5.4   Staff care

Resilient staff and teams are crucial to a resilient organisation. In the often high-stress environments of aid work, adequate support for the mental and physical wellbeing of staff enhances this resilience and the ability of staff to make the sound decisions critical for effective security risk management.

This chapter focuses on the importance of integrating physical and mental health considerations into security risk management and supporting staff before, during and after critical incidents. It provides strategies for maintaining staff wellbeing and strengthening mental health and psychosocial support to avoid long-term adverse outcomes. The outlined approach can be implemented by non-medical staff, ensuring that all aspects of staff care are addressed effectively.

▶ *This chapter focuses primarily on mental health. For physical medical considerations and necessary preparations, see Chapter 5.5.*

5.4.1   Key concepts

Resilience and wellbeing

Resilience is 'the process and outcome of successfully adapting to difficult or challenging life experiences, especially through mental, emotional, and behavioural flexibility and adjustment to external and internal demands'. Addressing resilience involves supporting overall wellbeing to build both individual and team capacity to handle shocks effectively, while also providing immediate and long-term psychosocial support in response to incidents (see Figure 11).

The resilience of staff members in the face of challenging environments and events may depend on various factors, including the strength of social networks, cultural and other identity factors, general outlook and disposition and coping mechanisms. Capacities for resilience can be developed and nurtured, and each individual has their own level of resilience influenced by personal characteristics, expectations, lifestyle and self-awareness of their limits. The work environment also plays a role, with factors such as working hours, expectations, workload and potential vicarious trauma affecting resilience.

Figure 11   Factors supporting resilience

While many stressors may be beyond their control, organisations can still foster resilience by promoting a supportive work culture.

In a humanitarian response, living conditions are often challenging, whether staff are residing in a crisis-affected area or in shared organisational housing or tents. For staff working away from their home and families, stressors outside office hours can be more significant as they lack familial support. Staff may struggle with blurred boundaries between work and personal time, and may experience heightened stress due to limited access to family support. Staff who are resident in the location might face additional pressures as members of the affected community, with crises potentially impacting their families and friends and surrounding infrastructure.

Implementing a team-based peer support approach and ensuring that managers understand the importance of self-care and mental health risks can significantly enhance both individual and organisational resilience.

A person's overall wellbeing is more than physical health and safety, and the extent to which security risk management considers and actively supports the mental, emotional and social dimensions as well can make a critical difference to morale, performance, decision-making and personal outcomes. Well staff make better security decisions and are better able to weather stressful environments and incidents.

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Case example: Focusing on healthy coping mechanisms

An organisation has included stress management in its personal health, safety and security training for all staff. During this session, staff learn how to recognise signs of stress in themselves and others and discuss their coping mechanisms. They each commit to at least one healthy coping mechanism that they are going to focus on in the months after the training. The session wraps up with participants agreeing on actions the organisation can take to improve staff wellbeing. Examples include introducing plants to the office, arranging to have a medical doctor on site for one day a month for walk-in consultations, organising a team breakfast once a week, and creating a safe space for staff to decompress during or at the end of their workday. Sessions help to normalise conversations about wellbeing and health, create better understanding about how teams can support each other and increase awareness of staff members' own coping mechanisms.

A person's overall wellbeing has been described as comprising six dimensions: physical, emotional, social, intellectual, professional/occupational and spiritual/religious. These dimensions are interdependent, meaning that if one area is affected, it can impact others. Security staff need to understand and account for these various dimensions and their interrelatedness, especially during challenging events or periods. Security staff can also play an important role in advocating for organisation-wide implementation of wellbeing initiatives that address these six dimensions.

Wellbeing practices in the workplace

Wellbeing practices in the workplace can include appointing a wellbeing focal point or committee to organise fitness activities, workshops and training on stress management and mental health. Practices such as promoting gratitude and recognition and encouraging breaks can boost morale and productivity. Policies such as no emails after work hours, encouraging staff to take annual leave and offering flexible work arrangements further support wellbeing. Providing spaces for meditation, yoga and social activities can help employees feel valued and supported. Offering professional development, financial literacy programmes and support for staff in special circumstances, such as new parents or those with religious commitments, can all promote wellbeing.

Stress and trauma

Because of what they do and the environments they are in, all aid workers are vulnerable to stress. This includes security professionals and leaders who must regularly deal with incidents affecting others. Different individuals will experience and manifest stress in different ways and develop individual coping mechanisms, depending on their personal profiles and circumstances.

There are different types of stress, and stress can be healthy or unhealthy. Healthy stress helps people focus on the task or situation at hand, mobilises energy and prepares them for action. For example, having a deadline can cause someone to be stressed, but can also help to get a task completed. In situations of tension or risk, stress and fear reactions can give people the focus they need to survive.

