

# Mental Health & Psychosocial Support (MHPSS) *for Families at the US-Mexico Border*

**A Field  
Guide**



unicef   
for every child



A **guide** to caring for  
the mental health and  
**psychosocial needs**  
of **migrant and refugee**  
**children** and their  
**families**

And the **field**  
**staff** and **volunteers**  
who **support** them

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This “best practices” guide was developed as part of UNICEF’s initiative to build the capacity of organizational leaders, field staff and volunteers who support the mental health and psychosocial needs of refugee and migrant children and their families at the border of the United States and Mexico. It describes key principles, appropriate interventions and resources to guide those who are designing and organizing services and/or providing direct assistance to these families.

The Field Guide provides guidance on a few topics:

1. General principles on mental health and psychosocial support for refugee and migrant children and families.
2. Resources for training, management and support of staff and volunteers, to promote helpful strategies for supporting children and families.

3. Best practices for staff and volunteer care, including organizational strategies and individual stress management.

This guide is built upon the principle that social support is an effective buffer against the negative effects of stress. It protects mental health and psychosocial well-being. This support can be provided by non-specialists – within the context of broader organizational and community support. When mental health specialists are available within a community, their role may be most helpful for support and supervision of non-specialists, and as referral points for more severe cases that are identified.

The first section of this guide provides a broad overview of basic concepts that are the foundation for psychosocial interventions. Subsequent sections provide guidance on best practices, which organizations can adapt to design relevant staff and volunteer management policies and procedures most suited to their needs.



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# 1 Mental Health & Psychosocial Support

## Brief Guidance & Resource Summary<sup>1</sup>

## Introduction

### CHALLENGES TO MENTAL HEALTH AND PSYCHOSOCIAL WELLBEING

Migrants and refugees often faced extreme hardships and danger in their countries of origin and during their journeys. Disruption to familiar ways of life, lack of information, uncertainty about immigration status, potential hostility, changing policies, undignified and protracted detention all add to migrants' already heavy burden of stress.

Forced migration erodes pre-migration protective support, such as those provided by extended family, and may challenge cultural, religious and gender identities. Forced migration requires multiple adaptations in short periods of time. People, especially but not only children, become more vulnerable to abuse and neglect. Pre-existing psychosocial and mental health problems can be exacerbated. Importantly, the ways in which people are received and how protection and assistance is provided may induce or aggravate problems.

For example, inappropriate treatment can undermine human dignity, discourage informal social support and create dependency. People on the move live in a context of urgency, which can lead them to undertake extreme health and mental risks. Their frequent and often abrupt mobility may leave only very little time for service provision.

### COMMON MENTAL HEALTH AND PSYCHOSOCIAL RESPONSES

Migrants and refugees can experience a range of mental health and psychosocial responses to their situation. They may feel overwhelmed, confused or distressed, and experience extreme fear and worries, outbursts of strong emotions such as anger and sadness, nightmares and other sleep problems. Initially, on immediate arrival to their destinations, some may experience joy and elation. Many are affected by multiple losses and are grieving for places and life left behind.



<sup>1</sup> Adapted from IASC (2015) Mental Health and Psychosocial Support for Refugees, Asylum Seekers and Migrants on the Move in Europe: A Multi-Agency Guidance Note

Refugees and migrants may feel fearful, anxious, numb or detached. Some may have reactions that affect their functioning and thinking capacities, thereby undermining their ability to care for themselves and their families. It is important to realize that many stress responses are natural ways in which the body and mind react to stressors and should not be considered abnormal.

The effects of stress can be buffered by basic services, safety, and social support. Most emotional suffering is directly related to current stresses, worries and uncertainty about the future. Being a migrant does not, therefore, by itself, make one significantly more vulnerable to mental disorders. Rather, migrants can be exposed to various stress factors that influence their mental health and psychosocial wellbeing. These are normal responses to abnormal situations.

## KEY PRINCIPLES FOR PROMOTING MENTAL HEALTH AND PSYCHOSOCIAL WELL BEING

There is no single way or model to provide mental health and psychosocial support to children and families on the move, but the following good practice principles have been adapted from global resources where consensus has been reached on how to best support children and families who are on the move and how to prevent inadvertently doing harm.

### 1. Treat all people with dignity and respect. Support their self-reliance.

In chaotic and overwhelming situations, helpers may act solely on what they think needs to be done, without paying sufficient attention to how their actions may be experienced by children and families receiving their support. It is important to provide services in dignified ways, with respect for the autonomy and privacy of the person.

Everyone, including children, people with specific needs, or minority groups have a right to be treated with equity and without discrimination.

Wherever possible, support should enable people to choose how they would like to do things in order to maintain a sense of personal control.

Importantly, helpers should routinely consult with children, youth and families to identify their needs and strengths.

Assistance and support should be built around their suggestions. This is a prerequisite for good psychosocial support but difficult to realize when people do not stay long in one place.

### Guidance & Tools

#### **Guidelines on Mental Health and Psychosocial Support in Emergency Settings:**

Inter-Agency Standing Committee (2007). [IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings](#). Geneva: IASC.

#### **Accompanying booklet for humanitarian health actors:**

IASC Reference Group for Mental Health and Psychosocial Support in Emergency Settings (2010). [Mental Health and Psychosocial Support in Humanitarian Emergencies: What Should Humanitarian Health Actors Know?](#). Geneva.

#### **Field Checklist:**

Inter-Agency Standing Committee (2008). [Mental Health and Psychosocial Support: Checklist for Field Use](#). Geneva: IASC.

#### **Mental Health and Psychosocial Support in Humanitarian Emergencies: What Should Protection Program Managers Know?**

Inter-Agency Standing Committee (IASC) Global Protection Cluster Working Group and IASC Reference Group for Mental Health and Psychosocial Support in Emergency Settings. (2010). [Mental Health and Psychosocial Support in Humanitarian Emergencies: What Should Protection Programme Managers Know?](#) Geneva: IASC.



## 2. Respond to people in distress in a humane and supportive way

All those involved in helping and supporting refugees and migrants should know how to assist people in acute distress and alleviate their stress wherever possible. Psychological First Aid (PFA) is a set of simple rules and techniques that can be used by anyone (non-professionals and professionals) to respond to people in distress.

- ✓ Facilitating PFA training workshops for a half day to two days can be an effective way to foster specific interpersonal skills in responders, including volunteers, government officials, police officers and border staff/guards.

### Guidance & Tools

#### Psychological First Aid (PFA) Guide:

World Health Organization, War Trauma Foundation and World Vision International (2011). [Psychological First Aid: Guide for Field Workers](#). Geneva: WHO.

