Good Practice Guidelines

STRESS MANAGEMENT

For field workers who support
unaccompanied refugee
and migrant children

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Authors

Papadatou, D., Tselepi, D., Vallidis, A., Chatzithanassi, V., Kazakou, M., Delveridis, Ch., Arvanitaki, D., Papastylianou, D., Lambropoulou, E., & Vahedi M.

The authors are professionals working at the following organizations:

Merimna - Society for the Care of Children and Families Facing Illness and Death

Papadatou Danai, Professor of Clinical Psychology, National and Kapodistrian University of Athens, President of Merimna's Board of Directors, **Tselepi, Dina**, Psychologist, Director of Childhood & Family Bereavement Counseling Center, Thessaloniki, **Vallidis Alexandros**, Psychologist of Childhood & Family Bereavement Counseling Center, Athens, **Chatzithanassi Vassiliki**, Psychologist, Pediatric Palliative Home Care service, Athens.

National Center for Social Solidarity & UNICEF

Kazakou Styliani-Myrsini, Social scientist – UNICEF consultant for child protection seconded to the National Center for Social Solidarity (EKKA)

Nonprofit Organizations operating accommodation centers for unaccompanied children

Delveridis Christoforos, Social Worker-Psychologist, Coordinator for «Iliaktida-The Home Project» accommodation center for unaccompanied children, **Arvanitaki Dimitra,** Social scientist, Coordinator for ARSIS Association for the social support of Youth accommodation center for unaccompanied children, **Papastylianou Dafni,** Educator of Greek as a second language, ''Faros'' accommodation center for unaccompanied children, **Lambropoulou Eleni,** Social Worker and **Vahedi Mohammad,** Mental Health Counselor.

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"Merimna" (the Greek word for *Care*) is a civil, non-profit organization for the care of children and families in illness and death which was founded in 1995 **(www.merimna.org.gr)**. More than 50.000 children have benefited from Merimna's free of charge services which comprise: (a) grief support for children, families, schools, and local communities mourning the loss of significant others, as well as (b) palliative home care services for children and adolescents with a life-threatening illness and for their families.

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Foreword

The booklet **"Good practice guidelines – Stress management for field workers who support unaccompanied refugee and migrant children"** was developed as part of a project entitled *"From loss and adversity to resilience: Capacity building for field workers who support unaccompanied refugee and migrant children."* The aim of that project was to build the capacities of shelter coordinators and field workers who support unaccompanied refugee and migrant children and adolescents who live in Greece.

Two of the 16 groups of the 428 participants who were trained and received clinical supervision, developed guidelines for good practices on three topics which are of major concern to field workers and shelter coordinators:

- supporting adolescents who self-harm
- managing conflict and incidents of violence, and
- stress management for field workers who support unaccompanied children.

This booklet describes the various manifestations of stress by highlighting their differences among eustress, stress that is unavoidable and a healthy response to distressing experiences and chronic or traumatic stress that is associated with psychosocial and/or physical problems. The effective management of job stress is a shared responsibility between each individual worker and the administration of the organization. When the latter acknowledges the distressing aspects of service provision in child protection. It adopts measures for the support of field workers who engage in critical decision-making that affects the lives of unaccompanied refugee and migrant children who have been forced to undertake their journey alone, in hope for a better future.

We hope this booklet will stir reflection, offer guidance, and empower field workers, teams, and organizations which are responsible for their care and accommodation.

The overall project was implemented by "Merimna" the civil, non profit Society for the Care of Children and Families Facing Illness and Death, with the support of UNICEF, and funding from the European Commission (Department of Civil Protection and Humanitarian Aid), the collaboration of the National Center for Social Solidarity (EKKA) and the Faculty of Nursing of the National and Kapodistrian University of Athens (NKUA).

Danai Papadatou
Professor of Clinical Psychology
National and Kapodistrian University of Athens
President of the Board of Directors, "Merimna"

Introduction

As of 2015, more than one million people who had fled from Syria, Iran, Pakistan, Afghanistan, Iraq and other African countries arrived in Europe trying to escape conflict, violence and other violations of their human rights. Among them, 37% were children who travelled with family members or alone in order to resettle in Central or Northern Europe. European countries were caught off-guard in coping with this humanitarian crisis, including Greece, which was itself undergoing a severe economic and social crisis.

In spite of international attempts to control and deter refugees crossing from Turkey to Greece and the growing opposition of most European countries to host them, people continue to arrive in Greece when forced to flee from war, conflict, violence and exploitation in hope to settle in a safe country and rebuild their lives. It is estimated that, as of April 2019, there were approximately 3.800 unaccompanied and separated children (UASC) in Greece (out of a total 71.200 refugees and migrants including 28.000 children). The large majority of UASC (94%) are boys older than 14 years of age, from Pakistan, Afghanistan, Syria and other countries in Africa and Asia.

The living conditions for these unaccompanied children are most challenging. While long term accommodation capacity has increased three-fold from over 420 places in 2016, to over 1,160 places in 2019, as of May 2019 the number of unaccompanied children exceeds the number of available places, with more than 65 per cent on the waiting list for placement in long term accommodation and care. Children on the waiting list reside in temporary accommodations such as ''safe zones'', hotels for emergency accommodation in "protective custody" or in insecure and informal housing arrangements, and are often at increased risk of violence or exploitation and other mental health and psychosocial problems (Digidiki & Bhabha, 2017, 2018; Freccero, Biswas, Whiting, Alrabe, & Seelinger, 2017; Save the Children, 2017; Médecins Sans Frontières, 2017).

Given that Greece is not perceived as their desired destination, unaccompanied children experience increased levels of anxiety due to long delays in their asylum application, uncertainty about family reunification in other European countries and fear of deportation. This prolonged "limbo" condition, has severe effects on their mental health, oftentimes manifested as conflict and violent incidents, self-harm and other self-destructive behaviors (Nikolaidis, Ntinapogias, & Stavrou, 2017). Field workers report lacking the knowledge and skills to manage such problems and highlight the inadequacy of the accommodation care system to properly respond to children's mental health needs.

In order to support field workers and ensure adequate care for unaccompanied children, Merimna, under a partnership with UNICEF and with the support of the European Commission, was commissioned to provide specialized training and supervision to caretakers working in accommodation centers. During this process, Merimna noticed high levels of stress and signs of burnout among staff working with UASC and developed specialized sessions on stress management and self-care.

The present guidelines are a product of this work and represent a consolidation of good practices drawn from experience. They are designed to be used by front line workers and their managers and provide practical examples for integrating self-care strategies into the day to day work of staff working on the ''front lines''.

SECTION 1
Occupational stress

1.1.
What is occupational stress?

A job may be a source of satisfaction despite the challenges and demands it poses. Sometimes, however, it may become a source of distress, frustration or burnout for workers who progressively disinvest their work and provide services of poor quality.

Occupational stress is normal and unavoidable in work settings that offer services to children and adults with complex needs. It occurs when there is an **imbalance** between the **demands** of one's job and the **resources** available to cope with these demands. Faced with the same job demands, workers respond and cope differently, as they are affected by distinct personal and work-related factors.

