



Practical guide on the welfare of asylum and reception staff

Part III: Monitoring and evaluation

EASO Practical Guides Series

September 2021



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ABOUT THE GUIDE

Why was this guide created? The mission of the European Asylum Support Office (EASO) is to support Member States of the European Union and associated countries (EU+ countries) by providing common training, common quality standards and common country of origin information, among other things. To achieve its overall aim of supporting EU+ countries in achieving common standards and high-quality processes within the Common European Asylum System, EASO develops common practical tools and guidance.

This guide on staff welfare was created as a result of a request from the EASO Vulnerability Experts Network. Working in the field of asylum and reception has been acknowledged as taking a toll on the overall well-being of managers and their teams. Authorities indicated a need for guidance on how best to integrate staff welfare measures within the ongoing activities and support provided.

How was this guide developed? The development of this guide started with a mapping exercise across EU+ countries to learn the needs of first-line officers working in the field of asylum and reception, and to understand the existing good practices that can be built upon. The findings of the mapping exercise were the basis for the development of this guide. Member State experts supported the development of content, and the drafting process was coordinated by EASO. Before finalisation, a targeted consultation with experts in the field of staff welfare took place, and the guide was reviewed by the EASO Vulnerability Experts Network.

Who should use this guide? This guide is primarily intended for managers in asylum and reception authorities. Nevertheless, parts of this guide are useful to human resources departments, first-line officers, internal and external specialists, and civil society organisations.

How to use this guide. This guide comprises three stand-alone although complementary parts. [Part I: Standards and policy](#) focuses on how authorities are to develop a staff welfare strategy when there is not yet a strategy in place; it is supported by suggested standards and indicators for that purpose. [Part II: Staff welfare toolbox](#) details all the practical tools identified as good practices, which have already been implemented in some EU+ countries. **Part III: Monitoring and evaluation** provides a monitoring and evaluation mechanism to support authorities with tools to monitor progress made by measures rolled out in a simple manner. This guidance intends to complement, not to replace, local policies and strategies focusing on staff welfare in EU+ country authorities.

How does this guide relate to national legislation and practice? This is a soft convergence tool and is not legally binding. It reflects good practices shared by EU+ countries and their experts, which have been translated into standards to guide authorities in their efforts on staff welfare.

Contact us. If you have any questions or feedback on this document, contact the EASO vulnerability team by email at vulnerablegroups@easo.europa.eu.

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ABBREVIATIONS

EASO	European Asylum Support Office
EU	European Union
EU-OSHA	European Agency for Safety and Health at Work
EU+ countries	Member States of the European Union and associated countries
FGD	focus group discussion
HR	human resources
QB	quality benchmark
SOP	standard operating procedure
ToC	theory of change

BACKGROUND

Academic research ⁽¹⁾ conducted on this topic and the European Asylum Support Office (EASO) meetings held with staff in the field indicate that professionals working in the fields of humanitarian aid and asylum are more prone to suffer from depression, anxiety or burnout than staff working in other settings. Reasons that were given include that the work is particularly demanding owing to lack of resources, exposure to the suffering of the population they are working with and job insecurity, all of which can take their toll on well-being. At the beginning of 2019, EASO was requested by the national contact points of the EASO Vulnerability Experts Network to share good practices, from across Europe, of self-care and staff welfare during the annual meeting of the EASO Vulnerability Experts Network. As a first step, EASO distributed a survey to the national contact points from across the Member States of the European Union and associated countries (EU+ countries) that are members of EASO networks for reception and asylum processes and the EASO Vulnerability Experts Network. The aim of the survey was to learn more about efforts made by authorities and civil society organisations in the area of staff welfare. A mapping report ⁽²⁾ on the practices currently being used and on the needs and gaps identified by respondents was compiled and shared with the three EASO networks in December 2019.

One main lesson learnt from the mapping exercise was that chronic work-related stressors that are left unmanaged can lead to changes in the way staff behave, can affect their belief systems as well as their emotional states and can have consequences for their physical well-being. This is particularly evident in terms of how staff feel when exposed to prolonged stress. Prolonged stress leads to an increase in mood swings, feelings of anger and a lack of motivation to work, as reported by respondents to the survey launched by EASO in 2019.

(1) Solanki, H., *Mindfulness and Wellbeing: Mental health and humanitarian aid workers – A shift of emphasis from treatment to prevention*, Action Against Hunger, London, 2015; Antares Foundation, *Managing Stress in Humanitarian Workers – Guidelines for good practice*, 2012.

(2) A total of 23 countries participated in the survey, 21 of which are EU Member States. Contributions were also received from Norway and Serbia. A total of 89 individuals participated. First-line officers mentioned daily exposure to traumatic content, a high workload and low salaries as main stressors. Meanwhile, managers rated the high level of bureaucracy, lack of structure at work and job insecurity as major reasons for stress, among others. The findings indicate that participants noted changes in the way they feel, behave and act, both at work and in their private lives.

Overall, the survey revealed a need to improve the following areas within work settings to *prevent risks* of ill health (physical and mental) for employees:

- senior management's commitment to and awareness of the *duty of care* and the importance of ongoing support provision to staff throughout the deployment/employment cycle;
- strengthening pre-hire activities (e.g. *medical* and *psychological screening* of all staff);
- *availability of and access* to clear information on *policies* and *activities* relating to staff welfare.

Lastly, addressing the work-context pressures related to how **migration** is currently perceived in Europe appears crucial. Findings demonstrate that the often rather negative narratives on the topic will need consideration when assessing and addressing the staff welfare needs of managers and first-line officers.

During 2020, EASO, together with Member State experts from **Belgium, Germany, Greece**, the **Netherlands** and **Romania**, developed this practical guide by integrating findings from the initial mapping exercise conducted in 2019. The guide comprises **three stand-alone parts** with the aim of supporting asylum and reception authorities in their efforts to ensure staff well-being.



1. INTRODUCTION

This guide focuses on work in the field of operational asylum, which, by the nature of the work, necessitates specific work environments. Staff working in asylum-related workplaces (such as case officers, workflow managers, registration officers, reception officers and team leaders) often face various challenging physical and psychological conditions. These challenges can include a constantly high workload, an often unpredictable working environment due to the constant changes in the numbers of arrivals of applicants for international protection, exposure to persons who have experienced trauma and, in some instances, a lack of resources to deal with daily tasks.

For the purpose of this practical guide, these risk factors can be placed in **two** main categories ⁽³⁾.

- **Risk factors** that affect **first-line officers** working directly with applicants for international protection. The risk factors can potentially lead to vicarious trauma. Examples include case officers who listen to traumatic experiences shared by applicants and reception officers working with traumatised people on a daily basis.
- **Stress factors** ⁽⁴⁾ that risk affecting **entire teams**. Stress factors can lead to burnout, since a prolonged stressful work environment can affect the well-being of staff members, from first-line officers to managers.



It is important to note that people working in this line of work do so with great commitment to the cause of supporting persons in need of international protection arriving in Europe. They come to work every day because the work has purpose and are glad to work in their organisation and in the field of asylum and migration. In addition, the work is experienced by many as very rewarding despite its challenges.

The aim of this practical guide is therefore to **support managers in preventing, reducing and handling strain** in staff working in the asylum context. Occupational strain and associated health risks (physical and psychological) are a common situation facing all organisations. Occupational strain is often a result of the **inability to cope with stress and pressure** in the workplace. It can harm both individual staff members and the whole organisation ⁽⁵⁾.

At the same time, the creation of a culture of support and understanding in an organisation or authority will have a positive impact on the subjective feeling of well-being of individual staff members as well as their effectiveness ⁽⁶⁾.

(3) This practical guide does not focus on work setting-related safety and security risks such as accidents and other unintentional safeguarding concerns due to lack of planning or maintenance of office structures, office vehicles or the like.

(4) Refer also to Leka, S., Griffiths, A. and Cox, T., 'Chapter 5.1. Assessing risks at work', in *Work Organisation and Stress*, World Health Organization, Geneva, 2004, p. 10: 'Work stress can be effectively managed by applying a risk management approach as is successfully done with other major health and safety problems. A risk management approach assesses the possible risks in the work environment that may cause particular existing hazards to cause harm to employees. A hazard is an event or situation that has the potential for causing harm. Harm refers to physical or psychological deterioration of health. The causes of stress are hazards related to the design and management of work and working conditions, and such hazards can be managed and their effects controlled in the same way as other hazards.'

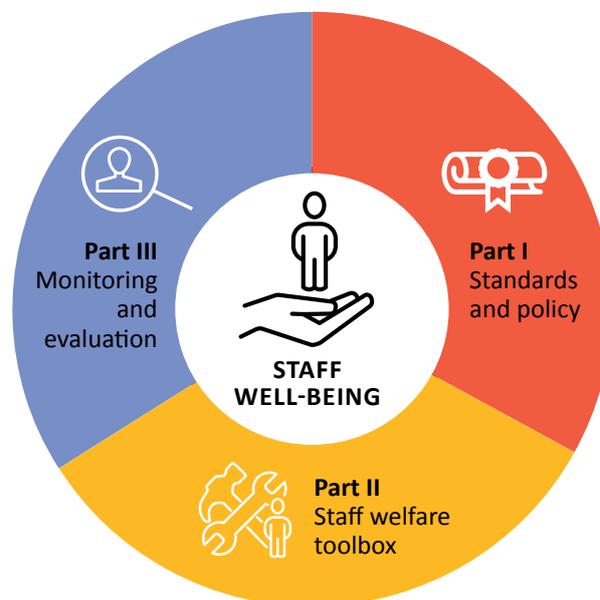
(5) Mezomo, D. S. and de Oliveira, T. S., 'Stress prevention and management program for public security professionals', in Rossi, A. M., Meurs, J. A. and Perrewé P. L. (eds), *Stress and Quality of Working Life – Interpersonal and occupation-based stress*, Information Age Publishing Inc., Charlotte, NC, 2016, p. 166.

(6) Refer also to research conducted by Hart, P. M. and Cotter, P., 'Occupational wellbeing and performance: a review of organisational health research', *Australian Psychologist*, Vol. 38, No 2, 2003, pp. 118–127.

This approach with a focus on **preventing occupational strain** in staff is also referred to as **Trauma Informed Care (TIC) within the workplace**, particularly in organisations caring for traumatised populations. This is also done to an extent by European asylum and reception authorities. **Trauma Informed Care** generally considers organisational staff care, self-care management, team support and personal self-care. All of these aim to prevent burnout and secondary trauma in staff while also increasing compassion, satisfaction and secondary resilience. These topics are covered in this threefold practical guide.

The EASO *Practical guide on the welfare of asylum and reception staff* is composed of three interlinked parts that complement one another in order to achieve long-term impact on staff well-being. The three parts of the guide can be used together in their entirety, in combination or as stand-alone tools, depending on the needs of the asylum or reception authority. The guide proposes a holistic threefold approach to staff welfare. It pays attention to the setting up of standards and the development of policy (Part I), the selection and implementation of practical tools (Part II) and the enforcement of monitoring and evaluation mechanisms (Part III) to guarantee that staff welfare policy is tuned to the needs of staff at all times. Interventions are designed in a participatory manner and as a consequence of needs and risk assessments.

FIGURE 1. Holistic approach to staff welfare



Part I: Standards and policy puts forward **eight standards** to guide staff welfare policy formulation, implementation and evaluation in EU+ country asylum and reception work environments. These standards are linked to quality benchmarks (QBs), indicators and suggested activities to be employed by authorities to streamline staff welfare in their departments. Recommendations are provided on how to formulate a staff welfare strategy as the basis for the development and implementation of staff welfare policy to ensure staff well-being. The **main target group** for Part I is **management and human resources (HR) departments**.

Part II: *Staff welfare toolbox* proposes a range of practical tools, exercises and soft-skill training suggestions. These are for managers and first-line officers, as well as internal and external specialists, to meet the standards of staff well-being introduced in Part I. The list of tools, exercises and capacity-building activities recommended, including self-care activities, is not exhaustive but presents good practices shared by Member State experts. The **main target group** for Part II includes **all staff working in the field of asylum and reception**: management and HR staff, teams in charge of critical incident management and staff involved in internal capacity building. This also includes specialists supporting the staff welfare efforts within teams working for asylum and reception authorities.

Part III: Monitoring and evaluation recommends measures to be put in place to assess if and how the well-being of staff is being positively affected by the measures introduced. The **main target group** for Part III is those **staff members focusing on monitoring and reporting within an asylum and reception authority**. The lessons learnt as a result of monitoring will inform management on adjustment needs to achieve overall effectiveness.

A number of terms relating to staff welfare, including ‘well-being’, ‘stress’ and ‘burnout’, are used in the three parts of the *EASO Practical guide on the welfare of asylum and reception staff* based on definitions provided by the European Agency for Safety and Health at Work (EU-OSHA), other EU bodies and academic sources. For information on terminology used throughout the three parts of this guide, refer to [Annex 1 ‘Definitions’](#).

1.1. MAIN TARGET GROUP FOR THIS PRACTICAL GUIDE

The **target group for Part III** is encouraged to also use the other two parts to complement efforts, since they are interlinked and meant to function as a practical set of tools to:

- formulate and roll out a **staff welfare policy** (Part I) by using agreed-upon standards;
- find an effective and **appropriate response** that is captured in a clearly formulated staff welfare action plan and tailored to a particular situation (Part II);
- **evaluate progress** made on staff welfare by using relevant tools linked to the standards set and activities proposed in the staff welfare action plan (Part III).

The main target group for Part III of the *Practical guide on the welfare of asylum and reception staff* is employees assigned by the authorities to engage in monitoring and evaluation. These could be internal monitoring and evaluation officers ⁽⁷⁾ or teams,

(7) See [Annex 3 ‘Template of terms of reference for a monitoring and evaluation officer’](#) for an example job description containing the tasks and responsibilities of this position.

who are supported by external specialists where the need arises. The findings from the regular assessments and monitoring and evaluation exercises are shared with senior management, HR and relevant staff welfare support teams. The lessons learnt will benefit management and HR in informing the current staff welfare strategy for the benefit of all staff working for the authority.

The main target groups for the use of this part of the EASO practical guide are therefore monitoring and evaluation officers, HR staff and the relevant staff welfare support teams.

1.2. HOW TO USE THIS PRACTICAL GUIDE

The purpose of this practical guide is to support managers in preventing, reducing and handling strain in staff working in the asylum and reception context. Occupational strain and health risks are a common situation all organisations face and have to deal with. Occupational strain is often a result of the inability to cope with stress and pressure in the workplace and can harm both individual staff members and the whole organisation ⁽⁸⁾.