#### Psychological First Aid Specific to Children:

**Training Manual:** Øllgaard, Rosa Marie (2017). [Psychological First Aid Training Manual for Child Practitioners](#). Copenhagen: Save the Children Denmark.

**PowerPoint Presentation:** [Psychological First Aid for Children: 1-Day Training](#) (2017). Copenhagen: Save the Children Denmark.

#### In addition, a more advanced training in PFA for dealing with traumatic responses in children:

**Training Manual:** Øllgaard, Rosa Marie (2017). [PFA II: Dealing With Traumatic Responses in Children](#). Copenhagen: Save the Children Denmark.

**PowerPoint Presentation:** [PFA II: Dealing With Traumatic Responses in Children](#) (2017). Copenhagen: Save the Children Denmark.

#### A one-page pocket guide with key principles:

World Health Organization (2016). [Psychological First Aid: Pocket Guide](#).

## 3. Provide information about services, supports, legal rights and obligations

A major source of stress for people on the move is the lack of information. In a constantly changing situation, ensuring up-to-date, reliable information about where and how assistance can be obtained can greatly reduce distress. Such information can be provided through leaflets at physical access points or through radio, TV, telephone and Internet. Helpers must be able to provide adequate factual information and refer people to places where they can learn more. Information must be understandable for all different groups, such as children, people with disabilities, people who do not read or older people.

Access to information technology, telephones and phone charging services is vital. This access enables people on the move to find information themselves and contact others.



## 4. Provide relevant psycho-education<sup>2</sup> and use appropriate language

Overwhelming feelings may naturally arise from the many stressors people on the move face. It can be important for children, adolescents and families to understand these feelings.

<sup>2</sup> Psychoeducation refers to the process of providing education and information about mental health, especially with the aim of addressing the stigmatization of mental health concerns and working to increase mental health awareness.

For example, people may experience changes in sleep and eating habits or be quickly in tears or easily irritated. It can be helpful to reassure individuals of the normality of many of these reactions and provide simple ways to cope with distress and negative feelings. Given the high mobility of this population, providing brief and practical information in languages that people in this situation can understand is helpful. Information should be age appropriate, use everyday language and avoid use of clinical terms outside clinical settings.

✘ Most importantly, **do not use** words like ‘traumatized’, ‘psycho-trauma’, ‘PTSD’ to denote a whole population.

### Guidance & Tools

**IFRC psychoeducational materials**, including brochures and handouts on stress and coping, children’s stress, Psychological First Aid, working in stressful situations, common reactions in children and how to support them, and other topics:

(English) International Federation of the Red Cross and Red Crescent, Psychosocial Centre. [Psychosocial Support in Emergencies Brochures/Handouts/Posters](#). Copenhagen: IFRC Psychosocial Centre.

(Español) International Federation of the Red Cross and Red Crescent, Psychosocial Centre. [Apoyo Psicosocial en Emergencias Folletos/Carteles](#). Copenhagen: IFRC Psychosocial Centre.

### 5. Prioritize protection and psychosocial support for children, particularly children who are separated, unaccompanied and/or with special needs

Unaccompanied children (those who have been separated from their family or caregivers in transit), children who started their journey unaccompanied but are currently traveling with people, as well as children with specific needs such as disabilities, all can be at higher risk of exposure to abuse, violence and exploitation. Identification of these children can enable their protection and save lives.

Providing assistance adapted to children’s specific needs, such as help with contacting family, guidance on their options, legal resources and appropriate shelter will help engage unaccompanied or separated children. This support, along with nutritional support, access to safe water, warm clothes, rest and play can be provided through children and family support spaces.

### Guidance & Tools

**International Committee of the Red Cross (2004). [Inter-Agency Guiding Principles on Unaccompanied and Separated Children](#). Geneva: ICRC.**

**CONNECT Project (2014). [Working With the Unaccompanied Child](#).** A tool for guardians and other actors working for the best interest of the child.

**Interagency Working Group on Unaccompanied and Separated Children (2013). [Alternative Care in Emergencies Toolkit](#).** London: Published by Save the Children on behalf of the Interagency Working Group on Unaccompanied and Separated Children.

**University of Manchester (2014). [Information for Adults Looking After a Child or Children through Conflict and Displacement](#).**



## 6. Strengthen family support. Help keep families together.

When families are separated, connect them with reunification services. It is important that children are kept with their parents in almost every circumstance. The migration process can undermine support systems between the child and their family and community. Family and social supports are the best protections in response to distress and attachment to a caring adult is a key protective factor for children.

- ✓ Where family reunion is not possible, alternative care arrangements should be made in the best interests of the child and prioritize returning to family or extended family.

### Guidance & Tools

**International Federation of Red Cross and Red Crescent Societies Reference Centre for Psychosocial Support (2014).** [Broken Links: Psychosocial Support for People Separated from Family Members.](#) Copenhagen: IFRC.

## 7. Identify and protect persons with specific needs

Even during short stays, people who are at higher risk of vulnerability than others should be identified and offered referral to protection and social services. In certain cases, this can be lifesaving. People who may be particularly vulnerable include children who travel alone, older people, people with disabilities, pregnant women, victims of torture, victims of trafficking, survivors of sexual and gender-based violence (SGBV) and persons with diverse sexual orientation and gender identity.

- ✓ Seek out feedback on interventions from participants and find ways for vulnerable groups to share their opinions.

### Guidance & Tools

**International Federation of the Red Cross and Red Crescent Societies (2015).** [Rapid Assessment Guide for Psychosocial Support and Violence Prevention in Emergencies and Recovery.](#)

**WHO, UNFPA, UNICEF, UNAction, & UNHCR (2012).** [Mental Health and Psychosocial Support for Conflict-Related Sexual Violence: 10 myths.](#)

## 8. Make interventions culturally relevant and ensure adequate language interpretation

The provision of mental health and psychosocial support must be tailored to the needs of the people it serves. MHPSS helpers should therefore familiarize themselves with the background and culture of the people they support. Where possible, interventions should be planned with input from people directly affected by the situation. They know their needs and situation best.

Use of interpreters:

- ✗ Use of community or family members as interpreters should be avoided if possible.
- ✓ Trained interpreters should be used, ideally from the countries of origin of migrants or refugees.

**NOTE:** With training and supervision, some interpreters can have a more comprehensive role as cultural mediators. A cultural mediator serves as an intermediary between a person and a service provider using knowledge of the values, beliefs, and practices within their own cultural group and the knowledge of different care systems in the host context.