According to the Job-Demands-Resources Model (Bakker & Demerouti 2008, 2018), **job demands** and **job resources** have unique and independent effects on the well-being of employees. **Job demands** may initiate *a health-impairment process* by leading over time to chronic exhaustion and possible physical health problems. **Job resources** trigger a *motivational process* by helping employees to invest their work with meaning and remain engaged and satisfied.

So far, research evidence supports the following:

- High job demands and poor job resources contribute to burnout and health impairment.
- Abundant job resources -regardless of high or low job demands- contribute to work engagement.
- Personal resources play a similar role as job resources; they affect the employees' health impairment process or motivational process.

Table 1. Job demands, Job resources, Personal resources

Job demands: They are aspects of the work that impose sustained physical or psychological effort or skill (e.g. increased workload, exposure to traumatic experiences and narratives, crises management, role complexity).

Job resources: They are aspects of the work that help employees to cope with job demands and achieve their work goals. They buffer the impact of job demands and reduce job distress; they also stimulate learning, capacity building, and personal development (e.g. satisfactory salary, training, supervision, positive feedback, participation in decision-making, support).

Personal resources: They refer to the beliefs employees hold regarding how much control they have over their work environment. Employees who are high in optimism and self-efficacy believe that good things will happen to them. They are capable of handling unforeseen events and are better able to deal with problems caused by job demands such as bureaucracy and work conflicts. They tend to redefine emotionally demanding situations into challenges and remain engaged in their work.

1.2.
How is stress manifested in the workplace?

Stress is manifested in various ways. Sometimes it negatively affects the physical and mental well-being of workers, the care of people they serve, the collaboration with co-workers, administrative officials, and the relationships with loved ones. Occupational stress, however, may also have **beneficial effects** for workers, for their team, for the people they serve and the organization that employs them.

1.2.1.
Eustress

Eustress has positive effects when a stressful condition is perceived as a **"challenge"** rather than a "threat" or "detrimental condition" which may harm the worker. Eustress mobilizes the worker and acts as a driving force contributing to creative and high performance in the workplace. Eustress is common among people who invest a lot of energy at work, adequately address the responsibilities they undertake and perceive themselves as capable to meet job requirements. They work hard, even under stressful conditions, are characterized by vigor, dedication and are absorbed by their job that is perceived as fulfilling and meaningful (Bakker & Leiter, 2010).

1.2.2.
Stress as a normal response

Stress is **inevitable** and **normal** among workers who do not remain indifferent or apathetic when providing services to people who encounter extreme and traumatic life conditions.

Empathy-related stress

Empathy is an affective response through which the worker appraises what another person experiences, puts him or herself into the shoes of the other, perceives the world through the person's eyes **as if** it was his or her own. Empathy does not imply either pity for the person, nor identification with him or her, since the worker is capable of differentiating his or her own feelings and perceptions from the feelings and perceptions of the other. While **empathic care** is associated with increased concern for others and a desire to assist them, **identification distress** overtaxes the worker who internalizes their suffering and takes on their distress.

Existential stress

It is manifested when the worker experiences a sense of unfairness or inequity when exposed to inhumane life conditions, abuse and/or violence, which shatter his or her "worldview" and lead to the reconstruction of his or her personal belief system, values, and priorities in life.

e.g. "The abuse and cruelty towards children are unspeakable", "Is there really a God that allows such acts of violence?", "What is the meaning of life?", "Is my work meaningful?"

Moral distress

It is a natural response to morally troubling experiences. The worker is faced with moral dilemmas and moral concerns through service provision to people who experience extreme or out of the ordinary life conditions. However, when the occupation exposes the workers daily to moral issues, then it may be regarded as an occupational hazard that employers have a responsibility to address.

e.g. "Will my actions ultimately be hurting instead of helping this person?","Did I make the best decision for this child?", "To whom should I first provide my services, and with what consequences for the rest?"

Stress caused by grief

Grief reactions are commonly experienced when workers encounter loss or death in the workplace. Their grief reactions are signs of a normal, healthy grieving process which helps them to progressively accept and process their loss, attribute meaning and integrate it in their personal and occupational life (Papadatou, 2009). Oftentimes, their grief process is disenfranchised by society which expects professionals who work with vulnerable populations to be "strong", "enduring" and "unaffected", thus depriving workers of support.

e.g. "I constantly think of X who died two weeks ago. Sometimes I feel sad and other times I am angry. I recall his suffering and I try to make sense out of his death that is inexplicable and unfair to me. I feel confused about what happened and sometimes it is hard for me to sleep or focus"

Table 2. Myths and realities about occupational distress

Myths	Realities
Workers must not be affected by the suffering and traumatic experiences of people under their care, and by the violation of their human rights.	**Workers are unavoidably affected by the suffering** and traumatic experiences of people under their care, and by the violation of their human rights.
Workers must maintain a "detached concern" for people they support, in order to protect themselves from others' traumas.	**Workers are responsible to develop relationships characterized by genuine concern, understanding and emotional resonance** toward people who trust them with their experiences.
Workers must be "strong" and avoid displaying their emotions, which reflect weakness and unsuitability for the job.	**Workers are responsible to recognize, address and effectively cope with their emotional responses** which are often reflective of their capacity to be empathic.

1.2.3.
Chronic and traumatic stress

These mental health conditions are states or syndromes of chronic or traumatic stress which results from exposure to highly distressing work conditions with no relief outlets or opportunities to process experiences that burden the worker, whose professional, personal and social life are negatively affected. Most common stress conditions which are associated with serious psychosocial and health problems are (a) occupational burnout, and (b) acute or chronic post-traumatic stress which contributes to the traumatization of the worker.

Occupational burnout

It is a state of physical, emotional and mental exhaustion caused by long term involvement in emotionally demanding work conditions (Pines & Aronson, 1988). The worker loses his or her interest and compassion for the people he or she serves, ceases to derive satisfaction from his or her job and develops a negative view of self and reduced sense of personal accomplishments that lead to impaired quality of care (Maslach & Jackson, 1986).

Three factors characterize job burnout:

1. **Emotional exhaustion** involves the worker's sense of emotional depletion and lack of energy to meet the tasks of his or her role.

   E.g. "I feel overwhelmed, overloaded, overworked and trapped", "I wake up tired and lack the energy to go to work."

2. **Depersonalization** involves a cynical, negative, detached response to people under one's care and/or the development of impersonal relationships with them.

   E.g. "I behave in an impersonal manner with people I serve and treat them as 'cases' or 'numbers' to be processed", "I care less about what will happen to these children."

3. **Reduced personal accomplishments** refers to the belief that one can no longer work effectively, feels incompetent to perform his or her role and assigned tasks, displays poor performance, is deprived of job satisfaction and resorts to indifference or apathy for a job he or she used to like.

E.g. "I regret my choice to work with unaccompanied children",
"I am considering giving up this job... I am not fit for it."