When stress occurs too often, however, or is too intense or lasts too long, it becomes harmful. All stress uses energy. A seemingly endless series of tight deadlines or continued exposure to high-risk situations or experiences can deplete energy reserves. When several stressors occur at the same time and especially when these are prolonged, including corrosive stressors like ongoing fear, uncertainty, and conflict, this can lead to cumulative stress.

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There is a difference between stress and trauma. Regular stress responses, called acute stress, like the 'fight-or-flight' survival mechanism, are deactivated when the threat is over. With trauma, the body stays in that survival mode and continues to respond as if it were under threat even after the threat is over. Traumatic events overwhelm people's ability to cope and manage stress.

If a person is suffering from a continued level of increased stress, their coping mechanisms may be overwhelmed, reducing their ability to withstand the psychological impact of a traumatic event. Long-term stress and trauma will also affect a person's decision-making ability.

Trauma may be the result of an acute stressor (such as a critical incident or life-threatening event), cumulative stress or continued exposure to others' trauma. Although trauma is common, a single or even a series of adverse events does not inevitably result in trauma. Rather, it depends on how a person responds and is equipped to deal with the experience, which links closely to the resources at their disposal as well as their past experiences.

The range of stressors that can result in trauma is very wide and this trauma can occur hours, days, weeks, months and years after (the start of) an occurrence. These stressors can vary in intensity and may result in post-traumatic stress disorder (PTSD) or other forms of trauma. In all cases, they impact a staff member's resilience. Organisations may need to be prepared to provide support long after an event has occurred.

Indirect trauma

There are several ways in which aid workers can suffer trauma indirectly. Secondary traumatic stress refers to symptoms like nightmares or anxiety that emerge from an individual's indirect exposure to another person's trauma, typically through their interactions with or assistance to the trauma survivor. Vicarious trauma involves a profound change in one's worldview caused by repeated indirect exposure to others' trauma. It commonly affects first responders such as paramedics, but can also affect others, for example media and communications staff repeatedly exposed to distressing online content.

5.4.2   Security, mental health and psychosocial support

The risks of mental health impacts associated with humanitarian aid work must be recognised as part of an organisation's duty of care. Developing localised strategies can improve the working environment and bolster preparedness for psychosocial response to support staff during and after emergencies and critical incidents. This can be guided by a mental health and psychosocial support (MHPSS) approach, which addresses both the mental health needs and the social factors affecting the wellbeing of individuals and groups by integrating psychological care with social support systems. Note that, while psychological support focuses on individual therapy and managing mental health issues like anxiety or depression, psychosocial support is a broader approach that integrates both psychological and social aspects of wellbeing, addressing the impact of relationships, environment and community on mental health.

Incorporating MHPSS resources into security risk management processes enhances staff resilience and reduces the risk of incidents related to stress or burnout. This can involve:

- Fostering a supportive culture that reduces stigma and encourages staff to seek help before issues escalate and compromise security.
- Identifying MHPSS needs and barriers.
- Mapping organisational and local mental health services and psychosocial support providers, vetted by clinicians.
- Developing strategies for the recruitment, selection and oversight of psychosocial support services.
- Connecting with local resources to enhance the management of critical incidents by providing immediate, culturally relevant psychosocial support.
- Including psychosocial response procedures within security and crisis management plans.
- Training leaders and managers on effectively responding to psychosocial issues, including mental wellbeing and resilience-building strategies.
- Preparing and training staff for trauma-informed psychosocial responses to critical incidents, including sexual violence.
- Incorporating mental health considerations into security training and briefings.

▶ *See Chapter 5.2 for more on how to incorporate mental health considerations into security training.*

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Some experts recommend a mental health risk management approach, which treats psychological risks as one would security risks – using the same tools and frameworks – by assessing psychological risks alongside physical security risks and putting in place relevant mitigation measures and contingency plans. By embedding mental health into the security risk management framework, organisations can enhance overall resilience and effectively manage both security and psychological risks.

This can be supported by an initial mapping of the MHPSS needs and capacity in each organisational location. This mapping can consider the common stressors of staff with different profiles, as well as existing mental health issues and needs among staff members. It can include a review of what services, providers, facilities and programmes are locally or remotely available (including insurance plans) and to whom (considering, for example, staff language and accessibility needs). Prevalent attitudes and organisational culture and coping mechanisms towards stress, burnout, vicarious trauma and post-incident traumatisation are also important considerations.

The information gathered from this mapping can be used to inform an organisation's psychosocial support and wellbeing initiatives. The following are some examples of MHPSS services, both formal (through external and internal professionals) and informal (such as peer support groups).