## 9. Facilitate the provision of treatment for people with severe mental disorders

Treatment should only be provided by certified clinicians. Where possible, refer people with severe mental disorders to appropriate secondary services. People with mental disorders may include people with pre-existing disorders in relapse or crisis, people with psychotic symptoms, people who are unable to function, people at risk of harming themselves or others, or people with substance use disorders in abstinence due to the crisis.

### Guidance & Tools

**UNICEF (2003). [Training Handbook on Psychosocial Counseling for Children in Especially Difficult Circumstances: A Trainer's Guide](#). Kathmandu: UNICEF Nepal.**

**International Federation of Red Cross and Red Crescent Societies (2009). [Behaviour Change Communication \(BCC\) for Community-Based Volunteers: Trainer's Manual](#). Geneva: IFRC.**

**World Health Organization (2016). [Problem Management Plus \(PM+\) Individual Psychological Help for Adults Impaired by Distress in Communities Exposed to Adversity](#). Geneva: WHO.**

**World Health Organization and UNHCR (2015). [mhGAP Humanitarian Intervention Guide \(mhGAP-HIG\): Clinical Management of Mental, Neurological and Substance Use Conditions in Humanitarian Emergencies](#). Geneva: WHO.**  
For use in humanitarian emergencies where there are limited mental health resources. This guide extracts essential information from the full mhGAP-IG and includes additional elements for use in humanitarian emergency contexts.

**International Organization for Migration, Migration Health Division, and the European Commission (2015). [Personal Health Record Handbook](#). Luxembourg: Publications Office of the European Union.** To document information that will assist health professionals to obtain a comprehensive view of the migrants' health status, needs and medical history.

## 10. Do not start psychotherapeutic treatments that need follow-up when follow-up is unlikely to be possible

A major impediment to success of most conventional psychotherapeutic interventions for people on the move is that these interventions often require multiple sessions. Therefore, mental health professionals considering therapeutic interventions must consider that the first time you see a person may also be the last.

- ✘ **Do not** inadvertently harm someone receiving support by encouraging them to talk about difficult experiences outside a stable, clinical context.
- ✘ **Do not** use single-session interventions that focus on the traumatic incident. Critical incident stress debriefing is not recommended.<sup>3</sup>
- ✔ **In general**, multiple session psychological therapies should only be considered when the person is in a stable situation.



## 11. Monitoring and managing wellbeing of staff and volunteers

Staff and volunteers providing assistance and support to migrants will be repeatedly exposed to tales of personal tragedy. They may live and work under physically demanding and unpleasant working conditions, characterized by heavy workloads, long hours, lack of privacy and personal space. Helpers might experience moral anguish over the choices they have to make.

These stressors may have adverse consequences such as anxiety and depressive feelings, psychosomatic complaints, over-involvement with beneficiaries, callousness, apathy, self-destructive behavior (such as alcohol or other substance use) and interpersonal conflicts.

<sup>3</sup> Critical Incident Stress Debriefing is a specific intervention implemented after exposure to potentially traumatic events to reduce the risk of posttraumatic stress, anxiety or depressive symptoms.

A supportive, inclusive and transparent organizational climate protects staff and volunteers:

- ✔ Humanitarian staff and volunteers should be alert to signs of stress within themselves and colleagues.
- ✔ Managers should monitor their teams through informal observation, periodic check-ins, or by organizing informal or formal group sessions to assess stress levels, disseminate self-care information and implement stress management strategies as appropriate.

### Guidance & Tools

**Antares Foundation (2012). [Managing Stress in Humanitarian Workers: Guidelines for Good Practice \(Third Edition\)](#).**

**Amsterdam: Antares Foundation.**

Use these guidelines for guidance on good practice in managing stress of humanitarian workers and assistance in developing programs that reduce risk of stress and burnout.

**Save the Children (2017). [Stress Management for Staff: One-day Training Programme](#).** Save the Children.

Access this resource if you are planning a training on stress recognition and exploration of ways to reduce stress.

**International Federation of Red Cross and Red Crescent Societies (2009). [Caring for Volunteers: A Psychosocial Support Toolkit](#).** Copenhagen: IFRC Psychosocial Centre.

Use this staff care toolkit as a resource for helping volunteers before, during, and after disasters. Different aspects of psychosocial well-being are discussed and can be adapted to fit particular needs.

**Merimna Society for the Care of Children and Families Facing Illness and Death, with the support of the European Commission and UNICEF (2019). [Good Practice Guidelines – Stress Management for Field Workers Who Support Unaccompanied Refugee and Migrant Children](#).** Athens: Merimna.

**Child Protection Hub (2015). [Video: Four Steps to Prevent Burn-out in Your Office](#).**



## 12. Do not work in isolation: coordinate and cooperate with others

Many people are involved in the provision of assistance and support migrants and refugee families. Some are part of large organizations and others work alone or in small informal networks. It is important that helpers connect with each other and learn from the work others are already doing, so that their work does not overlap or leave major gaps.

- ✔ Mental health professionals such as psychologists, psychiatrists, or counselors, assisting migrants or refugees at the border should connect with existing organizations.
- ✘ Mental health professionals should not provide professional MHPSS work outside a supportive organizational environment and governmental endorsed structures.

### Guidance & Tools

[www.MHPSS.net](http://www.MHPSS.net) –Mental Health and Psychosocial Support Network– for connecting with people and resources.



# 2 Best Practices for Organizational Leaders

## *Staff Care and Support*

Staff care refers to personal self-care and organizational responses to stress experienced by staff working in particularly difficult and stressful contexts. “The purpose of staff care is to create a healthy and productive workforce; to create wellbeing among staff and improve the quality of their work by promoting emotional, cognitive, spiritual, and physical health” (Approaches to staff care in international NGOs, InterHealth & PeopleInAid, 2009). Staff care is the shared responsibility of the organization and the individual working with children and families.

Managers play a critical role in creating a supportive team environment by showing concern for the wellbeing of individual staff, volunteers, and the team as a whole.



Managers can:

- Ensure reasonable working hours and conditions by upholding policies and promoting self-care strategies for staff and volunteers.
- Provide clear guidance on what is expected for staff and volunteer performance through job descriptions.
- Check-in with volunteers and staff to see how they are coping with their work, especially in stressful contexts.
- Arrange regular meetings that bring all staff/volunteers together and foster a feeling of team unity.
- Offer information about stress and its impacts through self-care and stress management workshops.
- Recognition and reward: show appreciation of volunteers and let them know they are valued members of the team.
- Create a cordial culture where people can speak comfortably regarding work-related stressors and receive support from supervisors and/or co-workers.