Burnout is associated with frequent sick leaves, absence from staff meetings, supervision sessions and training programs. It is associated with the provision of poor quality of care and high rates of job turnover. Workers feel overwhelmed by job demands and lack the resources to cope with chronically distressing or chaotic work conditions. When they hold high or unrealistic expectations (e.g. to 'save' refugees, to change them, to be perfect, to be in total control), then disappointment, frustration, guilt, feelings of inadequacy and distrust are commonly experienced, leading to apathy or indifference for people under their care.

10 SIGNS TO IDENTIFY YOUR VULNERABILITY TO BURNOUT

1. I have become cynical towards and/or very critical towards refugees and migrants.
2. I often use drugs/substances in order to work and I have difficulty beginning the day.
3. I have no energy to address my role, responsibilities and tasks.
4. I feel easily irritated; at the slightest distressing event I get angry, sad and desperate, with refugees, my colleagues and/or the organization's administration.
5. I cannot concentrate on the tasks I assume.
6. I derive no satisfaction from the services I provide.
7. I find no meaning in the work I do.
8. I resort to food, alcohol or substances in order to feel better or feel nothing at all.
9. I have sleep troubles (e.g. I have difficulty falling asleep, I wake up in the middle of the night, I suffer from insomnia).
10. I have unexplained headaches, migraines, gastrointestinal troubles or other physical symptoms, which I did not experience before.

Note: If you identify one or more of the above, it would be helpful to discuss it with a trusted person, in team supervision or seek help though counseling.

Burnout often affects the worker's physical health leading to physical symptoms such as headaches, migraines, physical weariness, weight loss or gain, insomnia. Chronic burnout may lead to hypertension, heart disease, gastrointestinal or musculoskeletal disorders or impaired immune-competence (WHO, 2010).

Yanis'[1] experience

Yanis works as a caregiver at an accommodation facility for unaccompanied refugee and migrant adolescents over the past two years. In the context of his daily encounters with teenagers, he develops close relationships, refers to them as "my children", and encourages accounts of stories which involve loss and traumatic events experienced in their country of origin and throughout their trajectory to Europe.

When he was hired, Yanis' colleagues commented on his enthusiasm and willingness to take on more tasks than expected. He used to come 20 minutes before his shift, and appeared unaffected by the frequent changes in his morning and night shifts. His co-workers used to say with admiration: "He always smiles, copes with all sorts of challenges and is skilled in managing conflicts among adolescents. What a worker! "

Over the last two months Yanis arrives with delay at the accommodation facility and shares with colleagues the nightmares about his "children" that keep him awake during nights. Adolescents complain to staff members about Yanis' irritability and outbursts of anger. His colleagues also notice that he is distant, silent during the supervision sessions and indifferent with regard to new projects.

Yanis has been absent from his job twice during the past week due to headaches. The coordinator of the facility expressed a genuine concern about his health and well-being. Without criticism, she referred to the changes she had noticed in his behavior and gave him ample space to express his emotional exhaustion, his guilt over his behavior towards "his children" and his tendency to avoid any new adolescent that came or left the accommodation facility. Yanis acknowledged that he was considering resigning, given that he felt inadequate for this job despite his initial enthusiasm. The coordinator helped him to recognize his burnout and in collaboration with Yanis, developed a plan to help him address his needs, revise his expectations and role boundaries, cope with difficulties and develop his resources.

[1]Yanis is not the real name of the professional who shared the above experience.

Traumatization

Workers who are characterized by increased empathy, may **manifest traumatic responses** when exposed to the traumatic experiences or traumatic narratives recounted by adults or children. These responses are usually **temporary**, and subside after few days or weeks, when recognized by the worker who adopts self-care measures and/or is supported by colleagues who do not downgrade the high distress caused by his or her traumatic responses.

When ignored, the traumatic responses become chronic, and negatively affect the well-being of the worker who displays a condition which has been described in the literature as *compassion fatigue* (Figley, 1995), *secondary posttraumatic stress* (Stamm, 1995) and *vicarious traumatization* (McCann & Pearlman, 1990). In reality, these concepts reflect the worker's traumatization, increased suffering and decreased ability to function with competence.

The manifestations of post-traumatic stress disorder that some field workers display, fall into the following four categories and require clinical assessment and intervention by a mental health professional with expertise in trauma work.

Figure 1. Reactions of post-traumatic stress disorder

Intrusion Symptoms

- Recurrent, involuntary intrusive recollections of events
- Traumatic nightmares
- Flashbacks
- Intense distress after exposure to traumatic reminders
- Physiologic reactivity after exposure to trauma-related stimuli

Hyper arousal & Reactivity

- Irritable or aggressive behavior
- Self-destructive or reckless behavior
- Hyper-vigilance
- Problems with concentration
- Exaggerated startle response
- Sleep disturbance

Persistant Avoidance

- Avoidance of trauma-related thoughts or feelings
- Avoidance of trauma-related external reminders

Negative Changes in Cognition & Mood

- Inability to recall key features of event
- Negative beliefs about oneself and the world
- Persistent distorted blame of self or others
- Persistent negative trauma-related emotions
- Diminished interest in activities
- Feeling alienated from others
- Restricted range of emotions

(APA, 2013)

Note: When certain of the above reactions persist for longer than one month, then the worker may be vulnerable to acute or chronic post-traumatic stress disorder; occasionally, responses may occur 6 months after the worker's exposure to the traumatic experiences of people one supports.

Vicarious traumatization, is a concept proposed by Pearman και McCann (2008) to describe a **process of negative change** in the life of the worker which is due to the **cumulative effect** of contact with people who suffer from traumatic or extreme life experiences. In addition to physical and psychosocial problems, the worker develops negative beliefs about self, life, and its meaning, which affect basic needs of safety, control, trust, esteem and intimacy, with the following consequences:

- **Lack of safety**
  e.g." I am in danger; bad things may happen unexpectedly"

- **Lack of control**
  e.g." I am weak and unable to affect these work conditions", "I have no control"

- **Lack of trust**
  e.g. "I trust nobody", "People always try to exploit me; they are unworthy of my trust"

- **Negative self-concept**
  e.g. "I am not capable to protect or support others, I cannot do my job, I feel inadequate", "I am too vulnerable"

- **Avoidance of intimacy**
  e.g. "Intimate relationships are dangerous; I will get hurt", "Others will take advantage of me, so I should keep them at a distance"

Activity 1: Work and life changes

Identify two ways that your work has had a negative influence on the perceptions of yourself, of the world, of yourself, and/or of what matters to you (e.g. meaning and purpose, hope and faith).

1 _____

2 _____

Identify two ways that your work has had a positive influence on the perceptions of yourself, of the world, and/or of what matters to you (e.g. meaning and purpose in life, hope, faith).

1 _____

2 _____

1.3.
What research evidence exists regarding the stress of caretakers in residential care?

According to research evidence, workers who support children who live in shelters, institutions or other accommodation facilities experience high levels of burnout which, oftentimes, lead to high turnover. Moreover, studies highlight the complex problems associated with the care of these children and the deficiencies of organizations providing accommodation (e.g. Fuqua & Couture, 1986; McMullen & Krantz, 1988; Boyd & Schneider, 1997, Curbow et al., 2000; Savicki, 2002, Schwartz, Tiamiyu & Dwyer, 2007).

