Mental well-being and trauma-informed approaches in refugee assisting organisations across seven European countries

Comparative Report

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Centre for Peace Studies in Croatia at work

Summary

This report presents findings from the "Caring to Include" project, a three-year Erasmus+ initiative. The project was initiated based on the urgency of increased pressure on refugees and people and organisations that support refugees in Europe in the current hostile political climate. In response to this urgency, the project seeks to mitigate the negative impacts of trauma on refugees and improve the mental well-being of staff and volunteers working in refugee organisations.

Investing in this is needed, not only because of the duty of care or simply because it is human, but also for financial and organisational sustainability. If employees are continuously overwhelmed, stressed and on or over the edge of burnout, they will leave and quality of service delivery, and stability of civil society organisations and solidarity with refugees are in danger.

The project involves seven NGOs from Croatia, Cyprus, Estonia, Greece, Hungary, Malta, and the Netherlands and two associated partners from Cyprus and Italy. Through surveys, interviews, and desk research, the report assesses current practices, gaps and best practices in the implementation of trauma-informed care and staff mental health support. Experts with lived experience as a refugee from each project country contributed to the research and discussion.

Key-findings for supporting mental well-being of staff and volunteers

Though differences between the seven participating organisations exist, all organisations face similar challenges. Despite some well-being measures in place, burnout symptoms are signalled by many survey respondents and interviewees, and there is a clear need to step up efforts in support of a resilient workforce. The following priorities to support mental well-being in the participating organisations surfaced:

- develop a **well-being strategy and culture** that promotes mental health on an organisational and leadership level, which pays attention to well-being needs of specific groups, including well-being and **inclusion of colleagues with refugee background**;
- **improve managerial supervision**[1], structural internal support and monitoring of well-being by supervisors;
- more **targeted and regular training** to strengthen stress management, setting boundaries, self-care and knowledge of trauma;
- enhance **mechanisms for professional psychological support**, not only internally by better guidance, but ideally also by access to external mental health experts;
- develop structural and regular ways to organise solidarity and **peer-to-peer support** between colleagues for emotional processing and for discussing difficult cases.

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[1] In this report we use the term managerial supervision to refer to support of anyone who has the responsibility of guiding staff in an organisation. Depending on the size and structure of the organisation this can be work guidance provided by leaders, managers or team leaders for example. Psychological supervision refers to support of professional psychologists.

Key-findings for strengthening trauma-informed approaches

Integration of a trauma-informed approach varies. Most organisations take some of its key principles consciously or unconsciously into account. Looking at the needs of organisations combined with the mapped best practices, the following priorities to strengthen a trauma-informed approach in the participating organisations are identified:

- formalise key principles of a trauma-informed approach by developing **trauma-informed guidelines** and standard operating procedures on organisational level, including ways to **share power with people with lived experience** of trauma;
- make current **service delivery and activities more trauma-informed** by allowing for flexibility, strengthening resilience of refugees and migrants, and by recognising and responding to signs of trauma, also during legal and practical support;
- introduce **targeted and regular training on trauma** to enhance knowledge on recognising the symptoms and supportive response, especially in the context of sensitive conversations on traumatic events and onboarding of new staff and volunteers;
- arrange **access to professional psychological support** to get advice on difficult cases and to prevent secondary and vicarious trauma;
- offer more **structured and targeted mental health support** to refugees and migrants, including by psychological first aid, either one-on-one or in peer support and community building settings, with engagement of cultural mediators. This includes paying attention to emotional safety, empowerment, and trust-building in every interaction.

Next steps

As a next step, the project will develop two practical toolkits: one for enhancing staff and volunteer well-being, and another for strengthening trauma-informed practices across refugee services. The findings are also intended to stimulate continued collaboration among NGOs and influence broader advocacy for systemic support and recognition of trauma-informed care as essential to refugee integration and organisational resilience.

Cyprus Refugee Council at work

Chapter 1 Introduction, methodology and definitions

Introduction to the project

This report is part of the project "Caring to Include", which is a three-year project financed by Erasmus+ that aims to reduce the negative effects of trauma and other stressors on the social inclusion of refugees[2]and migrants. At the same time, this initiative means to improve the mental health of NGO staff and volunteers working for refugee assisting organisations[3]. We create practical tools, provide training, and connect NGOs across Europe to improve trauma-informed support and mental well-being.

Seven organisations implement the project: the Centre for Peace Studies from Croatia, the Cyprus Refugee Council, the Estonian Refugee Council, the Greek Council for Refugees, the Hungarian Helsinki Committee, Aditus Foundation from Malta and the Dutch Council for Refugees. In addition, two associated partners actively take part in the discussions: Caritas-Cyprus and Porco Rosso Italy.

Why is this project needed?

Across Europe, refugees and migrants face increasing hostility, border violence, and shrinking access to protection. At the same time, NGOs working with these groups are under pressure. They face restrictive laws, funding cuts, and even criminalisation in some countries. These challenges harm both refugee as well as the workers of refugee assisting organisations, causing high burn-out rates and turnover, which increasingly pose a threat to the continuity and work quality of organisations supporting refugees.

"Caring to Include" responds to these urgent needs by strengthening long-term collaboration among NGOs and improving mental health support for both refugees and frontline workers. By sharing knowledge and practical tools, the project contributes to making trauma-informed care standard part of refugee support services in Europe.

What do we do?

- We build a Community of Practice (CoP) where NGOs can share knowledge, experiences, and best practices on trauma-informed support;
- We develop two toolkits: one for improving the mental well-being of NGO staff and volunteers, and another for strengthening trauma-informed approaches to support refugees and migrants;
- We organise training sessions and exchange programs to improve service delivery and embed trauma-informed practices in our organisations;

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[2] In this document we use the general term refugees, by which we mean asylum seekers, asylum status holders, asylum permit holders, persons who fall under the Temporary Protection Scheme and unaccompanied minors.

[3] With refugee assisting organisations we mean all organisations that support refugees in their activities, including refugee led organisations. This can be organisations that have this at the core of their mission and NGOs that have a broader mission, with support to refugees as one of their key activities.

- We ensure knowledge-sharing of experts with a lived experience as a refugee by creating a Refugee Focus Group that is at the core of the Community of Practice.

Methodology

This is a comparative report based on needs assessments of the participating organisations, and mapping of best practices in seven European countries. In each country, online surveys were spread and interviews with both staff and volunteers as well as people that have been supported were held to get a deeper understanding of existing needs and gaps. Also, experts of other organisations that work with refugees were interviewed to learn about best practices. In addition, input from experts with a lived experience as a refugee was facilitated by interaction with the members of the Refugee Focus Group.

All organisations participating in this research work daily to support refugees and migrants in their country, mostly with legal and practical support. The capacity of the organisation and scope of activities vary from country to country (see table). Organisations aimed for diversity in their respondents (paid/volunteers, direct refugee contact/ back-office/ asylum seekers/ refugees with a status/ different countries of origin/ gender). In total, inputs of 82 refugees and 105 staff members and volunteers were gathered.

To gain insight into national best practices in the field of trauma-informed approaches and staff well-being, desk research and interviews and surveys among experts working in NGOs and (semi-) governmental organisations that provide services to refugees were carried out. In total, 53 experts were consulted in the seven countries. In addition, European and other international best practices were mapped using the method of the desk-research.