Counselling and therapy services:

- Employee assistance programmes (EAPs) (third-party confidential counselling and support services for personal and work-related issues).
- Onsite mental health professionals (internal or external).
- Telehealth services (internal or external).
- Specialist services, such as psychiatrists or therapists, brought in following an incident or crisis.

Other initiatives include:

- Mental health workshops and training.
- Stress management programmes.
- Psychological first aid training.
- Peer support programmes.
- Online mental health resources.

It is important to regularly review MHPSS support options to ensure they align with staff needs and expectations and are relevant for – and accessible to – staff with diverse cultural backgrounds. Good practice suggests not relying solely on one support mechanism, but offering a variety of options relevant to different types of stressors and events, to effectively address the broad spectrum of staff needs. Finally, what is provided in terms of MHPSS needs to be clearly outlined in advance by the organisation, so staff know what services they have access to and what kind of support they can expect following a critical incident.

Case example: Wellness days

After the May 2023 escalation in Gaza, where staff had gone through an intense period of air strikes, an organisation provided all Gaza-based staff with two wellness days. Most staff had plenty of leave to take, but the wellness leave was intended as recognition and staff felt motivated and cared for. The office remained open for staff whose preferred coping mechanism was to be with colleagues.

5.4.3 General response considerations

Good practice in approaches to post-incident staff care and follow-up care covers a range of practical considerations.

Ensuring staff feel supported
In the aftermath of an incident or other stressful event, it is important for staff to feel the organisation understands that their experience has been difficult, and that it intends to support them and ensure that the next steps are as seamless as possible. Organisations can do this by listening to affected staff, supporting their post-incident needs and providing answers to initial questions, while connecting them with the necessary resources. Staff may benefit from time to process events and emotions surrounding the incident or situation. Organisations should encourage those involved to take time to rest, practise self-care and connect with loved ones. It is not uncommon for staff to have immediate physical or mental health needs following a stressful event. A structured response for supporting mental health directly after an incident, incorporating peer support and compassionate leadership and management, will reduce the likelihood of an individual needing professional support for trauma later on.

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General staff care considerations during or following incidents or highly stressful events include the following:

- **Staff support messages.** When staff face hardships, receiving supportive messages from senior leadership (in their first language) can be impactful. Personal outreach from colleagues can also provide comfort. Communication can be via text, social media, email or phone, and can include opportunities for affected staff to respond to messages and share their experiences.
- **Hospital visits.** If a staff member is hospitalised away from home, arranging for another staff member or partner organisation to visit can alleviate feelings of isolation.
- **Care packages.** Customised care packages for staff affected by incidents or conflict can be delivered by staff, or through partners if the organisation is unable to access certain areas.
- **Reception team.** Having a reception team to welcome staff arriving in a safe location can make a significant difference. This team can be present to assist staff arriving from evacuations, critical incidents or violent situations.
- **Post-incident information.** Provide a written summary of available support, resources, insurance, benefits and legal advice to staff affected by an incident. This can be accompanied by personal guidance from a representative and a clear contact person for follow-up questions.
- **Post-incident psychological debrief.** Responsible staff can schedule a post-incident psychological debrief with a licensed psychological professional or other trained individual (see below).

▶ *See Chapter 4.4 for more details on post-incident debriefs.*

During relocation and evacuation

Organisations can take steps to ensure staff feel supported following relocation or evacuation, for example by ensuring their immediate needs are met (essential supplies, medical care and assistance with communication). This includes ongoing support during their stay at a safe location, such as regular check-ins, help with onward travel arrangements and access to medical and psychosocial services. The goal is to ensure staff feel safe, supported and connected throughout the relocation and evacuation process.

Survivor–centred approach

Whether supporting staff involved in a severe traffic accident, sexual assault, relocation from a life-threatening situation, abduction or another stressful event, organisations benefit from adopting a survivor-centred approach.

Key concepts of survivor-centred care are as follows:

- **Respect.** Honour the survivor's wishes and choices, treat them with dignity and understand that their reactions may be emotional, and may differ from others' expectations.
- **Confidentiality.** Share personal information concerning the survivor only on a 'need-to-know' basis and seek consent before disclosing any details beyond this.
- **Autonomy.** Recognise the survivor's right to make their own decisions, considering that autonomy may be interpreted differently in different cultural contexts. Provide clear information about procedures and potential outcomes to support informed choices.
- **Clarity and navigation.** The survivor may be disoriented after the incident and may require guidance to understand what they may need assistance with and how to access support.