Barford and Whelton (2010) classified the factors which contribute to burnout into the following six categories:

1. Perceived lack of a support
2. Organizational features, associated with high job demands and unclear role definition
3. Absence of collaborative and supportive relationships among co-workers and managers
4. No participation in decision-making about one's professional duties
5. Personal characteristics of the worker, including their young age, limited clinical experience and lack of specialized training

Work in child protection facilities is not limited to the daily practical care of children. This work also involves the development of trusted relationships, support in achieving their goals, management of critical incidents and an active participation in each child's care plan. The work of professionals is burdened by additional bureaucratic requirements and the ongoing coordination of multi-agency actions for the support of every child (Pazaratz, 2000).

Findings of a study with a sample of 257 Spanish workers, suggest that occupational burnout is associated with the increased responsibility regarding crucial decisions about children's lives, assumed by workers with limited work experience and limited organizational support, which occasionally leads to misguided actions (Del Valle et al., 2007). Additional factors associated with burnout, are the low income and social status of workers in child protection in some countries (Witherell, 2013), as well as the lack of collaboration and support among co-workers, managers, supervisors and the organization's administration (Sinclair & Gibbs, 1998, Rhoades et al., 2001).

The above factors are associated with physical and psychological burnout manifestations in workers who disengage from their work, and provide depersonalized and low quality of care to children with complex needs (Bravo & Del Valle, 2001; Cheng et al., 2013; Linzer, 1999 Ezer, 2003).

1.4.
Which stressors affect field workers[2] who assume the care of unaccompanied children in Greece?

The team which assumes the care of unaccompanied refugee and migrant children, in Greece, comprises psychologists, social workers, intercultural mediators, social scientists, lawyers, educators, caretakers, cleaners and cooks. The team's priority is to ensure the smooth operation of the accommodation facility in order to meet basic and psychosocial needs of the children and to facilitate their integration into the Greek society. This work is complex and demanding since workers are confronted with many psychosocial and cultural challenges which are unfamiliar to them.

Throughout 2018 a high percentage of workers who were employed in accommodation facilities resigned, proceeded to wildcat strikes or were transferred to another position. This situation reflects the complexity of a job undertaken by workers who do not always have specialized knowledge, experience or even the motivation to become engaged in an occupation that provides them with little or no support. The training and supervision that "Merimna" offers since 2016, to field workers and shelter coordinators, led to the identification of key stressors which are classified into three categories (Tables 3-5).

Table 3. Stressors related to one's role in supporting unaccompanied children

- Attending to the complex psychosocial needs of unaccompanied children
- Managing crises caused by incidents of self-harm, conflict, violence and offending behaviors
- Coping with death, loss, and separation issues which affect the mental health of unaccompanied children who live in limbo
- High or unrealistic expectations of one's role
- Setting of boundaries in relationships with children
- Stereotypical attitudes, biases and prejudices towards unaccompanied refugee and migrant children
- Unresolved personal losses and traumatic experiences which hinder the development and sustenance of constructive relationships with children

Developing trusted relationships with unaccompanied children who speak different languages, have different cultural backgrounds, values and habits and are cautious towards «strangers», is a major challenge and a stressor for most workers. Unaccompanied children live at the threshold, between worlds, yet belonging to none. Some adjust well to uncertainty with regard to their future, and seek to integrate in the local community, whereas others experience this limbo situation as an impasse, which evokes high distress, manifested through depression, self-harm behaviors, violence and conflicts (Merimna, 2019a, 2019b). Difficulties in establishing trusted relationships become more complex when employees' roles are undefined or rigidly specified, and when workers lack the knowledge and skills to recognize and address children's suffering caused by the loss of home, the absence of their family, the death of relatives and the ambiguity and uncertainty with regard to their future.

[2]Caretakers and field workers are both terms referring to all members of a care team working directly with unaccompanied children and are used interchangeably throughout the document.

Other problems associated with building trusted relationships occur when workers adopt the role of a "parent" or of a "savior" and hold unrealistic expectations of the children and of themselves. Anger, disappointment, hopelessness and frustration are aggravated when they also hold misperceptions of refugee and migrant children who are viewed and approached as "victims", "damaged", "future-less" and "exploiters" or "manipulators" in their striving to achieve personal goals.

Table 4. Stressors related to work conditions and teamwork

- Hierarchical and bureaucratic culture of the work setting
- High job demands and poor job resources
- Unclear job description and unspecified duties
- Lack of a shared philosophy and approach to service provision, with specific goals
- Dysfunctional team patterns in coping with stress
- Uncertainty about the future of the accommodation facility and of one's employment

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The organizational culture of a work setting, can contribute to the prevention and management of occupational stress, aggravate it, perpetuate or reduce it. Most of the organizations which operate accommodation facilities for unaccompanied children in Greece promote a **hierarchical culture**, which deprives workers of participating in decisions about the daily functioning of a facility, combined with a **bureaucratic culture**, enforced by sponsors who impose thorough and exhausting report mechanisms, that drastically reduce the time spent with unaccompanied children.

Job demands are many and emotionally taxing. They comprise a large range of duties, an increased caseload, a 24/7 availability (on call), frequent night shifts, ongoing monitoring of children, crisis management and multiple assessments and written reports. Burnout is common among workers and is affected by limited job resources, including the lack of group supervision, the non-participation in decisions about the operation of the accommodation facility and the limited control over care provision.

Furthermore, job descriptions and role definitions remain unclear (e.g. "everybody is in charge for everything") or too restricted (e.g. "only psychologists may ask personal questions to the children"), which negatively affect team collaboration and the formations of a shared philosophy and approach to the care of the children. Moreover, the occupational insecurity, which is associated with low salaries, short-term contracts and delays in the monthly payroll deposits, contribute to high distress.

Table 5. Stressors related to the political, legal, financial and social insufficiencies

- Lack of coherent and long-term central planning and cooperation between competent bodies to ensure protection, accommodation, mental health and social integration of unaccompanied children
- Lack of supportive services to the work of accommodation facilities (e.g. day care centers, mental health services)
- Short term planning of accommodation solutions
- Lack of resources to meet the basic needs of unaccompanied children
- Difficulties in the implementation of the integration policy for unaccompanied children
- Long delays in bureaucratic procedures and/or unjustified discards of asylum or family reunification applications

The lack of a long-term political and social policy on child protection and the absence of permanent solutions for the accommodation of unaccompanied children, contribute to workers' increased frustration and dissatisfaction with service provision. Short-term accommodation solutions, such as the operation of shelters with unclear funding horizons, hotels for "emergency" accommodation and safe zones for "temporary" accommodation in camps, negatively affect workers who represent, in the children's eyes, governmental institutions. Anger, disappointment and moral distress aggravate chronic distress, especially when challenges or inadequate policies prevent children's social integration or when workers are forced to implement regulations, laws and policies they disagree with because they perceive them as harmful or as creating inequities among children. Furthermore, frustration and helplessness are common when the understaffed asylum services of Greece and of other European countries, impose time consuming bureaucratic procedures that create long delays in assessing applications for asylum and/or family reunification.