Country	Organisation	Nr of staff and volunteers, January 2025	Nr of refugees supported annually	Surveys with refugees	Interviews with refugees	Surveys with Staff and Volunteers	Interviews with Staff and Volunteers	Consulted Experts (Surveys / interviews)
Croatia	Centre for Peace Studies	27	300	13	2	13	3	12
Cyprus	Cyprus Refugee Council	20	4.000	10	2	10	2	4
Estonia	Estonian Refugee Council	79	6.300	18	3	12	3	5
Greece	Greek Council of Refugees	80	4.000	0	7	7	0	9
Hungary	Hungarian Helsinki Committee	18	2.700	1	6	9	4	10
Malta	Aditus Foundation	8	300	0	0	8	8*	3

The Netherlands	Dutch Council for Refugees	9.400	77.400	17	3	16	10	10
Total		**9.632**	**95.000**	**59**	**23**	**75**	**30**	**53**

Interviews and surveys in seven countries, conducted in the period January – March 2025

*In Malta instead of interviews a focus group was organised

Definition trauma-informed approach

Trauma is often described as a wound, that "*results from an event, series of events, or set of circumstances that is experienced by an individual as harmful or life threatening. While unique to the individual, generally the experience of trauma can cause lasting adverse effects, limiting the ability to function and achieve mental, physical, social, emotional or spiritual well-being.*"[4]

Internationally, there is increasingly acknowledgement across various sectors – including healthcare, education and social services – of the importance of trauma-informed approaches, practices and care. In this document these terms are used interchangeably.

Trauma-informed practice is "*an approach to health and care interventions which is grounded in the understanding that trauma exposure can impact an individual's neurological, biological, psychological and social development*".[5] It not only increases awareness on the impact of trauma, but also aims to support resilience and recovery of persons that experienced trauma.

A trauma-informed approach requires organisations to adapt their policies, language, and culture to ensure that both refugees and staff feel secure and supported. Based on the internationally recognised models that were developed by Maxine Harris and Roger Fallot (Harris & Fallot, 2001) and Sandra Bloom (Bloom, S., 2013) and quoted from the trauma-informed practice toolkit of the Scottish government[6], key-principles of trauma-informed practices are:

- **Safety:** Efforts are made by an organisation to ensure the physical and emotional safety of clients and staff. This includes reasonable freedom from threat or harm, and attempts to prevent further traumatisation;
- **Trustworthiness:** Transparency exists in an organisation's policies and procedures, with the objective of building trust among staff, clients and the wider community;
- **Choice:** Clients and staff have meaningful choice and a voice in the decision-making process of the organisation and its services;
- **Collaboration:** The organisation recognises the value of staff and clients' experience in overcoming challenges and improving the system as a whole. This is often operationalised through the formal or informal use of peer support and mutual self-help.
- **Empowerment:** Efforts are made by the organisation to share power and give clients and staff a strong voice in decision-making, at both individual and organisational levels.

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[4] Working definition of trauma-informed practice - GOV.UK
[5] Working definition of trauma-informed practice - GOV.UK
[6] Introduction - Trauma-informed practice: toolkit - gov.scot

Definition mental well-being

Working for an organisation that supports refugees is a unique and fulfilling experience. Helping others to navigate the asylum process and to build a future in a new country is meaningful and getting to know people from different countries and their cultures enriches the lives of staff and volunteers. At the same time, it is generally acknowledged that the work can be very stressful. The UNHCR analyses that there is a risk of burnout and secondary and vicarious trauma[7], due to respectively challenging work environments and high caseloads, and in response to witnessing, reading or hearing about traumatic events that have happened to others.

In this report the terms mental health and mental well-being are used interchangeably. Following the definition of the UNHCR "*mental health is a state of mental well-being that enables people to cope with the stresses of life, to realise their abilities, to learn well and work well, and to contribute to their communities*."[8] According to the WHO[9], prevention of mental health conditions at work is about managing psychosocial risks in the workplace.

Reading guide

In the next chapters the results of the needs assessments are presented, identifying the main gaps in both mental well-being strategies and trauma-informed approaches in the seven participating organisations. Best practices will be described that are relevant for addressing these gaps. In conclusion, priorities that support a trauma-informed approach and mental well-being in the participating organisations will be outlined. This report is the foundation for further discussion on the development of the two toolkits, which will contribute to addressing mental health needs of both staff and volunteers as well as refugees in Europe.

Estonian Refugee Council at work

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[7] Secondary and vicarious trauma are both forms of indirect trauma experienced by individuals exposed to the trauma of others. Secondary trauma is often a sudden, one-time experience of trauma symptoms after hearing about or witnessing a traumatic event. Vicarious trauma develops over time, through prolonged exposure to the pain and suffering of others, leading to lasting changes in worldview and self-perception (info from training Cordelia Foundation).

[8] Mental Health | UNHCR Integration Handbook

[9] Mental health at work

Chapter 2 Mental well-being: needs and gaps

Mental health is under pressure. In all organisations that took part in this research, many staff and volunteers feel overwhelmed and exhausted. The emotional toll is worsened by the current hostile political climate all over Europe. All organisations have measures to support mental health of staff in place, but gaps were identified. This chapter identifies the main trends as well as priorities to support well-being.

Main trends

Pressure on well-being of staff is mainly caused by the following factors:

- **Hostile political climate**
  Though differences between countries exist and pressure from governments varies, all organisations increasingly face a hostile political climate. Governments in Europe choose stricter asylum and migration policies, and attacks on civil society harm the possibility to speak out, causing existential threats and criminalisation of organisations and staff. Also, in countries which are still more open, protection and support of refugees is under pressure, making it harder to impact someone's life in a positive way with service delivery and legal assistance. Discrimination, the long waiting times, and the lack of access to health care, housing and the labour market have a huge impact on refugees. This makes staff and volunteers working for organisations in support of refugees feel powerless in an unjust system.

- **High workloads and limited capacities**
  All organisations report overwhelming workloads, which are hard to diminish because of the urgency of cases. Very often, when providing legal assistance for example, evidence and support may be of decisive importance for status or family reunification. The nature of the work and the level of engagement of frontline workers make it hard to set personal boundaries, and these are often overstepped. This is not only an individual challenge but also reflects a lack of structural support to protect staff well-being. Capacities to solve this are limited due to the size of and lack of funding for organisations in this line of work.

> "*We are faced with a changing political climate, stricter policy, more intense cases. There is no mental health care for clients, which means that people with serious psychological problems come to us and we are not equipped for this*." Team member Dutch Council for Refugees

> "*Problems for me are less individualistic and more structural – we have high burnout in this field, and although it is a difficult field to work in, I believe it stems less from working with people with trauma and more with the precarity of the work and work overload. And this is a capitalist problem that no mental health service will deal with.*" Team member Centre for Peace Studies

> "*It's not because I want to be a hero – it's because I don't know who would do my work if I 'm gone.*" Team member Estonian Refugee Council

> "*Burnout is a huge problem, and sometimes it feels like we don't have enough resources to deal with it*". Team member Greek Council for Refugees

- **Exposure to the trauma of the people we serve**
  Refugees often faced significant hardships, such as violence, torture, displacement and discrimination. Though often not recognised by staff themselves, the stories they hear and the evidence they see (pictures, videos) have an impact on well-being. The extend to which this is the case depends on personal experiences and also on the intensity of the work and options to release stress at work. Many respondents confirm that hearing stories that are often filled with distress, sadness, or anger, affect them, contributing to, as one respondent from Croatia indicated, a *"gradual loss of faith in the world."* Exposure to the trauma of others may cause compassion fatigue, secondary or vicarious trauma, and eventually burn-out.
- **Organisational dynamics**
  Internal circumstances, including uncertainty due to funding cuts and lack of managerial supervision are a major cause of stress in the participating organisations. Also lack of influence on decision-making, labour conditions, and navigating different work styles and communication approaches can create tensions, adding to the overall stress and making internal support more difficult to access.