The individual may be overwhelmed by the experience, and by the expectation to make decisions, so providing support through this process is critical. A survivor-centred approach prioritises the survivor's needs without unduly burdening them with employment questions, legal action, insurance procedures and having to navigate internal and external support mechanisms. This means providing a clear and concise overview of the benefits and support available and a designated contact person throughout the recovery period. In the early stages, this can be a member of the incident management team or survivor supporter. In the medium to longer term, this support (emergency leave during the period they are unable to work, return to work or career pathway changes for example) can be handed over to a supervisor, with regular support from a human resources manager, business partner or legal counsel, for example.

Responsible staff need to recognise that preferences for support can differ. For some, being supported may mean having someone to share their experiences with. Others may appreciate the opportunity to stay busy or focus on other things. Some will want to take the lead in all follow-up actions and responses, while others may have limited capacity or ability to do so and need more

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organisational support. An external survivor advocate can be contracted to support survivors/affected staff.

A survivor-centred approach is distinct from a survivor-led approach, as there is some oversight to prevent decisions that could pose further risks. While deferring to the wishes of the survivor wherever possible, a survivor-centred approach allows for exceptions where their wishes might place them or others at risk of further harm.

5.4.4   Response actions

It is common for aid workers affected by critical incidents to experience a form of 'institutional betrayal' when their organisation, through actions or inaction, causes them further harm or even appears to side with the perpetrators. It is fundamental to ensure that staff feel cared for and heard following a critical incident.

Trauma-informed response

A trauma-informed response entails understanding the psychological and emotional impacts of trauma on individuals, and ensuring that responses prioritise their safety, wellbeing and empowerment, for example:

- **Safety** – ensuring the physical and emotional safety of affected staff.
- **Trust** – maintaining clear, transparent communication to build trust.
- **Peer support** – encouraging peer support from colleagues, family or others who have shared similar experiences.
- **Collaboration and mutuality** – fostering a sense of partnership and collaboration in the recovery process, recognising that healing is a shared effort.
- **Empowerment, voice and choice** – recognising individuals' ability to advocate for themselves and ensuring they have an opportunity to be heard.

- **Cultural, historical and gender considerations** – recognising that each individual's risk profile will be unique to them, and respecting cultural, historical and gender dimensions that may affect their recovery.
- **Avoid re-traumatisation** – being mindful of language and actions so as to prevent further harm.
- **Education and awareness** – educating relevant staff on the effects of trauma on affected individuals' health and behaviour, and how to provide an appropriate response.
- **Support for caregivers** – providing resources and support for caregivers as they are at high risk of secondary trauma.

▶ *For general guidance on incident response, see Chapter 4.4.*

▶ *For more detailed response guidance for incidents of sexual violence see Chapter 7.7.*

▶ *For more detailed guidance on responses to abductions see Chapter 7.9.*

Initial considerations and actions

Immediately following an incident, it is good practice to ensure the physical safety of the staff member by relocating them to a secure environment and, if needed and appropriate, providing first aid (including psychological first aid) and access to professional medical care (physical and psychosocial services). This should be closely followed by the development of a tailored personal safety plan.

Because the medical and psychological impacts of the incident might not be immediately apparent, options for support should ideally remain accessible long after an incident has taken place.

Psychological first aid and peer support

Peer support can be an effective mechanism for helping staff navigate difficult periods and events by fostering a sense of shared understanding and mutual aid. This approach enables staff to provide immediate emotional and practical support to distressed colleagues. Creating a supportive network can be particularly valuable in situations where professional psychosocial support may not be immediately available. Peer support not only enhances resilience, but also promotes a culture of compassion and solidarity within the organisation.

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Organisations should ensure that all incident responders, including senior and executive leadership, facilitate peer support and compassionate leadership. All staff should be familiar with the Psychological First Aid (PFA) principles (see the box below), and everyone likely to interact with colleagues during and after critical incidents should receive basic PFA training.

Psychological First Aid principles

The three main principles are:

- **Look** – look for signs of distress or someone who may be in need of focused support.
- **Listen** – approach the person who may need support and ask for permission to help; listen to them, try to help them feel calm, and help them prioritise urgent needs; respect confidentiality and their autonomy.
- **Link** – give practical information and help link the person with support (within the organisation as well as loved ones as appropriate).

PFA focuses on addressing immediate needs and alleviating distress by providing compassionate support designed to help individuals cope with the emotional and psychological impact of a traumatic event. It is not a treatment for PTSD or other psychological conditions. It focuses on providing comfort and reassurance, actively listening to individuals' concerns, and offering practical assistance to address immediate needs such as finding safe shelter or medical care. PFA aims to validate the individual's feelings, helping them understand that their responses are typical given the circumstances. It involves connecting people with support networks, additional resources and professional support services as necessary.

To be effective, responders should be sensitive to cultural, ethnic, religious, language, sexual orientation and gender identity considerations that can impact an individual's experience of trauma and their recovery needs.