To help a staff person or volunteer who just experienced a stressful event, team members can:

1. Promote the importance of and facilitate access to social support through family and friends, and positive coping strategies.
2. Avoid formal group debriefing sessions (where people are asked to share their experiences in a group after a critical incident to process what happened) for those who have experienced stressful events. Psychological debriefings, individual or group, are no longer considered best practice, and research suggests that such practices can sometimes do further harm.
3. Encourage people to seek help or rest as needed.
4. Support people in making their own decisions based on what they think would be best for themselves. Everyone has their own way of coping. For some people, it is helpful to continue their work and daily routines. Others may want to take time off to be with friends or family. Ensure people who have experienced a stressful event have the opportunity to talk about what happened to others who they trust, but they should never be forced to talk or share their experiences.

## ROLE CLARITY

A wide range of work situations can create role confusion, such as starting in a new organization, beginning a new role, getting a new supervisor or manager, or following a change in the organizational structure.

Lack of role clarity can lead to stress.

The following **may help to manage these stressors**:

1. Provide all staff and volunteers with an orientation when they begin, including guidelines on best practices and your organizational code of conduct (see Appendix A for sample). Ensure they are aware of their role within their immediate work team, program area, and the broader organization.

2. Ensure all staff and volunteers receive suitable training for their jobs.
3. Develop and maintain a working environment where staff and volunteers are consulted and can provide feedback on changes that impact their work.
4. Implement a continual performance feedback system, where staff and volunteers receive regular feedback on a job well done and any areas for improvement.
5. Encourage staff and volunteers to talk to their supervisor or manager early if they are unclear about the scope and/or responsibilities of their role.
6. Ensure staff have up-to-date position descriptions, which include the purpose, reporting relationships, and the key duties expected of them.
7. Ensure that management structures across the organization and reporting lines within the team are clear so that staff and volunteers know who they are accountable to and where they can go for help with work problems.
8. Provide an organizational chart that gives a clear view of the organizational structure and communication channels.

## TEAM BUILDING

Teamwork is the essence of humanitarian work. However, building a strong sense of teamwork can be challenging when there is a mix of professions, styles and expectations, and high turnover of staff and volunteers.

Team effectiveness requires:

1. Commitment by all team members to a common goal.
2. Cooperation and collaboration with team members working for and with each other, recognizing and sharing their skills and knowledge.



3. Open, honest, and frequent communication by developing and using communication skills to engender trust and a sense of belonging in team members. To promote and build trusted relationships, managers should demonstrate an ability to listen, give staff and volunteers a voice, provide channels for feedback, and encourage conversation.
4. Conflict management skills among team members since conflict is an inevitable part of teamwork and decision-making. Check your organization's processes, channels, and procedures. Use these six steps to help your team work through its conflicts:
  - **Clarify** and identify the cause of conflict, then try to understand each other's point of view
  - **Find** common goals on which all members can agree
  - **Determine** what the team's options are
  - **Identify** and remove barriers by consensus
  - **Find** a solution that everyone can accept
  - **Make** sure all parties understand what the solution actually is and how to put it into practice

**Consider:**

- How clear is your team's goal?
- How clearly does your team understand each other's roles and responsibilities?
- How much does your team support one another?
- How skilled is your team in managing conflict?

**STAFF CARE**

It may be useful to make psychosocial support readily available for staff and volunteers, such as through online information on stress, burn-out and resilience, counseling and referral opportunities with mental health professionals, if needed. If the organization makes sure this support is consistent and routinely available, staff and volunteers should feel more comfortable in accessing it when they need support.

For example, staff and volunteers may benefit from a mandatory regular team meeting, supportive supervision, or a case consultation meeting. It may also be useful to have a counselor or psychosocial support advisor sit in on such meetings to give extra support to the supervisor, individuals or the team as needed.

**Staff and volunteers may find it easier to seek support if they can access mental health and psychosocial support anonymously, rather than on demand.**

Not everyone will want or need professional-level support during or after working in a stressful context. However, for those who do, assess their needs, make referrals, and facilitate their access. In some organizations, staff and volunteers may be able to directly access confidential professional support through formal Employee Assistance Programs or other resources.

Emergencies can happen at unpredictable times, and it's often difficult to find adequate support on short notice. To be prepared, it's good practice for leadership to make contingency plans for particularly difficult emergencies before they happen. Building in extra support in advance will ensure that staff and volunteers are taken care of, such as contracting with a mental health organization to provide support for staff should it be needed. Then, procedures can be developed so that everyone in the organization knows what to do and where to get extra support in the face of emergencies.

Finally, one of the best ways to combat stress and compassion fatigue<sup>4</sup> is to allow staff to gain diverse work experiences and to learn new skills. Staff development and training are an essential tool to keep helpers involved and feeling appreciated. Also, getting training and deepening their knowledge improves their sense of self-efficacy and may help them to find the right level of detachment that one needs to work effectively. Continued training also implicitly sends the signal that expectations are informed, goals set must be realistic, and that mistakes and imperfections are inevitable.

"Probably the most important recommendation we make to our colleagues about their personal lives is to have one."  
(Pearlman and Saakvitne)

<sup>4</sup> Compassion fatigue is a stress reaction characterized by emotional and physical exhaustion leading to a diminished ability to empathize or feel compassion for others.



# 3 Best Practices for *Volunteers and Staff*



Volunteering can be a very rewarding experience. However, it is important to reflect on the ways volunteering can affect you and those you are assisting. Helping and working with others can have a profound effect on your overall psychological well-being – for better or for worse. Fortunately, the negative impacts that are sometimes associated with helping others are not inevitable, and they can often be mitigated. By preparing yourself for this experience, you’ll be in a better position to reap the positive rewards and to better help those around you.

## WHAT ARE BEST PRACTICES AND WHY ARE THEY HELPFUL

Best practices refer to tried and tested approaches that have proven to deliver positive results without causing any unintended harm to those we’re trying to help. Best practice represents the collective wisdom of local communities, professional practitioners, researchers, and academics. It’s based on evidence, rather than assumption, and focuses on ethical and safe behaviors.

## THE CONTEXT OF MIGRATION

Each year, thousands of children and families leave their homes and communities to set off on a perilous journey to Mexico and the United States. The difficult decision to leave is shaped by an interplay of many factors, including the threat of violence, grinding poverty, a lack of educational and economic opportunities, discrimination, corruption and criminal impunity, and the desire to reunify with family. These conditions pose many risks to the physical and mental health of children and adolescents even before they begin their journeys.

Children and families may travel by bus, train or by foot along routes often controlled by criminal networks in order to reach the U.S. border. Migrating children and families may be exposed to high temperatures in the desert, experience disorientation, and risk potential separation from their group. They may witness the death or injury of others by dehydration, fatigue, other accidents or by criminal actors. Those that board the north-bound train, known as “La Bestia” may fall off, causing serious injury or even death.