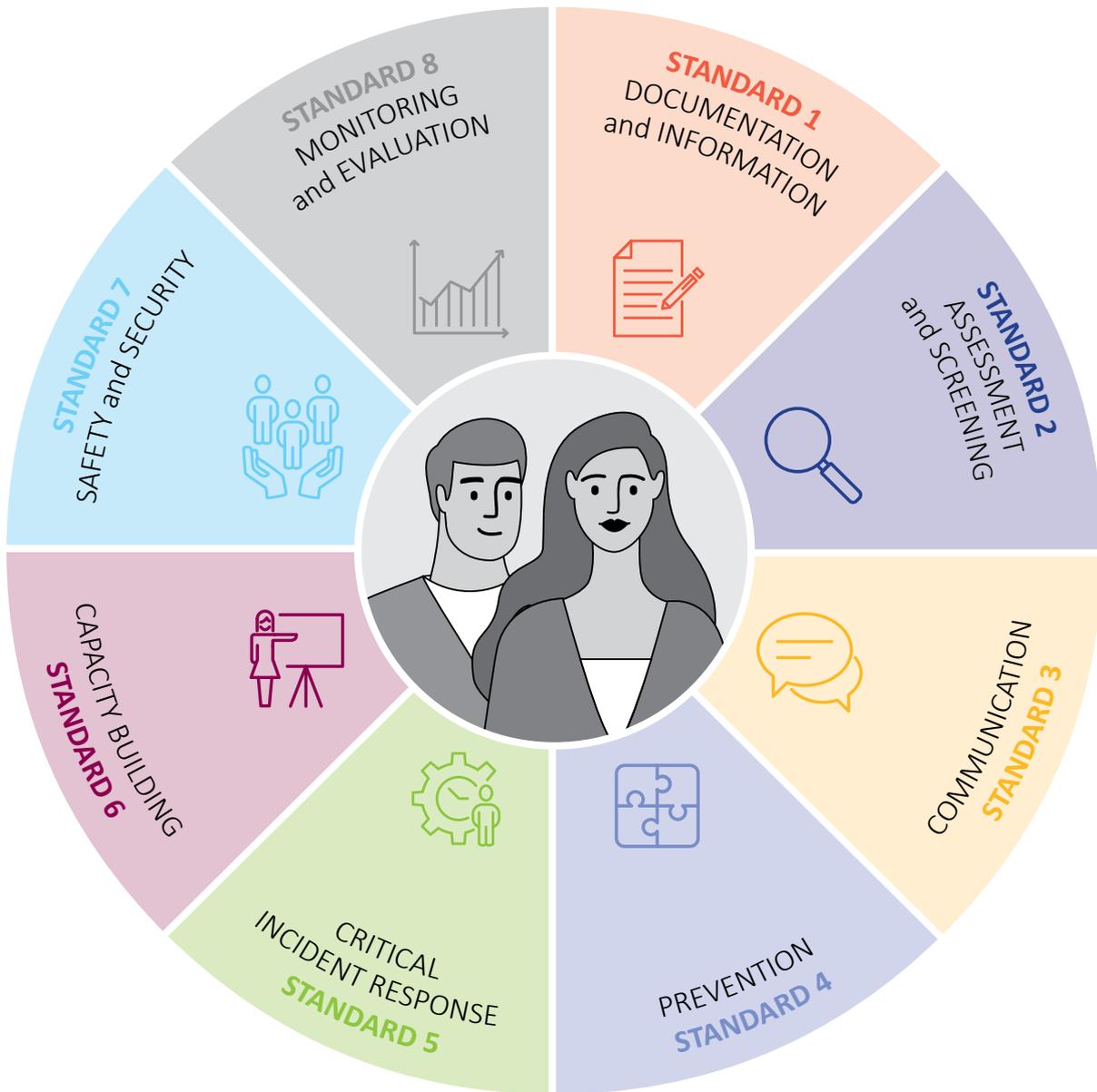
To ensure that authorities fulfil their duty of care, the identification of a focal person/team to conduct regular monitoring activities on the perception of successful staff welfare measures is therefore recommended ⁽⁹⁾. Having a designated person is described in the **eight staff welfare standards** ⁽¹⁰⁾ introduced in [Part I: Standards and policy](#). The standards establish the framework and are all **equally valuable**, and one does not outweigh another in terms of importance.

(8) Mezomo, D. S. and de Oliveira, T. S., 'Stress prevention and management program for public security professionals', in Rossi, A. M., Meurs, J. A. and Perrewé P. L. (eds), *Stress and Quality of Working Life – Interpersonal and occupation-based stress*, Information Age Publishing Inc., Charlotte, NC, 2016, p. 166.

(9) Refer to [Annex 3 'Template of terms of reference for a monitoring and evaluation officer'](#) for potential tasks to be fulfilled by this type of officer.

(10) Refer to standard 8: monitoring and evaluation.

FIGURE 2. The eight staff welfare standards



STANDARD 1: documentation and information

Authorities have a documented staff welfare strategy in place that is communicated through relevant and agreed channels.

STANDARD 2: assessment and screening

Authorities enable managers to gain the basic skills to assess and screen their teams on matters relating to staff well-being.

STANDARD 3: communication

Authorities promote clear and holistic communication through various agreed platforms and channels.

STANDARD 4: prevention

Authorities provide sustainable preventative measures to promote and protect mental health among their employees.

STANDARD 5: critical incident response

Authorities provide specific support to staff who have experienced a critical incident.

STANDARD 6: capacity building

Authorities provide the means for their staff to develop appropriate skills.

STANDARD 7: safety and security

Authorities implement and communicate concrete guidelines on health, safety and security based on an analysis of risks in various work settings (including in the field).

STANDARD 8: monitoring and evaluation

Authorities monitor and regularly evaluate the effectiveness of staff welfare measures introduced and incorporate lessons learnt.

The **eight staff welfare standards** define good governance in the area of staff well-being in the field of asylum and reception. The benchmarks of quality are defined in relation to these standards to ensure that relevant procedures and measures are put in place so that the well-being of staff within a given authority/organisation is prioritised and taken care of. Each standard and QB is tied to a set of indicators (maximum of four) ⁽¹¹⁾ to allow for the measurement of staff welfare policy performance. The necessary framework conditions to ensure that the eight proposed standards are met are to be established by the authority itself. Staff well-being will improve when the standards are incorporated within the administration of an authority. Therefore, having a quality assurance system for measures put in place by authorities is important to evaluate progress.

Part III aims to equip monitoring and evaluation officers with some basic tools to facilitate their work. The tools are based on the eight recommended staff welfare standards, which can be adjusted according to existing standards, QBs and indicators by the authority.

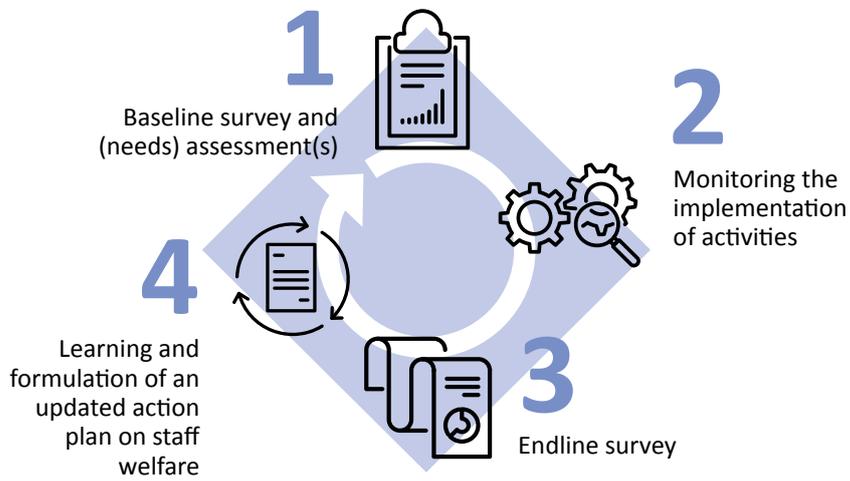
The tools introduced as part of a staff welfare quality monitoring package capture some suggestions on how to:

- conduct baseline and endline surveys;
- monitor ongoing activities;
- capture lessons learnt within a set time frame.

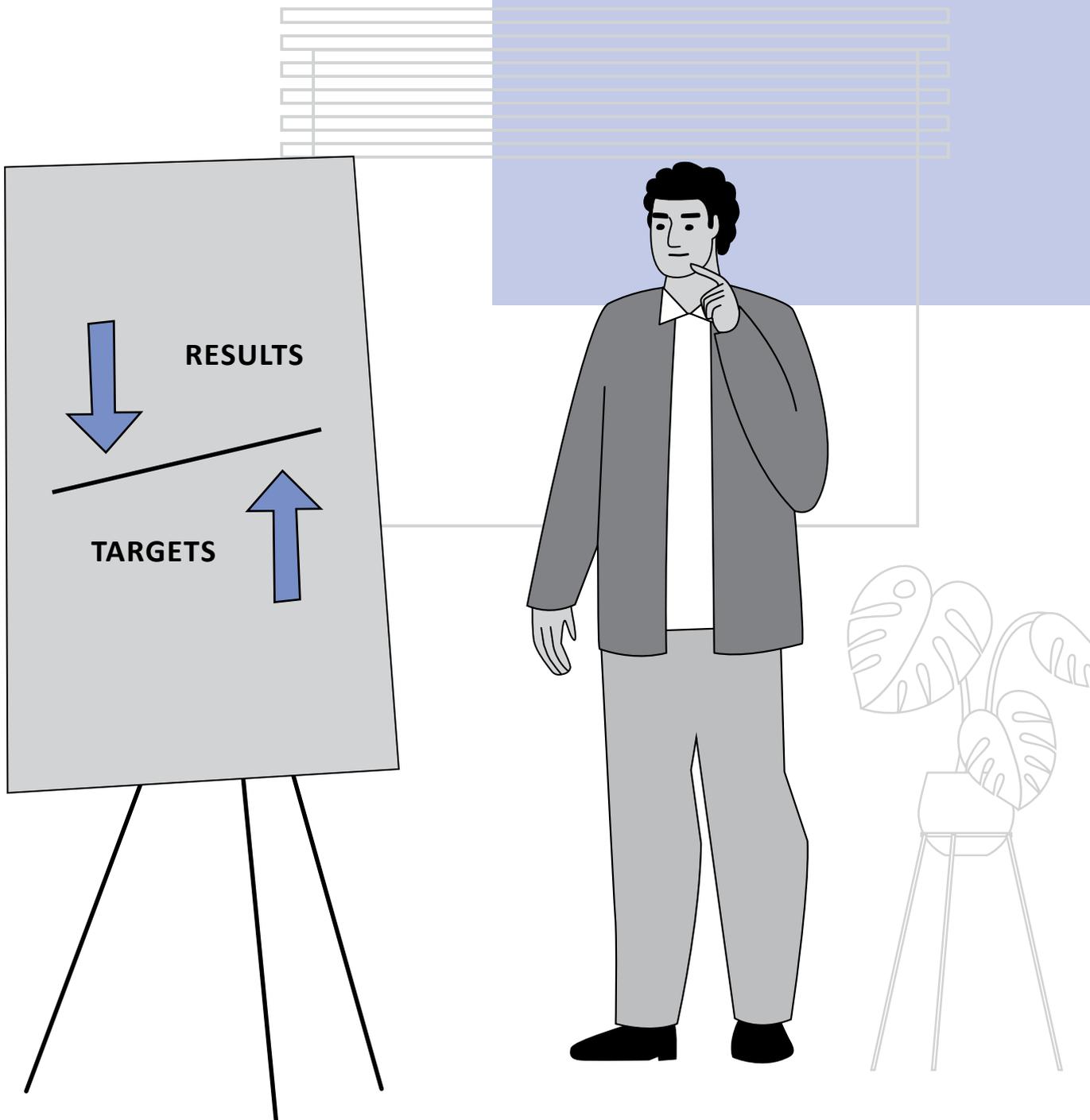
(11) Refer to Section 2.3. 'Standards and indicators to monitor staff welfare'.

The aim of this learning is to inform the staff welfare strategy and the staff welfare action plan developed by the authority.

FIGURE 3. Staff welfare quality monitoring package



2. MONITORING AND EVALUATING STAFF WELFARE



Although well-being initiatives are part of the modus operandi of most authorities and organisations, they may often be implemented in an ad hoc manner. Sufficient attention might not be paid to the needs of the various teams and job profiles of staff. In asylum and reception settings, this type of approach may fall short of adequately addressing the well-being of staff who, in the performance of their duties within demanding work environments, often have to tolerate varying degrees of uncertainty as well as stress. Therefore, the conceptualisation and implementation of a coherent staff welfare policy in asylum and reception settings is recommended.

A coherent policy aims to proactively address the well-being of staff throughout the full employment cycle. This starts from as early as recruitment and onboarding and throughout employment until the employee leaves. It is to be designed based on regular analysis of the staff profiles and needs within the authority and in line with the eight staff welfare standards proposed in [Part I: Standards and policy](#). The guiding objective of the staff welfare policy is to ensure a high-quality work environment for staff, to facilitate high performance and high-quality outputs for authorities and the applicants for international protection whose care is entrusted to staff members.

In achieving this goal, monitoring and evaluation is included as a key component of a staff welfare policy. It allows authorities to track the implementation of their staff welfare policy and measures, as well as the achievement of the set goals and the design of timely adjustments to well-being measures and approaches.

Monitoring is a systematic process of collecting and analysing information. This is done to inform decision-making related to ongoing activities or potential new activities to be introduced. Evaluation includes the analysis of the relevance and effectiveness of ongoing or completed activities on this topic. In short, the aim of monitoring and evaluation in this context is to improve staff welfare measures by collecting information on the implementation and impact of support provided and using the findings and lessons learnt to guide improvements.

Often, the assessment activities (monitoring and evaluation) are misunderstood as an audit process. This is **not** the case. These activities are necessary for the purpose of learning and to document conditions and changes. In this context, changes can be observed in terms of the well-being of staff members within an authority and employment satisfaction overall.

It is important to monitor the progress of the implementation of interventions through **a clear monitoring plan**, in this case handled by the authority. Consistency and accountability are ensured through the establishment of **feedback loop mechanisms**. These mechanisms allow for making corrective actions to review the assumptions, **the projected results and the processes underpinning the implementation of an intervention**. Systematic and continuous monitoring exercises promote an adaptive approach of the intervention in real time. Evidence-based analytical input feeds into the decision-making processes throughout the authority, and informed corrective measures can be taken. The monitoring function needs to be complemented by a separate

evaluation of the intervention, which makes it possible to summarise the key results achieved, assess performance and propose recommendations for future interventions ⁽¹²⁾.

Authorities are therefore advised to ensure proper planning of monitoring and evaluation activities, including the following.

- Have a monitoring and evaluation plan in place.
- Use a monitoring and evaluation methodology, with well-designed QBs and indicators, and data collection tools to track indicator performance.
- Use in-house or external HR professionals with relevant qualifications.
- Have a feedback mechanism to inform staff within the authority of progress made.
- Have a feedback mechanism ensuring that identified results and recommendations feed into existing staff welfare action plans.

Monitoring and evaluation is to be designed and implemented as a team effort involving the active engagement of management and staff members alike. Preferably, it will be based on a participatory approach throughout. Having first-line officers actively involved in the process of developing the overall staff welfare strategy is crucial ⁽¹³⁾, and, similarly, the participation of first-line officers is key to the meaningful conduct of monitoring and evaluation activities.

The design of the monitoring and evaluation exercise in staff welfare is to be aligned with the EU's five standard evaluation criteria. These are relevance, effectiveness, efficiency, coherence and added value, and they should be kept in mind during the evaluation process.

CRITERIA	TYPE OF QUESTIONS TO BE ANSWERED
EU standard evaluation criteria	
Relevance	To what extent is the intervention relevant to the needs and priorities of the employees of the authority?
Effectiveness	Are the objectives/standards being achieved? What is the extent of the effects of certain activities compared with the targets set (comparison: result versus planning)?
Efficiency	What is the efficiency of the resources used (comparison: human and financial resources applied versus achievements)?
Coherence	Are the staff well-being measures that are proposed and conducted coherent internally within the authority? Do they complement a wider staff welfare strategy and other policies (e.g. code of conduct / anti-(sexual) harassment)?
Added value	What is the additional added value resulting from a staff welfare strategy implemented by the authority as suggested in the EASO <i>Practical guide on the welfare of asylum and reception staff</i> ? Have any new good practices emerged that can be learnt from and considered? For example, were any diversity issues noted as important to consider (needs of deployed experts versus home-based experts, gender, etc.)?
Other criteria	
Sustainability and impact	To what extent have individual and collective/organisational local capacities been developed to ensure the sustainability of efforts and benefits?
Unintended consequences of the action	What are the unintended consequences (positive and negative) resulting from these measures/initiatives?

