CENTRE OF EXCELLENCE – DUTY OF CARE
AN EXECUTIVE SUMMARY OF THE PROJECT REPORT

December 2016

TABLE OF CONTENTS

INTRODUCTION

The CHS Alliance commissioned a piece of work, funded by the Department for International Developments (DFID) extended Programme Partnership Agreement (PPA), to support the development of the CHS Alliance Centres of Excellence on Duty of Care to strengthen quality, accountability and people management in members programmes and in management practice. This document is the executive summary of the report.

The PPA extension aimed at scaling up CHS Alliance work on specialisation in key themes and developing partnerships/collaborations and consolidating the work which optimises impact. The CHS Alliance proposes to design and set up frameworks for key thematic virtual Centres of Excellence (CoE), in areas including Reward, Staff Care and Leadership. Preliminary characteristics of these CoEs include; they will be hosted through interactive platforms and networks, connect experts and communities in the field, convene, host, and support learning events, and advocate for organisational change through partnerships across sectors.

This project focused on a set up for a CoE on duty of care, and was divided into two stages.

1. The first stage (research & dialogue) involved consulting with key stakeholders within the humanitarian community to understand their needs and the material and resources in existence using an on-line survey, focus groups and duty of care events .

2. The second stage (design and implementation) connected with key stakeholders inside and outside the humanitarian sector who incorporate duty of care with their work (considered as experts in their field), or who are experts on digital knowledge and learning using a Request for Information (RFI) format.

WHAT THE RESEARCH FOUND

Most of those consulted believed they understood the term duty of care in a broad sense and all had heard of the phrase before.

When asked why they joined the consultation, focus group participants primarily **expressed a need for reliable expertise (knowledge) that they could use in their professional practice.**

They also identified duty of care as an increasingly important issue. In the survey, just over half of the respondents consider that their organisations currently have the internal expertise and support needed to improve duty of care, whilst the remainder said no or weren't sure.

The broad topic of duty of care was categorised into four critical areas:

1. Setting the standard (inc networking)
2. Robust policy & practice
3. Roles and responsibilities
4. Risk management (inc montoring and learning)

Robust policy and practice and risk management were the two key current organisational priorities identified by survey respondents.

By contrast, when asked to identify gaps and strengths, **roles and responsibilities was the most significant gap identified**, with risk management, monitoring and learning a close second.

Over two-thirds of survey respondents believe that the sector needs a standard for duty of care, a proportion similar to the London focus group data. Organisations would like more clarity on what the standards are and support with promoting a standard in their organisation.

Networking with other organisations is seen as a priority for most organisations, and most are struggling to connect internally with all the different stakeholders.

Who owns and leads on which duty of care practices is a consistent theme, in fact this was seen as the largest gap with those attending the focus groups as well as those who responded to the survey. **Leadership on this issue seems to be the greatest challenge for most organisations.**

Most organisations are focusing their efforts on **systems, policy and practice**, but feel there are too many inconsistencies, and wish to improve further in this area. Some questioned whether their practices were of high quality, consistently applied and well-connected.

Organisations talked about risk management but not being able to **monitor their data** effectively. The main question: we collect data, but is it the right data and used effectively?

When discussing where organisations wanted to be, most wanted **more knowledge** (i.e., reliable, context-specific expertise), **consistent application of standards and practice**, **good communication flow, good networking internally and externally, and good policy and practice.**

When asked in the survey what should be prioritised by the Centre of Excellence to support improvements for duty of care in their organisation, respondents selected creating **continuous learning opportunities and systems to capture and share learning** as two preponderant priorities.

Strategic leadership for duty of care is the third key priority. In fact leadership is consistently identified as a key need, interest, and success indicator.

The survey also asked respondents to prioritise services (each related to one or more dimension of learning culture) from the Centre of Excellence by indicating whether or not their organisations would be willing to commit time and resources. Respondents identified **learning** (peer learning, formal courses, and on-the-job performance support), **resources, and leadership development** as the top choices.

These responses, when considered together, reflect a need for targeted expertise applied at the point of work.

Focus group participants highlighted the expertise and other practical support needed by smaller, local, and/or networked organisations. A significant proportion (around 20%) of respondents demonstrated low digital literacy, requiring special care to address their knowledge and learning needs through simplified tools (as simple as Facebook).

Survey respondents were asked to select **valid indicators of success** for the Centre of Excellence.

13 potential indicators as well as the option to suggest an additional indicator were proposed by the survey. The number of senior managers and decision-makers who commit to improving duty of care is the preponderant indicator of success identified by almost 90% (86.4%) of respondents.

The project team spoke to nine **CHS Alliance** employees and consultants to understand what the CHS Alliance is already doing and would it could be doing with a CoE on duty of care. Reaching out more to resource experts (distributed expertise) and actionable pieces of information and advice were two key suggestions. A desk review of CHS Alliances existing material was conducted to understand what is relevant, what needs reviewing, and what the gaps are. A study of CHS Alliance s existing networks and platforms was also conducted as well as the available resources and services outside the CHS Alliance.

The **RFI** was used to explore the available resources and services on duty of care (or which support duty of care) to establish how these could be optimised and partnerships developed with external stakeholders.

