staff are:

- ✦ Finding the right balance between consistency of approach and appropriate contextualisation; access is provided to the same set of services, tools and support but prioritisation and take up is adjusted based on need.
- ✦ Appropriate stewardship of limited resources; prioritisation of what to outsource to industry experts and what to effectively deliver with in-house resources.

Approach to Wellbeing and Duty of Care

CAFOD takes a holistic approach to the way in which staff is managed and supported, conforming to sector good practice, previously set out in the People in Aid Code of Good Practice, now encompassed in the Core Humanitarian Standard.

Engagement

All the evidence points to the importance of staff engagement in creating a healthy and resilient workforce. CAFOD expresses its overarching

Figure 3



culture and expectations as a set of behaviours described in its “People Framework” (see figure 3). The framework forms the basis of HR policy design, leadership and management development and a range of tools to support managers on an on-going basis. A case study explaining the development and content of the framework can be found on page 29 of the “Engage for Success” 2017 Report (<http://engageforsuccess.org/wp-content/uploads/2017/04/EFS-Not-for-Profit-Toolkit.pdf>).

Benefits and Wellbeing

CAFOD has developed a strategy that links both financial and non-financial benefits, promoting both physical and financial wellbeing as well as being financially sustainable for the organisation

Figure 4



Figure 5

Announcements

Title	Modified
Places available on 18 July security training	... June 28
Business case for attending external security training courses	... June 14
Kenya Election-Travel notice from Catherine Ogolla, Country Representative (Kenya and Uganda)	... May 17
Reminder-Basic security training taking place on 1 June	... May 15
New link to CAFOD policies and procedures module!	... April 6
New Security Training Available	... April 5
Airlines ban carrying of electronic items	... March 21
New security training format and requirements	... October 6, 2016
Interesting article from the Guardian on what goes in a 'grab bag'	... February 19, 2016
Incident Reporting	... February 1, 2016

Ask Security

Hostile Environment Awareness Training / Northamptonshire

Hostile Environment Awareness Training / Sussex

Hostile Environment Awareness Training / Northamptonshire

FAQs

Who is the security team at CAFOD?

The CAFOD security team is comprised of Jamie Monteith (Global Security Coordinator) and Tim Cohen (Emergency Support Officer UK). We sit on the 3rd floor. Come and say hi!

Where can I find out the safety and security context of the place I'm travelling to?

How do I find a country security plan?

Where can I find the security manual?

Events

AUG 14 Hostile Environment Awareness Training / Northamptonshire

AUG 21 Hostile Environment Awareness Training / Sussex

SEP 11 Hostile Environment Awareness Training / Northamptonshire

(see figure 4). Details of some of the challenges faced in developing an international benefits strategy can be found in the Project Fair Case Study (<http://project-fair.org/project-findings>).

CAFOD's approach to non-financial benefits is underpinned by a commitment to psychological wellbeing supported by a range of internal and external support, including, Trauma & Psychological First Aid, First Point of Contact Training and Family Liaison Training, as well as pre- and post-assignment assessment. However, this training is largely delivered in the UK. Finding high quality and timely support for pre- and post-assignment assessment and trauma counselling in the international locations is one of the biggest challenges.

Measures that help to monitor the impact of our approach include:

- ✱ Voluntary turnover, which at 8% is comparatively low for the INGO sector
- ✱ Staff retention, 49% of our staff have been at CAFOD for more than 5 years
- ✱ Recorded sickness absence rate is less than 2% (it is not yet recorded electronically in international offices)
- ✱ Dispute, disciplinary and grievances cases are also low at less than 3% per year

Security

Although most staff have experience and understand the risk of working in emergency response and long-term development, CAFOD instils a culture that mitigates against complacency. CAFOD has a dedicated Global Security expert, policies, guidance and a range of staff training that ensures people are as prepared as possible to work in hostile environments. Each country, including the UK, has its own security plan (see figure 5), which is regularly reviewed.

Staff cannot travel without a defined travel plan, security clearance and an office-based security manager to whom they must report at agreed times.

CAFOD security incidents are low, averaging one per month. These can range from breaches of protocol (which can result in disciplinary action) to safety concerns. All incidents are recorded and reviewed by a senior management team. Thankfully, no major incidents have occurred in the last 10 years. However, CAFOD runs regular crisis management exercises and every exercise and security incident is debriefed fully and the learning used to update policy and practice where appropriate.

Special thanks to Jacquie Heany, People and Performance Group, CAFOD for providing the case study. She can be reached at jheany@cafod.org.uk.

Case Study:

Transforming Surge Capacity Project: Mindfulness & Wellbeing

The Mindfulness & Wellbeing Project is led by Action Against Hunger UK, as a component part of the Transforming Surge Capacity (TSC) project, a multi-agency programme funded by the Start Network, a consortium of 42 global humanitarian agencies. This endeavour is part of a wider portfolio of projects organized by the UK's Department for International Development (DFID), Disasters Emergency Preparedness Programme (DEPP), and is exploring how wellbeing approaches can be improved and transformed within the humanitarian sector.