Children and adolescents are also at risk of being recruited by organized crime or falling victim to exploitation, abuse or human trafficking. Girls and adolescents are at increased risk of becoming victims of sexual violence by men of their own group, guides (coyotes) who accompany them, or by criminal groups on the way, resulting in significant psychological and psychosocial consequences, unwanted pregnancies and sexually transmitted diseases.

Even in the best of circumstances, migration involves separation of families and friendships, loss and grief. These losses, compounded with the difficult conditions in country of origin and along the migratory route, can lead to profound psychosocial impacts. It is important to recognize that the psychosocial responses that often emerge are **normal emotional responses to abnormal situations**.

**Guidance & Tools**

**UNICEF’s website on Children on the Move** has various written, video and audio resources

[Access here](#)



According to the Convention on the Rights of the Child, it is the duty of any country to ensure that all children enjoy their rights, irrespective of their migration status or the status of their parents:

**THESE INCLUDE THE RIGHT TO:**

- Life, survival, and development
- Protection from violence, abuse, or neglect
- An education that enables children to fulfill their potential
- Be raised by or have a relationship with their parents
- Express their opinion and be listened to
- Respect and privacy
- Dignity
- Non-discrimination
- Prevention of revictimization
- Confidentiality
- Family unity

**The Best Interest of the Child Principle**

The best interest principle derives from Article 3 of the UN Convention on the Rights of the Child and establishes that **the best interests of the child shall be a primary consideration**. In other words, all decisions and actions should be made with the ultimate goal of fostering and encouraging the child’s happiness, security, mental health, and emotional development into young adulthood.

### Some elements to be considered when assessing the best interests of the child:

- The child's opinion
- The child's identity
- Preserving the child's surroundings and maintaining family relationships
- Care, protection, and safety
- Vulnerability
- The child's right to health
- The child's right to education

### Child Safety in Cases of Abuse

Cases of abuse or neglect should be taken very seriously, and the child should be protected immediately. While doing so, it's important to maintain a **non-judgmental attitude**. Neglect might stem from a whole host of complex factors, such as poverty and lack of support for the caregivers and household.

#### Here are some tips on how to handle situations of abuse or severe neglect:

1. Stay calm and do not create unnecessary "drama" which may upset and stigmatize the child and family.
2. Tell the child that it is not their fault.
3. Listen respectfully to the child and always believe what they are saying. Remember: it is not your job to decide what is true and what must happen.
4. Call for the assistance of your manager in a calm, thoughtful way, which protects the privacy of the family and child. NGOs and government services specializing in child welfare often know how to handle situations constructively, so try to involve them from the start.

5. Try not to separate or remove children from their family and siblings unless there is no other option to keep the child safe.
6. Follow up on the situation to see how the child and/or family are doing and ensure they are getting the help they need.

Remember, some helpers have a legal responsibility to report suspected abuse or neglect. If you're worried that a child or young person is at risk of or is being abused, consult with your organizational leadership on the best course of action.

### Guidance & Tools

**International Rescue Committee and UNICEF (2012). [Caring for Child Survivors of Sexual Abuse](#). New York: IRC.**

## INTERVENTIONS WITH CHILDREN AND ADOLESCENTS

### Children's Needs

Each child has unique needs ranging from basic and physical needs, family life, emotional needs, and new experiences to enrich their development.

#### ➤ Physical care

These include water, food, hygiene, housing, clothing, and health services.

#### ➤ Family and Community

Children need a good family environment for their psychological and social development. They gain confidence and security by communicating and playing with the people closest to them. It is through their earliest interactions with family and community that children learn the customs and social norms of the community in which they live.

The role of caregivers in supporting the wellbeing of their children is especially critical for younger children. Caregivers need to have their own basic and mental health needs met to effectively support the wellbeing of the children in their care.



## ➤ New Experiences

Without new experiences or stimuli, children cannot develop their knowledge or their abilities.

Learning is an active process, so children cannot learn without experimenting physically, communicating and playing with others. For example, to learn to talk and to expand their vocabulary, children need people who communicate with them and will encourage them to do the same. Daily life within the family and with friends provides many opportunities for new experiences and stimuli. This process continues in school.

## ➤ The Importance of Play

Children should be provided with opportunities for play. Play is so vital and necessary to healthy development that children will only stop playing when they are ill or distressed by a stressful situation.

**Adults should encourage children's play because:**

- It is a way of relaxing and a source of enjoyment for children
- It helps children develop physical, mental, emotional, and social skills
- It provides a way for children to express their ideas and feelings, especially following a disturbing event, for which they have no words. "Make-believe" play helps children to understand and explore their daily lives. Through imaginary play, they try to solve complicated situations by themselves or together with other children.

## ➤ Mental Health and Psychosocial Wellbeing

In addition to physical health and safety, children's wellbeing is also about their feelings, thoughts, and relationships. Mental health and psychosocial wellbeing is the state in which an individual has cognitive, emotional, and spiritual strength as well as positive social relationships.

This state of wellbeing motivates the development of life skills that enables children to understand their environment, to engage with it, and to make healthy choices with hope for the future.

## Children need a lot of care and a sense of safety

### Trusted adult caregivers can care for children's psychosocial wellbeing through:

- Physical affection (holding and hugging)
- Praise and encouragement help children develop a strong sense of self. Using positive feedback for good behavior often works better than punishing bad behavior.
- Routine and structure – try to keep to the same daily times for eating, sleeping, playing and homework.
- Setting boundaries and rules to help children feel safe—in a caring way.
- Discipline should be used within the context of a warm and caring relationship.
- Listening. Children need to talk and play through things that bother them. You can help children to process their feelings and experiences by listening to them.
- Ample time to play so they can learn and develop.
- Encourage learning and development. Explore with them. Show and name things (e.g. colors, textures, animals), count, and help them to read.

## ► Common Stress Reactions Experienced by Children

The most common reactions of children in difficult circumstances are:

### 1. Thinking excessively about experiences of violence

Children may re-experience the event in their minds over and over again. They may also avoid anything that reminds them of the event or they may re-enact it in their play.

**Example:** Sofia, 8 years old, saw her parents die in a house set afire by bandits. They were unable to get away and she was unable to help. She can't forget this horrific image.

### 2. Feeling afraid

In an effort to prevent future threats, children become hyper-vigilant in looking for warning signs that something bad is going to happen again.

**Example:** Sofia does not feel secure. She wants to be close to adults and does not want to stay at home alone. She is scared when she hears a shot, shouting, or any noise that reminds her of her experiences of violence.