THE IMPORTANCE OF THE FINDINGS

The key messages and headlines from the findings are:

1. Duty of care gap has created a sense of urgency and great anxiety; IT'S A JUNGLE OUT THERE!. Duty of care is complex, context and country specific, requiring cross-functional expertise (HR, security, legal).
2. Individuals and organisations are already talking, problem-solving and developing capabilities and expertise. The proposed approach should recognise and support expertise where it already exists – and seek to facilitate access to it.
3. The knowledge and understanding (the definition) on duty of care practices is either not known or very clear. There is expertise and knowledge available but it's not specific or coherent especially for those working in higher-risk environments.
4. Not everyone needs to or can become an expert. Everyone needs to be able to access expertise at the point of work.
5. This is about specialised EXPERTISE not about community chit-chat or courses.
6. This is about collaboration between internal silos (HR, security, legal) and partnership between organisations to connect those that are doing something with those that aren't (as shown by the 50-50 split between organisations that believe they have internal capacity to manage duty of care and those that do not).
7. Learning and knowledge needs are acute, unlikely to be addressable through traditional approaches (workshops and training), and require recognition of highly-specialised, contextual, and specific expertise needed.

CONCLUSIONS AND SOLUTIONS

These messages provided the basis for the following key conclusions and solutions:

- The key aim of the centre should be to provide a platform which connects networks, experts and resources.
- Due to the technical nature of duty of care, a Centre for Expertise, rather than a Centre of Excellence, is a more relevant title for the Centre - a community of practice is NOT appropriate for duty of care. Achieving excellence and the five stages of growth is explained and supports this conclusion.
- Partnerships with experts can provide the necessary knowledge and learning re in the humanitarian sector
- Three scenarios for a Duty of Care platform have been provided, with different approaches, costs and value for money. All three seek to provide informal knowledge and learning needs, problem-solving at the point of work, performance support, expert review and consultation (feedback loops) and leadership engagement and development for duty of care proposed intend to learn from platform failures of the past.
- The proposed model (scenario 1) is a platform for convening, curating, and sharing expertise, offering expertise on duty of care as a service and returning to collective intelligence and expertise as a service.
- The proposed duty of care learning and knowledge framework can be generalised to other areas of work.

RECOMMENDATIONS

The key recommendations are:

1. **The CHS Alliance is in an excellent position to provide the expertise and guidance to the humanitarian sector on duty of care.** A centre which delivers this provision is strongly aligned to the CHS Alliance mission.
2. The correct model for the Centre is that of a **pipeline to a network of expertise** (Centre for Expertise), with a focus on three key components:
    - **Partnerships** with experts to provide the necessary expertise and resources at the point of work
    - **Resources** (templates, guides, research, case studies, implementation tools, learning modules) for different stakeholders (HR, Security, Health practitioners, managers, leaders, local, international, small, large organisations). A standard for duty of care should be based on principle questions around the four critical areas used in the duty of care matrix.
    - A **pipeline to a network of expertise and learning**
3. The model for the Centre must address the needs identified, avoid repeating failures of the past, and **grounded in learning science and best practice in knowledge management**. Scenario 1 has been identified as the Centre of Expertise model. It is supported by a platform solution tailored to support expertise and is the best available option and way forward for the CHS Alliance. By doing so is both a duty in line with its mission as well as an opportunity to demonstrate value for money to the CHS Alliances membership and donors.

CHS ALLIANCE RESPONSE TO THE RESEARCH AND NEXT STEPS

The CHS Alliance thanks the research team and appreciates the huge effort that they have made in gathering information for the production of this report.

We agree that the CHS Alliance is in a good position to work in partnership to co-ordinate resources and expertise available around duty of care, particularly given our mandate to support humanitarian and development actors on quality, accountability and people management initiatives. The Core Humanitarian Standard (CHS) is at the heart of the CHS Alliance's mission and duty of care touches on commitment 8 - *communities and people affected by crisis receive the assistance they require from competent and well-managed staff and volunteers* and in particular - policy 8.9 *Security and well-being – policies are in place for the security and the well-being of staff.*

The CHS Alliance also accepts that the correct model for the Centre is to establish a pipeline to a network of expertise (Centre for Expertise), with a focus on three key components:

- Partnerships
- Resources
- Learning

The CHS Alliance is unlikely to lead on establishing a separate standard for duty of care, given our mandate to promote the CHS. However, we would support an initiative within the sector that has a clear link to the CHS and could potentially help our member's demonstrate their organisational responsibility around commitment 8. From discussion, we understand that separate work is underway on this.

Whilst we agree that a model of Centre of Excellence or Centre for Expertise has to address the identified needs, being grounded in learning science and best practice in knowledge management, we are likely to take a two staged approach to addressing this.

This will initially include:

- establishing and continuing with partnerships with those identified in the report. The CHS Alliance can signpost partner services, their websites and the expertise they can provide. We welcome the opportunity to work in partnership with other organisations on further research, providing the HR and people management expertise where necessary. These partnerships will also seek to provide a bridge from HR across different specialist areas such as security and legal;

- pooling high-quality resources identified throughout this research and designing a separate web-page on the CHS Alliance to ensure they are easily accessible;

- support opportunities that promote learning around duty of care either through training, workshops, resources, case studies and discussion groups. The CHS Alliance already has a LinkedIn discussion group on Staff Care. However, we are currently reviewing how to continue with all of our discussion groups as they currently serve as a notice board rather than a discussion group.

Simultaneously, we will look for funding opportunities that could sustain a long term platform that will serve as a Centre for Expertise on Duty of Care. Recommendations have already been made by the researchers on the type of platform we should consider and why. These recommendations will be used as we search for funds.

In conclusion, the CHS Alliance is unlikely to pursue establishment of a Centre of Excellence on Reward and Leadership, as this space is taken up by other organisations and forums. However, what is evident from this research is that there is a space for the CHS Alliance to step into co-ordinating resources, stimulating discussion and debate on Duty of Care and to continue to work in partnership with experts that will serve our membership and the wider sector on an priority that has been identified as priority by the sector and sits within our mandate.

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