SECTION 2
Good practice guidelines

*The provision of support to mitigate the possible psychosocial
consequences of work in humanitarian crises
is a moral obligation and a responsibility
of organizations exposing staff to extremes.*

(IASC, 2007, p. 87)

2.1.
Who benefits from good practices?

Guidelines for good practices for managing stress provide a map that may help workers to function effectively. The implementation of good practices can benefit, the unaccompanied children, the workers and the organization.

- **The unaccompanied refugee and migrant children** develop a sense of belonging to a safe and stable living environment, in which they maintain close relationships with employees, who do not overwhelm youngsters with their own distress, anxiety or burnout.
- **The workers** recognize and effectively cope with distress, clarify and delimit their roles and tasks, derive satisfaction from their partnership with children and collaboration with co-workers, and engage in a job that has meaning for them.
- **The administration of the organization** develops a policy for stress management and establishes measures for building the capacities of its employees by ensuring their support.

2.2.
Which measures contribute to the prevention and management of occupational stress?

It is important to adopt measures that manage occupational stress at three interrelated levels: (a) personal, (b) team, and (c) organizational (Figure 2).

Figure 2. Interrelated levels of stress prevention and management

Occupational stress is not a personal "problem." A worker in distress or in burnout, affects the entire team, and increases the likelihood of communication and collaboration difficulties which, in turn, impede on the quality of care. When occupational stress becomes chronic, then team members tend to disinvest their work, display apathy or indifference towards unaccompanied children, are often absent from their job or resign from their position. The implementation of "good practices" therefore should derive from a systemic framework, which acknowledges and promotes conditions that enhance the workers', the team's and the organization's resilience capacities. Following are descriptions of specific measures regarding stress management at a personal level, team level, and organizational level.

2.3.
Self

10 GOOD PRACTICES FOR STRESS MANAGEMENT

It is important to care for myself by implementing the following good practices in my work with unaccompanied children and adolescents:

1. Clearly define what is expected of me from the organization I work for, and actively participate in shaping my job role in relation to what I can and desire to offer, given my expertise, knowledge, skills and experience.

2. Ask for and receive feedback from supervisors and colleagues, and be evaluated for both my effort and the outcomes of my interventions.

3. Be aware of my perceptions of unaccompanied children and how they affect my relationships with them. Avoid judging them or feeling sorry for them. Recognize every positive development or change in them with regard to their potential and not my expectations.

4. Cultivate conditions in my personal life that allow me to disengage from and discharge my occupational stress, and adopt self-care measures by investing in activities that give me pleasure and recharge me.

5. Reflect on my work by attributing meaning to my contribution, and by identifying areas in which I wish to change my behavior or improve my performance.

6. Acknowledge my boundaries. To seek help when I experience increased distress and when I feel overwhelmed. The acknowledgement of my vulnerability is not reflective of "weakness" or "incapacity." On the contrary, it renders me a responsible worker who recognizes his or her personal limits, addresses personal needs and adopts self-care measures.

7. Share my ideas, put into practice those which make a difference in the lives of unaccompanied children, and evaluate their effectiveness.

8. Attend with care to my relationships with colleagues. Expressions such as "thank you", "please", "sorry", "we did it together", are helpful in the context of a constructive collaboration.

9. Be informed of the social, political, and international developments concerning unaccompanied refugee and migrant children so as to identify how they affect the outcomes of my work.

10. Reconcile with what I cannot change, have the courage to change the things I can, and the wisdom to know the difference.

2.3.1.
Identity your perceptions of unaccompanied children and your relationship to them

Our perceptions of unaccompanied children and adolescents affect the relationships we establish, the quality of services we provide to them, and the meaning we attribute to our contribution in this field of work.

Activity 2: Supporting unaccompanied children and adolescents

Be honest in answering the following questions

How do I perceive and describe unaccompanied children?

How others around me perceive them?

How do other members of my team perceive unaccompanied children?

Why did I choose to work with unaccompanied children?

Why do I continue to work in this field?

How easy is it for me, to say that I work with refugee and migrant children? If it is difficult, why is that?

What do I perceive as "precious" or "significant" regarding my contribution to unaccompanied children and adolescents?

What gives me most satisfaction from my work with unaccompanied children?

How do I perceive the future of unaccompanied children in the next five years?

Choose three of the following representations which express best how you perceive unaccompanied children and discuss them with your colleagues

☐ victims   ☐ ruthless

☐ dangerous   ☐ resilient

☐ heroes   ☐ resourceful in shaping thier lives

☐ manipulative   ☐ in permanent danger

☐ oppurtunists   ☐ vulnerable and deeply traumatized

                           ☐ other (what?_____)

Identify how your perceptions affect your relationships with unaccompanied refugee and migrant children

_____

_____

Identity any changes in your perceptions and relationships with unaccompanied children

My perceptions of unaccompanied children have changed since
I started working in this field   ☐ YES ☐ NO
If yes, how have they changed?

_____

_____

If yes, how did your relationship with them change?

_____

_____

I desire to continue working with unaccompanied children, two years from now
☐ YES ☐ NO ☐ I DON'T KNOW
Why?

_____

_____

2.3.2.
Explore your resilience

Resilience is not a trait we possess or not, although personality characteristics contribute to our capacity to effectively cope with adversity. Resilience refers to the capacity to adapt successfully to challenges that threaten our ability to function and develop. Supportive relationships play a significant role through this process (Masten & Barnes, 2018).

Resilience increases our adaptive capacities and the likelihood:

- to mitigate or prevent the negative psychological and physical consequences of occupational stress
- to identify, address and balance personal and occupational needs
- to foster collaboration and benefit from mutual support among colleagues
- to address, rather than avoid, team conflicts and manage team problems
- to ask for and offer feedback in ways that empower self, team members, and the organization.

Activity 3: Resiliency Quiz

Rate yourself from 1 to 5 on the following (1= very little, 5= very much).

How resilient am I?	very little 1	2	3	4	very much 5
1. In a crisis or chaotic situation, I calm myself and focus on taking useful actions.	1	2	3	4	5
2. I'm usually optimistic. I see difficulties as temporary and expect to overcome them.	1	2	3	4	5
3. I can tolerate high levels of ambiguity and uncertainty about situations.	1	2	3	4	5
4. I adapt quickly to new developments. I am good at bouncing back from difficulties.	1	2	3	4	5
5. I'm playful. I find the humor in rough situations and can laugh at myself.	1	2	3	4	5
6. I'm able to recover emotionally from losses and setbacks. I have friends I can talk with. I can express my feelings to others and ask for help. Feelings of anger, loss and discouragement don't last long.	1	2	3	4	5
7. I feel self-confident, appreciate myself, and have a healthy concept of who I am.	1	2	3	4	5
8. I am curious. I ask questions. I want to know how things work. I like to try new ways of doing things.	1	2	3	4	5
9. I learn valuable lessons from my experiences and from the experiences of others.	1	2	3	4	5
10. I'm good at solving problems. I can use analytical logic, be creative, or use practical common sense.	1	2	3	4	5