Support to well-being at work: priorities

Most organisations have measures in place, though all struggle with a lack of resources to implement policies and measures that promote well-being at work. Most organisations have flexible working hours, options to work from home, leave arrangements and basic operational guidance and procedures, including critical incident procedures and safety policies. Access to professional mental health care and training and coaching is important for most organisations, though not sufficiently addressing needs.

Though differences between the seven participating organisations exist, all organisations face similar challenges. Despite some well-being measures in place, burnout symptoms are signalled by many survey respondents and interviewees, and there is a clear need to step up efforts in support of a resilient workforce. The big question is how organisations can strengthen support to well-being of their teams in a climate that is increasingly hostile and with a lack of resources. The following priorities to support mental well-being in the participating organisations surfaced:

- develop a **well-being strategy and culture** that promotes mental health on an organisational and leadership level, which pays attention to well-being needs of specific groups, including well-being and **inclusion of colleagues with refugee background**;
- **improve managerial supervision**, structural internal support and monitoring of well-being by supervisors;
- more **targeted and regular training** to strengthen stress management, setting boundaries, self-care and knowledge of trauma;
- enhance **mechanisms for professional psychological support**, not only internally by better guidance, but ideally also by access to independent external mental health experts;
- develop structural and regular ways to organise solidarity and **peer-to-peer support** between colleagues for emotional processing and for discussing difficult cases.

Chapter 3 Best practices for supporting mental well-being at work

Supporting the well-being of staff in refugee assisting organisations is vitally important for both ethical and practical reasons. As identified in the previous chapters and by key institutions, such as the UNHCR, aid workers face numerous mental health and psychosocial challenges, including risk for secondary and vicarious trauma and burnout. While historically there has been attention to interventions addressing acute stress because of potentially traumatic events and incidents, recently, attention has grown for addressing chronic stress.[10]

There is a wealth of resources and best practices on supporting mental well-being at work available. The order of this chapter is based on the "Practical guide on the welfare of asylum and reception staff[11]", which was developed by the European Asylum Support Office (EASO) in 2021. This guide is based on a needs assessment of first-line officers working in the field of asylum and reception and summarises existing good practices by setting eight standards:

1) Documentation and information
2) Assessment and screening
3) Communication
4) Prevention
5) Critical incident response
6) Capacity building
7) Safety and security
8) Monitoring and evaluation

These key-elements are also reflected in other resources that identify successful interventions to support staff well-being, such as the "Guidelines on mental health at work" of the World Health Organization[12] and the chapter on mental health in the Resettlement Handbook of the UNHCR[13].

In this chapter, key-insights from these resources are illustrated with existing best practices and practical tools that were identified by the research carried out by the project partners.

Documentation and information

Having a documented staff welfare policy in place that is communicated through relevant and agreed channels is a key standard. Often, organisations have several measures in place, and work ad hoc to support staff well-being. However, due to the high workloads and challenging environment of working for a refugee assisting organisation, a more structured policy is needed. A staff welfare strategy should be developed in a participatory manner to make sure that the

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[10] UNHCR's Mental Health and Psychosocial Support for staff | UNHCR
[11] EASO Practical guide on the welfare of asylum and reception staff for international protection | European Union Agency for Asylum
[12] Guidelines on mental health at work
[13] 2.9 Health and well-being of UNHCR colleagues | UNHCR Resettlement Handbook

needs of specific groups are addressed. Just having a strategy in place is not enough. Targeted communication with messages that show how needs of staff are addressed is needed.

Best practice: Improving well-being at the organisational level at the UNHCR

The duty of care is defined in UNHCR's *Occupational Health and Safety policy* as "a non-waivable duty on the part of the organisation to mitigate or otherwise address foreseeable risks that may harm or injure its colleagues and their [...] family members." Improving mental health and well-being at the organisational level involves:

- **Monitoring compliance with policies and procedures** that support and promote a healthy working environment, including enforcing zero tolerance for sexual harassment and bullying in the workplace.
- Enforcing **boundaries** and clarifying work expectations.
- Considering **flexible working arrangements** and compensatory time off favourably, where appropriate.
- Creating a workplace culture that **recognises the risks** of humanitarian work as well as its rewards.
- Encouraging **access to well-being and stress management resources** and services.
- Supporting and discussing **future career plans** for colleagues at both national and international levels.
- Facilitating **rotation opportunities** within and across functional units in an office and to other offices within the country and the region.
- Ensuring systematic **induction training and briefings** to all new colleagues.
- Encouraging individual professional development and diversification of skills through **cross-functional training** and facilitating participation in multi-functional projects.
- Acknowledging the negative impact on staff morale engendered by over-reliance on **insecure short-term contracts** and their continuous extension. Ensure colleagues are informed in a timely manner about whether their contract will be extended or not.

Source: 2.9 Health and well-being of UNHCR colleagues | UNHCR Resettlement Handbook

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Best practice: Aditus Foundation

To address mental health challenges Aditus Foundation in Malta has a Team Well-Being Policy in place. It was initiated in 2023 as a response to organisational changes and the need to take better care of team members. The policy provides for:

- Flexitime;
- Remote work;
- Favourable sick leave criteria;
- Birthday leave;
- Travels and training;
- Operational guidance (e.g. detention centre visits, emails/calls over the weekend or after office hours, etc.)
- Team perks;
- Mental health support from a specialised NGO (individual and group sessions).

Source: National Report Malta, Caring to Include

Tool: welfare policy template

The European Asylum Support Office guide on the welfare of asylum and reception staff offers a template for a welfare policy, staff welfare action plans and risk assessment templates and good examples of communicating messages on staff welfare.

Source: Annex 3,4 and 5 [Practical guide on the welfare of asylum and reception staff – Part I: Standards and policy](#)

Tools for screening and assessing wellbeing

The European Asylum Support Office (now EUAA) guide on the welfare of asylum and reception staff offers:

- an interview template grid with questions on stress management;

- a format for semi-structured one-on-one meetings with wellbeing questions;

- Example of a well-being survey.

Source: Annex 2,3 and 4 [Practical Guide on the Welfare of Asylum and Reception Staff | European Union Agency for Asylum](#)

Assessment and screening

Managers and (team) leaders should have the basic skills to assess and screen their teams on matters relating to staff well-being. This includes both pre-hire screening, as well as work guidance. For proper screening managers and (team) leaders should have the skills to develop clear job descriptions and relevant interview questions. Screening questions focusing on stress management and self-care can be part of the interview when selecting new employees.

As part of the work guidance managers and (team) leaders should be qualified to recognise and respond to mental health challenges of their team members. Open communication and active listening are crucial skills for this. To have an open and regular conversation to identify whether a team member needs additional support, one-on-ones are often mentioned as a good opportunity. In addition, annual well-being surveys help to identify needs.

Best practice: Coaching for leadership

The Centre for Peace Studies from Croatia introduced a coaching process for the executive board to address leadership challenges and improve overall organisational well-being.

The Academy of the Dutch Council for Refugees offers a training for team leaders on how to be a coach, and there is a special trajectory for the leadership.

Sources: National Reports Croatia and The Netherlands, Caring to Include

Best practice: Regular check-in with a checklist

At the guardianship agency for unaccompanied minors in the Netherlands, NIDOS, managers have discussions with individual team members on progress every six weeks. They use a checklist, which also include topics around vitality and health. When a team grows due to higher influx of children, the team is split, so the manager will keep enough time and capacity to provide work guidance and support.