Now in its final year, this three-year Wellbeing project has been piloted across three 'platform' countries in Asia, from Pakistan, Thailand, and the Philippines, as well as in the UK. Whilst the project has a wide scope for exploring how wellbeing can be improved in the humanitarian sector, the specific focus of exploration is on preparedness and prevention of mental health problems, and emphasises the need to shift perspective from treatment to prevention.

In particular, it is piloting the use of mindfulness meditation, and how this ancient skill may benefit humanitarian workers in increasing their self-awareness of their thoughts, feelings and emotions, as well as their physical bodily reactions and sensations. The core aspect of mindfulness meditation, is the training of attention, which can help individuals to recognize the signs of stress and anxiety within themselves. Mindfulness can help individuals consciously become aware and self-manage their stress at an earlier point, which builds resilience and enhances wellbeing.

Stress and the Humanitarian Context

This need to address stress, anxiety and burnout, through an emphasis on preparedness and prevention, within the humanitarian sector is compelling. Recent research into the wellbeing of humanitarian workers has revealed shocking findings to the extent of the impact of stress and trauma amongst humanitarian workers. Research conducted in 2011, compared the rates of Post-

Traumatic Stress Disorder (PTSD) in the US and European general population, approximately 6.6%, and 1.9% respectively, to humanitarian workers. The researchers observed that aid workers had PTSD rates that ranged from 8% to a staggering 43%².

These findings illustrate the exposure to stressful and traumatic situations, and the chronic state of stress and mental illness experienced by aid workers in the humanitarian sector. As such, the key focus of the Mindfulness & Wellbeing project has been to pilot the use of Mindfulness-based approaches within the sector, and to support the resilience and mental wellbeing of aid workers.

Since 2015, the project has delivered mindfulness trainings to nearly 500 humanitarian workers across the three pilot countries, in Thailand, Pakistan, and the Philippines, as well as to numerous aid agency staff in the UK.



The trainings have been delivered using a variety of modalities, including the full *Mindfulness-Based Stress Reduction (MBSR)* training developed by Prof. Jon Kabat-Zinn at the University of Massachusetts Medical School in the late 1970's, to the piloting of pre-recorded audio-visual "*introduction to mindfulness*" training sessions, as well as half-day and full-day introductory trainings.

For example, the full MBSR training course has been delivered in its traditional 8-week curriculum format

2) Connorton, E., Perry, M. J., Hemenway, D., & Miller, M. (2011). Humanitarian relief workers and trauma-related mental illness. *Epidemiologic reviews*, 34(1), 145-155.

(via eight 3-hour sessions, delivered once a week over 8 weeks), as well as via retreat-based trainings (over 5 or 6 full days) across the Philippines. The earliest MBSR trainings within the project, conducted in 2015, were delivered to frontline workers previously affected by Typhoon Haiyan. This has provided a powerful case study and testimony to the potential benefits of mindfulness within the humanitarian sector.

In 2017 alone, the project has delivered 8 full MBSR trainings in the UK and Philippines alone, with desk-based and emergency staff from several agencies, including, CAFOD, Restless Development, International Medical Corps, Save the Children, Action Against Hunger UK, and local agencies in the Philippines. Staff from the psychology faculty of Ateneo de Manila University are also involved in the pilot. Further trainings are scheduled in the UK and Philippines before the close of the project in early 2018.

Additionally, the series of 5 one-hour audio-visual “*introduction to mindfulness*” sessions, are now also being delivered across all the pilot countries, and beyond, to emergency and surge roster staff. These self-contained sessions, are now also available to agencies for use in-house, and via their intranets, and will be available through a dedicated wellbeing app being developed for the project. As the audio-visual sessions are generic introductions, they may be used beyond the humanitarian sector, and will be openly accessible to any organization interested in using them.

The wellbeing app will be a pivotal data collection tool, allowing regular and real-time data to be collected from workers trained in mindfulness, over a period of time. This longitudinal research will be vital in exploring the effectiveness of mindfulness within the sector, and may help and inform how preventative approaches can be balanced with treatment based approaches. Importantly, the app is intended as a wellbeing resource for aid workers and HR professionals, and will provide tools and access to numerous online resources and information sources, as well as the ability for

organisations to keep in touch with their employees regularly.

Special thanks to Hitendra Solanki, Mindfulness & Wellbeing Adviser with Action Against Hunger UK & The Start Network, for providing the case study. He can be reached at h.solanki@actionagainsthunger.org.uk.