11. I'm good at making things work well. I'm often asked to lead groups and projects.	**1**	**2**	**3**	**4**	**5**
12. I'm very flexible. I feel comfortable with my paradoxical complexity. I'm optimistic and pessimistic, trusting and cautious, unselfish and selfish, and so forth.	**1**	**2**	**3**	**4**	**5**
13. I'm always myself, but I have noticed that I am different in different situations.	**1**	**2**	**3**	**4**	**5**
14. I prefer to work without a written job description. I'm more effective when I'm free to do what I think is best in each situation.	**1**	**2**	**3**	**4**	**5**
15. I "read" people well and trust my intuition.	**1**	**2**	**3**	**4**	**5**
16. I'm a good listener. I have good empathy skills.	**1**	**2**	**3**	**4**	**5**
17. I am non-judgmental about others and adapt to people's different personality styles.	**1**	**2**	**3**	**4**	**5**
18. I'm very durable. I hold up well during tough times. I have an independent spirit underneath my cooperative way of working with others.	**1**	**2**	**3**	**4**	**5**
19. I've been made stronger and better by difficult experiences.	**1**	**2**	**3**	**4**	**5**
20. I've converted misfortune into good luck and found benefits in bad experiences.	**1**	**2**	**3**	**4**	**5**

Scoring

My total resilience score is: _____

80 or higher:	**Very resilient**
65 – 79:	**Better than most**
50 – 64:	**Slow but adequate**
39 – 49:	**Struggling**
38 or under:	**Need for help**

Note: *A validity check for your scoring is to ask two people who know you well to rate you on the items and see what scores they come up with. Have a discussion with them about of each of the items where there is a discrepancy and listen to what they say.*

2.3.3.
Engage in self-care

Self-care refers to the process by which we recharge ourselves with renewed energy and address our needs. It increases job satisfaction, and minimizes the likelihood of burnout (Alkema, et al., 2008). For self-care to be beneficial, it must include at least three features (Liben & Papadatou, 2010):

Self-renewal

Self-renewal may result from activities through which we recharge ourselves with new energy (e.g. athletics, yoga, healthy diet), activities through which we rest (e.g. sleep, music, massage, play), and activities that help us escape (e.g. traveling, gardening, cooking, involvement in a hobby, outing with friends). This self-directed attention may have no beneficial effects when it is driven by an obsessive desire to avoid anything that is related to work or when it stems from an excessive self-centeredness.

Reflection and meaning-making

Self-care also requires an ability to reflect on our work and attribute positive meaning to the services we provide in a field that is filled with challenges. This reflective process may involve the recording of our experience in a personal diary, access to personal or team supervision, and/or counseling services provided by a psychologist to enhance self-understanding or by an experienced colleague to explore issues about our vocational development.

Balance between work and personal life

Although desirable, balance between work and personal life is not always feasible when work demands override demands in our personal lives, and vice-versa. What is important, however, is to attribute positive meaning and derive satisfaction from a temporary over-investment in demands of our work or personal lives. Furthermore, we should seek balance between the most and least demanding aspects of our work.

2.4.
Team

10 GOOD PRACTICES FOR STRESS MANAGEMENT IN TEAMS

**Teams can prevent, mitigate or contribute to distress and burnout.
The following good practices require the active engagement of both staff members
and administration.**

1. Adequate staffing of the team.

2. Clear definition of role and tasks.

3. Capacity of coordinator to act as a "transformational leader" (Table 8).

4. Adoption, by all team members, of a shared philosophy and a community approach with regard the operation of the accommodation facility. This approach should rely on democratic principles of co-habitation, clearly defined roles, responsibilities and tasks for both workers and unaccompanied children.

5. Ongoing staff training, during work hours, which is adapted to their needs and educational background of workers.

6. Ongoing team supervision with possibility for additional individual or team consultation under an exceptional or crisis situation (e.g. closing of the accommodation facility, suicide attempt, diagnosis or serious illness or death of a child).

7. Fostering of team resilience.

8. Periodic assessment of team functioning by workers who identify and discuss the team's Strengths, Weaknesses, Opportunities to be considered, and Threats to be assessed and managed, (S.W.O.T. analysis).

9. Guidelines and shared adoption of good practices in crisis situations (e.g. self-harm, conflict, violence).

10. Periodic meetings of team members with board members, particularly when changes and new projects are implemented.

Knowledge is power.
Training and clinical experience contribute to knowledge.
.

2.4.1.
Training of team members

Workers are often exposed to new, unprecedented and stressful experiences that occur because of the cohabitation of children with different cultural and religious backgrounds, diverse languages and modes of communication, and unique traumatic experiences. Training in understanding and supporting them increases the workers' sense of self-efficacy, and contributes to the quality of service provision.

- **Training precedes task allocation** and involves acquisition of knowledge and skills on child protection, psychosocial support and intercultural mediation, childhood and adolescent resilience, and stress management.
- **The coordinator and care team develop twice a year a training plan that is tailored to their educational needs,** and includes topics of benefit to all team members (e.g. communication skills, fostering resilience) as well as topics which address the needs of specific sub-groups (e.g. psychotherapeutic interventions in self-harm).
- **Each training program is evaluated** for its learning objectives, content, methods of teaching, and sense of self-efficacy in applying the acquired knowledge and skills.
- **Examples and clinical issues of concern** enrich the educational process by facilitating shared understanding of workers' job experiences.
- **Participation in educational activities** is integrated into the work schedule and the administration has to facilitate staff's attendance.

Training functions as a protective net for the worker who performs with confidence and a sense of safety and orientation the tasks he or she assumes. The administration invites trainers from within or outside the organization, who are skilled and able to relate the content of their teaching with real work conditions encountered by participants.

Table 6. Training modules on psychosocial support for unaccompanied refugee and migrant children

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1. Modules on child protection, care and support

- The human rights of children – Child protection
- Legal framework for unaccompanied children in Greece
- Developmental challenges of refugee and migrant children and adolescents
- Promoting a "community culture" in accommodation facilities
- Active listening skills. Communication and transcultural mediation
- Creative methods and activities to facilitate self-expression
- Loss and grief: Supporting bereaved children and adolescents
- Psychological trauma in childhood and adolescence
- Resilience and post-traumatic growth
- Preventing and managing conflict and violence
- Preventing and managing self-harm
- Supporting sexually abused children, victims of trafficking and other forms of exploitation
- Mental health disorders in childhood and adolescence
- Social integration of unaccompanied children and adolescents

2. Modules on teamwork

- Teamwork and team building
- Code of ethics
- Functional and dysfunctional team patterns coping with distress
- Management of critical incidents in living accommodations for unaccompanied children
- Referral procedures to mental health services for children and adolescents
- Networking with community services, organizations, and institutions (e.g. school, legal services, police)

3. Modules on leadership and work culture

- Benefits of transformational leadership
- Organizational culture
- Stress prevention and management in the workplace

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*Managers and/or team coordinators receive
additional training in stress management
skills and capacities so as to be able:*

*To recognize and monitor signs of stress
in themselves and in workers*

*To recognize the signs of stress
at a team level
and promote activities that help reduce stress
in individual workers, manage team conflict
and foster team cohesion;*