### 3. Feeling sad

Sadness and grief are common especially when the stressful event involved the loss of someone close to the child. It's normal for these feelings to wax and wane over time.

**Example:** Sofia feels sad because of the loss of her parents. She cries easily, seems unhappy most of the time and she says she is not good at anything.

### 4. Feeling physically ill and having pain

Fear and sadness can affect the body through symptoms, such as:

- Lack of energy
- Lack of appetite
- Rapid heart rate, especially when the child is afraid
- Headaches or bodily aches

**Example:** Sofia keeps saying her head hurts, and these problems don't seem to have a physical or medical cause.

### 5. Difficulty sleeping

Children often sleep poorly because they are afraid. They may wake up at night to the slightest noise and have nightmares about their experiences.

**Example:** Sofia can't fall asleep and wakes up during the night from nightmares.

### 6. Lack of concentration and interest

Children are unable to concentrate or learn when they are suffering emotionally and afraid. They are easily distracted, both at home and at school, and are not interested in games or other activities.

**Example:** Sofia isn't interested in playing or doing other things she used to enjoy.

### 7. Not trusting other people

Children who have experienced adversity may mistrust adults, since they failed to protect them when protection was needed.

**Example:** Sofia starts to believe that the world around her is a scary place and all adults are dangerous.

### 8. Lack of self-confidence

Children may feel abandoned and may lose a sense of hope for the future.

**Example:** Sofia says negative things about herself, like 'No-one at school likes me'.





## ➤ Communicating with children

Children play and laugh even during stressful situations. This does not mean that they are not affected by stress. They just have different coping mechanisms than adults. When talking to children, remember that they are particularly vulnerable both physically and emotionally.

### Always:

- Be careful not to pressure a child to talk about things they may not want to share.
- Accept a refusal to talk to you, whether it comes from the child or their caregiver.
- Treat children with the same amount of respect as an adult.

## ➤ Loss and grief<sup>5</sup>

Grieving is a subjective process that occurs after someone experiences loss. It entails physical, emotional and social responses. The experience of grieving is natural and universal.

Just from the process of migrating, refugees and migrants often experience the loss of family ties, home, and many other things important to them. Refugees and migrants often experience further obstacles to coping with their bereavement process when someone important to them dies. For instance, grieving is further complicated when it's not possible to practice funeral rites or be close to the support of family and friends.

**"What if someone seems very stuck - for example, they are refusing to accept what happened?"**

"We cannot take away the feelings of sadness from someone who is grieving. We can only be there patiently to support people to grieve in their own way."

"You should never try to rush a person into accepting a loss. The person knows what is best for themselves and will grieve when he or she is ready. Sometimes denial and guilt are a defense against the pain and grief. In other words, grieving is so painful we may try to avoid going through such a process of suffering until we are ready. Always be patient and help the person to cope and feel safe until he or she is ready to grieve."

"Never push someone to move on from their loss or to grieve in the way that you think is best for them. Grief is a very personal process."

"It is important to understand that children of different ages experience grief differently."

.....  
"Grief is usually experienced as a painful time of personal suffering and thus people who are grieving need support."

.....  
"When people grieve it affects the way they feel, think and behave. Therefore, children can be bewildered by the reaction of their caregivers to loss."

.....  
"Children also grieve, although there is a general lack of insight and understanding about their experience of grief. This often leads to children who have experienced a loss not being given the support that they need."

<sup>5</sup> <https://childprotectionforum.org/wp-content/uploads/2016/05/REPSSI-2012-Supporting-Young-Carers-2.pdf>

It is important to understand that you cannot take away the sadness from someone who is grieving. You can only be there patiently to support people to grieve in their own way.

### ► Talking to a child about “Death”

1. Never lie to children about death. If they are given false assurances that the person who is dead will come back or has only temporarily gone away, they will keep hoping for something that does not exist. Later, when they find out, they can lose trust in those who withheld or provided false information.
2. Encourage children to draw as a means of expression.
3. If children have lost someone they loved, do not minimize their loss by saying “but at least X is still alive and there for you.” One person cannot be a substitute for another.



#### DOs

- Use simple language
- Talk in the child’s native language (whenever possible)
- Show sympathy
- Give attention to the child and look him or her in the eye
- Give encouragement
- Show patience
- Respect the child’s culture
- Support the parent/caregiver’s authority
- Create a situation of trust with child and parent/caregiver

#### DON'Ts

- Don’t be critical or judgmental
- Don’t talk too much
- Don’t laugh at or humiliate the child
- Don’t talk about yourself
- Don’t interrupt the child when she or he is talking
- Don’t say anything that you do not know to be true (e.g. “We’ll find your parents”)
- Don’t create expectations or make promises that cannot be fulfilled
- Don’t get upset or emotional
- Don’t contradict or argue
- Don’t minimize the child’s feeling (e.g. “You should not feel sad now because you are here” or “Forget it, it’s over now”)



## SUPPORTING THE ROLE OF UNWELL CAREGIVERS

One of the best ways to support a child is to support his or her caregiver and family. It is more helpful when psychosocial care comes from one's own family (especially one's caregiver or parents), than when it comes from outsiders or professionals. **Therefore when supporting caregivers, we should be careful not to take over the role of parenting.** Rather, we should strengthen the role of the child's caregivers, providing support where needed.

When a child's caregiver is unwell, we may need to help that caregiver to redefine their role. Even if there are limitations, their role as a parent is still essential.

### HOW YOU CAN STRENGTHEN THE ROLE OF CAREGIVERS IN OR AFTER SITUATIONS OF STRESS:

- Acknowledge and affirm what caregivers have already done for their children to keep them safe and cared for.
- Consult caregivers about anything involving the wellbeing of their children.
- Discuss and consult future plans of the children with caregivers (e.g. school enrollment); Unless in exceptional circumstances, parents/caregivers still have the ultimate decision-making authority.
- Encourage caregivers to take the lead in addressing problems and looking for solutions. Your only role is to accompany them during the problem-solving process.
- Respect the values and practices of caregivers and try to uphold these when dealing with their children.
- Make it clear to both caregiver and child that the authority still rests with caregivers and that your role is to support them in their role.

### ➤ Parents who have lost a child

When parents are upset either due to the death of another child or other issues, do not place the burden of comforting them on the surviving child.

While children may provide comfort to their parents to some extent, children are dealing with their own experiences of grief and cannot be expected to support their parents at this time. In fact, this may lead to intensification of guilt on the child's part, thereby inhibiting healing and furthering harm.