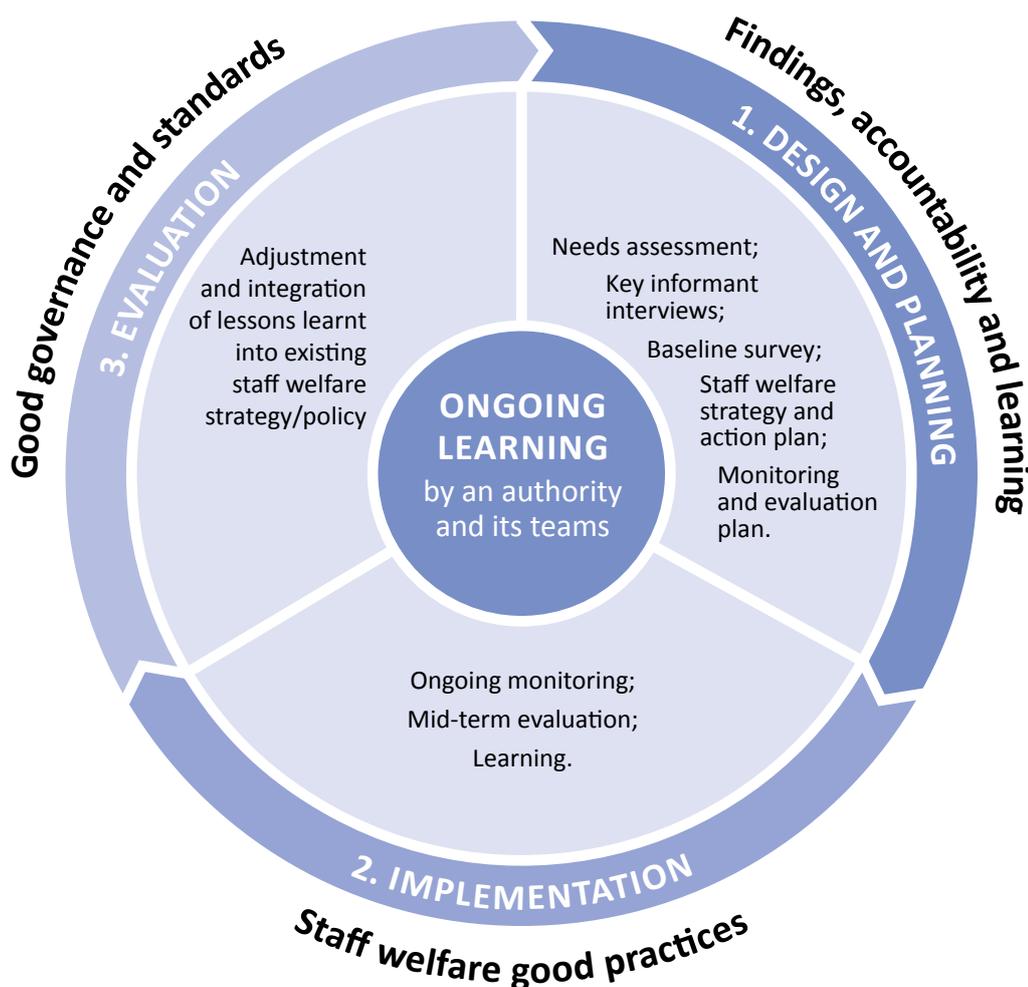
(12) EASO, *Monitoring of Operations User Guide*, EASO, Valletta, 2019, p. 9 (restricted document).

(13) Refer to [Part I: Standards and policy](#), Annex 4 'Staff welfare action plan and risk assessment templates'.

2.1. PROGRAMME MANAGEMENT AND RESULTS-BASED MONITORING

Monitoring and evaluation exercises are an important part of the programme cycle management process, including adjustment. Monitoring activities track progress during the implementation period of the policy/intervention, whereas evaluation aims to assess the achievement of planned results and goals upon completion of the same policy/intervention. In this context, activities included in the staff welfare action plan should be monitored through real-time feedback loop mechanisms to ensure that the implementation phase remains closely tied to the intervention throughout. Information gathered through monitoring and evaluation should be analysed to feed into recommendations for the adjustment of a policy/programme or intervention.

FIGURE 4. Staff welfare programme management cycle



Source: adjusted from the United Nations Office on Drugs and Crime, *Evaluation Handbook – Guidance for designing, conducting and using independent evaluation at UNODC*, United Nations Office on Drugs and Crime, Vienna, 2017, p. 44.

An example of how to use and apply results-based monitoring of staff welfare policy implementation is to look at the action plan set by the authority in line with the staff welfare policy standards proposed in [Part I: Standards and policy](#). The staff welfare strategy ⁽¹⁴⁾ and the linked action plan covered in this part of the guide, a section of which is included below, should provide reference to the objectives and measures set out in the staff welfare strategy developed by the authority. The action plan will need to be linked to a target group and to the budget made available for the actions proposed ⁽¹⁵⁾.

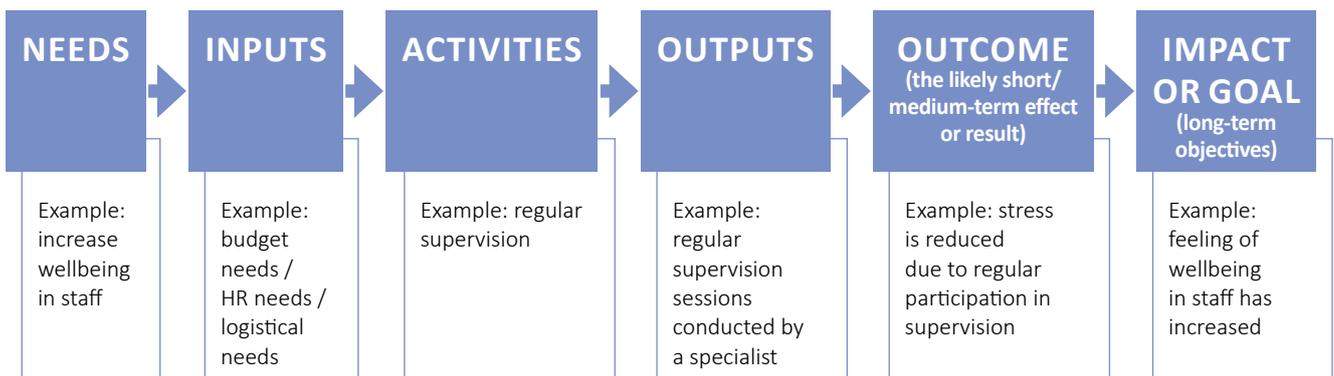
Sample staff welfare strategy. In line with the staff welfare objectives for the period 20XX–20XX, by authority XX, the 20XX annual staff welfare action plan is detailed below.

SAMPLE OBJECTIVE 1: PREVENTION AND REDUCTION OF WORK-RELATED STRESS				
Action	Responsible department	Implemented by (staff category: internal/external)	Target group	Time frame and frequency
Supervision	HR and linked staff welfare committee	Staff welfare counsellor or external specialist	First-line officers	Once a month and upon request

The above sample feeds into **staff welfare standard 4: prevention, QB2** and linked indicators (see [Section 2.3. ‘Standards and indicators to monitor staff welfare’](#)).

A results chain typically outlines the logical pathways and relationships between inputs and activities and the results that are generated in the form of outputs, outcomes and impact. The results matrix explains how results are to be achieved, beginning with inputs, moving through activities and outputs, and culminating in outcomes and the impact, which are part of the results chain.

FIGURE 5. Results chain



(14) Refer also to [Annex 5 ‘Staff welfare strategy template’](#).

(15) It is important to note that all proposals have to be in line with other policies (e.g. anti-harassment, sexual exploitation and abuse), as well as the code of conduct.

By implementing the activity presented in the results chain example above, in connection with other activities indicated in the staff welfare action plan, the overall **goal or long-term impact** can be achieved. This is to create a **safe and healthy** work setting for **all staff**, which, as a consequence, **has a positive impact on the applicants** entrusted to an authority.

In some authorities, the **theory of change (ToC)** might be a preferred way to plan and measure progress. The ToC methodology helps an authority to outline steps that are planned to achieve the goal. ToC offers guidance when examining options for interventions. It is a form of intervention logic.

The differences between the ToC methodology and the commonly used results chain method are that ToC:

- is **outcomes based** (what is our overarching vision?);
- looks into **causalities** (if... then), and does so by:
 - articulating underlying **assumptions**.

When using a ToC approach, long-term goals are defined and then mapped backwards to identify the necessary preconditions.

We therefore must begin by asking the following questions.

- What needs to change?
- What is needed to pave the way for such change?
- In other words, what are the prerequisites for setting the transformation in motion and consolidating it over time?

Normally, a ToC is formulated by using **'if/by... then'** statements and thus implies a type of causality or conditionality.

The logic is formulated as:

- by implementing activity X or if activity X is implemented:
 - then Y will happen;
 - because Z takes place (rational);
 - which will then lead to the envisioned change.

A **ToC** can be either presented by using a flow chart format or written out as a narrative.

EXAMPLE ONE: BY... THEN	EXAMPLE TWO: IF... THEN
<p>Our vision for change is to achieve a safe and healthy work setting for all staff, which consequently positively affects the applicants entrusted to us:</p> <ul style="list-style-type: none"> — by acknowledging the importance of investing in staff well-being by senior management; — by ensuring clear and relevant onboarding/ induction mechanisms; — by informing the provision of tools (e.g. standard operating procedures) to prevent/ respond to critical incidents; — by ensuring the needs of staff are regularly assessed and addressed through different formal (check-in meetings, individual counselling opportunities, educational supervision, etc.) and informal (e.g. collegial and peer-to-peer) support interventions; — by strengthening the capacity of all staff (managers and first-line officers) on relevant topics linked to well-being (e.g. communication skills, training on stress management techniques, the importance of teamwork and setting healthy boundaries); — by creating awareness of the importance of self-care; — by ensuring strong collaboration and transparent communication between relevant departments (HR, safety and security, technical staff, etc.). <p>The activities identified and linked to the ‘by... then’ statements to bring about the desired change can be included, for example, in the staff welfare action plan of the authority.</p>	<ul style="list-style-type: none"> — If staff have access to and are encouraged by management to take part in tailored support services offered by the employer (authority), such as training courses on stress management, educational supervision sessions or collegial support; and — If simultaneously managers are enabled to provide regular, relevant and empathic feedback; — then staff are able to address stressful situations in their work context in an effective and timely manner. <p>This will not only enable staff to conduct their work professionally and provide engaged support to applicants of international protection, but also reduce the risk of burnout (and other stress-related problems) in the future and promote overall well-being in reception and asylum staff.</p> <p>In addition, this will lead to our vision for change: a safe and healthy work setting for all staff, which consequently positively affects the applicants entrusted to us, will be achieved.</p>
<p>Underlying assumptions are:</p> <ul style="list-style-type: none"> — that the senior management of the respective authority has identified staff welfare as an area of concern and is to improve the situation; — that there are not yet any useful staff welfare mechanisms in place, and therefore introducing such interventions would be of benefit. 	
<p>Achieve results at scale.</p> <ul style="list-style-type: none"> — What needs to be done to have the greatest impact? 	

2.2. CONSIDERATIONS AROUND SETTING INDICATORS

A sound monitoring system starts from the design phase of an **intervention**, including, but not limited to, the development of a coherent results matrix and meaningful indicators ⁽¹⁶⁾. **Indicators** are quantitative or qualitative variables that allow the measurement, verification and validation of changes produced by an intervention compared with what was planned.

(16) EASO, *Internal Monitoring User Guide*, EASO, Valletta, 2019, pp. 18–19 (restricted document).

Quantitative indicators measure change in numerical values over time. They are expressed through a number, percentage or ratio.

Qualitative indicators measure changes that are not easily measured through numerical values, such as process-related improvements, and improved quality of services, policies or capacity. They are often based on perception, opinion or levels of satisfaction, and describe the change or what success looks like. In order to set a target and measure a qualitative indicator, you need to unpack the indicator and describe the intended progression of change.

The challenge in selecting indicators is to find **measures that can meaningfully capture key changes**, combining what is substantively relevant as a reflection of the desired result with what is practically realistic in terms of collecting and managing data. If the wrong indicator is measured, or if it is measured in the wrong way, the data may be misleading and the quality of decisions could be affected.

In general, good indicators need to be **SMART** (specific, measurable, attainable, relevant and time-bound) in order to be properly monitored and provide valuable information.

- **Specific.** Is it clear exactly what is being measured? Is the indicator specific enough to measure progress towards the results?
- **Measurable.** Are changes objectively verifiable? Will the indicator show desirable change? Is the indicator a reliable and clear measure of results?
- **Attainable.** What changes are expected as a result of the intervention? Are the results in which the indicator seeks to chart progress realistic?
- **Relevant.** Is the indicator relevant to the intended measure results, outcomes and/or outputs?
- **Time-bound.** Are data available at reasonable cost and effort? Does an indicator monitoring plan exist?

2.3. STANDARDS AND INDICATORS TO MONITOR STAFF WELFARE

For the purpose of the *EASO Practical guide on the welfare of asylum and reception staff*, the standards indicated in Figure 2 are linked to a detailed set of QBs and indicators that are presented below. The staff welfare monitoring package proposed in [Chapter 3 ‘Staff welfare quality monitoring package’](#) presents concrete monitoring and evaluation tools that touch upon the QBs and indicators tied to each of the eight staff welfare policy standards. [Section 3.1. ‘Guide for monitors \(tool 1\)’](#) details some key considerations before any monitoring and evaluation activity can take place.

2.3.1. STANDARD 1: DOCUMENTATION AND INFORMATION



Standard 1: Authorities have a documented staff welfare strategy in place that is communicated through relevant and agreed channels.

QUALITY BENCHMARKS	INDICATORS
QB1. A staff welfare strategy lays out how staff well-being is defined and the measures in place to support staff	1a. An expert task force proposes a staff welfare strategy, including measures to support staff and link to other policies (e.g. anti-harassment, code of conduct, etc.) 1b. Senior management approves staff welfare strategy 1c. A staff welfare action plan details key activities to be implemented during the year 1d. A time frame to review and update the staff welfare strategy is set
QB2. Standard operating procedures (SOPs) are put in place	2a. SOPs defining roles and responsibilities are developed 2b. Management employs SOPs
QB3. The staff welfare strategy is easy to access, concrete and in a language all staff can understand	3a. All staff members are aware of and have access to the staff welfare strategy 3b. Staff have received material providing information on activities available.
QB4. All staff are systematically informed of the staff welfare strategy, action plan and staff welfare measures available, and how to access support	4a. Number of staff reached with the available staff welfare activities 4b. Induction modules for newcomers including information on staff welfare

2.3.2. STANDARD 2: ASSESSMENT AND SCREENING



Standard 2: Authorities enable managers to gain the basic skills to assess and screen their teams on matters relating to staff well-being.

QUALITY BENCHMARKS	INDICATORS
QB1. HR departments and managers have the skills to develop clear job descriptions and relevant interview questions for selection purposes	1a. Terms of reference and job descriptions for managers and staff set clear requirements 1b. Interview grid for selection purposes includes a section on well-being (stress management) and is linked to a question on code of conduct
QB2. Managers are qualified to identify basic physiological and psychological strain and needs in their team members	2a. A number of managers participate in basic training on how to identify physiological/psychological strain 2b. Needs of all staff are assessed once a year during all phases of employment by using an institutionalised monitoring process 2c. Percentage of staff feedback gathered indicates that their direct supervisors have made an effort in identifying professional/personal strain

2.3.3. STANDARD 3: COMMUNICATION

QUALITY BENCHMARKS	INDICATORS
QB1. Managers and staff engage by using relevant, truthful, transparent and respectful communication skills	1a. Number of staff and managers participating in communication skills training 1b. Percentage of staff indicating that the communication of their direct supervisors is professional, transparent and respectful 1c. Summary of findings of the annual staff feedback survey is accessible to all staff
QB2. A structure is established for all staff to engage in personal exchange formats on both professional tasks and well-being with their respective line managers	2a. Number of one-on-one meetings conducted / participated in 2b. Amount of positive (constructive/helpful) feedback received during such regular meetings



Standard 3: Authorities promote clear and holistic communication through various agreed platforms and channels.

2.3.4. STANDARD 4: PREVENTION

QUALITY BENCHMARKS	INDICATORS
QB1. Staff and managers have access to a wide range of training sessions to identify signs of stress, prevent stress and promote mental health generally	1a. Number of staff attending training sessions on stress management 1b. Percentage of staff who indicate that the content delivered was relevant for their daily work
QB2. Staff and managers have access to support activities and services (provided in-house and/or externally)	2a. Focal point(s)/teams for relevant interventions are selected and trained 2b. Terms of reference for selected focal person / intervention team members and the services they provide are in place 2c. Where needed, clear selection criteria and terms of reference for external specialists are available
QB3. Staff and managers have access to health promotion activities	3a. Number of health promotion activities organised



Standard 4: Authorities provide sustainable preventative measures to promote and protect mental health among their employees.