*To arrange support for individual staff
when required.*

(Antares, 2012)

2.4.2.
Team supervision

Oftentimes workers encounter distressing situations which require immediate and coordinated action of team members. For example, when incidents of self-harm, conflict, violence or loss of a loved person occur, they must keep calm and act individually and collectively for the benefit of children. To ensure effective care and support, it is necessary for all workers to have access and receive team supervision which includes the following characteristics:

1. Development of a safe and holding environment in which workers freely express their feelings, thoughts, concerns, and disagreements.
2. Opportunity to work through situations which are challenging to workers in their interactions with children, co-workers, facility coordinators, and the administration of the organization.
3. Active participation of all team members in analyzing and brainstorming effective coping strategies for managing difficult or distressing situations.
4. Cultivation of team collaboration and effective management of conflicts and disagreements.
5. Adoption of a shared philosophy of care and team's participation in decisions that affect operation of the accommodation that hosts unaccompanied children.
6. Mutual support, constructive feedback and cultivation of team resilience.
7. Supervision facilitated by an experienced mental health professional, preferably with a theoretical background in a systemic approach. The supervisor should be external to the organization so as to keep the required distance which enables him or her to understand underlying dynamics that occur within the team and the organization.

Table 7. How will I benefit from supervision?

- I will acquire knowledge, derived from a theoretical framework, on how to cope with problems and concerns.
- I will develop a sense of belonging to a team in which interventions are developed and implemented by all members, and responsibility for outcomes is not an individual but a collective endeavor.
- I will set aside my tendency to judge others or their actions as "right or wrong" and develop a deeper understanding of how I perceive and relate to unaccompanied children.
- I will develop insight as to how I operate as a member of my team, which may contribute to my personal growth and development.
- I will experience supervision as a safe and supportive process and will feel that I am not alone.
- I will learn how to manage stress and will have the opportunity to express my thoughts and feelings about the work challenges I encounter.
- I may develop a deeper understanding of personal traumatic or loss experiences which have remained suppressed or migratory experiences that I may have experienced in my family.
- I will acknowledge the value of my contribution to the team, and I will feel important for that.

Note: It is important for all workers to be treated equally and with respect, regardless of their educational background and differences as to their nationality, gender, and sexual orientation. Supervision and support should be available to all members of the team they belong to.

2.4.3.
Team leadership

The leadership style of a coordinator affects the team's functioning. His or her personal characteristics, values, priorities, knowledge and experience and the relationships he or she develops with team members, determine his or her capacity to act as an effective leader. Most common types of leadership are the **transactional** and **transformational**.

The **transactional leader** focuses exclusively on the smooth operation of the accommodation facility and the achievement of specific and predefined goals. The **transformational leader**, is driven by a vision, commits self, inspires team members in achieving goals which are meaningful to them, and displays a genuine concern for individual and team needs.

Table 8. Characteristics of the coordinator's leadership style

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Transactional leader

- Focuses on achieving specific goals and managing tasks that ensure the smooth operation of the accommodation facility
- Defines role and responsibilities, plans, organizes, coordinates, controls, supervises
- Ensures acceptable outcomes within given work conditions
- Mobilizes workers to achieve desired goals by using a reward system
- Perceives self as exclusively responsible for both achievements and failures (e.g. I am responsible and workers must conform to my decisions)
- Relies on a transaction with team members who grant him or her the power to lead, and who agree to conform to his or her directions and suggestions so as to ensure the effective operation of the accommodation facility

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Transformational leader

- Has a long term vision
- Inspires others with novel ideas and a vision that relies on shared values
- Empowers and motivates. Brings out the best in others. Raises their level of commitment
- Shares with team members the responsibility for the successes and failures (e.g. We are all responsible for our success and failures, and can learn something of value when we identify them)
- Focuses on both the effort and the outcomes of the employee's and the team's work.
- Advocates for children's rights and challenges the system when services do not meet their needs or violate their rights

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Attention: The coordinator does not function with competence when he or she strives to be "likable" by avoiding conflicts and disagreements or by encouraging favoritism. Competence is also affected by an autocratic or "laissez-faire" leadership style which undermines the team's operation.

Activity 4: S.W.O.T. team analysis

Goal: To invite workers to identify the team's strengths, weaknesses, opportunities and threats, become acquainted with the perceptions of their colleagues and reconsider their team's operation

Material: 4 large papers A3, pens, and post-its in four different colors

Activity implementation: in four phases

1st phase: Team members take 4 post-its of 4 different colors which correspond to the following themes:

Green post-it: **strengths** of the team

Orange post-it: **weaknesses** of the team

Pink post-it: **threats** to the team

Blue post-it: **opportunities** for the team

All workers are invited to write anonymously on the four post-its, a strength, a weakness, a threat and an opportunity that exists for their team, based on their experience.

2nd phase: Participants are divided into four groups, each assigned to one of the four colors. Each group collects all the post-its of the same color and places them on a A3 paper. A discussion follows on both the comments as well as on the participants' experiences on the theme at hand.

3rd phase: Each group assigns a member to report the main comments on the post-its and the key points of the discussion that followed among participants.

4th phase: A discussion follows among all group participants who acknowledge the team's strengths, weaknesses, threats and opportunities. An action plan is developed to empower team members and to manage perceived difficulties which threaten its smooth operation.

2.5.
Organization

10 GOOD PRACTICES FOR STRESS MANAGEMENT BY THE ORGANIZATION

Every organization which assumes the responsibility to host unaccompanied refugee and migrant children must consider the following good practices which ensure the smooth operation of the facility, the quality of service provision to children and adolescents, and the support of workers.

1. Clear goals, values, and philosophy of care which are meaningful to all workers and which are redefined when necessary.

2. Selection of a team coordinator based on criteria such as (a) education, (b) experience with psychosocial service provision to children with increased vulnerability, (c) experience with team building and development, (d) clear vision and values with regard to the operation of living accommodations for unaccompanied children and adolescents, (e) crisis management skills, (f) characteristics of a transformational leadership style.

3. Identification of clear criteria and of a code of ethics to guide the recruitment of workers, in collaboration with the team coordinator.

4. Periodic job-crafting with each worker (Table 10).

5. Formulation of measures for stress prevention, management, and support of employees whose work and contributions are recognized.

6. Recognition of the stress experienced by members of the administration and provision of support by an experienced, external to the organization, mental health professional during periods of crisis or organizational changes.

7. Periodic and unobstructed communication among members of the administration and field workers.

8. Networking and collaboration with other community organizations, to facilitate unaccompanied children's social integration.

9. Periodic evaluation of the organization's operation and service delivery. Members of the administration, team coordinators, field workers and unaccompanied children participate in the evaluation process, which is performed according to novel methods of program monitoring and assessment.

10. Cultivation of an organizational culture which promotes (a) support for both children and workers, (b) learning, given that knowledge in this field is limited, and cultural and religious differences require individualized, culturally sensitive approaches, and (c) interdisciplinary collaboration to holistically address the needs of children and adolescents.