Case Study:

Advancing Duty of Care in BRAC: Responsibility for Employee Wellbeing

BRAC is the number one ranked and most effective non-government organisation in the world operating in eleven countries across Asia and Africa. Acting as a catalyst, BRAC is creating opportunities for people living in poverty to realise their potential. BRAC stands out from others not just for the scale and range of work, but because of its relentless drive to tackle the world's biggest challenges, such as poverty alleviation, empowering women and enabling marginalised people to get better access to health and educational facilities.

Wellbeing and Duty of Care in BRAC

Being the world's biggest family, having more than 100,000 staff, BRAC is committed to promoting and creating an agreeable working environment for all staff. The organization assists employees to enjoy a better balance between their responsibilities at home and at work and offers opportunities, which will benefit their physical and mental health. Since the inception, BRAC has taken numerous positive initiatives for its staff with the aim of increasing engagement as well as providing support and encouragement.

“Mon Khule Katha Bola”

From its stance on promoting a gender sensitive work environment and developing better relation among female and male staff, a special forum, named “Mon Khule Katha Bola” which means “Expressing One's Opinion” started in 2004 where staff can openly discuss about their problems, concerns, frustrations and suggestions. The forum had been exclusively for women staff until 2016. In 2017, a theme based forum has been introduced where male staff were invited to join and share their views. By introducing the theme “Equality in workplace is the first step towards development” the forum extended its scope at field level all over Bangladesh. This forum helps BRAC to understand the real scenario of the workplace and gather necessary feedback for creating an environment more favourable to staff. A number of policies were introduced and existing ones modified on the basis of the recommendations coming through the discussion in the forum. The forum has succeeded in building a culture within the organisation where the staff can speak out and break the “Culture of fear” and “Silence”, which leads to a gender balanced working environment.

Psychosocial Counselling

Psychosocial Counselling was introduced in 2014 to provide individuals support in relation with social factors, their thought process and behaviours. The aim of Psychosocial Counselling is to support staff to handle factors that impact psychological responses to work and work conditions, and personal issues, which cause psychological problems. In 2017, Psychosocial Counselling has been given emphasis by reviewing its structure and practices. In addition, BRAC has revitalized sexual harassment elimination related activity and form a high level committee namely Sexual Harassment Redressal Committee, (SHRC) on April 28, 2011 to address complaints of sexual harassment issues in BRAC. BRAC is a pioneer in addressing sexual harassment complaints and believes in “Zero Tolerance” to sexual harassment, which is in line with BRAC's culture and the values of integrity and inclusiveness.

Equal Rights and Opportunities

BRAC applies a discrimination-free approach towards transgender and differently abled people. BRAC is pledge bound to provide equal rights and opportunities to the differently abled staff. Keeping this in view awareness has been created to ensure an environment where all employees wholeheartedly approach them. The BRAC Centre was built in a manner that differently abled staff and others can easily move through wheelchair ramp slope. There is a special restroom built for differently abled people in every floor.

BRAC Day Care Centre “DOLNA”

Another employee-oriented initiative of BRAC is the day care centre or crèche, which is called “DOLNA”. DOLNA set off its journey in 1997 at BRAC Centre in Dhaka. Since then it has been providing a quality day care service to its staff based at Headquarters. Currently the centre accommodates 75 children and facilitates them with a health check-up and growth monitoring services by its in-house physician. Considering the growing needs of parents, DOLNA is going to be extended both at Head Office and field offices depending on the feasibility.

Inspiring Women Award

BRAC received the RFL Inspiring Women Award, an initiative of Bangladesh Brand Forum for being the

most female-friendly organisation in Bangladesh during the celebration of International Women's Day in 2015. The award was conferred to BRAC as it fulfilled criteria such as adoption of women friendly policy, supporting women employees in their career path and offering a congenial workplace for pursuing their aspirations.

Other Benefits and Wellbeing

In view of reducing financial and emotional stress and anxiety among its staff, BRAC has undertaken an initiative to bring its entire staff including project staff, under the Health and Life Insurance benefits. BRAC also introduced Travel Insurance, Overseas Medclaim Policy for staff of BRAC and BRAC International thus they can travel stress-free. There is a staff canteen at BRAC Centre where employees can have lunch at a subsidised price. Furthermore, BRAC is providing transportation facilities to its Head Office staff. Around 550 staff enjoy pick and drop facilities everyday provided by the organisation.

Special thanks to Md. Hamidul Islam, General Manager, Human Resources at BRAC for providing the case study. He can be reached at hamidul.islam@brac.net.

Resources

CDC Workplace Health Resource Center

<https://www.cdc.gov/workplacehealthpromotion/initiatives/resource-center/index.html>

CHS Alliance: Core Humanitarian Standard on Quality and Accountability

<https://corehumanitarianstandard.org/the-standard>

Engage for Success: Engaging the Engaged? Employee Engagement in the Not-for-Profit Sector. 2017

<http://engageforsuccess.org/wp-content/uploads/2017/04/EFS-Not-for-Profit-Toolkit.pdf>.