2.3.5. STANDARD 5: CRITICAL INCIDENT RESPONSE



**Standard 5:
Authorities
provide
specific
support to
staff who have
experienced
a critical
incident.**

QUALITY BENCHMARKS	INDICATORS
QB1. An independent, trained person (or team) of confidence is appointed within the authority and can be consulted after critical incidents	1a. Terms of reference for such a team / focal person are in place 1b. The team / focal person selected has the relevant skills and training to provide the support needed
QB2. Clear guidance is in place for managers on how to follow up after a critical incident	2a. SOP on critical incident management is in place
QB3. Staff and managers have information on how to request and access specific support after a critical incident has occurred	3a. Existence, roles and responsibilities of this focal person / intervention team communicated to all relevant staff 3b. Information sessions (part of induction and other staff training) serve to make staff aware of the SOP and how to seek/receive support and from whom in case of a critical incident 3c. Total number and types of critical incidents recorded compared with incidents requiring a follow-up with a staff member 3d. Percentage of affected staff indicating satisfaction with the service provided by the support person/team

2.3.6. STANDARD 6: CAPACITY BUILDING



**Standard 6:
Authorities
provide the
means for
their staff
to develop
appropriate
skills.**

QUALITY BENCHMARKS	INDICATORS
QB1. Authorities have implemented a training needs assessment and a systematic evaluation of training schemes to ensure the high-quality, effective application and transfer of knowledge into daily work	1a. Needs assessments with staff of authorities are conducted 1b. A training plan is in place and includes topics concerning the well-being of staff 1c. The training programme is updated
QB2. Authorities have implemented a wide range of tailor-made and standardised training sessions	2a. Number of training sessions conducted 2b. Number of training sessions conducted with a link to the well-being of staff 2c. Number of participants reached by training sessions per year
QB3. Authorities offer additional relevant formats of professional development in order to ensure transfer of knowledge	3a. Number of staff participating in support activities (collegial support, intervision, individual/group counselling, etc.) within a reporting period 3b. Percentage of staff indicating in feedback sessions that a respective intervention attended was perceived as relevant to ensure well-being

2.3.7. STANDARD 7: SAFETY AND SECURITY

QUALITY BENCHMARKS	INDICATORS
QB1. Staff and managers are informed of reporting hierarchies to use in case of other emergency/security incidents besides critical incidents	1a. An SOP that complements the SOP on critical incident management is in place and disseminated
QB2. Staff and managers receive information about access to health, safety- and security-related measures/instructions	2a. A dedicated mailbox to receive and respond to enquiries made by staff 2b. Types of concern raised are documented ⁽¹⁷⁾ 2c. Percentage of staff indicating in feedback sessions that they feel that their safety and security in the workplace is being sufficiently considered
QB3. Authorities monitor the risks of each workplace in a continuous and evolving risk management process, and with the participation of first-line officers, in order to adapt safety/security measures where needed	3a. Risk-monitoring methodology and plan in place. 3b. Risk-monitoring plan regularly updated. 3c. Number of first-line officers who participated in the annual risk-monitoring exercise



Standard 7: Authorities implement and communicate concrete guidelines on health, safety and security, based on an analysis of risks in various work settings (including in the field).

2.3.8. STANDARD 8: MONITORING AND EVALUATION

QUALITY BENCHMARKS	INDICATORS
QB1. A monitoring and evaluation methodology is in place in order to assess the effectiveness of staff welfare measures introduced	1a. Staff welfare monitoring and evaluation methodology is in place 1b. A focal person / monitoring team is selected
QB2. Regular monitoring and evaluation exercises are conducted, which include risk management ⁽¹⁸⁾ relating to stress.	2a. Monitoring and evaluation reports are drafted annually 2b. Findings are reflected in regular recommendations proposed to senior management 2c. Recommendations feed into the review of the staff welfare strategy and action plan within a specified time frame



Standard 8: Authorities monitor and regularly evaluate the effectiveness of staff welfare measures introduced and incorporate lessons learnt.

(17) Confidentiality is a key principle in all staff welfare-related activities.

(18) Refer to Annex 6 'Risk assessment template' for a risk assessment template and explanation of the risk assessment cycle.

2.4. BASELINE AND ENDBLINE SURVEYS AND TARGETS

Indicators should be accompanied by **baselines** and **targets** ⁽¹⁹⁾. Without baselines and targets, measurement of change over time is not meaningful.

Baselines establish the value of the indicator before the start of an intervention, against which progress can be assessed or a comparison drawn. The purpose of a baseline study is to provide an information base against which to monitor and assess an activity's progress and effectiveness during implementation and after the activity is completed.

Sometimes the data needed for a baseline, against which to measure the degree and quality of change during an activity's implementation, will already exist. In such cases, the only task is to collate the data and ensure that it can be updated in the longer term through monitoring activities. It is therefore important to find out the information is already available. Reviewing general reports on other activities, focus group discussions (FGDs) and site visit reports might also help to understand the reality on the ground. When data do not exist or are insufficient, they will need to be supplemented by an ad hoc data collection exercise.

Baseline studies fall under the responsibility of those staff within authorities responsible for planning, and, to some extent, those involved in the implementation of activities. Ideally, such an exercise takes place during the design phase in this context, before a staff welfare action plan is developed and implemented. The appointed person/team ensures disaggregated data are collected when appropriate. This can also be done by using questionnaires, semi-structured interviews, group meetings and general site visits.

An **endline study (or mid-term study)** is a measure made at the completion of an intervention (or at key stages of its implementation, e.g. end of a phase), to compare with baseline conditions and assess change. Baseline and endline studies are tied together. If a baseline study is conducted, it is usually followed by a similar study later in the intervention (e.g. an endline study) for comparison of data to determine change.

In this context, senior managers of authorities want to see how certain measures introduced within an authority have positively affected the well-being of staff.

Targets describe expected values upon completion of the intervention (e.g. percentage of staff participating in a certain staff welfare activity to indicate job satisfaction). Targets can be useful in several respects, as they:

- orient intervention staff and other stakeholders to what needs to be done and achieved;
- serve as markers for deciding whether progress has been made or not.

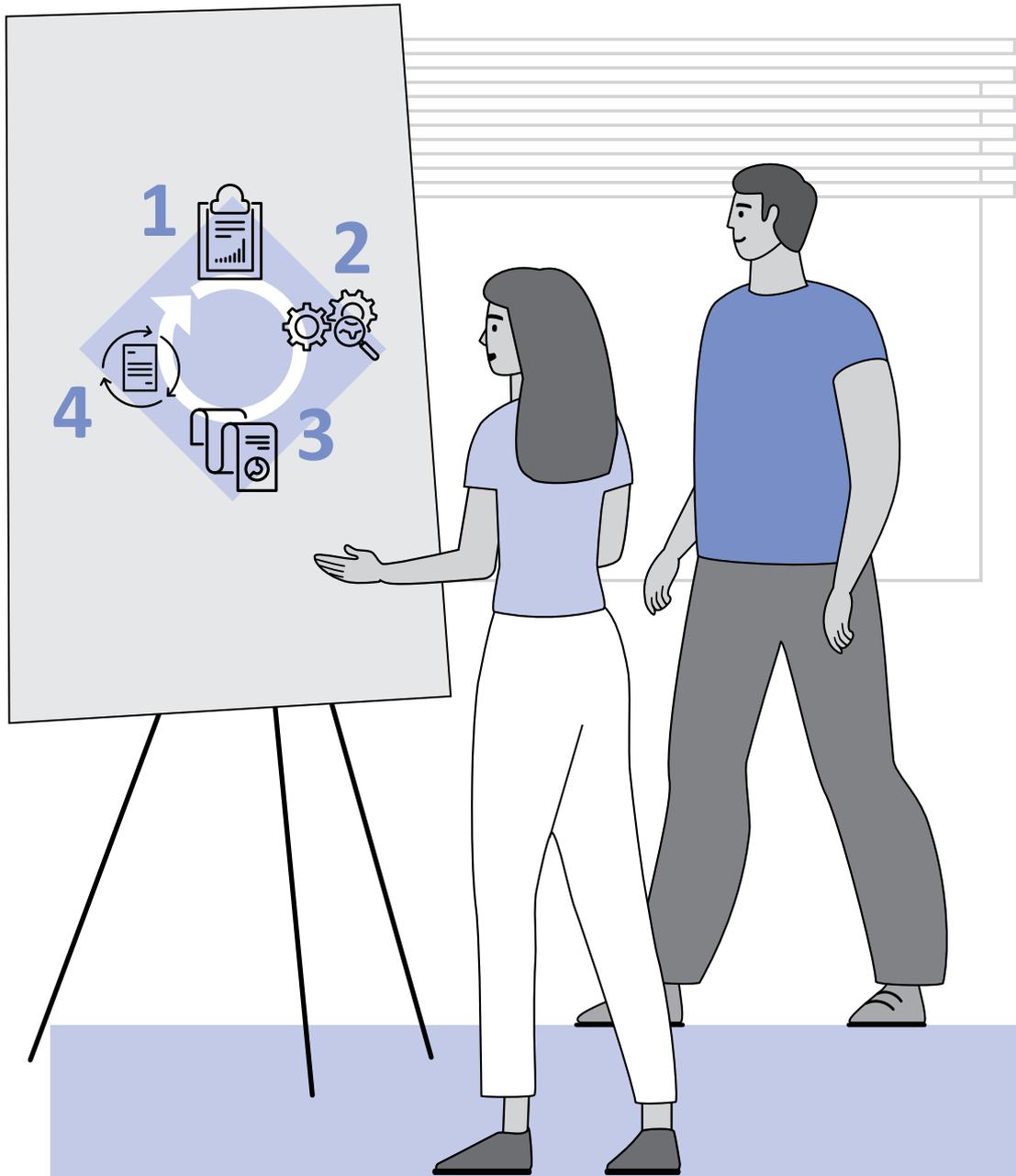
(19) EASO, *Internal Monitoring User Guide*, EASO, Valletta, 2019, pp. 27–28 (restricted document).

A natural tension exists between the need to set realistic and achievable targets and setting them high enough to ensure that interventions make maximum use of the resources available to ensure a real impact. When motivated, people can often achieve more with ambitious targets. On the other hand, if targets are unrealistically high, confidence and credibility will suffer.

POINTS TO NOTE IN STAFF WELFARE MONITORING AND EVALUATION

- Use your own set of indicators for monitoring, or use those defined in the standards, QBs and activities introduced in this three-part EASO guidance and merge them. The final selected indicators aim to measure the extent to which the intervention was a success or a failure. The final choice of indicators will depend on what is already ongoing, planned and feasible within an authority.
- Generally, the indicators used should be SMART (specific, measurable, achievable, relevant and time-bound).
- Data, where appropriate, are collected and disaggregated in a sensitive way.
- Typically, only a few indicators can viably be monitored over time. Indicators should therefore be chosen on the principle of ‘few but powerful’. They should be defined in such a way that they can be easily assessed, without interfering with the daily work of the overall team. In addition, data on indicators should always be disaggregated by gender, job profile and location whenever possible.
- Use monitoring for reflection, learning and change. Data on selected indicators may be collected periodically, with ongoing follow-up in subsequent months or years. For instance, if a specific type of assessment (baseline) and analysis is conducted, the same process can be repeated at later intervals (12 months, 18 months, 24 months, etc.). This process serves to investigate changes and to help the monitoring and evaluation officer, supported by the relevant decision-making colleagues, to rethink actions and adjust as necessary.
- To facilitate reflection, learning and change, participatory dialogues are useful as a means of stepping back and reflecting on what the data mean and how to adjust activities in the light of what has been learnt. This should be done as a good practice in collaboration with selected first-line officers who might be able to provide important insight.
- Data analysis and key findings need to serve the formulation of recommendations to feed into policy, measures and adjustment plans.
- Key conclusions from monitoring activities and evaluations should be distributed to all relevant staff.

Important note. In all interventions presented, considerations around confidentiality must be observed. None of the content from discussions held with or surveys received from a staff member should be communicated either to colleagues or to the management without the consent of the staff member(s) concerned. The only exception would be in case of risks identified around potential self-harm or harming others. It is also worth mentioning that staff well-being assessments are **not** to be mistaken for performance reviews and appraisals. The purpose is to assess the needs of a staff member including their professional development.



3. STAFF WELFARE QUALITY MONITORING PACKAGE

To support the process of staff welfare policy development and implementation, three key staff welfare policy documents can be considered. These are the staff welfare strategy, a staff welfare action plan and a staff welfare monitoring and evaluation methodology. The staff welfare strategy links to a staff welfare action plan detailing the staff welfare objectives and measures, which are to be systematically monitored based on the monitoring and evaluation methodology. The implementation of the monitoring and evaluation methodology informs the potential need for adjustments to be made to the staff welfare strategy.

The staff welfare monitoring package proposed here presents three key tools to conduct the monitoring and evaluation of the staff welfare policy and interventions, as well as the quality of staff welfare provision, in an asylum or reception authority. The tools are built in accordance with the QBs and indicators of the eight staff welfare standards established in [Part I: Standards and policy](#) ⁽²⁰⁾. They also relate closely to the staff welfare measures elaborated in [Part II: Staff welfare toolbox](#). The three tools are to be understood as forming an integral part of the staff welfare policy in an authority, and help authorities track the extent to which planned annual activities and interventions meet the objectives set and contribute to good staff welfare provision. It is through systematic monitoring and evaluation that asylum and reception authorities will gather information to feed into evidence-based recommendations for the adjustment of staff welfare policies and interventions according to the gaps and needs identified.

The staff welfare quality monitoring package includes the following tools.

— **TOOL 1: Guide for monitors.**

Provides guidance to monitors on main issues to consider when designing, planning and implementing monitoring and evaluation activities.

— **TOOL 2: Staff welfare baseline and endline survey.**

Presents survey questionnaires to be conducted prior to the start and following the implementation of a given staff welfare programme/policy. The tool assists the measurement of progress in staff welfare policy implementation over a relatively long period (2–3 years).

— **TOOL 3: Staff welfare progress monitoring.**

Presents an analysis checklist and two qualitative questionnaires to assist authorities in the ongoing tracking of progress made in all of the eight staff welfare standards.

The presented tools are just one suggestion on how to monitor and evaluate staff welfare policy and measures put in place. Authorities with a functioning system already set up might consider using their existing system, although making sure to insert indicators that focus on measuring staff well-being.



(20) Refer to Section 2.3. 'Standards and indicators to monitor staff welfare'.

3.1. GUIDE FOR MONITORS (TOOL 1)

The **guide for monitors** provides a brief overview of the basic considerations when monitoring and evaluating progress made on the topic by an assigned monitoring and evaluation officer. The guide tries to reflect the various realities EU+ countries might be faced with. Some already have a strong support system for staff in place and might not need most of what is suggested; others might be in the process of strengthening and streamlining processes. Others might use this guide as a basis to start systematically integrating staff welfare. Table 1 introduces at a glance immediate items to consider when conducting feedback sessions ⁽²¹⁾, surveys, a baseline/endline or feedback on the topic.