## GENERAL TIPS - CODE OF CONDUCT

### ➤ Be careful about the advice you give to others

Make sure you speak to the organization you are working with to understand what type of information and guidance is appropriate for you to share with the people you are working with. You can easily influence vulnerable people's understanding and behavior without even realizing.

### ➤ Respect people's privacy

The people you are working with could have gone through some of the worst experiences imaginable. They may be fleeing persecution. Disclosing their identity or location may not only make them feel exposed and uncomfortable, but can also put their safety at risk. Respect their privacy. It is not okay to take photos of refugees or migrants without their permission. Even if people give permission for their photo to be taken, they may do so because they feel they cannot refuse or are unable to communicate their refusal across a language barrier. In the case of young people, you should always ask for the permission of a parent or caregiver.

Similarly, responsible use of social media is a must. Do not post photos or identifying information of refugees and migrants. Photos can be taken out of context, re-tweeted and used to create an artificial narrative about the refugee crisis or the individual being photographed. Lives may even be put at risk.

Well-informed adults/caregivers should have the final say in what – if anything – is shared on social media. Share their stories only if they are comfortable and consider using an alternative name to hide people’s identity.

It is also important to observe your organization’s policies on privacy, confidentiality and photography. If they do not have formal policies, ask for clearer guidance.



## SELF-CARE TIPS FOR HELPERS

Actively working towards a good cause can be very fulfilling and help your personal and professional development. However, it can also be an emotionally draining experience. You may sometimes feel a little out of your comfort zone. Take things at your own pace to prevent being overwhelmed. If you push yourself too hard, you may burn out, become ill, physically or emotionally exhausted, or depressed. It’s important to help others, but it’s also important to take care of yourself.

### ➤ Things to remember when being a helper:

1. Understand that nobody involved in a helping relationship is untouched by it; Sadness, grief, and anger are normal reactions.
2. Pay attention to your fatigue. You may be reluctant to leave until the work is finished, and you may try to override your own fatigue through grit and determination.

3. Take care of your own body’s need for food, rest, and recovery time.
4. You may feel emotions more fully or less fully than you usually do.
5. You’ll often feel the pain of the people you are trying to help, and you may experience this as “compassion fatigue.”
6. Understand that you are not the only one who can help in this situation. You’re part of a team of caregivers.

### ➤ Spot the 10 Signs of Stress:

1. Headaches, muscle tension, exhaustion
2. Changes in eating or sleeping habits
3. Lack of concentration
4. Tendency to isolate yourself
5. Difficulty relaxing
6. Anger and other mood swings
7. Alcohol or drug abuse
8. Relationship problems
9. Feelings of shame, failure, guilt, or helplessness
10. Heart palpitations, chest pains, grinding or clenching teeth

**Taking care of yourself is anything but selfish. In fact, it’s a very responsible thing to do, because it means you can remain effective in helping others.**



➤ **Tips on taking care of yourself when helping:**

- Don't overexert or overcommit yourself.
- Eat and sleep as well as you can.
- Avoid excessive junk food, caffeine, or alcohol.
- Try a five-minute mind-calming exercise every day when volunteering. Taking a short break, away from the stress, can help you maintain your physical and emotional energy. This could be listening to your favorite music, writing your thoughts down, or focusing on your breathing.
- Practice self-awareness. Learn to recognize and heed the warning signs of physical and emotional fatigue.
- Talk about how you are feeling with your co-workers during appropriate times.
- Try to avoid over-identifying with victims' pain, grief, or struggles – it can hamper your effective helping skills.
- Look for the positive impact you have on those you're serving. Try to change the way you talk to yourself. Use words of appreciation and nurturance when thinking about your contribution to the cause.
- Set realistic goals for your work time commitment.
- Rotate what you do, from frontline work to support jobs – it'll ease physical and mental stress.
- Stay in touch with family, friends, and other supportive people in your life who are not involved.
- Laugh! As hard as this may be, joking and laughing will help to alleviate tension in your body.

**Finally, look after yourself as a priority. After all, you can't effectively help others unless you are in a good place yourself.**

**In summary,**

- Support parents and caregivers in their critical role for children. Provide information, discuss and resolve problems along with them and their children. Do not make decisions for them.
- Listen, have patience and avoid getting upset with children. Remember their particularly vulnerable emotional state.
- Be careful about what you promise. Only say what you know with certainty is true.
- Hugs and touch can be comforting for children. However, be careful how you use them. The most loving and best-intentioned touch may be experienced as intimidating, intrusive or invasive.
- Do not in any way imply that just because other children went through similar experiences, this should/would lessen the difficult emotions of this child.
- Maintain a non-judgmental attitude in the face of neglect or abuse.
- Do not forget to take care of yourself as a helper.

Helping will be most effective when done with thoughtful consideration to the psychosocial impact of your actions, as described in these guidelines. But, effective helping also requires openness and empathy for human suffering and resilience, and a genuine desire to help. Taken together, your contribution will be immensely valuable.

Knowing that you made a positive impact on someone can be an emotionally uplifting experience. It is essential to recognize your impact in alleviating suffering and maintaining human dignity, even if it is a small piece of a larger puzzle.

Remember, you won't be able to help everyone, but you can make meaningful contributions by providing comfort and support to some of the people who need help. Your dedication of time, energy, and compassion are critical for the organization you are working with and the people you serve.

# 4 Appendix A

## *Sample Code of Conduct*

### Scope

**This Code of Conduct applies to all staff and volunteers at all times during their service with the organization. This Code, whether signed or not, shall automatically form an integral part of all contracts and conditions of service for all staff and volunteers.**

### Managers' Responsibility

Management/staff and volunteer relations shall be guided by mutual respect and understanding, for which continuous dialogue is indispensable.

Managers will make themselves available to staff and volunteers who wish to raise concerns in confidence and will deal with such requests in an impartial and sensitive manner.

Managers are responsible for informing staff and volunteers about the organization's values, the specific conduct that is expected, as well as those behaviors which are unacceptable and inconsistent with these values. Managers are also responsible for holding staff and volunteers accountable to these expectations and taking appropriate action if there is a serious breach of this Code.

The \_\_\_\_\_ is responsible for putting in place effective policies and procedures to ensure the highest standards of conduct are observed.

**In my role as staff or volunteer, I agree to abide by the following code of conduct:**

### Respect for persons:

Respect all persons equally and without any distinction or discrimination based on nationality, race, gender, religious beliefs, class or political opinions; and act at all times to preserve human dignity through the Fundamental Humanitarian Principles, including: humanity, neutrality, impartiality and independence.