Other forms of peer support include support groups, mentoring, buddy systems and online forums for current and former aid workers.

Personal safety plan

Personal safety plans in the aftermath of a traumatic incident identify ways to stay safe or to mitigate additional harm, tailored to the survivor's specific physical and psychological safety needs. The components of a safety plan will vary depending on the incident, staff member and organisation in question. However, it can broadly include:

- Immediate safety measures, such as relocation to a 'safe haven', establishing means of communication and emergency contacts.
- Physical security measures, such as secure accommodation and other forms of support, including the presence of a trusted friend or colleague.
- Risk assessment of the threat and any ongoing vulnerability of the affected staff member.
- Measures to stay safe at home (e.g. locks, emergency alarm, code for opening doors).
- Measures to stay safe in other locations, such as at work and in public.
- Ensuring access to important documents such as passport, driver's licence, ID card and ATM card.
- Guidance on what to do if there is contact with the perpetrator, if applicable.
- How to cope with mental and emotional triggers.
- Contact information in case of emergency.

This can be followed by linking the affected staff member with relevant resources, including medical and psychosocial support (internal and external). In the longer term, organisations can consider developing a support plan with the affected individual that gives them clarity on the support available to them, benefits, insurance and long-term care.

Short-term actions

Once immediate needs have been addressed, it may be advisable to carry out a more detailed assessment of the affected staff member's safety, implement adaptations to their work assignments, review options for legal and justice measures (such as reporting the incident to the police), report the incident using organisational protocols and undertake a psychological debriefing. Be mindful also of the needs of caregivers and those providing support to the affected individual.

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Psychological debriefing

Following an incident or event, it may be advisable to organise a psychological debrief – a structured, facilitated discussion designed to help individuals process the event and begin to manage their emotional responses. This typically involves gathering together those affected by the incident to discuss what happened and share their reactions and feelings, and arranging support from peers and mental health professionals. The goals of psychological debriefing include:

- helping individuals make sense of the event and their reactions to it;
- normalising their emotional responses;
- providing information on stress reactions and coping strategies; and
- identifying individuals who may need further support.

Debriefing is generally offered within 24 to 72 hours after the event to allow participants to express their initial thoughts and feelings while the event is still fresh. Some experts suggest that psychological debriefing should not be mandatory, as not everyone benefits from discussing the incident immediately, and for some it could exacerbate their distress. That said, beliefs and the tough-minded or stoic culture prevalent in the humanitarian sector, along with specific cultural attitudes, can sometimes make admitting the need for psychosocial support seem like a weakness. To address this, offering an initial psychological debriefing following an incident as an 'opt-out' rather than an 'opt-in' can significantly increase participation. Additionally, staff may worry that acknowledging psychological injuries could negatively affect their job prospects. Providing staff with reassurance that seeking support will not jeopardise their employment opportunities can help address this.

Supporting the supporter and others affected

The focus during and after most critical incidents is on survivors, but support should also extend beyond the immediate affected staff member and may include offering assistance to witnesses and the broader team. Those responding to an incident (at any level in the organisation) may require dedicated support. Cumulative stress and vicarious trauma are important considerations, especially for those providing support in one incident after another.

Individuals in need of additional support can be offered time off to recover, access to psychosocial support and assistance in managing their workload outside of the incident. Other effective interventions include offering access to mental health resources, such as counselling and support groups, stress management

workshops and fostering a supportive work environment where staff can discuss their concerns openly. Regular check-ins and creating opportunities for staff to engage in mindfulness practices or relaxation techniques can help manage stress and prevent burnout, ensuring that all employees are equipped to handle workplace challenges and personal pressures.

Long–term aftercare

In the longer term it may be advisable to continue monitoring the staff member's wellbeing through regular check-ins, adapting the safety plan as necessary, and ensuring they have access to sustained psychosocial support and medical care, including trauma-informed therapy if necessary. This can be documented in a detailed support plan. At this point, it can also be helpful to provide more detailed guidance on legal and justice avenues, as well as considering return-to-work options.

General support plan

Depending on the severity of the incident, affected staff may require long-term aftercare. Responsible staff can develop a comprehensive support plan with the affected staff member. This should be flexible and survivor-centred, incorporating medical and psychological assessments and treatment, aftercare, work reintegration and transition to long-term services such as national health services. The plan should be sensitive and open to cultural factors and the affected staff member's preferred paths to recovery, which may include traditional healing methods.

Organisations should clearly outline the extent, cost and duration of support they are able and willing to provide following an incident, in order to manage expectations.