2.5.1.
Organizational culture

Every organization develops its own culture, known as **organizational culture**, which refers to "the way of doing things around here", which in turn guides the behaviors of employees (Schein, 2010). The organizational culture comprises a set of behaviors and practices, shared by all members of the organization which are driven by specific beliefs and values. When hired, every employee learns by observing and imitating others, how to operate, which written or unwritten rules to abide by, and which values to adopt in order to ensure belonging to the organization. Those who perceive themselves as representing the organization, internalize its values, which are reflected in their goals, attitudes and behaviors towards children, adolescents and colleagues (Triandis & Suh, 2002).

Table 9. Common organizational cultures in organizations operating accommodation facilities for unaccompanied children in Greece

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Bureaucratic culture: emphasis is on tasks and regulations, with frequent controls and evaluations of the workers' efficacy and task achievement.

Hierarchy culture: emphasis is on structure, control and conformity to rules and decisions made by superiors. The work environment is formal, with strict institutional procedures in place for guidance. The values which are promoted include consistency and uniformity.

Support culture: emphasis is on the development of constructive and mutually supportive relationships. Measures are taken by the organization to support unaccompanied children as well as employees.

Culture of collaboration: emphasis is on teamwork and collaboration towards shared goals. Interdisciplinary communication and collaboration are encouraged, and different views and approaches are perceived as enriching the achievement of shared goals. Constructive and respectful relationships are developed and maintained with children, co-workers, the administration, and the community.

Culture of development and innovation: emphasis is on creativity, high energy and innovation. Employees are encouraged to take risks, and leaders to inspire workers towards the achievement of shared goals, creative interventions, and the implementation of novel projects.

Mission culture: emphasis is on achieving a specific mission that reflects a critical value of the organization. Absolute commitment and coordinated actions are expected by all workers (e.g. "put all unaccompanied children in the right track").

Every organization has a **dominant culture**, which is unique to that organization. Some organizations may also have various **subcultures**, which consist of the core values of the dominant culture and additional values unique to the group of workers who share specific work demands, work experiences or problems.

When the organization sets as a high priority the prevention and management of occupational stress, then the combination of the following sub-cultures govern its operation.

1. Culture of support: This culture relies on the belief that the extent to which workers are emotionally "held" by their organization, affects their ability to "hold" the people they serve. Support is not solely a personal affair. Every organization has a responsidility to develop, in collaboration with its employees, and implement, rather than impose, supportive measures in daily work and in crisis situations.

Workers who are supported by their organization, experience a sense of belonging to a work environment which is able to contain the stress of its members and facilitate the processing of distressing or traumatic experiences (Stephens et al., 2013, Kahn, 2005, Antares Foundation, 2012). When workers have indications that their organization cares for them, then their engagement increases.

2. Culture of learning: When the organization sets learning as a high priority, then it ensures "protected time" for the training of all workers, as well as for specific subgroups (e.g. psychosocial group, group of coordinators, group of intercultural mediators). Learning is further enhanced by the periodic evaluation of the team's successes and failures as well as from the members' participation in supervision sessions.

3. Culture of collaboration: Effective collaboration is a key priority for the organization. It does not imply that relationships are invariably harmonious and that the team is free of conflicts and disagreements. Nor does it refer to the division of tasks among workers who provide fragmented care or services which are juxtaposed rather than being integrated into a meaningful framework. Effective collaboration involves an alliance among workers with different expertise and skills, who work interdependently to set shared goals and a care plan. They maintain ongoing communication and evaluate their services as a group, rather than as individuals. Collaboration is interdisciplinary and extends beyond the accommodation center in order to involve other teams, agencies, or community services for the benefit of unaccompanied children and the enrichment of workers.

Activity 5: Assessment of the support provided to workers by the organization

1. Does the organization have a policy to prevent and manage occupational stress and support its employees?

☐ YES   ☐ NO   ☐ I DO NOT KNOW

If yes, what does it include?

_____

_____

If yes, how is it communicated to workers?

_____

_____

2. Does the organization support its employees in the context of daily work?

☐ YES   ☐ NO

If yes, how is support provided?

_____

_____

If yes, which support measures are established practices in the workplace?

_____

_____

3. Does the organization support teams in emergency situations or crises?

☐ YES   ☐ NO

If yes, how is support provided?

_____

_____

If yes, which support measures are established practices in emergency or crisis situations?

_____

_____

4. **Does service evaluation comprise the assessment of occupational stress and workers' support?**

☐ YES ☐ NO

If yes, how is occupational stress evaluated?

_____

_____

If yes, how is workers' support assessed?

_____

_____

5. **Does the administration recognize that increased occupational distress affects the organizational culture, and vice-versa?**

☐ YES ☐ NO

If yes, which good practices promote an organizational culture of support and how are they assessed over time?

_____

_____

2.5.2.
Job crafting

When the organization's administration maintains an ongoing and open communication with employees, then it encourages them to assume an active role in **job crafting**. This process includes changes in order to balance the job's demands with their personal abilities, talents and needs (Tims & Bakker, 2010; Petrou et al., 2012). These changes result in maximizing one's potential, which benefits the workplace. According to research findings, job crafting reflects a "good practice" that prevents burnout and fosters work engagement. Field workers are more likely to experience increased control and benefit from a job that has personal meaning for them.

Table 10. Benefits of job crafting

Increase of work challenges (e.g. assuming new challenging tasks, asking for more responsibilities which mobilize the worker and contribute to his or her development and growth).

Decrease of work demands (e.g. reduction of one's workload when demands are excessively high at the expense of one's health, personal or family life).

Use of job resources (e.g. asking for feedback on the quality of services, the process of supervision, and the provision of training).

An open communication among workers and administration ensures a joint process of job crafting and contributes to the redefinition of goals, the restructuring of services and the regular review of individual and team operations in each accommodation facility for unaccompanied children.

2.6
Example of good practices

Preparation before assuming occupational role and tasks

- Training of all workers in recognizing and managing occupational stress and in fostering self-awareness and resilience
- Training of coordinator(s) in management and transformational leadership skills so as to identify workers and teams in distress
- Job crafting with individuals and teams

Supportive procedures though service provision

- Training
- Team supervision
- Team building
- Periodic assessment, through qualitative methods, of workers' distress and co-development of measures for stress prevention and management
- Recognition of workers' and teams' contribution and achievements
- Empowerment and fostering of self-awareness, self-care and team-care practices

Support in crisis situations

- Access to timely and clear information about any crisis or major change in the accommodation facility
- Implementation of crisis intervention plan, and mobilization of pre-assigned sub-committees
- Respite activities for team members
- Extra sessions of team supervision, if required
- Constructive evaluation of team's functioning post crisis

Support in separation and loss situations

- Ritual activities to mark the departure of unaccompanied children or team members from the accommodation facility
- Procedures and ritual activities to mark the end of a program (e.g. closing of a facility)

Evaluation of implementation of stress management measures

- Evaluation of the effectiveness of organizational, team, and personal measures in stress management

Note: *The above good practices are indicative. Every organization has the responsibility to develop its own plan for stress prevention and management so as to empower its employees, to effectively cope with challenges, and to benefit from the rewards of accompanying unaccompanied children who grow under extraordinary life conditions.*

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