TABLE 1. Staff welfare monitoring guide

WHEN ASSESSING PROGRESS MADE ON STAFF WELFARE IN AN EU+ COUNTRY AUTHORITY, CONSIDER THE FOLLOWING.	
General remarks	<p>Contextual considerations</p> <p>What are your key evaluation questions? What are the most critical things the authority needs to know about the staff welfare interventions at this point? What can be priority questions for the criterion introduced, to learn lessons and establish good practice including sustainability and impact: relevance, effectiveness, efficiency, coherence? Which evaluation methodology makes most sense for the questions? Which is the most suitable format, for example online questionnaires, site visits, FGDs or individual interviews? Is diversity considered in terms of gender while also taking into account age, cultural background (e.g. in cases of experts deployed to other EU+ countries), etc.?</p> <p>Considerations around resources</p> <p>Each authority will also have different budgetary, logistical and resource constraints to consider when designing its assessment visits. When time and resources are extremely limited, the following criteria can be used to define your location and composition of interviewees (data source): (1) accessibility – visiting those services that are less costly/complicated to access than staff working in reception facilities / interview facilities in remote areas, for example; (2) gaps in existing knowledge – identifying those gaps where information is lacking and that have not yet been targeted, or focus first on those where information on targets/baselines is available to measure progress.</p>
Tools and questionnaires	<p>Consider the length of your questionnaires and alternative interventions</p> <p>Be mindful not to develop long questionnaires or catalogues of guiding questions. Otherwise, participants might be discouraged from completing a survey or participating in hour-long group discussions. To capture certain aspects and variables such as qualitative information, it is recommended to consider using data collection methods such as individual interviews or focus groups.</p> <p>Test your questionnaires or guiding questions</p> <p>Test your questionnaires with a few respondents in the field to verify respondents' comprehension of your questions and the time it takes to answer them all. Update your questionnaires accordingly before conducting the monitoring exercise. Ensure that you use a set of tools that allows for qualitative information to be shared (e.g. feedback received through FGDs).</p>
Documentation	<p>The staff welfare standard monitoring tool is available on a tablet/laptop (offline) to allow easy entry of information to be collected and follow-up analysis of findings and documentation purposes. Once online, the results will be analysed and made available in a summary report by the relevant management/team members.</p>

(21) For additional information, refer to Annex 4 'Feedback sessions'.

Assessor	The person assessing progress within an authority can be a dedicated staff member (monitoring and evaluation officer) or an external short-term consultant. It is important that, in case a staff member airs critical and serious concerns around well-being, a pathway to share feedback in a confidential manner has been established. The assessor never shares complaints made by a staff member in a way that allows the individual to be identified. The only exception to this rule is if the staff member in question is in danger of harming themselves and/or others.	
Schedule	For the person conducting the assessment, and depending on how many interviews or focus groups are planned, it is advised to draft a small work plan. This work plan captures as a minimum: — a timeline; — data sources (who are the interviewees and number of interviewees); — locations (to be visited to conduct the exercise if different work locations are applicable). A work plan is advised particularly in EU+ countries with a large number of staff, numerous reception facilities or several work locations. The visits to the authorities and selected interviewees are communicated in a timely manner to ensure the availability of the interviewees and to have meaningful interaction. Having this information on file will also be of benefit when returning for follow-up meetings / feedback sessions for comparison purposes.	
Data collection	Description	Comment
Data source – desk review	A brief desk review is conducted prior to the assessment / monitoring exercise, which includes the following. — A review of potential reports and statistics on staff welfare-related matters, including critical incidents managed during an indicated period. Other selected activity reports might in some cases also shine a light on staff welfare-related issues, for example programme evaluations detailing challenges and successes. — Use of external specialists' (psychologists') reports where applicable (while always ensuring confidentiality is granted).	Only recent reports/statistics to be considered, if applicable.
Data source – interviewees	A minimum of two or three people per staff category take part in the monitoring activity as the 'data source'. This activity takes place once a year and is conducted in the form of qualitative and/or semi-structured FGDs or group meetings. The final number of participants depends on the size of the authority and should consist of a combination of staff from: — HR department, management, first-line officers, external/internal specialists, staff welfare focal person; — where applicable, an independent person, for example from a different department, headquarters, other partners or stakeholders such as civil society organisations or local partners.	Participation is voluntary. Confidentiality is to be ensured. A culturally and gender-sensitive approach is to be kept in mind during the sessions.
Data source – survey respondents	Paper or online surveys can be designed to reach a wider range and number of staff. This might be particularly useful in authorities with a rather large number of staff and if they are in various locations. As wide participation of staff members as possible is advised (from all staff categories): managers, first-line officers, HR department, external/internal specialists, staff welfare focal person.	Participation is voluntary. Participation can take place anonymously.
Implementation	Description	Comment
Assessment	Before the assessment/evaluation starts, the assessors introduce themselves and ensure that the exercise to be conducted is clear to volunteering participants. The questions posed should enable the assessors to make an assessment against each of the indicators from the staff welfare standard monitoring tool suggested. A general discussion about how the activities around staff welfare have picked up and are functioning (if applicable) might be a good way to make interviewees feel comfortable while sharing valuable information. This is a semi-structured interview and allows for some narrative answers . The conversations should be kept rather 'informal'. This assessment exercise should allow for qualitative feedback to be gathered that can support better understanding when it comes to the context and dynamics around certain processes as well as why certain activities might work better than others at a given time. During the narrative, the assessor can come in respectfully without interrupting to ensure all standards/indicators are covered. If during an interview only positive accomplishments are highlighted, it is good to cross-check if there are any shortfalls in meeting the standards. Similarly, if only challenges are highlighted, there will be a need to see if strengths can be identified as well. In some settings, individual sessions might be preferred, while in others organising group discussions on the topic is recommended.	Collect any additional data to support the assessment, where necessary. This may include additional procedures developed by the staff themselves, new exercises/ activities on self-care or the sharing of good practices not yet part of the staff welfare measures introduced, etc.

3.2. STAFF WELFARE BASELINE AND ENDLINE SURVEY (TOOL 2)

A baseline and endline survey is a tool to support the measuring of progress over time. The baseline/endline survey questionnaire proposed here should be conducted with managers and first-line officers twice. The first occasion is **before** any of the activities of a given action plan / strategy are implemented. The survey is then conducted once again **after** the planned period of implementation of the activity/policy reaches its end. The findings of the baseline survey will serve as a benchmark against which to measure the results of the endline survey. The changes in answers will indicate progress made in the various areas. Depending on their staff welfare needs and the maturity of their staff welfare policy and programme, authorities may focus the baseline/endline survey on particular standards deemed particularly important.

Additional remark. The baseline/endline survey needs to be conducted with the same group of staff members, where possible, or a representative sample. To ensure confidentiality, staff will not be required to indicate their names; this should be perceived as optional. If the authority decides to work with focus groups, the approach to gathering information will need to be adjusted. FGDs are a useful tool to gather information on specific issues. They will not, however, easily facilitate the establishment of a clear baseline in terms of numbers or percentages in certain areas such as the exact number of training sessions attended.

Nevertheless, qualitative feedback gathered during FGDs can support gaining a clearer understanding of the context and dynamics within a team, for example, or why certain activities work and others do not. Group discussions can also indicate certain tendencies, such as the overall need for more investment in a functioning workspace, or can supply information on additional training needs. If a group approach is taken, indicate the number of group members, their gender and their average length of employment. It is advisable to complement these types of group discussion with, where possible, a basic questionnaire that focuses on quantitative data as well. The same is recommended with individual sessions, where providing names should be perceived as optional.

TABLE 2. Individual tool: baseline/endline template

OPTIONAL – NAME OF INDIVIDUAL TEAM MEMBER			
GENDER: M/F/X	EMPLOYED SINCE: < 1 YR / 1–3 YRS / MORE THAN 3 YRS	STAFF CATEGORY: MANAGER / FIRST-LINE OFFICER / HR / SAFETY SECURITY / OTHER (specify):	
DATE OF BASELINE/ENDLINE ACTIVITY (indicate if this is a baseline or endline activity):			
RATING SCALE – 1, not at all satisfied/useful/constructive; 2, partially satisfied/useful/constructive; 3, satisfied/useful/constructive; 4, very satisfied/useful/constructive; 5, exceeds expectations)			
QUESTIONS TO ASK AND LINKED TO STANDARDS PROPOSED		RESPONSE RECEIVED BASELINE	RESPONSE RECEIVED ENDLINE
General question	At this point in time, how would you rate your overall satisfaction with the efforts made by your employer as it relates to your general feeling of well-being at work?	1 – 2 – 3 – 4 – 5	1 – 2 – 3 – 4 – 5
Standard 1: Documentation and information		RESPONSE RECEIVED BASELINE	RESPONSE RECEIVED ENDLINE
	Are you aware of a staff welfare policy in place?	YES/NO	YES/NO
	Are you aware of any staff welfare activities/interventions implemented?	YES/NO	YES/NO
	Do you think what is currently in place to care for staff is sufficient?	YES/NO	YES/NO
	Is there information material you can access on self-care / staff welfare, etc.?	YES/NO	YES/NO
Standard 2: Assessment and screening		RESPONSE RECEIVED BASELINE	RESPONSE RECEIVED ENDLINE
	In your view are managers and human resource officers sufficiently equipped to screen staff/teams and identify chronic stress or signs of burnout?	YES/NO	YES/NO
	Does your authority have a methodology developed to monitor well-being of staff members?	YES/NO	YES/NO
	Has your direct line manager ever tried to see how you are (professionally but also personally to see if you are okay)?	YES/NO	YES/NO
	How would you rate the importance given by your employer to staff well-being, looking at the deployment cycle – from selection and onboarding through ongoing work to end of employment?	1 – 2 – 3 – 4 – 5	1 – 2 – 3 – 4 – 5
Standard 3: Communication		RESPONSE RECEIVED BASELINE	RESPONSE RECEIVED ENDLINE
	Are you aware of the focal person in the authority who is assigned to take care of staff in need (e.g. an assigned stress team, staff welfare committee, staff counsellor, etc. (22))?	YES/NO	YES/NO
	Have you attended any training courses on communication skills?	YES/NO	YES/NO
	Do you have regular meetings with your line manager to address work-related challenges you might have or to share other updates?	YES/NO	YES/NO
	How constructive and useful do you find the feedback on performance provided by your direct line manager for your future development?	1 – 2 – 3 – 4 – 5	1 – 2 – 3 – 4 – 5
	How respectful and relevant would you consider the communication skills of your direct line manager?	1 – 2 – 3 – 4 – 5	1 – 2 – 3 – 4 – 5

(22) These functions will need to be adjusted depending on terminology used within the authority.

Standard 4: Prevention		RESPONSE RECEIVED BASELINE	RESPONSE RECEIVED ENDLINE
	Do you think managers in your authority and staff in general have enough knowledge on how to prevent stress and burnout, and how to set healthy boundaries?	YES/NO	YES/NO
	Do you have access to internal/external specialists in case a need arises?	YES/NO	YES/NO
	Would you seek the support of these internal/external specialists if the need arose?	YES/NO	YES/NO
	Have you attended any mental health promotion training courses?	YES/NO	YES/NO
	Do you take part regularly in any staff welfare / staff well-being activities offered by your employer/department?	YES/NO	YES/NO
	Are these services offered free of charge?	YES/NO	YES/NO
	Rate the trust you have in your employer to take care of you and ensure your well-being including stress related to work (1 – no trust, 5 – a lot of trust)	1 – 2 – 3 – 4 – 5	1 – 2 – 3 – 4 – 5
	Do you take part in regular self-care activities for yourself, for example sports, yoga, other hobbies, spending time with family?	YES/NO	YES/NO
	When under stress do you reflect on what the sources of stress are and how to address them in a positive way?	YES/NO	YES/NO
	Do you think you are doing well in balancing between work and private life? (1 – not at all, 5 – very much so)	1 – 2 – 3 – 4 – 5	1 – 2 – 3 – 4 – 5
	In terms of prevention, do you have any other/further suggestions of what your employer could/should to do improve the current situation?		
Standard 5: Critical incident response		RESPONSE RECEIVED BASELINE	RESPONSE RECEIVED ENDLINE
	Have you been involved in a critical incident at your workplace in the recent past (within the last year)?	YES/NO	YES/NO
	Are you aware of an internal SOP you can refer to so as to learn about critical incident management?	YES/NO	YES/NO
	How effective is the current system in place for managing staff affected by a critical incident? (1 – not effective at all, 5 – very effective)	1 – 2 – 3 – 4 – 5	1 – 2 – 3 – 4 – 5
	Do you have information on whom to contact and what needs to be done (reporting) in the event of a critical incident?	YES/NO	YES/NO
	Do you think the support provided currently to applicants to prevent critical incidents is sufficient?	YES/NO	YES/NO
Standard 6: Capacity building		RESPONSE RECEIVED BASELINE	RESPONSE RECEIVED ENDLINE
	Have you attended any relevant training courses this year related to the topic of welfare (e.g. stress management, self-care / communication, etc.)?	YES/NO	YES/NO
	Are you aware of any refresher training sessions being organised?	YES/NO	YES/NO
	Was the way most training courses were provided practical enough to apply to the everyday work situation? (1 – not at all applicable, 5 – very much so)	1 – 2 – 3 – 4 – 5	1 – 2 – 3 – 4 – 5

Standard 7: Safety and security		RESPONSE RECEIVED BASELINE	RESPONSE RECEIVED ENDLINE
	How would you rate your subjective feeling of safety at your current workplace? (1 – not satisfactory at all, 5 – very satisfactory)	1 – 2 – 3 – 4 – 5	1 – 2 – 3 – 4 – 5
	Are you aware of reporting hierarchies in case of a safety or security incident?	YES/NO	YES/NO
Standard 8: Monitoring and evaluation		RESPONSE RECEIVED BASELINE	RESPONSE RECEIVED ENDLINE
	Are regular feedback sessions organised in which all staff members are involved, to detect potential strains on staff members in a timely fashion?	YES/NO	YES/NO
	Do you agree that feedback from first-line officers on staff welfare-related matters is sufficiently considered? (1 – do not agree at all, 5 – very much agree)	1 – 2 – 3 – 4 – 5	1 – 2 – 3 – 4 – 5
	Have you ever taken part in a survey, FGDs or something similar or been asked by your line manager to share risk factors you have identified that increase your, and your colleagues', stress levels?	YES / NO / NOT SURE	YES / NO / NOT SURE
General closing questions		RESPONSE RECEIVED BASELINE	RESPONSE RECEIVED ENDLINE
Do staff participate and provide feedback in developing staff welfare-related measures within your work setting?		YES/NO	YES/NO
Open-ended question	If you could change one thing to improve staff well-being within your current work setting, what would it be?		
Endline question only	In your view, have you seen an improvement in the commitment of senior management to invest in the well-being of staff since this topic has been introduced? YES/NO – If the answer is yes, explain in brief how.		Explain:
Endline question only	Do you think that, since your authority has proactively decided to address the issue of staff well-being more systematically, it has in one way or another positively affected your own personal daily work or the way you feel about coming to work? YES/NO – If the answer is yes, explain in brief how.		Explain:

3.3. STAFF WELFARE PROGRESS MONITORING (TOOL 3)

Tool 3 is twofold and captures both the staff welfare progress analysis and the questionnaires to use to monitor progress.

3.3.1. STAFF WELFARE PROGRESS ANALYSIS CHECKLIST

The **staff welfare progress analysis checklist** shown in Table 3 is a sample of how monitoring and evaluation officers can track progress made during a set time frame for each of the eight staff welfare standards while taking each of the linked QBs into account. The checklist proposed uses a colour code and reflects immediately which standards have been achieved (green), those that are almost achieved (amber) and those that still need further focus (red). This checklist allows for managers to immediately identify progress made on the various standards and linked QBs. While some EU+ country authorities might target all eight standards, other authorities might decide to focus only on one or two depending on how far advanced or necessary the standards are in that context. Lastly, this tool also highlights areas that seem 'unclear' and allows for monitoring of whether achievements are fluctuating, for example whether those that were green have stayed green, or if fluctuations are notable and achievements have moved back into a previous stage of amber or red after a certain time.