Source: National Report The Netherlands, Caring to Include

Communication

Clear, timely, truthful and relevant communication between managers, (team) leaders and their team members is key for creating trust and safety, which are cornerstones of a trauma-informed approach. Especially in organisations that are faced with uncertainty and funding cuts, which is a hard reality for many refugee assisting organisations in Europe, timely communication on change and the future of contracts is key. Empathy, and addressing issues by facilitating bottom-up discussions are recommendable.

Managers and (team) leaders are advised to build their communications skills, including on how to provide feedback and they are advised to systematically allocate time slots to engage with their teams, through individual as well as team meetings.

Best practice: the role of managers to maintain well-being in resettlement at the UNHCR

Managers have a duty to be alert to signs of compassion fatigue, secondary and vicarious trauma and burnout as part of good management, training and managerial supervision of caseworkers. Good practice for managers in intensive case processing environments include the following:

- **Set realistic operational and individual case-processing targets** in line with existing resources and staffing benchmarks.
- **Identify opportunities to diversify workload** within resettlement to reduce repetitive character of the job.
- **Ensure accurate job descriptions** including tasks, expectations and targets, and clearly set out reporting lines.
- **Ensure adequate working conditions** and technical support. Where conditions are difficult, ask what colleagues want and need to improve working conditions and undertake to meet at least some of those requests.
- **Foster a culture of appreciation**, both at individual and team levels, including through regular group and one-to-one meetings to share feedback on successes as well as challenges.
- **Include colleagues in decisions** that affect them; be sensitive to the psychological impact of short-term contracts and job insecurity.
- **Lead by example and cultivate a healthy work/life balance**, including by not sending work emails in the evening or at weekends.
- **Give caseworkers the 'big picture'** about how their jobs fit into UNHCR's protection strategy and help it achieve its protection and solutions goals.
- **Take time to provide constructive feedback** to caseworkers.
- **Foster a consultative working environment**, including through participation in decisions regarding resettlement and protection in the operation.
- **Ensure effective and inclusive information flow throughout the office**, including by establishing clear lines of communication and reporting.

Source: 2.9 Health and well-being of UNHCR colleagues | UNHCR Resettlement Handbook

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Prevention

Preventive measures to promote and protect mental health of employees should be in place. A key element is **access to training on stress management and wellbeing**. Training should be adjusted to the function. The WHO recommends[14]:

- **Manager and leadership training for mental health**, which helps managers and (team) leaders recognise and respond to supervisees experiencing emotional distress; builds interpersonal skills like open communication and active listening; and fosters better understanding of how job stressors affect mental health and can be managed;
- **Training for workers** in mental health literacy and awareness, to improve knowledge of mental health and reduce stigma against mental health conditions at work; and
- **Interventions for individuals** to build skills to manage stress and reduce mental health symptoms, including psychosocial interventions and opportunities for leisure-based physical activity.

In addition, **access to support by a mental health professional** is beneficial, especially for first line officers that run the risk of being exposed to secondary and vicarious trauma, but also for others that struggle with work-life balance or other challenges. Having a helpline with a psychologist would also be helpful for discussing difficult cases, thereby strengthening confidence of aid workers.

Peer-to-peer support surfaced as an important best practice. Colleagues supporting each other in daily work and after difficult conversations or stressful moments is key for feeling heard and supported, which contributes to overall well-being. Especially since professional mental health care may not always be available due to funding cuts, peer-to-peer support of colleagues may become increasingly important for refugee assisting organisations in Europe.

Best practice: Collegial support team

The Dutch Red Cross installed a team, called TCO (Team Collegiale Ondersteuning), which means collegial support team. It consists of 60 volunteers spread over the country, coordinated from the national level. The initiative is a response to the increased demand for mental support for volunteers. Their focus is on supporting resilience and self-reliance, by:

- Prevention: addressing chronical stress
- Support with acute situations: support right after an incident or extreme event
- Care after the incidents: support sometime after an incident or extreme event

Trained TCO volunteers offer a low-key listening ear and can refer if needed. They are obliged to follow training, participate regularly in intervision and are supported by a psychologist. They use the AED method: (A of "aansluiten" = connect, E of erkennen = acknowledge, D of door = go on).

Source: National Report the Netherlands, Caring to Include

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[14] Guidelines on mental health at work

Best practice: mental support sessions Mosaico - Azioni per i Rifugiati

Mosaico, founded in 2006 in Turin by refugees, prioritised mental wellbeing of its staff members by offering group sessions with a professional psychologist once a month. This initiative was developed on demand of the staff, who were faced with high levels of stress.

The sessions are held by a psychologist of Associazone Frantz Fanon that supports mental health of refugees. Mosaico already had a good cooperation with this organisation that brings together professionals with different backgrounds (psychologists, psychiatrists, cultural mediators, educators, cultural anthropologists).

The sessions take two hours. Topics are selected based on the needs of the team. It can be specific cases, personal challenges in coping with situations, or more general organisational topics on roles and responsibilities. The team discusses beforehand which topics they will put on the agenda. The psychologist is equipped to facilitate a meaningful and reflective discussion.

These sessions are not only for supporting well-being of staff but also help to divide tasks in such a way that the most qualified person for a specific job is selected. Also, new projects that improve the way of working are developed, thereby strengthening organisational resilience. For example, by discussing personal barriers to speak out and do advocacy, staff with a refugee background was encouraged and supported to take the lead in advocacy.

Source: interview with a team member of Mosaico

Tool: Video "Empathy and Compassion Fatigue"

As part of the PALOMA training developed by the Finnish Institute for Health and Welfare, a training, including a video that explains both vicarious trauma and resilience was published. The training explains how compassion fatigue can be prevented, for example by participating in training, getting courage to talk about it and by working in pairs.

Source: Episode 7: Empathy and Compassion Fatique - THL

Tool: Burnout test

Leaders, managers and team leaders can encourage the use of self-assessment tools. These tools help to create awareness and therefore decrease the risk of actual burnout. A sample with 15 questions was developed as part of the EASO toolbox.

Source: Annex 5 Practical Guide on the Welfare of Asylum

Best practice: training professional positioning and psychotrauma

France Terre d'Asile developed this new training that focusses on how to prioritise and remain calm, how to accept the limits of one's field of action and how to ask for help, how to manage stress to avoid burnout, how to recognise and accept positive and negative emotions and how to find the right proximity while ensuring professional distance.

Source: Positionnement professionnel et psychotrauma - Centre de formation France terre d'asile

Critical incident response

An important element of well-being policies is being prepared to support staff to recover from the potential impact on (mental) health when a critical incident takes place. It underlines the need to develop tools to deal with any critical situation and for clearly formulated SOPs.

According to EASO three main components are to be considered: 1) **prevention and preparedness**, 2) **immediate response** 3) restoring well-being and confidence **after the incident**. Collegial support is crucial.

Tool: Quality benchmarks for critical incident response

The European Asylum Support Office guide on the welfare of asylum and reception staff presents a critical incident checklist. Leaders, managers and team leaders can use the proposed quality benchmarks to see how well their programs are able to respond to critical incidents whenever they might occur.

Source: Annex 8 Practical Guide on the Welfare of Asylum and Reception Staff | European Union

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Capacity building

Core to feeling well at work is being able to perform daily tasks in a proper way, and to have the ability to grow. To feel confident and capacitated, competencies need to be strengthened or developed. Managers and (team) leaders are advised to develop an **annual training plan that includes training on promoting well-being**.

Furthermore, **collegial support and intervision** are key to enable staff to discuss and learn from one another.