### Professional relationships, beneficiaries

- 1 All beneficiaries must be treated with dignity and respect. Any staff or volunteer conduct that is reported/seen to be degrading, discriminatory or harmful to beneficiaries will not be tolerated.
- 2 Staff and volunteers will respect peoples' customs, habits, and religious beliefs and avoid any behavior that is not appropriate in a particular cultural context.
- 3 Staff and volunteers will maintain a high-level of professionalism in all relationships with beneficiaries.
- 4 Although staff and volunteers will seek to develop trust and cooperation in their working relationships with beneficiaries, they must respect the necessary professional boundaries and the limitations of their role for safety and security purposes, and to reduce the potential for harm.
- 5 Staff and volunteers must never engage in any illegal activities on behalf of or with a beneficiary, including the discussion or disclosure of information that may support illegal activities.
- 6 Sexual relations between volunteers or staff and beneficiaries are strictly prohibited, considering the possibility of exploitative behavior. This applies even when a beneficiary is a consenting party. Staff and volunteers must recognize that they are in a position of trust, which makes it impossible to avoid the disproportionate power balance and can put the beneficiary at risk of harm. Under no circumstances will this be tolerated.



- 7 Staff and volunteers should remember that the beneficiaries we work with may have had traumatic experiences and may still experience their repercussions. Staff and volunteers must avoid questions or engaging in dialogue on these experiences, unless appropriately trained, since this can result in lasting damage when not professionally handled. If uncomfortable or unsure about a working relationship with a beneficiary, staff and volunteers should seek advice from their supervisor.
- 8 It is important to take the time to observe and to respect the cultural and religious practices of the people we are working with; staff and volunteers should not impose their cultural norms.
- 9 Staff and volunteers must respect the personal space of all beneficiaries. Even if intimate contact between friends and acquaintances in one's own culture is the norm, it may cause great distress to beneficiaries.

### Personal Responsibility, Safety & Security

- 1 Staff and volunteers are expected to observe the law of the country they are operating in.
- 2 In the unlikely event that staff or volunteers encounter conflict, they are prohibited from engaging in aggressive verbal or physical confrontations.
- 3 Staff and volunteers are not permitted to push their own agenda, whether that be religious, political, or otherwise.
- 4 Remarks made on social media must not appear to be made on behalf of the organization unless with the expressed approval from that organization.
- 5 Staff and volunteers must not undertake tasks that are outside of their role, without the explicit permission of their supervisor. For example, if a beneficiary approaches a volunteer or a staff seeking legal information or advice, they must not provide legal advice, unless they are a member of a team distributing up-to-date, accurate legal information. Similarly, staff and volunteers should not offer medical advice unless they are a recognized, practicing health professional.

### Photography

- 1 All individuals have the right to privacy and must be treated with dignity.
- 2 Photography of any individual must only be made and/or shared with the explicit, informed consent of that individual. For safeguarding reasons, staff and volunteers are prohibited from taking and/or sharing photos of children (under the age of 18) without explicit parental consent.

### Confidentiality

- 1 Sensitive and private information relating to the work of the organization and/or staff and volunteers, must not be shared in a public forum, such as social media or a public space. If unsure whether or not something sensitive in nature and sharable, staff and volunteers must check with their supervisor before sharing.
- 2 Staff and volunteers are prohibited from speaking to media without consent from the organizational leadership. This includes comments on their own project, group, and other related organizations or actors.
- 3 Staff and volunteers may come into contact with, or possession of, information and items of a sensitive nature in relation to the lives, identities, and needs of their colleagues, beneficiaries, or other vulnerable persons. Such information must be treated with discretion and not be shared publicly. However, if the staff or volunteer believes that this information may have a negative or harmful impact on the welfare and safety of the concerned party or any other individual/group/project, this information should be privately disclosed to the management team. When in doubt, please consult with your supervisor.

I \_\_\_\_\_, confirm that I **have read and understand this Code of Conduct**, and I **agree to abide by its terms**, which form part of the conditions of my service with the organization.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# 5 Appendix B

## *Additional Resources*

### Staff Care, Codes and Standards

Antares Foundation (2006). *Managing Stress in Humanitarian Workers: Guidelines for Good Practice* [Available at: [www.ataresfoundation.org](http://www.ataresfoundation.org)]

CHS Alliance (2017). *Human Resources (HR) Toolkit for Small and Medium Nonprofit Actors* [Available at: [www.chsalliance.org](http://www.chsalliance.org)]

Headington Institute (2006). *Minimum Operating Standards for the psychosocial support of relief and development personnel* [Available at: [www.headington-institute.org](http://www.headington-institute.org)].

Inter-Agency Standing Committee (IASC) (2007). *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*. Geneva: IASC [Available at: [www.who.int/hac/network/interagency/news/mental\\_health\\_guidelines/en](http://www.who.int/hac/network/interagency/news/mental_health_guidelines/en)]

People In Aid (2003). *Code of Good Practice in the Management and Support of Aid Personnel*. People In Aid, London, UK [Available at: [www.peopleinaid.org](http://www.peopleinaid.org)]

Porter, B. & Emmens, B. (2009). *Approaches to Staff Care in International NGOs*. People in Aid [Available at: [www.peopleinaid.org](http://www.peopleinaid.org)]

### Building personal and organizational resilience

Inter-Agency Working Group on Emergency Capacity Building (2007). *Building Trust in Diverse Teams: Scoping Study Report*. Castleton Partners/TCO International Diversity Management [Available at: [www.alnap.org](http://www.alnap.org)].

Fawcett, J. (Ed.) (2003). *Stress and Trauma Handbook: Strategies for flourishing in demanding environments*. World Vision.

KonTerra Group (2017). *Essential Principles of Staff Care: Practices to Strengthen Resilience in International Humanitarian and Development Organizations* [Available at: [www.konterragroup.net](http://www.konterragroup.net)].

McKay, L. (2010). *Spirituality and Humanitarian Work: Maintaining Your Vitality*. Headington Institute. Additional online training modules include: § Understanding and coping with traumatic stress § Coping with travel and re-entry stress § Family matters: Self-care for family members of humanitarian workers § Trauma and critical incident care § Understanding and addressing vicarious trauma [Available at: [www.headington-institute.org](http://www.headington-institute.org)].

McKay, L. (2011). *Building Resilient Managers in Humanitarian Organizations: Strengthening Key Organizational Structures and Personal Skills that Promote Resilience in Challenging Environments* [Available at: [www.reliefweb.int](http://www.reliefweb.int)]

Swords, S. & Emmens, B. (Ed.) (2007). *Behaviours Which Lead to Effective Performance in Humanitarian Response: A Review of the Use and Effectiveness of Competency Frameworks Within the Humanitarian Sector*. People In Aid.