TABLE 3. Staff welfare progress analysis checklist

● **A** achieved/implemented, ● **B** partially achieved/implemented, ● **C** not yet achieved/implemented, ● **D** not sure

STANDARD	DESCRIPTION	QUALITY BENCHMARKS	A	B	C	D
1: Documentation and information	<i>Authorities have a documented staff welfare strategy in place that is communicated through relevant and agreed channels</i>	A staff welfare strategy lays out how staff well-being is defined and the measures in place to support staff	●	●	●	●
		SOPs are put in place	●	●	●	●
		The staff welfare strategy is easy to access, concrete and in a language all staff can understand	●	●	●	●
		All staff are systematically informed of the staff welfare strategy, action plan and staff welfare measures available, and how to access support	●	●	●	●
2: Assessment and screening	<i>Authorities enable managers to gain the basic skills to assess and screen their teams on matters relating to staff well-being</i>	HR departments and managers have the skills to develop clear job descriptions and relevant interview questions for selection purposes	●	●	●	●
		Managers are qualified to identify basic physiological and psychological strain and needs in their team members	●	●	●	●
3: Communication	<i>Authorities promote clear and holistic communication through various agreed platforms and channels</i>	Managers and staff engage by using relevant, truthful, transparent and respectful communication skills	●	●	●	●
		A structure is established for all staff to engage in personal exchange formats on both professional tasks and well-being with their respective line managers	●	●	●	●
4: Prevention	<i>Authorities provide sustainable preventative measures to promote and protect mental health among their employees</i>	Staff and managers have access to a wide range of training sessions to identify signs of stress, prevent stress and promote mental health generally	●	●	●	●
		Staff and managers have access to support activities and services (provided in-house and/or externally)	●	●	●	●
		Staff and managers have access to health promotion activities	●	●	●	●
5: Critical incident response	<i>Authorities provide specific support to staff who have experienced a critical incident</i>	An independent, trained person (or team) of confidence is appointed within the authority and can be consulted after critical incidents	●	●	●	●
		Clear guidance is in place for managers on how to follow up after a critical incident	●	●	●	●
		Staff and managers have information on how to request and access specific support after a critical incident has occurred	●	●	●	●

STANDARD	DESCRIPTION	QUALITY BENCHMARKS	A	B	C	D
6: Capacity building	<i>Authorities provide the means for their staff to develop appropriate skills</i>	Authorities have implemented a training needs assessment and a systematic evaluation of training schemes to ensure the high-quality, effective application and transfer of knowledge into daily work				
		Authorities have implemented a wide range of tailor-made and standardised training sessions				
		Authorities offer additional relevant formats of professional development in order to ensure transfer of knowledge				
7: Safety and security	<i>Authorities implement and communicate concrete guidelines on health, safety and security, based on an analysis of risks in various work settings (including in the field)</i>	Staff and managers are informed of reporting hierarchies to use in case of other emergency/security incidents besides critical incidents				
		Staff and managers receive information about access to health-, safety- and security-related measures/instructions				
		Authorities monitor the risks of each workplace in a continuous and evolving risk management process, and with the participation of first-line officers, in order to adapt safety/security measures where needed				
8: Monitoring and evaluation	<i>Authorities monitor and regularly evaluate the effectiveness of staff welfare measures introduced and incorporate lessons learnt</i>	A monitoring and evaluation methodology is in place in order to assess the effectiveness of staff welfare measures introduced				
		Regular monitoring and evaluation exercises are conducted, which include risk management ⁽²³⁾ relating to stress				

3.3.2. STAFF WELFARE PROGRESS-MONITORING QUESTIONNAIRES

The staff welfare quality questionnaires are to be used with managers, HR staff and first-line officers, and could be slightly adjusted for use with internal/external specialists.

The questionnaires are a tool to collect data on progress in the implementation of staff welfare standards and the achievement of the related objectives. The collected data are processed and analysed and can feed into the progress-monitoring checklist proposed in Section 3.3.1. The suggested questionnaires are conducted in the form of semi-structured interviews with managers and staff.

(23) Refer to Annex 6 'Risk assessment template' for a risk assessment template and explanation of the risk assessment cycle.

Staff welfare quality questionnaire: managers

NAME OF AUTHORITY/DEPARTMENT/TEAM ASSESSED:		
DATE OF MONITORING ACTIVITY:		
NAME(S) OF ASSESSOR(S):		
SAMPLE QUESTIONS TO ASK DATA SOURCES / INTERVIEWEES TO CAPTURE THE PROPOSED QB AND LINKED INDICATORS		RESPONSE FROM DATA SOURCES (MANAGERS, HR, SPECIALISTS, etc.)
Standard 1: documentation and information		
Questions	Proposed QB	Comments
Do you have a needs assessment process in place that relates to staff welfare policy development? Please provide details.	QB1. A staff welfare strategy lays out how staff well-being is defined and the measures in place to support staff QB2. SOPs are put in place QB3. The staff welfare strategy is easy to access, concrete and in a language all staff can understand QB4. All staff are systematically informed of the staff welfare strategy, action plan and staff welfare measures available, and how to access support	
Do you have a staff welfare policy document in place? Please provide details. Is the staff welfare policy document accessible to all staff?		
Has senior management officially approved/endorsed this document?		
Is the staff welfare policy linked to a staff welfare action plan?		
Has the staff welfare policy been reviewed/updated since its establishment? Please provide details.		
How does your authority ensure that all staff are aware of the staff welfare offers available to them and how to access them, for example through an SOP?		
What are the information channels you use to inform staff of staff welfare activities (brochures, leaflets, posters, information sessions, other)?		
Does staff induction include information about staff welfare offers available?		
Does your authority have an email address for staff members to reach out to the responsible units and to make enquiries about the staff welfare activities?		
Standard 2: assessment and screening		
Questions	Proposed QB	Comments
In your view, are job descriptions clearly formulated to attract the right candidates?	QB1. HR departments and managers have the skills to develop clear job descriptions and relevant interview questions for selection purposes QB2. Managers are qualified to identify basic physiological and psychological strain and needs in their team members	
Are questions about stress management and self-care part of the selection process?		
Do you organise training courses for managers and HR departments to professionally screen/assess staff members in relation to well-being (e.g. how to identify signs of distress, burnout)?		
If so, what type of training courses, how many sessions per type of training course, how many participants as a share of the overall number of managers and HR staff?		
Have you ever participated in a staff employment satisfaction survey? If so, how often do they take place?		

Standard 3: communication		
Questions	Proposed QB	Comments
Are staff and managers provided with in-house induction training courses that cover (effective) communication skills?	<p>QB1. Managers and staff engage by using relevant, truthful, transparent and respectful communication skills</p> <p>QB2. A structure is established for all staff to engage in personal exchange formats on both professional tasks and well-being with their respective line managers</p>	
If so, how many training sessions were conducted in the given period with how many participants (as a share of all newcomers)?		
Do you have in place regular one-on-one meetings on performance and well-being? Are these conducted with a 360° view (meaning a certain number of employees – senior / junior / same level – provide feedback)? Please provide details.		
Do you have a procedure in place whereby staff members can request individual meetings with managers (as needed and on topics such as well-being and/or performance)?		
How do you ensure that the feedback regarding performance provided by managers to staff is regular and constructive?		
Do you conduct management and communication feedback surveys with staff?		
If so, have you enacted any changes in your communication policies regarding staff welfare, based on the results of the survey?		
Standard 4: prevention		
Questions	Proposed QB	Comments
Are training courses regularly provided to staff, and to you as managers, HR personnel or specialists, on how to prevent stress and burnout, set boundaries, etc.?	<p>QB1. Staff and managers have access to a wide range of training sessions to identify signs of stress, prevent stress and promote mental health generally</p> <p>QB2. Staff and managers have access to support activities and services (provided in-house and/or externally)</p> <p>QB3. Staff and managers have access to health promotion activities</p>	
What is the number of training sessions provided; the number of staff attending as a share of all staff; and the number of managers attending as a share of all managers?		
Do you provide refresher training courses on the same topics? If so, how many sessions, and number of staff/managers attending as a share of all staff/managers?		
Can you list the staff welfare intervention/support activities introduced by your authority?		
Is there a focal person (or are there focal persons) within the authority assigned to care for staff in need (e.g. assigned stress team, integrated incident team, staff welfare committee, staff welfare counsellors)?		
Are these support services also accessible to staff members deployed to another Member State as external expert support?		
Is there a gender balance among the assigned staff conducting these services?		
Does your authority have an SOP on provision of support/activities? Is the SOP accessible to staff and through what channels?		

When you see a colleague who is under severe stress, what do you do? For example, if one staff member suddenly makes unusual mistakes in their work, which have a negative impact on the team and performance overall, how do you respond to that situation? Please provide details.		
Is there a list of internal/external specialists available and accessible to all staff to reach out to in case need arises?		
Are these services offered free of charge?		
Standard 5: critical incident response		
Questions	Proposed QB	Comments
Do you know who is responsible for giving support in case of a critical incident (team/individuals)? What are their roles and responsibilities?	QB1. An independent, trained person (or team) of confidence is appointed within the authority and can be consulted after critical incidents QB2. Clear guidance is in place for managers on how to follow up after a critical incident QB3. Staff and managers have information on how to request and access specific support after a critical incident has occurred	
Do you have an internal policy/SOP tackling critical incident management, and do you know about it? Do staff have access to this document and through what channels?		
Have you consulted staff on what would be most needed/useful if they were affected by a critical incident?		
What kind of support offers can staff access? Are referrals to specialists (e.g. psychologists) possible if needed?		
Do you feel prepared to handle a critical incident if it occurs?		
Are you aware of any critical incidents that have occurred? Does the authority record such incidents systematically?		
Standard 6: capacity building		
Questions	Proposed QB	Comments
Do you conduct needs assessment(s) in order to develop and decide on the training programme to provide in your authority? Please provide details.	QB1. Authorities have implemented a training needs assessment and a systematic evaluation of training schemes to ensure the high-quality, effective application and transfer of knowledge into daily work QB2. Authorities have implemented a wide range of tailor-made and standardised training sessions QB3. Authorities offer additional relevant formats of professional development in order to ensure transfer of knowledge	
Have the staff (managers / first-line officers) attended any training this year related to staff welfare? What were the topics covered?		
How many training courses / training sessions took place? How many participants (staff/managers) as a share of the overall number of staff/managers?		
Do you offer refresher training sessions? If so, on what topics? How many? Number of participants as a share of the overall number of staff/managers?		
Does your authority provide any alternative training formats, such as peer-to-peer or online training courses? Please provide details.		
Is there more training that managers/staff need? Please explain what, why and how such training sessions should look.		
Do you have tools for evaluating training programmes and/ or do you conduct evaluations?		
Do you revise and periodically update your training programme? Please provide details.		

Standard 7: safety and security		
Questions	Proposed QB	Comments
Do managers and staff have sufficient information about access to health-, security- and safety-related measures? If so, how do managers/staff obtain this information? What are the channels for accessing/obtaining this information?	<p>QB1. Staff and managers are informed of reporting hierarchies to use in case of other emergency/security incidents besides critical incidents</p> <p>QB2. Staff and managers receive information about access to health-, safety- and security-related measures/ instructions</p> <p>QB3. Authorities monitor the risks of each workplace in a continuous and evolving risk management process, and with the participation of first-line officers, in order to adapt safety/security measures where needed</p>	
Are you aware of the reporting hierarchies in case of a safety or security incident? Please provide details.		
Do regular monitoring and risk assessments of workplaces take place? Are first-line officers involved in this process?		
Are changes made when new areas of need arise in the area of safety and security? Please provide details.		
Standard 8: monitoring and evaluation		
Questions	Proposed QB	Comments
Do you have a methodology developed to monitor well-being in staff? If so, do you update the methodology (based on staff welfare annual goals, for example)?	<p>QB1. A monitoring and evaluation methodology is in place in order to assess the effectiveness of staff welfare measures introduced</p> <p>QB2. Regular monitoring and evaluation exercises are conducted, which include risk management relating to stress</p>	
What type of monitoring activities do you implement? Please provide details (e.g. staff feedback survey, monitoring of activity implementation).		
Is constructive and critical feedback received used to update staff welfare measures and/or the staff welfare policy?		
Are regular feedback sessions organised in which all staff members are involved, to detect potential strains in staff members in a timely fashion?		
What kind of activities/measures for staff welfare are currently implemented? Please provide details.		
Are there data on how many staff members regularly attend these activities or implement these measures?		
Do you have a methodology developed to monitor well-being in staff? If so, do you update the methodology (based on staff welfare annual goals, for example)?		

Thank you for your cooperation!

Staff welfare quality questionnaire: first-line asylum and reception officers. This tool supports the assessment of quality of services provided by the authority, and focuses on feedback received from first-line officers including external experts deployed.

NAME OF AUTHORITY/DEPARTMENT/TEAM ASSESSED:		
DATE OF MONITORING ACTIVITY:		
NAME(S) OF ASSESSOR(S):		
SAMPLE QUESTIONS TO ASK DATA SOURCES / INTERVIEWEES TO CAPTURE THE PROPOSED QB AND LINKED INDICATORS		RESPONSE FROM DATA SOURCES (FIRST-LINE OFFICERS)
Standard 1: documentation and information		
Questions	Proposed QB	Comments
Have you participated in a staff welfare needs assessment survey? Please provide details.	QB1. A staff welfare strategy lays out how staff well-being is defined and the measures in place to support staff QB2. SOPs are put in place QB3. The staff welfare strategy is easy to access, concrete and in a language all staff can understand QB4. All staff are systematically informed of the staff welfare strategy, action plan and staff welfare measures available, and how to access support	
Does your authority have a staff welfare policy document in place? Do you have access to this document?		
Do you know of any updates made to the staff welfare policy document?		
Are you aware of the staff welfare offers available to you, and what are the channels through which you get this information?		
Do you have access to brochures, leaflets, posters, etc. that advertise the staff welfare activities available? In what format are they available? Are these formats useful?		
Have you attended any information sessions on the staff welfare offers available? Please provide details.		
Do you know of a dedicated address / staff member to whom you can address staff welfare-related queries and requests?		
Standard 2: assessment and screening		
Questions	Proposed QB	Comments
During your selection or induction, were you asked questions about stress management skills and self-care activities?	QB1. HR departments and managers have the skills to develop clear job descriptions and relevant interview questions for selection purposes QB2. Managers are qualified to identify basic physiological and psychological strain and needs in their team members	
Have you been invited to participate in a staff welfare feedback survey? Please provide details.		
Have you taken part in a face-to-face interview or focus group seeking feedback on the quality of staff well-being?		
Have you ever been requested to give 360° feedback on the performance of your manager(s) or colleagues? If so, in what form?		

Standard 3: communication		
Questions	Proposed QB	Comments
Did you attend induction training when you joined the authority, to familiarise yourself with the work, teams, tasks, logistics, etc.?	<p>QB1. Managers and staff engage by using relevant, truthful, transparent and respectful communication skills</p> <p>QB2. A structure is established for all staff to engage in personal exchange formats on both professional tasks and well-being with their respective line managers</p>	
Do you take part in one-on-one meetings on performance and well-being with your direct manager? If so, how often do you have such meetings?		
Have you made requests for individual meetings on performance and well-being? If so, did your manager respond to these requests?		
Is the feedback that your direct manager provides regarding your performance constructive and helpful?		
Have you taken part in a management and communication feedback survey to assess the effectiveness and transparency of communication regarding staff welfare?		
Do you know of a list of internal/external specialists available and accessible to all staff to reach out to in case need arises (psychologists, etc.)?		
Standard 4: prevention		
Questions	Proposed QB	Comments
Have you attended mental health promotion training sessions on prevention of stress and burnout, setting boundaries, etc.?	<p>QB1. Staff and managers have access to a wide range of training sessions to identify signs of stress, prevent stress and promote mental health generally</p> <p>QB2. Staff and managers have access to support activities and services (provided in-house and/or externally)</p> <p>QB3. Staff and managers have access to health promotion activities</p>	
Have you attended any mental health refresher training sessions? If so, what type of training sessions, and why were you selected to attend them?		
Can you list some of the staff welfare activities introduced by your authority?		
Is there a focal person (or are there focal persons) in the authority assigned to care for staff in need (e.g. assigned stress team, integrated incident team, staff welfare committee, staff counsellors)?		
Is there a gender balance among the assigned staff conducting these services?		
[To deployed experts] Do you feel prepared enough for your deployment and can you access staff welfare-related activities while away?		
Are you aware of the SOP on provision of support/activities in your authority? Through what channel is the SOP accessible to you?		
When you see a colleague who is under severe stress, what do you do? For example, if one staff member makes suddenly unusual mistakes in their work, which have a negative impact on the team and performance overall, how do you respond to that situation? Please provide details.		
Is there a list of internal/external specialists available and accessible to all staff to reach out to in case need arises?		
Are these services offered free of charge?		