Long-term support for survivors and staff involved in severe incidents can additionally require:

- work duty adjustments;
- tactful communication about absences;
- regular check-ins to address ongoing concerns;
- notifying insurance providers, when appropriate and with consent;
- financial aid for affected individuals and support staff (e.g. response team members); and
- support for late-onset injuries (for example, PTSD or traumatic brain injuries).

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It can be helpful – and for some organisations this is standard policy – to keep documentation of medical and other reports on the diagnosis of injuries to help guide long-term support.

Case example: Failures in aftercare

Following a severe critical incident, an international aid worker had to undergo multiple psychological and psychiatric assessments and submit eight reports before their PTSD diagnosis was accepted by their employer. Later reports included diagnoses of depression. Additionally, the staff member had to provide 12 medical reports before the organisation was willing to concede that their injuries were linked to a gunshot wound sustained during the incident. This process was not only difficult for the individual, but also caused other staff to lose confidence in the organisation's willingness to support them should they be injured while working in high-risk contexts.

Justice and legal redress

When staff who have experienced violence want to seek justice through formal legal mechanisms, organisations will need to be prepared to advise on their legal options, including the implications of reporting to local authorities and the legal definitions of the criminal offence in that context. Organisations should have a comprehensive understanding of the legal environments in which they operate, including which police station to approach in the event of an incident and any requirements for reporting (including timelines), and established relationships with trusted local legal professionals who can provide advance guidance and immediate assistance. If a staff member chooses to pursue justice, an organisation can consider the extent to which it is prepared to provide the following types of support (and how):

- Accompanying affected staff during police reports, interviews and evidence gathering.
- Securing appropriate legal representation.
- Providing practical information about arrest, court proceedings and potential penalties.

- Offering ongoing psychosocial support to help cope with trauma from legal processes.
- Clarifying procedures and timelines and ensuring staff can make informed decisions about prosecution.
- Having legal, medical and psychological services in place in the event of an incident, including forensic evidence collection.

Considerations when alleged perpetrators are staff members

In cases where the alleged perpetrator is a staff member – such as instances of sexual violence or other harm inflicted on another staff member – an organisation can consider the following actions:

- **Duty of care** – defining and providing legal, medical and psychosocial support to the alleged perpetrator, and determining when this support should conclude.
- **Internal investigation** – initiating an internal investigation to gather information to establish facts, ensuring sensitivity and neutrality, and involving trained, independent investigators.
- **Legal proceedings** – being prepared to support staff through legal proceedings and considering the consequences of involving local authorities; these are especially important considerations in contexts with severe punishment and poor incarceration conditions.

▶ *See Chapter 7.7 for more examples and considerations in the event of a sexual violence incident, as well as a more detailed discussion of internal investigations.*

Return to work

Returning to work following a severe incident can be challenging. It is important to recognise that reintegration is a process unique to each individual and may take a long time. The timing for the return to work should be flexible, acknowledging that some individuals may wish to resume their duties immediately, while others may need more time. This process should be managed sympathetically, possibly offering alternative roles or discussing retirement options if the individual chooses not to return. Organisations should ensure other staff members know

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how to support returning colleagues, while also supporting them through any emotional impact the incident may have had on them.

5.4.5   Insurance and benefits

Overview of insurance
Organisations need to be prepared to cover the financial costs of responding to incidents affecting their staff. Most organisations do this by taking out insurance policies that cover a wide range of risks. However, some organisations have opted for self-insurance schemes, where the organisation assumes the financial risk associated with certain events, such as employee health benefits, workers' compensation or property damage, using its own resources to pay for claims.

It is important to remember that insurance cover provides compensation – not protection. It will not prevent disease or injury, but can help to mitigate the financial consequences of an incident. Insurance will also only cover the losses included in the specific terms and conditions of the insurer. Ultimately, what insurance companies provide is a level of economic protection, mitigating the impacts of negative events by transferring the risk of a large economic loss to the insurance company, in exchange for a premium.

Safety and security accidents and incidents can have major financial consequences for the staff concerned, their families and the organisation. There are immediate costs, such as medical evacuation and emergency treatment, which can quickly run into very large sums of money. There are also potential long-term costs, such as those resulting from permanent disability (for example following the loss of limbs) and long-term care needs. Some insurance policies provide for a risk management specialist to support a response, as well as covering costs for incidents such as illegal detention, evacuation due to insecurity, and abduction.

It is part of an organisation's duty of care to provide financial compensation to affected staff in case of injury, illness, death or during other life events. Since most organisations cannot cover these costs themselves, insurance coverage is their means to provide that compensation. For international organisations, this responsibility also applies to national staff. That some international organisations' insurance coverage does not extend to all staff members therefore becomes a serious operational and ethical problem. Insurance is a tool that can help fulfil an employer's responsibility, but should not usually entail the full extent of support that an organisation provides affected staff.