Tool: Sample of a training program

For each stage (onboarding, employment and end of employment) there are specific training needs. In the sample developed by EASO an overview of relevant trainings for each stage is given.

Source: Annex 14 Practical Guide on the Welfare of Asylum and Reception Staff | European Union Agency for Asylum

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Best practice: in-house consultations with lawyers

When the Hungarian Helsinki Committee faces external threats (e.g., smear campaigns by government propaganda, legislative amendments threatening activities, etc.), in-house consultations with expert lawyers are organised. The lawyers advise on how to tackle legal and practical challenges. These sessions prove to be crucial in tackling anxiety and building individual and organisational resilience.

Source: National Report Hungary, Caring to Include

Tool: Pocket guide for courageous people

The "Pocket guide for courageous people" is a practical and reflective guidebook created by the Centre for Peace Studies (CPS) to support the mental health and well-being of activists, particularly those working in the field of migration and refugee rights. Drawing on personal testimonies, surveys, and expert insights, the guide addresses the challenges of activism—including burnout, stress, and emotional fatigue—while offering tools for self-care, awareness, and resilience. Designed as a flexible, evolving resource, it promotes a culture of care within activist collectives and encourages open dialogue about mental health.

Source: Pocket Guide for Courageous People, Centre for Peace Studies from Croatia

Safety and security

For well-being at work, it is key to implement and communicate concrete **guidelines on health, safety and security**, based on an analysis of risks in various work settings (including in the field). These guidelines or policies identify and mitigate any potential threats that could impact on your workforce, clients, digital files or physical premises. Common examples include:

- Preventing violence or threatening behaviour in the workplace, including sexual harassment, discrimination and bullying;
- Integrity procedures to prevent misconduct like fraud, corruption, discrimination, or abuse of power.
- Controlling who enters and exits the premises;
- Minimizing risk to employees from trips, slips, falls, and other hazards
- Implementing cybersecurity measures to protect digital data
- Installing alarm systems to alert employees to fire, intruders, or other emergencies

Health risks are physical as well as psychological. **Risk monitoring** should involve first line officers and ideally should be carried out annually. Health and safety measures and instructions should be communicated clearly, so staff knows where to find support or what to do.

> **Best practice: Risk inventory and policies**
>
> At the Dutch Council for Refugees a **Risk Inventory and Evaluation (RI&E)** was carried out on 21 locations. **Safety policies and procedures are** published on the intranet. Here staff can access all information on physical and social safety in the workplace and find information on how to report misconduct, and how to get external and confidential support.
>
> Source: National Report, the Netherlands, Caring to Include

Monitoring and evaluation

Staff well-being policy and measures should be regularly evaluated, to identify the effectiveness and incorporate lessons learnt for the future. **Staff well-being surveys** not only track whether

> **Tool: Example well-being survey**
>
> The European Asylum Support Office guide on the welfare of asylum and reception staff offers an example of survey questions for getting insight into staff well-being.
>
> Source: Annex 4 Practical Guide on the Welfare of Asylum and Reception Staff | European Union Agency for Asylum

> **Tool: tracking and monitoring**
>
> For monitoring the eight key staff welfare policy standards as presented in this chapter, the EASO developed a monitoring and a tracking tool for measuring progress.
>
> Source: Practical guide on the welfare of asylum and reception staff – Part III: Monitoring and evaluation

measures have impact and address the right needs but also identify potential emerging risks as well as existing good practices and strengths that may contribute to resilience of colleagues and the organisation.

Best practice: supportive environment

At the Cyprus Refugee Council, a supportive environment is organised to facilitate discussions on practical, case related or personal matters. Also, workshops are held on self-care, stress management and dealing with difficult cases. Staff has the option to meet with the organisation's psychologist.

Source: National Report Cyprus, Caring to Include
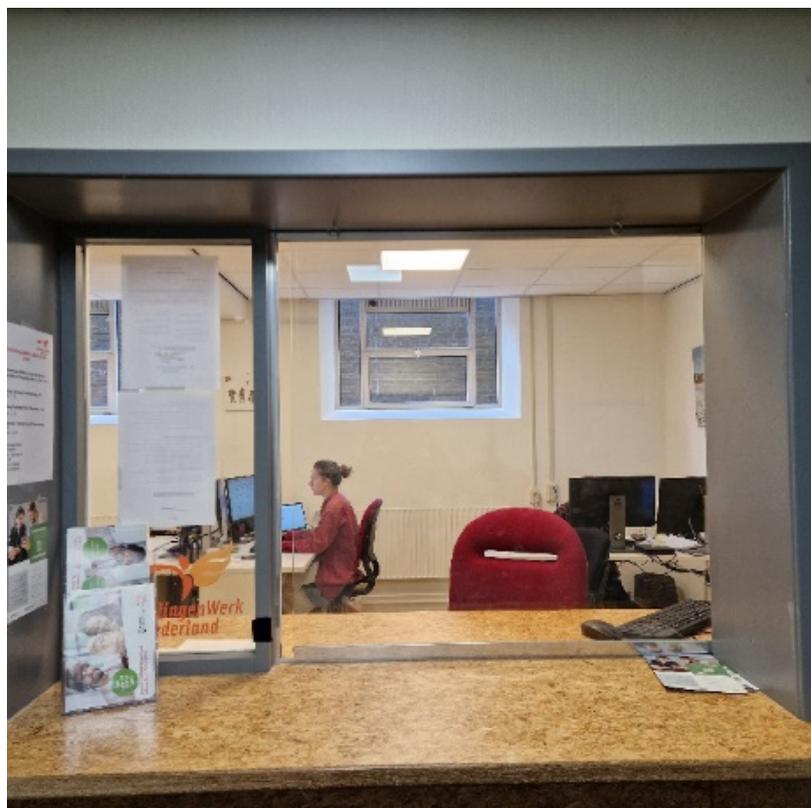
Dutch Council for Refugees at work

Chapter 4 Trauma-informed approaches: needs and gaps

Feedback on trauma sensitivity from refugees that were interviewed or that filled out the survey varies. Most people that are supported by the Hungarian Helsinki Committee, the Centre for Peace Studies from Croatia and the Cyprus Refugee Council indicate they overall feel supported and understood. At the Estonian Refugee Council, the Greek Council of Refugees and the Dutch Council for Refugees the picture is more mixed. Aditus Foundation from Malta was not able to obtain feedback.

While all organisations demonstrate integration of core principles of a trauma-informed approach up to a certain level in their practice, main gaps and priorities have been identified and are summarised in this chapter.

Main gaps

Integration of a trauma-informed approach varies. Most organisations take some of its key principles consciously or unconsciously into account, but only the Cyprus Refugee Council explicitly adopted a victim centred approach, which integrates principles of a trauma-informed approach, and pays structural attention to trauma in training of staff. Though not equally relevant to all participating organisations, some main gaps identified are:

- **Lack of training on trauma**
  Most organisations offer training on how to build trust and support resilience of the people they serve. Some also offer more specific training or guidance on how to recognise and deal with PTSD and mental distress. However, most organisations indicate a lack of access to regular training on trauma. Specifically, the need to address this topic during onboarding surfaced.

  > "*I often have people in front of me who need a psychologist, but I don't really know what to do. Many colleagues also skip the attention for well-being and focus on the practical questions.*" Team member Dutch Council for Refugees

- **Lack of capacity to address mental distress**
  Most organisations focus on legal assistance and practical support, and staff and volunteers are not equipped nor have the instruction to pay attention to mental health problems. However, being a first line worker automatically means being confronted with mental distress. The lack of capacity to deal with this is reflected in the interviews with refugees. Some indicate that reactions are misunderstood or overlooked, and many report there is a lack of a deeper understanding of the backgrounds of the people supported. Both staff and refugees indicate the need for more structured mental health support.