Standard 5: critical incident response		
Questions	Proposed QB	Comments
Do you have an internal policy/SOP tackling critical incident management, and do you know what it is?	<p>QB1. An independent, trained person (or team) of confidence is appointed within the authority and can be consulted after critical incidents</p> <p>QB2. Clear guidance is in place for managers on how to follow up after a critical incident</p> <p>QB3. Staff and managers have information on how to request and access specific support after a critical incident has occurred</p>	
How was the SOP communicated and explained to you? Do you think you have sufficient understanding of it?		
Have you been consulted on what would be most needed/useful for you if you were exposed to a critical incident?		
Do you know what needs to be done (filing an incident report) in the event of a critical incident, and by whom?		
Do you have information on whom you can contact in the event of a critical incident?		
What kind of support offers can you access? Are referrals to (external) specialists (e.g. psychologists) possible if needed?		
Do you feel prepared and supported to handle a critical incident if it occurs?		
Standard 6: capacity building		
Questions	Proposed QB	Comments
Have you attended any training sessions related to staff welfare? What were the topics covered? How many different training sessions did you attend?	<p>QB1. Authorities have implemented a training needs assessment and a systematic evaluation of training schemes to ensure the high-quality, effective application and transfer of knowledge into daily work</p> <p>QB2. Authorities have implemented a wide range of tailor-made and standardised training sessions</p> <p>QB3. Authorities offer additional relevant formats of professional development in order to ensure transfer of knowledge</p>	
Are training sessions regularly provided to staff on how to prevent stress and burnout, set boundaries, etc.?		
Have you attended any refresher training sessions? If so, on what topics?		
Is there more training that you think the staff need? If so, please provide details.		
Have you been offered and/or attended any alternative training formats, such as peer-to-peer or online training courses?		
Have you been invited to take part in a survey evaluating the training programme at your organisation?		

Standard 7: safety and security		
Questions	Proposed QB	Comments
Do you think you have sufficient information about access to health-, security- and safety-related measures? If so, how do you obtain this information?	<p>QB1. Staff and managers are informed of reporting hierarchies to use in case of other emergency/security incidents besides critical incidents</p> <p>QB2. Staff and managers receive information about access to health-, safety- and security-related measures/ instructions</p> <p>QB3. Authorities monitor the risks of each workplace in a continuous and evolving risk management process, and with the participation of first-line officers, in order to adapt safety/security measures where needed</p>	
Are you aware of the reporting hierarchies in case of a safety or security incident?		
Do you know if regular monitoring and risk assessments of your workplace take place? If so, have you or first-line officers been involved in this process?		
Is feedback provided by you / first-line officers considered sufficiently?		
Do you know if changes are made when new areas of need arise regarding safety and security? Please provide details.		
Standard 8: monitoring and evaluation		
Questions	Proposed QB	Comments
Would you say that critical feedback received by staff has been integrated into staff welfare policy and activity updates?	<p>QB1. A monitoring and evaluation methodology is in place in order to assess the effectiveness of staff welfare measures introduced</p> <p>QB2. Regular monitoring and evaluation exercises are conducted, which include risk management relating to stress</p>	
What kind of activities on staff welfare are currently implemented? Please provide details.		
Have you been requested to give feedback on how useful staff welfare activities are in your view? Please provide details.		
Do you have access to staff welfare trend reports drafted based on monitoring and evaluation?		

Thank you for your cooperation!



4. MONITORING AND EVALUATION REPORTS

As indicated, the findings from the monitoring activities are to be analysed, organised, compiled and documented. The summary reports are to be shared with the necessary focal persons in the authority, to share in turn with senior management or managers and their staff alike. The findings should be used in a timely manner to inform and potentially readjust measures put in place where needed. This will require having a person/team clearly identified as responsible for following up on the recommendations and findings spelt out in the report. New good practices identified are to be highlighted and integrated where possible and deemed useful.

The monitoring and evaluation officer compiling the report should keep these key elements ⁽²⁴⁾ in mind:

- table of contents,
- executive summary with some of the highlights / key findings,
- introduction,
- background and context,
- methodology used for the monitoring/evaluation,
- presentation of findings – evaluation findings are presented by relating them to the set criteria (relevance, efficiency, effectiveness, impact, added value) and clearly linked to the staff welfare strategy and linked measures,
- gender- and diversity-related findings,
- conclusions and recommendations,
- lessons learnt and good practices,
- way forward.

Annexes:

- number of people and functions contacted during the assessment,
- question catalogue / other tools used,
- reports reviewed (if applicable).

(24) Adjusted from United Nations Office on Drugs and Crime, *Evaluation Handbook: Guidance for designing, conducting and using independent evaluation*, Vienna, 2017, p. 42.

ANNEXES



ANNEX 1. DEFINITIONS

This guide uses **staff welfare** ⁽²⁵⁾ as an umbrella term referring to policies and measures directed at the well-being of employees, understood in both the physical and emotional senses. Staff welfare relates to maintaining health and safety in every aspect related to work. To this end, employers evaluate the **risks** staff may be exposed to in the work environment and put in place preventative and protective measures, such as ensuring that each staff member has received the necessary health and safety **information** and **training**.

Well-being ⁽²⁶⁾ at work is understood as physical health and moral and social fulfilment, not just absence of accidents or occupational illnesses. Positive aspects of well-being at work include self-acceptance, autonomy, enthusiasm, professional development, purpose, positive relationships with others and personal growth ⁽²⁷⁾.

Stress ⁽²⁸⁾ is defined in terms of dynamic interactions between the individual and their environment. It is often inferred by the existence of a problematic person–environment fit and the emotional reactions that underpin those interactions.

Work-related stress ⁽²⁹⁾ occurs when pressure due to work demands and other work-related stressors becomes excessive and prolonged in relation to one’s perceived resources, capabilities and skills to cope.

There is a distinction between the concepts of **work-related stress** and **challenges at work** ⁽³⁰⁾. Experiencing challenges in one’s work can energise a person psychologically and physically and encourage them to learn new skills. Feeling challenged by one’s work is an important ingredient in developing and sustaining a psychologically healthy work environment. On the other hand, feeling stressed involves a negative psychological state with cognitive and emotional components that affect the [health of both the individual and the organisation](#).

When stress reactions (cognitive, emotional, behavioural and psychological) persist over a prolonged period, this may result in more permanent, less reversible [\(health\) outcomes](#).

(25) Your Europe, ‘[Health and safety at work](#)’, 2020.

(26) EU-OSHA, ‘[Work–life balance – managing the interface between family and working life](#)’, OSHwiki, 2015. In the broader sense, well-being results from the fulfilment of one’s important needs and the realisation of goals and plans set for one’s life. Well-being involves peoples’ positive evaluations of their lives, including positive emotion, engagement, satisfaction and meaning.

(27) ‘[Growth and transformation](#)’, *In Practice: The EAWOP Practitioners E-Journal*, No 12, 2020, p. 17. Although happiness and the feeling of well-being at work are, in part, linked to individual income, there are other contributing factors. At a certain point, level of happiness and life satisfaction no longer relate to income level.

(28) Cox, T., Griffiths, A. J. and Rial-Gonzalez, E., *Research on Work-related Stress*, Office for Official Publications of the European Communities, Luxembourg, 2000.

(29) Hassard, J. and Cox, T., ‘[Work-related stress: nature and management](#)’, OSHwiki, 2015.

(30) Cox, T., Griffiths, A. J., and Rial-Gonzalez, E., *Research on Work-related Stress*, Office for Official Publications of the European Communities, Luxembourg, 2000.

Examples include [chronic fatigue](#), [compassion fatigue](#), [burnout](#), [vicarious trauma](#), [musculoskeletal problems](#) and [cardiovascular disease](#).

Compassion fatigue ⁽³¹⁾ refers to a shift in a person's ability to feel empathy for the individuals they work with and/or colleagues as well as family members. A first-line officer might suffer from compassion fatigue as a result of years of exposure to the traumatic stories that applicants share, which can start sounding the same to the officer and no longer elicit a reaction.

Burnout ⁽³²⁾ describes an individual's psychological response to chronic stressors at work. Although it is not regarded as a medical condition, it can influence [health status](#) and potentially requires clinical attention. Burnout is also conceptualised as a crisis in the relationship with work in general.

Burnout at work manifests itself through symptoms of (emotional) exhaustion, cynicism (depersonalisation) and diminished professional efficacy.

- **Exhaustion** refers to feelings of overstrain, tiredness and fatigue, which result from long-term involvement in an overdemanding work situation.
- **Cynicism** reflects an indifferent and distant attitude towards work, disengagement and a lack of enthusiasm for work. It is a dysfunctional way of coping with exhausting situations, reducing the possibilities of finding creative solutions at work.
- **Professional efficacy** consists of feelings of competence, successful achievement and accomplishment in work, which diminish as burnout develops.

Burnout can have a negative influence on health, cognition and work ability, as well as on the perception of overall work performance.

Vicarious trauma ⁽³³⁾ can be summarised as the 'cost of caring'. Vicarious trauma can be described as an intense reaction and experiencing of trauma symptoms by persons who are exposed to someone else's traumatic experiences. This often affects officials working with applicants in the context of asylum. Vicarious trauma is cumulative, and a process that unfolds over time. It describes a shift in a person's world view. For individuals experiencing vicarious trauma, it becomes difficult to set boundaries with the applicants they work with. Leaving the office at the end of the day is difficult. It can also lead to a loss of meaning and hope.

(31) Vlack, T. V., 'Tools to reduce vicarious trauma / secondary trauma and compassion fatigue', Tend Academy, 2017.

(32) EU-OSHA, 'Understanding and preventing worker burnout', OSHwiki, 2013. The World Health Organization regards burnout as an occupational phenomenon: 'Burn-out is a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed', World Health Organization, 'Burn-out an "occupational phenomenon": International Classification of Diseases', 2019.

(33) See also information shared by the Headington Institute: Pearlman, L. A. and McKay, L., *Vicarious trauma: what can managers do?*, Headington Institute, Pasadena, CA, 2008.

Psychological risks ⁽³⁴⁾ refer to the likelihood that work-related psychosocial hazards will have a negative impact on staff health and safety through their [perceptions and experience](#). Psychosocial hazards concern aspects of the design and management of work, and its social and organisational contexts that have the potential for causing psychological or physical harm. Psychological risks have been identified as one of the [major contemporary challenges](#) for occupational health and safety. Psychological risks are linked to workplace problems, such as work-related stress and workplace violence and harassment (also referred to as bullying). Negative outcomes on an individual level include [poor health and well-being](#), and [problems with interpersonal relationships](#), both at the [workplace and in the individual's private life](#).

Work–life balance ⁽³⁵⁾ involves satisfaction and good functionality at work, as well as at home, with minimal conflicts between an individual's roles. In the achievement of work–life balance, three core, interconnected components should be considered: (1) 'time balance', which refers to equal time being given to work and non-work roles, (2) 'involvement balance', which refers to equal levels of psychological involvement in work and family (non-work) roles, and (3) 'satisfaction balance', which refers to equal levels of satisfaction in work and family (non-work) roles.

For the purpose of this practical guide, EASO provides the following definitions of various staff categories in the field of asylum and reception.

A **first-line officer** is a staff member working directly with applicants for international protection within an asylum and/or reception setting.

First-line officers could be:

- **reception officers** – the staff providing support in reception facilities;
- **registration officers** – the staff in the national competent authorities who are involved in any stage of the registration and lodging of applications;
- **case officers** – the officers involved in conducting personal interviews with applicants for international protection and/or making decisions on applications for international protection (also referred to as interviewers and decision-makers).

Managers (sometimes also referred to as supervisors, team leaders and line managers) are persons leading one or more first-line officers or other managers, depending on seniority. For the purpose of this guide, the definition also includes persons other than line managers who take up a coordinating or supervising role, such as team leaders, supervisors and coordinators.

(34) EU-OSHA, 'Managing psychological risks: drivers and barriers', OSHwiki, 2017.

(35) EU-OSHA, 'Work–life balance – managing the interface between family and working life', OSHwiki, 2015.

ANNEX 2. STAFF WELFARE MEASURES

MEASURES	GENERAL DESCRIPTION/ PARTICULAR MEASURE	REFERENCE TO STANDARD(S)	REFERENCE IN THE THREE-PART GUIDE	INITIALISING/ IMPLEMENTING PARTY			TARGET GROUP		PRE-HIRING/ SELECTION PROCESS	ONBOARDING/ PRE-DEPLOYMENT	ONGOING SUPPORT	END/POST-DEPLOYMENT
				MANAGER	HR/ ADMINISTRATION	INTERNAL/ EXTERNAL SPECIALIST	MANAGER	FIRST-LINE OFFICERS				
General support												
Police clearance	A police clearance certificate is an official document issued as a result of a background check by the police or government agency detailing any criminal records of the person in question. Criminal records may include arrest, conviction and possibly criminal proceedings	Staff welfare standard (SWS) 4: prevention SWS 7: safety and security		✓		✓	✓	✓	✓			
Selection process	Ensuring that staff welfare is already considered during the interview phase. The interview grids capture this topic including reference to other relevant HR policy documents (code of conduct, anti-(sexual) harassment policy, etc.)	SWS 2: assessment and screening Part 1: Standards and policy Annex 6 'Recruitment interview grid template'		✓		✓	✓	✓				
Medical and psychological examination	The occupational, medical and psychological care aims to keep employees healthy and improves health protection in the workplace By means of occupational healthcare, the employer can demonstrate that it is meeting its 'duty of care' responsibilities	SWS 4: prevention SWS 7: safety and security		✓		✓	✓	✓	✓	✓	✓	✓
Practical information and travel preparations	Pre-deployment arrangement during employment regarding travel arrangements, assurance, bookings, briefings, reporting hierarchies in the country of deployment / mission, etc.	SWS 7: safety and security		✓		✓	✓	✓	✓	✓	✓	✓
Language courses	Language-training sessions help to increase staff confidence and maximise professional skills Language-training refresher sessions/courses help to increase staff confidence and maximise professional skills	SWS 3: communication SWS 6: capacity building		✓		✓	✓	✓	✓	✓	✓	✓

MEASURES	GENERAL DESCRIPTION/ PARTICULAR MEASURE	REFERENCE TO STANDARD(S)	REFERENCE IN THE THREE-PART GUIDE	INITIALISING/ IMPLEMENTING PARTY			TARGET GROUP		PRE-HIRING/ SELECTION PROCESS	ONBOARDING/ PRE-DEPLOYMENT	ONGOING SUPPORT	END/POST-DEPLOYMENT	
				MANAGER	HR/ ADMINISTRATION	INTERNAL/ EXTERNAL SPECIALIST	MANAGER	FIRST-LINE OFFICERS					
General support													
Technical training, and technical systems and equipment	Access to IT equipment (laptop, smartphone, walkie-talkies, etc.), including for operations abroad	SWS 3: communication building SWS 6: capacity building SWS 7: safety and security	Part II: Staff welfare toolbox Chapter 6 'Capacity-building interventions'										
	Usage of relevant office equipment – to learn how to use printers, copiers, projectors, audiovisual equipment, other technologies available, communication devices/apparatus, first aid equipment, etc.			✓			✓						
	Usage of organisation's internal communication platforms												
Corporate sports	IT software relevant for asylum staff												
	Organisations use corporate sports events to improve health and well-being, as well as to influence engagement, culture and staff retention	SWS 4: prevention		✓			✓				✓		