Aid workers should be informed of the details of the insurance coverage their organisation provides (with possible exceptions for special contingency policies – i.e. kidnap and ransom coverage). Staff have the right to enquire about the insurance coverage being provided to them and to seek more information. While psychological injury and disability may be included in medical and workers' compensation, it is not automatic. The organisation may need to ensure that these are covered, and not just assume they are, particularly if organisational documents specify mental health support.[85]

Case example: Access and eligibility assessment

One organisation has mapped out access to and eligibility for medical assistance and evacuation. As well as providing transparency to staff on coverage, this overview allows the organisation to identify insurance gaps and overlaps and improve equity.

The organisation first identified benefit groups:
- Country programme staff
- International staff
- Head office staff
- Remote telecommuters
- Non-staff guest travellers (e.g. board members)

For each group, the overview lists details on access to a medical assistance provider and applicable insurance cover:
- Access to medical assistance provider
  - Who?
  - When?
  - Information, advice and referrals? Yes/No
  - Routine/elective medical care?
  - Medical assistance for accident/illness? (e.g. Yes, Yes (while travelling internationally on official business))
  - Medical evacuation for accident/illness (e.g. Yes, Yes (while travelling internationally on official business))

85 Reilly, L. (2024) 'Is your mental health covered? Insurance for psychological injury'. Bond (www.bond. org.uk/news/2024/05/is-your-mental-health-covered-insurance-for-psychological-injury/).

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- What does the organisation cover? (Details on support provided at no cost and support for which costs will be incurred)
- Applicable insurance coverage
  - General information (on assistance with placing payment, submission of insurance claims)
  - Routine/elective medical care in country (e.g. local medical coverage, global health insurance coverage, none provided by organisation)
  - Routine/elective medical care out of country (per above)
  - Accident/illness medical care while travelling internationally on official business (e.g. business travel accident insurance, global health insurance)
  - Accident/illness medical evacuation while travelling internationally on official business (per above)

Gaps in – and absence of – national health insurance

Providing adequate support to national aid workers involves not only access to and eligibility for medical assistance, but also wider benefits such as psychosocial support coverage and access, life insurance, disability benefits, workers' compensation and paid training and development/education allowances. Evacuation support for national aid workers remains challenging, however, as it can involve much more negotiation with evacuation providers and requires visas and other administrative approvals in addition to the financial costs of insurance. In some instances, local insurance plans are either unavailable or unaffordable. Some international carriers can offer coverage to local nationals, although this depends on the country and insurance provider.

As no insurance at all is not an option, organisations can:

- Opt for a self-insurance scheme, if feasible, where the organisation sets aside funds to cover potential risks and claims instead of purchasing insurance from an external provider.
- Negotiate (global) insurance policy extensions.
- Provide a lump sum for medical coverage.

- Support requests for compensation or financial assistance in the case of disease, injury or death on a case-by-case basis.
- Develop an internal cooperative insurance system with an insurance pot created with a lump sum from the organisation, added to by contributions from participating employees.
- Provide free healthcare to all staff as a benefit of employment (as is often the case with medical relief organisations).

It is likely that, in countries prone to natural hazards, national medical insurance cover will not function in a time of crisis and alternative arrangements may need to be considered.

▶ *For more medical emergency considerations, see Chapter 5.5.*

Common insurance policies

Different organisations will have different insurance needs. Insurance should be considered a component of a mitigation strategy and, like everything else, requires a full appreciation of risks derived from a comprehensive assessment. Most organisations have insurance policies with the following types of coverage (noting that the following list is non-exhaustive):

- Standard health insurance.
- Standard accident insurance – including accidental death or dismemberment.
- Disability insurance – partial or total, long-term or short-term.
- Medical emergency insurance – including coverage for medical evacuation and emergency care in situ and in transit.
- War risk insurance – this is often a separate policy, or a supplement at an additional cost, covering injuries or deaths caused by 'acts of war or terror' (see more under 'Exclusion clauses' below).
- Special risk insurance – covering technical expertise for crisis management and contingencies to facilitate safe release of hostages.
- Business/general liability insurance – one of the most general insurance policies that insures against cost of third-party bodily injury or third-party property damage claims and, for instance, slip-and-fall cases on organisational premises.
- Auto liability and fleet/auto insurance – policies covering legal and financial responsibilities such as liability, collision and comprehensive coverage, as well as protecting against a broader range of risks, including damage to vehicles.