- **Lack of professional support**
  Most organisations lack access to mental health care specialists, for counselling and advice on difficult cases. At the same time, staff indicates this would be very helpful and needed. Organisations that have this in place mention it as a great asset.

- **Lack of attention to trauma during sensitive conversations**

An important part of the work is to offer support during the asylum procedure. This involves mapping and narrating the personal life story, including telling about the hardship faced, which led to fleeing the country of origin. Questioning is sometimes experienced to be insensitive and with too much focus on the legal aspects or evidence. Staff members indicate to struggle with how to prevent re-traumatization.

> "*Nobody asked me how I felt. Only what documents I have*". Refugee commenting on experience in Estonia

- **Lack of consistent follow up**

  People that are supported mention that check-ins and guidance could be more structured and regular, and also that communication on this could be more open and transparent. Clearly, managing expectations is an important aspect of organisations that support refugees, since the workload is often more than that can be handled. There is a clear demand to better follow up and to increase responsiveness to individual needs. This includes practical support addressing basic needs after the asylum process.

- **Lack of privacy**

  At least two organisations mention a lack of suitable office space to hold sensitive conversations. Privacy is mentioned by several people that are supported as crucial for gaining trust and for setting the scene to be able to talk about the hardship they experienced. Without private space, even well-intentioned support may be experienced as intrusive or unsafe, increasing the risk of institutional re-traumatisation especially for people with histories of interrogation, violence, or surveillance. Ensuring privacy is thus not only a logistical matter, but a core component of trauma-informed care.

Strengthening a trauma-informed approach: priorities

Key principles such as cultural sensitivity and creating trust are the foundation for support offered in all organisations. At the same time, it is clear that both staff as well as the people that are served find that a trauma-informed approach could be strengthened, to the benefit of both. The following priorities surfaced:

- formalise key principles of a trauma-informed approach by developing **trauma-informed guidelines** and standard operating procedures on organisational level, including ways to **share power with people with lived experience** of trauma;
- make current **service delivery and activities more trauma-informed** by allowing for flexibility, strengthening resilience of people we work with, and by recognising and responding to signs of trauma, also during legal and practical support;
- introduce **targeted and regular training on trauma** to enhance knowledge on recognising the symptoms and supportive response, especially in the context of sensitive conversations on traumatic events and onboarding of new staff and volunteers;
- arrange **access to professional psychological support** to get advice on difficult cases and to prevent secondary and vicarious trauma;
- offer more **structured and targeted mental health support** to people we work with, including by psychological first aid, either one-on-one or in peer support and community building settings, with engagement of cultural mediators. This includes paying attention to emotional safety, empowerment, and trust-building in every interaction.

Chapter 5 Best practices for adopting a trauma-informed approach in Europe

There is a wealth of best practices that highlight ways to improve staff well-being and a trauma-informed approach in organisations. Since well-being is a key-element of a trauma-informed approach, this chapter presents best practices in a holistic approach, while diving more into depth in the wealth of staff-well-being strategies in the next chapter.

The order of this chapter is based on the structure of the "Roadmap for Creating Trauma-Informed and Responsive Change[15]" published by the National Trauma Transformation Programme (NTTP) in Scotland. As outlined in this Roadmap, there is growing evidence which shows that the following key drivers are essential for embedding and sustaining trauma-informed and responsive practice within an organisation:

1) Organisational culture
2) Leadership
3) Staff care, support and well-being
4) Feedback loops
5) Sharing of power with people with lived experience of trauma
6) Staff knowledge, skills, confidence and capacity
7) Policies, processes and services
8) Budget

These elements are also reflected in other guides for implementing a trauma-informed approach, such as the one of the Substance Abuse and Mental Health Services Administration (SAMSHA)[16] from the United States, as well as the one published by the European Union Agency for Asylum (EUAA)[17].

In this chapter, key-insights from these resources are illustrated with existing best practices and tools that were identified by the research carried out by the project partners.

Organisational culture

The organisational culture is the foundation for all policies and practices in an organisation. It is about the core values and gives guidance to decision-making and how the organisation understands the people it serves and the people who support them. Adopting a trauma-informed approach means that it is integrated in the way of working of the whole organisation, rather than a standalone intervention or project.

Adopting a trauma-informed approach starts with recognising the prevalence and impact of trauma on staff and refugees, and working in such a way that recovery is supported and re-traumatisation is prevented. For this, building relationships and making contact is key – both with people we work with as well as between colleagues.

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[15] Implementation - National Trauma Transformation Programme
[16] library.samhsa.gov/sites/default/files/pep23-06-05-005.pdf
[17] https://euaa.europa.eu/publications/mental-health-well-being-applicants-part-i-senior-management

A key element is to "*empower staff to work in ways that embody the principles of safety, trust, choice, collaboration and empowerment, where they feel able to implement changes when required and feel safe to raise concerns.*"[18] These core principles are also identified by the European Union Agency for Asylum as key of a trauma-informed approach in the asylum process[19].

Language is a key aspect of a trauma-informed approach. Both above-mentioned resources identify the importance of focusing on resilience, rather than on the question "what is wrong with them", to avoid stigmatisation. This can be reflected in language used in the organisation (See best practice in textbox).

Best practice: Cyprus Refugee Council

The Cyprus Refugee Council follows the victim centred approach (VCA), which is similar to a trauma-informed approach. As a result, overall practice of the organisation is based on the general principles of safety, trustworthiness, choice, collaboration and empowerment. This is reflected in many practical ways, from reception and conversation to embedment of empowerment in services. All staff is trained to recognise symptoms of PTSD and mental distress. Psychological support is available, also for aid in the process of narrating the traumatic story.

Source: National Report Cyprus, Caring to Include

Best practice: Strengthening Resilience

The organisational working method "Veerkracht versterken" (Strengthening Resilience) was developed by NIDOS and ARQ in the Netherlands. It is based on three pillars: 1) culture sensitivity, to establish contact and identify needs and suitable solutions 2) protection to create safety and support recovery 3) strengthen resilience and agency.

Source: Veerkracht Versterken van Vluchtelingenkinderen - Nidos

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[18] Roadmap-for-Trauma-Informed-Change-Part-One (4).pdf, p. 4
[19] Guidance on Mental Health and Well-being of Applicants for International Protection: Part III – Toolbox to support those working in the first line | European Union Agency for Asylum, p. 37

Leadership

While becoming a trauma-informed organisation is a task for everybody, leaders at all levels have a key role. They are the ones that establish strategies for rolling out the change, set the culture and priorities, and make sure that these are in line with the key principles of a trauma-informed approach. They must practice what they preach and set the right example, not only by empowering people but also themselves.

It means showing commitment and communicating about the rationale and benefits to both staff and people we work with, supporting capacities and allocating time and resources, and creating space for power sharing with people with lived experience of trauma across the organisation.

Staff care, support and well-being

For every organisation the well-being of staff is critical, and there is a wealth of measures to support this, which will be reflected on more in depth in the next chapter. Managerial supervision and preventive and reactive measures to support staff well-being, including good and balanced working conditions such as flexible worktimes and manageable workloads are key, like in any organisation.

It is good to acknowledge that staff of refugee assisting organisations may have experienced trauma themselves (for example because they have a refugee background), and that in particular for first line workers there is the risk of secondary and vicarious trauma, empathy and compassion fatigue, and burnout due to high and intense caseloads and challenging work environments. Training, briefings and access to professional mental health expertise that empower leaders as well as individuals to deal with and prevent this are key.