MEASURES	GENERAL DESCRIPTION/ PARTICULAR MEASURE	REFERENCE TO STANDARD(S)	REFERENCE DOCUMENTS PART OF THIS THREEFOLD GUIDE	INITIALISING/ IMPLEMENTING PARTY			TARGET GROUP		PRE-HIRING/ SELECTION PROCESS	ONBOARDING/ PRE- DEPLOYMENT	ONGOING SUPPORT	END/POST-DEPLOYMENT
				MANAGER	HR/ ADMINISTRATION	INTERNAL/ EXTERNAL SPECIALIST	MANAGER	FIRST-LINE OFFICERS				
Support intervention												
Intervention	Support provided by equal colleagues in order to find a solution for one specific issue	SWS 3: communication SWS 4: prevention SWS 5: critical incident response	Part II: Staff welfare toolbox Section 3.1 'Intervention' Annex 6 'Methods of intervention'	✓				✓			✓	
Psychological assistance	Individual support from an external (or internal) psychologist, as part of ongoing support or before exit / end of deployment	SWS 4: prevention SWS 5: critical incident response	Part II: Staff welfare toolbox Section 4.2 'Individual counselling sessions'	✓		✓		✓			✓	✓
Educational supervision	Group counselling / exchange of experience by a skilled trainer in order to reflect on experiences	SWS 3: communication SWS 4: prevention SWS 5: critical incident response	Part II: Staff welfare toolbox Section 4.3 'Educational supervision'	✓				✓			✓	✓
Mediation	Structured counselling by a mediator in order to overcome conflicts	SWS 3: communication SWS 4: prevention SWS 5: critical incident response	Part II: Staff welfare toolbox Section 4.4 'Mediation'	✓				✓			✓	
Structured feedback through surveys/questionnaires	Feedback on well-being, leadership performance, needs, etc. can be obtained using (anonymous) surveys issued by managers or the authority Such surveys are also useful when used for staff who are leaving and by the authority for the purpose of learning	SWS 2: assessment and screening SWS 3: communication SWS 4: prevention SWS 8: monitoring and evaluation	Part II: Staff welfare toolbox Section 2.4 'Quality of employment survey' Part III: Monitoring and evaluation Chapter 3 'Staff welfare quality monitoring package' Annex 4 'Feedback sessions'	✓		✓		✓			✓	✓

MEASURES	GENERAL DESCRIPTION/ PARTICULAR MEASURE	REFERENCE TO STANDARD(S)	REFERENCE DOCUMENTS PART OF THIS THREEFOLD GUIDE	INITIALISING/ IMPLEMENTING PARTY			TARGET GROUP		PRE-HIRING/SELECTION PROCESS	ONBOARDING/PRE- DEPLOYMENT	ONGOING SUPPORT	END/POST-DEPLOYMENT
				MANAGER	HR/ ADMINISTRATION	INTERNAL/ EXTERNAL SPECIALIST	MANAGER	FIRST-LINE OFFICERS				
Self-care activity												
Pulling-back strategies	Guidance on strategies and exercises for self-application during stressful and critical situations	SWS 4: prevention SWS 5: critical incident response	Part II: Staff welfare toolbox Chapter 5 'Self-care' Annex 12 'Setting boundaries and grounding techniques after a critical incident'	✓	✓	✓	✓	✓			✓	
Grounding techniques	Relaxation exercises to calm down in a stressful environment	SWS 4: prevention SWS 5: critical incident response	Part II: Staff welfare toolbox Chapter 5 'Self-care' Annex 12 'Setting boundaries and grounding techniques after a critical incident'	✓	✓	✓	✓	✓			✓	
Burnout test	Self-assessment test made available for all staff (open source)	SWS 4: prevention SWS 5: critical incident response	Part II: Staff welfare toolbox Section 2.5 'Self-assessment: burnout test' Annex 5 'Self-assessment: burnout test'	✓	✓	✓	✓	✓			✓	

ANNEX 3. TEMPLATE OF TERMS OF REFERENCE FOR A MONITORING AND EVALUATION OFFICER

Role title: Monitoring and evaluation coordinator/officer

Authority: ...

Location/placement: ...

Grade (where applicable): ...

Post type (temporary/long term): ...

Role purpose:

Monitoring and evaluation coordinator/officer ... will lead on the design, implementation and management of a monitoring, evaluation, accountability and learning framework for (all and/or staff welfare-related) activities relevant in the authority. In addition, the monitoring and evaluation coordinator/officer will support managers and HR staff in monitoring staff welfare-related measures on a regular basis. The use of updated and gathered evidence and learning is crucial for decision-making, accountability and continual improvement of the overall mission of the authority.

Reporting structure

Monitoring and evaluation coordinator/officer ... for the authority will be managed by ...

Reports to: ...

Staff directly reporting to this post (where applicable): ...

Key areas of accountability:

- Designs and implements the monitoring and evaluation framework for ... departments, including staff welfare-related measures.
- Leads implementation of the monitoring and evaluation activities and sets/updates minimum standards for all relevant activities.
- Based on evaluation and learning, contributes to the further development of ... including staff welfare strategy.
- Supports and conducts periodic assessments in collaboration with ... team and designs action plans in agreement with ...
- Develops monitoring and evaluation plans in line with staff welfare standards and leads on implementation of monitoring and evaluation staff welfare action plan (and budgets). This includes development of quality data collection tools, data storage and validation mechanisms.
- Where applicable, provides necessary training and on-the-job support and supervision to staff and/or partners on use of the relevant monitoring and evaluation tools.

- Leads on timely compilation, analysis, synthesis and quality internal and external reporting.
- Undertakes regular visits to field locations to support monitoring and evaluation processes.

Code of Conduct

The post holder has the responsibility to fully understand the provisions of the Code of Conduct of the authority and complementary policies (e.g. anti-(sexual) harassment policy) and to conduct themselves in accordance with the policy rules and to ensure that the way the work is carried out does not put any staff member or applicants for international protection at risk.

Skills and behaviours include:

- holds themselves accountable for making decisions, managing resources efficiently, achieving and acting as a role model according to values;
- is ambitious and takes responsibility for own personal development;
- is approachable, good listener;
- values diversity, accepts colleagues' perspectives, is culturally sensitive;
- develops and encourages relevant solutions;
- is honest and transparent;
- demonstrates commitment to ... values.

Qualifications and experience include:

- commitment to and understanding of ... work;
- experience of working in development of functioning monitoring and evaluation systems;
- experience in planning, monitoring and evaluation, and reviews related to ... including staff welfare;
- demonstrable understanding of planning, monitoring, evaluation and accountability initiatives in the field of asylum and reception;
- good organisational skills;
- experience in capacity building;
- strong interpersonal and organisational skills, and ability to work under pressure;
- proven analytical and problem-solving skills;
- excellent verbal and written skills in ... language;
- strong computer proficiency, particularly with Microsoft Excel and Word;
- ability and willingness to travel to ... (where applicable).

Desirable

...

Date of issue:

ANNEX 4. FEEDBACK SESSIONS

The HR professional should hold a debriefing session with participants and the facilitator to collect employee feedback, universal themes, overall tone of the meeting, surprising comments and any personal observations worth noting. The information may best be arranged by responses to the discussion questions or by dominant themes or concerns. The HR professional should draw overall conclusions that answer the discussion questions and, if appropriate, develop recommended action steps.

The HR professional should then create an executive summary of objectives, key findings and recommendations and communicate the results as appropriate to managers and above, and to employee participants. Participants should be informed about how the information will be used, and the HR professional should offer follow-up reports or summaries to ensure employees know actions to strengthen staff welfare were taken. The results can then be shared anonymously with the management for action points.

DESIGNING A FOCUS GROUP DISCUSSION TO RECEIVE FEEDBACK

Checklist. FGD ⁽³⁶⁾

I. Designing a FGD
Define the purpose
Develop a list of key questions
Seek ethics clearance
Identify and recruit participants
Ensure homogeneous composition (gender, age, language)
Decide on the number of participants
Recruit a facilitator and an assistant (to take notes)
Decide on the number of the focus groups
Identify a suitable location
Make sure the location is accessible and a suitable size
Prepare materials (name tags, consent forms, attendance list, recording equipment)

(36) For background, see Nyumba, T. O., Wilson, K., Derrick, C. J. and Mukherjee, N., 'The use of focus group discussion methodology: insights from two decades of application in conservation', *Methods in Ecology and Evolution*, Vol. 9, No 1, pp. 20–32, 2017.

II. Data collection
Prepare before session
Familiarise self with group dynamics, script and seating arrangements
Facilitate session
Make introductions (name of each group member, confidentiality issues, ground rules)
Facilitate (discuss, reflect, pause, record and observe discussion)
Track questions and follow up on topics
Write all answers along with the questions in a certain format (assistant taking notes)
Conclude
III. Analysis
Analyse content
Identify key topics
List/rank
Analyse content
Analyse discussion
Decide on audience for the results
Give feedback to managers
Take next action points

ANNEX 5. STAFF WELFARE STRATEGY TEMPLATE

The main considerations to cover in a staff welfare strategy/policy are indicated below.

Title. As agreed by the authorities and the team developing the policy/strategy. Examples include ‘Staff welfare strategy’ and ‘Staff welfare policy’.

Foreword. Endorsement by senior management.

Vision/mission. A brief paragraph describing the authority’s overarching vision that drives the staff welfare strategy. For example, to enable staff to lead healthy and productive professional lives, to reach and maintain their full potential in the workplace, and to deliver high-quality service for the benefit of applicants for international protection.

Brief introduction. This part includes a general description of why this staff welfare strategy/policy was developed (e.g. commitment to the employees) and the development process. Staff welfare guidance recommends designing staff welfare strategies based on an analysis of a needs assessment conducted with staff and management.

Definition. How is staff welfare in the authority/team understood? Refer to the EASO *Practical guide on the welfare of asylum and reception staff* for inspiration.

Objectives. The objectives of the strategy to be operationalised through concrete activities/measures. For reference, consult [Part I: Standards and policy](#), Section 2.1 ‘Staff welfare policy standards’, which recommends the main standards and benchmarks of a comprehensive staff welfare policy in the field of asylum and reception. The staff welfare strategy and the objectives to achieve it are most suitable when based on a prior staff needs assessment. The objectives will be the starting point of the action plan (see [Part I: Standards and policy](#), Annex 4 ‘Staff welfare action plan and risk assessment templates’).

Target groups. Who is the strategy/policy for? For example, the strategy is aimed at management and other staff employed in the EU+ country authority/department/location. The policy covers all staff members (permanent, pensionable, fixed-term etc.). This section could also include, as bullet points, brief explanations of the following information.

— **How will this strategy benefit staff and managers?** This should be specified with respect to the needs assessments conducted.

- **Core values.** The general core values of the authority and the staff members are integrated, for example:
 - integrity
 - professionalism
 - creativity
 - teamwork
 - inclusivity
 - respect and dignity.

Obligations and expectations. This paragraph covers the obligations of management (e.g. to ensure that the policy is implemented for the benefit of all employees) and those of all other staff, particularly first-line officers (e.g. participation in staff welfare activities offered, playing a proactive role in planning their own self-care).

General staff welfare measures. These are the staff welfare benefits and entitlements available to all staff members throughout the employment cycle (e.g. provision of regular one-on-one meetings with line managers, regular administration of employment satisfaction survey, training / personal development).

Specific staff welfare measures. This covers specific support provided by the authority to managers and first-line officers in particular. The *EASO Practical guide on the welfare of asylum and reception staff* can be used as inspiration regarding activities to propose (e.g. a stress management team in place to follow up on affected staff, ensuring relevant refresher training sessions for staff on the topic are provided).

Support flow chart(s). This section details the support services available in a simple way, including reporting mechanisms. Telephone numbers are made available to staff members in preparation for any critical incidents that may occur.

Safety and security. This section covers the specific elements related to the safety of staff at the various work sites. This could entail regular checks of reception centres / interview rooms by staff from the safety and security department(s) to ensure that staff members are safe. This also includes public workspaces as well as regular maintenance of office cars, availability of walkie-talkies where needed and regular security briefings. These briefings could cover any health measures put in place in the event of a public health crisis (e.g. Ebola, COVID-19). This section also covers special arrangements for staff working in reception facilities, including closed reception facilities, as well as staff working at night. This section must also include the conducting of a risk assessment that includes staff welfare-related concerns. Measures to prevent and respond to critical incidents need to be included here.

Additional considerations around staff well-being. Link the staff welfare strategy to the authority's/organisation's general HR strategy where standard elements of this HR strategy relate to staff well-being. This could include entitlements to regular lunch/meal breaks, for example, and/or other breaks (also including areas where

meals can be safely provided, purchased or consumed). Holiday arrangements and encouraging staff to take all the leave days to which they are entitled are also included in this section. The possible introduction of rest and recuperation days could also be included.

Workplace violence and anti-(sexual) harassment prevention. If there is no anti-(sexual) harassment policy in place, then guidance should be provided here to ensure that all staff members are reminded of the code of conduct they signed when joining, as well as their obligation to treat each other, and the population they serve, with respect. A breach of the code of conduct should be reported and addressed accordingly through the appropriate internal channels and complaint mechanisms in place.

Monitoring and evaluation. Monitoring and evaluation, and the tools in place to enable this, is an integral part of the strategy. It ensures regular assessment of its implementation, the relevance of the strategy to the needs of staff and the formulation of amendments.

Disclaimer. The staff welfare strategy in this guidance strictly relates to welfare of staff in the field of asylum and reception. It is not to be confused with a fully fledged HR strategy to deal with all aspects and components of HR management. A staff welfare strategy, however, could be integrated into or conceptualised in alignment with the broader HR strategy of the asylum and reception authority/organisation.

The staff welfare strategy/policy is translated into an action plan informed by input from staff after a needs assessment has been conducted. It captures activities that are already in place and are perceived as useful by staff, and includes recommended activities in line with resources available in the authority. The staff welfare action plan is to be developed based on the objectives and measures delineated in the staff welfare strategy. All activities proposed should be aligned with the staff welfare strategy's objectives, and be realistic and measurable. The action plan is accessible to all staff.

ANNEX 6. RISK ASSESSMENT TEMPLATE

In general, risks can be internal and external. It is normally easier to mitigate internal risks such as lack of staff or a lack of training courses provided. It is more difficult or impossible to address external risks, such as sudden large numbers of arrivals of applicants for international protection or a public health pandemic. Both internal and external risk assessments might follow a similar logic in terms of approach, but this depends on the local and internal risk assessment tools in place. A basic example of the documentation and logic to use when focusing on internal risks is provided below.

Internal risks. The first column indicates potential risk factors identified by senior management and first-line officers. All relevant team members are to be engaged on a regular basis to provide feedback on emerging risks and needs. The second column indicates **high (H)**, **medium (M)** or **low (L)** risk. The third column suggests activities that can mitigate the risk. The fourth column explains who is responsible for following up on these activities to ensure mitigation, and the fifth column indicates the timing.

INTERNAL RISKS				
RISK FACTORS IDENTIFIED	LEVEL OF RISK	CONTROLS TO MINIMISE RISK	WHO IS RESPONSIBLE?	WHEN IS THE MITIGATION EFFORT TO BE CONDUCTED?
Staff are not aware of what is expected of them regarding critical/security incidents	M	<p>HR and safety and security officers (supported by managers) explain to all staff the policies, tools and reporting lines in place</p> <p>The channels used to communicate such policies differ depending on the needs/access of staff to be informed (online or in-person meetings, etc.)</p> <p>Policies and leaflets are made available to all staff (electronically as well as in hard copy)</p> <p>Staff who indicate their specific interests in staff welfare-related issues and particular critical incident management are provided with the necessary training</p> <p>Trained staff are encouraged to volunteer as focal persons on critical incidents and how they are managed</p>	HR department and safety and security department with the support of senior management	<p>During induction all staff are introduced to the SOPs on critical incident management</p> <p>During deployment staff are involved in refresher sessions on critical incident management</p> <p>Updates to the SOPs (or other measures) are communicated on an ongoing basis</p>

INTERNAL RISKS				
RISK FACTORS IDENTIFIED	LEVEL OF RISK	CONTROLS TO MINIMISE RISK	WHO IS RESPONSIBLE?	WHEN IS THE MITIGATION EFFORT TO BE CONDUCTED?
First-line officers are regularly engaged in ad hoc activities outside working hours because of high influx of applicants	H	Line managers develop a clear rotation schedule that allows all staff to take breaks, weekends off and annual leave in accordance with national procedure and contract In collaboration with HR department, a clear protocol is developed on how to recover and recuperate over time (e.g. introduction of rest and recuperation cycles during times of high influx) A roster of professionals is created to support core team members in their duties during high influx times	HR department in collaboration with senior managers	As part of the regular contingency-planning activities, rotation schedules are updated (managers/HR department) HR policy on rest and recuperation and other benefits is communicated during induction Contact details / availability of experts placed on internal rosters are regularly updated (HR department).

Assessing risks that staff members face on a regular basis through semi-structured interviews or FGDs helps to avoid and prevent severe problems being experienced by staff in the long run. It is therefore recommended to reach out to staff and gather information on a regular basis.

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