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- Workers' compensation – provides medical and wage benefits for employees injured at work. Foreign voluntary workers' compensation extends coverage for employees working abroad, including additional risks and repatriation. Local schemes ensure compliance with local insurance regulations and provide necessary worker protections in specific countries.
- Professional liability insurance – covers businesses against claims for negligence, errors or omissions in the services or advice they provide.
- Directors and officers insurance – protects directors and officers from personal financial losses, legal costs and regulatory investigations.
- Employment practices liability insurance – covers employers against claims related to workplace discrimination, harassment, wrongful termination and employment contract breaches.
- Crime and employee dishonesty insurance – protects businesses from financial losses due to theft, fraud or embezzlement by employees or third parties.
- Cyber insurance – provides coverage for financial losses from data breaches, cyber-attacks and other cyber-related incidents.
- Property insurance – covers damage or loss of physical assets like buildings and equipment due to fire, theft or other risks.
- Political violence and terrorism insurance – insures against losses from politically motivated violence, including war, riots and 'acts of terror'.

Exclusion clauses

It is vital that organisations read the fine print and inquire explicitly about what is and is not covered, thus outlining explicitly the extent of gaps in insurance coverage that they would be liable to cover themselves. Insurance policies may not apply under certain conditions, and the details and interpretation of these exclusion clauses can be crucially important. Organisations can find themselves underinsured and forced to cover unexpected costs on their own.

Insurance coverage may exclude war risks writ large (certain types of war risk or malicious acts, particularly 'acts of terror' such as a bombing in a public place) unless the organisation has a war risk clause as an addition to their insurance agreement or as a separate agreement. Even with a war risk clause in place, insurance companies can exclude specific war zones from coverage. Some of these war zones are pre-determined by the insurance provider. Insurers may also add certain countries to their exclusion clause either upon contract renewal or even during the existing contract by providing written notification (details of this

will be in the contract and most brokers can help organisations with the specific contract language).

Insurance in a country listed under an exclusion clause may not cover injury, illness, death or disability as a direct result of an 'act of war/terror'. This means that a staff death due to a vehicle being hit by an armed drone is not insured, but a staff death due to a road traffic accident is. Premiums to add countries in the exclusion clause to the insurance ('buy back this insurance') can be very high. Should the organisation wish to employ staff in the country regardless, one option could be to 'self-insure', for instance committing to compensate staff working in or travelling to that country to the amount that the insurance company would insure against if the country were not excluded from coverage.

Other examples of exclusions:

- Coverage applies only during work assignments (e.g. in Somalia but not during a period of rest and relaxation in Nairobi).
- Coverage applies only during working hours (e.g. up to 6pm but not afterwards or during weekends).
- Coverage applies only if the organisation has certain written security language, such as the principle of not paying ransoms.
- Coverage excludes staff on short-term contracts, staff from particular countries or volunteers.

It is also important to identify what may be considered a 'pre-existing condition' and therefore not covered – for example mental or physical health conditions. An organisation should discuss their recruitment and due diligence process with their insurance broker/provider.

Insurance considerations

- **Educate staff.** Staff should understand the extent of accident and insurance coverage while working and travelling for the organisation, and the potential impact on any personal insurance they might have (e.g. life insurance policies (such as those taken out with a mortgage) becoming invalid if working in a high-risk area).
- **Coverage at the beginning and end of the employment contract.** Organisations need to know precisely when coverage begins and ends. It is important to determine whether the staff member is covered if they are not yet being paid a salary or have yet to start their assignment, for example.

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It should also be clear to both the organisation and the individual at what point after the end of the assignment coverage ceases. This is important for psychological injury, which can manifest long after an incident.

- **Premiums.** Organisations can often negotiate with their broker for lower premiums if they can demonstrate that appropriate risk mitigation measures are in place (e.g. policies, procedures and security training). Some providers offer a credit that can be put towards improving security risk management measures.

- **Equity in coverage.** When discussing insurance policies within international organisations, it is crucial to address the potential disparities and challenges that can arise between national and international staff. These disparities often manifest in access to healthcare and emergency services, such as medical evacuations and the quality of international versus national health services.

Further information

Discussion

Barkwill, D. (2022) *Letter of recommendation: reversing the mental health pandemic amongst aid workers.* AidEx (https://gisf.ngo/resource/letter-of-recommendation-reversing-the-mental-health-pandemic-amongst-aid-workers/).

Reilly, L. (2024) 'Is your mental health covered? Insurance for psychological injury'. Bond (www.bond.org.uk/news/2024/05/is-your-mental-health-covered-insurance-for-psychological-injury/).

Guidance

EISF (2017) *Abduction and kidnap risk management* (https://gisf.ngo/resource/abduction-and-kidnap-risk-management-guide/).

EISF (2019) *Managing sexual violence against aid workers: prevention, preparedness, response and aftercare* (https://gisf.ngo/resource/managing-sexual-violence-against-aid-workers/).

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