Tool: Self-assessment

For successfully adopting a trauma-informed approach sufficient leadership commitment is needed before embarking on next steps. Part Two of NTTP's Roadmap for Creating Trauma-Informed and Responsive Change represents a self-assessment tool, including a readiness checklist.

Source: Roadmap-for-Trauma-Informed-Change-Part-Two (6).pdf

Best practice: DRC staff care procedures

The Danish Refugee Council Roster supports the UN emergency response to humanitarian displacement crises. Their duty of care consists of individual briefings before deployment, regular contact and access to consultations with a psychologist and debriefing at the end of employment.

Source: Staff Care | DRC Danish Refugee Council

Feedback loops and continuous improvement

Key to a trauma-informed approach is acknowledging that everyone brings unique and valuable expertise, including lived experience. To get a deeper understanding of what works and what can be improved it is important to foster an open dialogue within the organisation, and between the organisation and the people that are served.

There are many ways to embed feedback loops in the organisation, both informal and formal. They entail for example conversations between colleagues, intervision, check-ins, but also questionnaires, focus groups, complaint procedures and a regular HR-cycle including exit interviews. It also entails power sharing and ensuring that voices of underrepresented groups and people that are supported are heard. For refugee assisting organisations this means in particular learning from and listening to the people they serve: refugees and their communities.

Peer-to-peer support is seen as crucial, both for staff as well as people they work with. Safe spaces that support reflection and healing can be organised for both target groups.

Best practice: safe space	**Best practice: reflective team space**
An example of a grassroots approach from Croatia is the Women to Women collective, which organises a safe, women only space in Zagreb. The collective promotes empowerment with creative practices while continuously reflecting on power dynamics. Source: National Report Croatia, Caring to Include	Several organisations name reflection in teams as key to learn and improve. An example of structured peer reflection is the practice of intervision, which is a form of knowledge development in a small group of colleagues who have a common challenge. Mutual support is guided by a facilitator. Two methods, known as the 10-step method and the helpful questions method are detailed in the toolbox developed by the European Asylum Support Office (EASO), now EUAA. Source: Practical guide on the welfare of asylum and reception staff – Part II: Staff welfare toolbox

Hungarian Helsinki Committee at work

Sharing of power with people with lived experience of trauma

Key to a trauma-informed approach is sharing power and involving those with lived experience of trauma in decision-making, by having processes in place for influencing decisions on all levels: from the strategic and policy level to the project level. Acknowledging the value of lived experience is the foundation for creating services, projects, policies and practices that strengthen resilience. For refugee assisting organisations this means ensuring refugees have a seat at the decision-making and project design table.

Based on this insight, in many refugee assisting organisations cultural mediators with a lived experience as a refugee play an increasingly important role. Their knowledge and support is considered to be crucial for bridging the cultural gaps between service providers and people they work with, ensuring that support is tailored to the needs and culture of the people it serves. Especially for mental health support this is important, since the topic is often a taboo or different language is used.

Staff knowledge, skills, confidence and capacity

> **Best practice: cooperation with cultural mediators**
>
> Examples from the Netherlands:
>
> - Open Embassy employs "newcomers" who support project development and execution.
> - Pharos uses "key figures" with lived experience and healthcare expertise to advise.
> - NIDOS connects "intercultural mediators" with psychologists to support Eritrean youth.
>
> In all organisations, mediators are paid, trained and participate in intervision.
>
> Source: National Report, the Netherlands, Caring to Include

In a trauma-informed organisation staff has the knowledge, skills, confidence and capacity to recognise and respond to people affected by trauma. They have gained this capacity through training and internal support, relevant to their role in the organisation. By developing this knowledge, recovery from trauma can be supported by everyone. Staff does not need to be a professional psychologist or mental health expert.

Greek Council for Refugees at work

Especially first line workers in direct contact with refugees have a key role in preventing re-traumatisation and making people they work with feel they have been seen and heard. Building a safe and trusting relationship that supports agency and empowerment is key for contributing to healing from trauma. Often these skills are referred to as Psychological First Aid (PFA).

Best practice: Training on Psychological First Aid (PFA)

The Red Cross and Red Crescent Societies use the same action principles as the WHO model: 'Look, Listen and Link'. They have access to different training modules on PFA for different target groups: Introduction to PFA, Basic PFA, PFA for Children, PFA in Groups – Support to Teams.

Source: A Guide to Psychological First Aid (PFA) - MHSS Hub

Also, the EUAA sets a standard by saying that all those in contact with applicants should have a basic level of mental health literacy, and offers a video and instructions, including training formats to support PFA.

Source: The EUAA Animation on Psychological First Aid as an Awareness Raising Tool | European Union Agency for Asylum

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Best practice: access to free training platforms

In Estonia, the WaytoLife NGO, which is an entirely volunteer run initiative, provides access to free training platforms in crisis support and creative methods. Many volunteers have higher education in social fields or long-term mental health experience, creating a knowledgeable peer-support dynamic.

Source: National Report Estonia, Caring to Include

Best practice: Training centre of France Terre d'Asile

The centre developed two relevant trainings:

- **Exile and psychotrauma**, to identify the signs of psychotrauma and to understand the reactions in order to know how to deal with them.
- **Preparing the life story with asylum seekers suffering from psychotrauma,** to learn how to guide, accompany and facilitate the construction of life stories and to mitigate the psychosocial risks faced by workers.

Source: Our Training - Training Centre France terre d'asile

Policies, processes and services

No matter how trauma-informed staff members may be, if protocols, policies and services fail to recognise the impact of trauma, they may be unable to minimise the risk of re-traumatisation that their training has taught them to recognise. Policies, processes and services need to maximise the experience of choice, collaboration, safety, trust and empowerment and to minimise barriers to accessing support.

For refugee assisting organisations that focus on legal support and practical assistance it is particularly relevant to look at the protocol for the conversation on life story in support of the asylum procedure, since in this conversation the risk of re-traumatisation is high. Also, the protocol for signalling trauma and referral and the level of privacy during sensitive conversations are concrete elements that surfaced as impactful. Also, more general procedures, such as how to respond to no show and accessibility of services are relevant. In general, cultural competency is key.

Working in a trauma-informed way is also about identifying if there are any opportunities to make the day-to-day operation of services better able to resist re-traumatisation, recognise people's resilience and support recovery. Both staff of refugee organisations as well as people they work with often have mental health needs. It is recommendable to further develop access to professional mental health care and psychologists and develop projects and (referral) procedures in support of that. Support should be tailored, addressing vulnerabilities and strengthening resilience based on the background and experience persons have. See tools and best practices in this field on the next page.