European Network for Workplace Health Promotion

<http://www.enwhp.org> & <https://enwhpfoundation.wordpress.com>

Global Centre for Healthy Workplaces

www.globalhealthyworkplace.org

'Guardian research suggests mental health crisis among aid workers' (2015) -

The Guardian. <https://www.theguardian.com/global-development-professionals-network/2015/nov/23/guardian-research-suggests-mental-health-crisis-among-aid-workers>.

Health Promotion Board Singapore

<http://www.hpb.gov.sg/>

HERO Wearables in Wellness: Employer Case Studies on Use of Wearable Tracking Devices in Wellness Programs

http://hero-health.org/wp-content/uploads/2017/02/Wearables_Case-Study-Report_Final-2.pdf

International Association for Worksite Health Promotion

<http://iawhp.org>

International Commission on Occupational Health (ICOH)

<http://www.icohweb.org>

International Union of Health Promotion and Education (IUHPE)

<http://www.iuhpe.org>

Scott Breslin: Staff Wellbeing is not enough

<http://www.chsalliance.org/resources>

World Health Organization. Healthy workplaces: a WHO global model for action. 2010

http://www.who.int/occupational_health/healthy_workplaces/en/

Antares Foundation

Managing stress in humanitarian workers. Guidelines for good practice.

Headington Institute

Understanding & coping with traumatic stress. Online Training Module One.

Global Healthy Workplace Awards Winners and Finalists

The Global Healthy Workplace Awards are the first global awards programme recognizing healthy workplaces. Now in its 5th year, the programme is hosted by the Global Centre for Healthy Workplaces and offers profiles/case studies of the following Awards winners, finalists and “Healthy Workplace” certified organisations at <http://globalhealthyworkplace.org/profiles.html>.

Singapore 2017

Small and medium-sized enterprises (SME) finalists:
Lincoln Industries (USA), LGAQ (Australia)

Large Enterprise finalists:
ABFRL Madura (India), Jemena (Australia)

Multinational Enterprise finalists:
Chevron (USA), Lendlease (Australia)

Washington DC 2016

Multi-national Winner: Unilever (UK/Netherlands)

Runner-up:
United Technologies Aerospace Systems (USA)

Large Employers Winner:
Monash University (Australia)

Runner-up: Hospital Alemão Oswaldo Cruz (Brazil)

SME Winner: Vitality (USA)

Runner-up:
Northwest Portland Area Indian Health Board (USA)

Florianopolis 2015

Multi-national Winner: GlaxoSmithKline (UK)

Runner-up: Chevron (USA)

Large Employers Winner: Unilever (Brazil)

Runner-up: Vanderbilt University (USA)

SME Winner: Lan Spar Bank (Denmark)

Runner-up: Naya Jeevan (Pakistan)

Shanghai 2014

Multi-national Winner: IBM (Global)

Runner-up: Unilever (UK/NL)

Large Employers Winner:
Telefonica do Brasil (Brazil)

Runner-up: Vanderbilt University (USA)

SME Winner:
Spokane Regional Health District (USA)

Runner-up: Technica International (Lebanon)

London 2013

Multi-national Winner: Royal Dutch Shell (UK/NL)

Runner-up: American Express (USA)

Large Employer Winner: Alexandra Health (Singapore)

Runner-up: Johnson & Johnson (USA)

SME Winner: Toyal America (USA)

Runner-up: Technica International (Lebanon)

For more information go to
to <http://globalhealthyworkplace.org/awards.html>

Note: the WHO has not been associated with the creation of the Global Awards and does not endorse these in any manner.



About the Global Centre for Healthy Workplaces

The Global Centre for Healthy Workplaces (GCHW) supports the advancement of workplace health and well-being. Formed in 2012 out of a successful partnership between i-genius and International Health Consulting, it has organised an annual awards programme: the Global Healthy Workplace Awards (see below listing of winners and finalists) with Summits in London (2013), Shanghai (2014), Florianopolis (2015), Washington, DC (2016) and Singapore (2017) and assesses workplaces as part of its Healthy Workplace Certification programme.

Further information about the work of the GCHW can be found on its website <http://globalhealthyworkplace.org>.



About the Cigna Foundation

As the philanthropic arm of global health services company Cigna, the Cigna Foundation is committed to extending its parent company's mission of improving the health, well-being and sense of security of those it serves to communities everywhere around the globe. Through its World of Difference grants programme, it promotes "Community Health Navigation", funding innovative projects that bring trusted health information and resources to underserved individuals and neighborhoods. On a global scale, it has been a leader in promoting the workplace as a "health home" that can improve health outcomes not just for workers, but for their families and communities as well. Its collaboration with the Global Centre for Healthy Workplaces has been an important part of this effort.