> **Tools: Trauma-informed lens**
>
> To identify whether organisations are trauma-informed the NTTP developed two tools:
>
> - Taking a trauma-informed lens walkthrough to assess service design and delivery
>   Source: Roadmap-for-Trauma-Informed-Change-Appendix-A (1).pdf
> - Taking a trauma-informed lens to policies and processes
>   Source: Roadmap-for-Trauma-Informed-Change-Appendix-B (1).pdf

> **Best practice: trauma-informed approach at the Hungarian Helsinki Committee**
>
> The lawyers at the Hungarian Helsinki Committee use a handbook on how to work with asylum-seeking victims of torture. The staff pays attention to special needs and works with interpreters who also apply trauma-informed approaches. See:
>
> https://helsinki.hu/en/short-guide-on-the-support-and-care-of-asylum-seeking-torture-victims/
>
> Source: National Report Hungary, Caring to Include

> **Best practice: Contact, signalling and referral by the Dutch Council for Refugees (DCR)**
>
> Cultural sensitivity and contact are the foundation for gaining trust. All new employees and volunteers at the DCR are expected to follow an onboarding training where this way of working (CODA-model) is explained and practiced.
>
> In service delivery, a questionnaire is used to get an indication of how severe psychological problems are. Staff and volunteers are instructed to refer refugees to professional help if needed. The iMMO questionnaire is used mostly.
>
> Pharos and DCR developed a guide with advice on intake, how to address mental health needs and information on referral pathways.
>
> Source: National Report Caring to Include, the Netherlands

Key tools and best practices aimed specifically at mental health support to refugees

Tool: UNHCR Integration Handbook

UNHCR developed a handbook that shows how mental health of refugees can be promoted, based on the four layers of the intervention pyramid, entailing:

1) Protect the dignity, safety, and security, providing **appropriate information**, using **participatory approaches**, and considering **basic needs and safety;**

2) **Strengthen community and family support** through psychosocial promotional activities that foster social cohesion and strengthen community-based mechanisms to protect and support individuals;

3) Provide **focused psychosocial support** through individual, family or group interventions;

4) Provide **access to specialised clinical mental health and psychosocial services** and promote adaptations to service delivery to make them optimally relevant to refugees.

Source: Operational guidance, mental health & psychosocial support programming for refugee operations | UNHCR

Tool: EUAA Practical guide on Mental Health and Well-Being

EUAA developed a tool consisting of three parts, aimed at facilitating mental health and psychological support. Suggested interventions are: **psychological first aid**, **identification of vulnerabilities**, **care and case management**, **psychoeducation** and **community-based interventions**.

Source: Guidance on Mental Health and Well-being of Applicants for International Protection: Part II – for those working in the first line | European Union Agency for Asylum

Peer-to-peer support: PM+

In all national reports of Caring to Include the success of peer-to-peer support for mental health surfaced. One well-researched and successful peer-to-peer programme is Problem Management+ (PM+). The method was developed originally in Jordan and implemented in several European countries. Elements of Cognitive Behavioural Therapy have been adapted to make them feasible in communities that lack specialists. One trained peer facilitates sessions on **stress management**, **problem solving**, **behavioural activation** and **strengthening social support**.

Sources: Tinnemans, Asmoredjo, Badr en de Gruijter (2021), Successful elements in refugee support and learning through exchange and Mental Health | UNHCR Integration Handbook

Budget

Change does not necessarily need to cost money. Small adaptations can already make a big difference. For example, the way of having a conversation, which makes people feel safe. Based on the self-assessment or feedback loop, activities that need an investment that strengthen people's feelings of trust, choice, safety, collaboration and empowerment may be identified. For example, staff training or physical adaptation of the office space to create privacy for sensitive conversations. A budget of a trauma-informed organisation allocates the indirect and direct costs required to implement and sustain changes.

In the current political climate, financial pressure on refugee assisting organisations is a hard reality. Therefore, it is essential to highlight the importance and benefits of a trauma-informed approach, both internally with the leadership and externally with stakeholders. For employers and society, it is good to realise that addressing trauma in an early stage supports integration of refugees and prevents burnout of workforce, thereby also saving costs.

Finally, let's not forget the root causes of pressure on mental well-being of refugees and staff and volunteers: the lack of safety and perspective. Advocacy with governments for providing basic needs and safety of refugees, and the need of resilient and well-funded civil society organisations in support of that is part of a mission of a trauma-informed refugee assisting organisation.

Quote: Greek Council for Refugees

"*Beyond emotional and psychological support, basic needs such as financial assistance, job training, and legal guidance were mentioned multiple times. Uncertainty and lack of resources exacerbate stress*".

National Report Greece, Caring to Include

Strategy meeting at Aditus Foundation, Malta

Chapter 6 Conclusions and next steps

Refugee assisting organisations in Europe are in the survival mode. Despite the pressure from an increasingly hostile environment, they continue to stand up for the rights of refugees. It is a job that is rewarding, because it matters to those in need. At the same time, it is also demanding and exhausting under the current circumstances. Addressing mental well-being is no luxury, it is a necessity to be able to continue the fight for rights and protection of refugees.

Attention to mental well-being and trauma is also needed to enable to start the healing process of refugees that have experienced hardship in their country of origin, during their journey and in the reception country. Preventing re-traumatisation, and strengthening resilience of refugees is not only human, it is also essential for smoother integration, thereby also contributing to public support for the protection and sheltering of refugees.

Based on the mapping of best practices in the seven countries, and by reviewing existing European and international guidelines for a trauma-informed approach and support of mental well-being of aid workers, the following elements demonstrate how good looks like, in an integrated way:

a. Refugee assisting organisations and their leadership acknowledge the challenges and importance of supporting well-being of staff and volunteers and a trauma-informed approach of refugees in their **organisational strategy and communication**;

b. Refugee assisting organisations and their leadership **empower staff to work in ways that embody the principles of safety, trust, choice, collaboration and empowerment** by integrating these principles into relevant policies, including a staff well-being policy, and practices, including service delivery for refugees;

c. Refugee assisting organisations have **preventive and reactive measures in place to support staff well-being**, including good and balanced working conditions such as flexible worktimes and access to mental health support, both for personal development as well as advise on difficult cases;

d. Refugee assisting organisations provide **good and regular work guidance and managerial supervision** to ensure that workloads are manageable, and to ensure that feedback promotes a trauma-informed approach and personal well-being. Facilitating **peer-to-peer support** is essential;

e. Refugee assisting organisations **share power with and engage refugees**, by having clear processes in place for influencing change on all levels: from the strategic and policy level to the project level. Especially for mental health projects engagement of cultural mediators is essential to ensure that support is tailored to the needs and culture of the people they serve;

f. Refugee assisting organisations actively **build staff knowledge, skills and confidence by offering access to training** on trauma-informed support of refugees as well as stress management and selfcare, adjusted to the different levels in the organisation (management, team leaders, individual staff members/volunteers), and phases of employment (onboarding, ongoing, end of employment);

g. Refugee assisting organisations identify and offer **tailored support to persons with specific mental health needs**, both internally for staff members as well as in their work in support of refugees, thereby addressing vulnerabilities and strengthening resilience based on the diverse backgrounds and experiences persons have;

h. Refugee assisting organisations **address the root causes of pressure on mental well-being** of refugees and staff and volunteers of refugee assisting organisations by advocating for providing basic needs and safety of refugees in Europe, and the need of resilient and well-funded civil society organisations in support of that.

Next steps

This report is the start of a journey of sharing knowledge and expertise on mental health. The findings will be discussed during two meetings of the Community of Practice. In June 2025 the focus will be on the topic of mental well-being of staff and volunteers of refugee assisting organisations, and beginning of 2026 another meeting will focus on trauma-informed approaches.

Based on the discussions, two toolkits will be developed and tested. In addition, each partner organisation will develop an implementation plan to support mental well-being of both staff and volunteers as well as the people they work with, tailored to the national and organisational contexts.

In cooperation the European Council on Refugees and Exiles (ECRE) all resources will be published and made available for the benefit of the wider civil society community. Together we stand strong to support resilience of refugees in Europe.

Acknowledgements

Further reading

Caring to Include, project webpage (consulted May 2025)

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The EUAA Animation on Psychological First Aid as an Awareness Raising Tool. Instructions for professionals on how to use the animation to educate on the concept of PFA (2023) European Union Agency for Asylum (EUAA)

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