White Paper





Duty of Care
and Travel Risk Management Global Benchmarking Study

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Duty of Care and Travel Risk Management Global Benchmarking Study
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Preface

This Global Benchmarking Study will allow organizations around the world to compare their Duty of Care policies with others and develop best practices to protect and support the global mobility of their employees and dependents.

Today's global organizations have a large number of employees working as international assignees, expatriates and business travelers. Employees who travel across borders often find themselves in unfamiliar environments and situations, subject to increased risks and threats, and less prepared to handle these situations than if they were in their home country.

As a result, employers carry an increased **"Duty of Care"** obligation to protect their employees from these unfamiliar—yet often foreseeable—risks and threats.

This obligation is embedded in most Western countries' legislation, albeit with great diversity. In its broadest sense, Duty of Care is defined as 'a requirement that a person or organization acts toward others and the public with watchfulness, attention, caution and prudence in a manner that a reasonable person would in a similar circumstance.'

In addition to an employer's responsibility, there is a growing expectation of **"Duty of Loyalty,"** whereby 'the duty of an employee is not to compete with the interest of the organization and to follow the employer's Duty of Care policies and procedures.'

In a Duty of Loyalty culture, employees willingly cooperate with travel risk management guidelines—even if these policies curtail employee "privacy" in terms of the employer's knowledge of their whereabouts.

Taken together, Duty of Care and Duty of Loyalty refer to a broad culture in which employers care about the health, safety, security and well-being of their traveling employees (and their dependents), and develop and deploy appropriate travel risk management approaches to protect them from possible harm.

Emergency in Philippines:

A Singaporean traveling to the Philippines on business falls and suffers a serious brain injury. His family fears he may die unless he is evacuated back home for medical care and rehabilitation.

Stranded due to ash cloud:

Thousands of employees are stranded on three continents as a result of the ash cloud, and corporate travel departments are flooded with requests for help.

Government contractor assigned to Iraq:

A 60-year-old engineer, sent for nine months to Iraq, experiences shortness of breath due to the extreme heat conditions after a few days on the job.

Expatriate family in Egypt during riots:

While accompanying her Australian husband on a one-year sabbatical to teach at an Egyptian university, the mother of two becomes very concerned for their safety as riots erupt in Cairo during the Arab spring revolution.

UN agency worker killed in Somalia:

A United Nations agency worker, assigned to hunger relief in Somalia, is killed in a car accident on his way to the food distribution area.

At-sea measles outbreak:

On an offshore oil rig in Bohai Bay, Northeast China, a measles outbreak infects three people. In this isolated environment, there is threat of the virus spreading to the 130 workers onboard, as well as a potential public health risk when workers leave the vessel.

Aid workers attacked:

Two people from an international aid organization are attacked by an armed gang in a central African country. They require an immediate evacuation flight to Europe.

Executive Summary

An employer's Duty of Care responsibility for employees who travel across borders on business is documented by Professor Lisbeth Claus of Willamette University in a 2009 White Paper entitled, *Duty of Care of Employers for Protecting International Assignees, their Dependents and International Business Travelers*, published by International SOS. The author's main recommendation is for companies to develop an integrated risk management strategy to assume their Duty of Care obligations.

After its publication, International SOS conducted a series of global roundtables and webinars to discuss an employer's responsibility for the health, safety, security and well-being of their globally mobile employees. In these sessions, it was evident that once employers assumed greater awareness of their Duty of Care responsibilities, they needed more research, tools and advice to follow up on the White Paper's recommendations.

In 2010, International SOS commissioned Dr. Claus to undertake a benchmarking study, exploring three fundamental Duty of Care questions:

1. What types of activities are companies currently undertaking?
2. How do global companies benchmark against each other in regard to these activities?
3. What does this concept really mean to organizations needing to apply its obligations to employees?

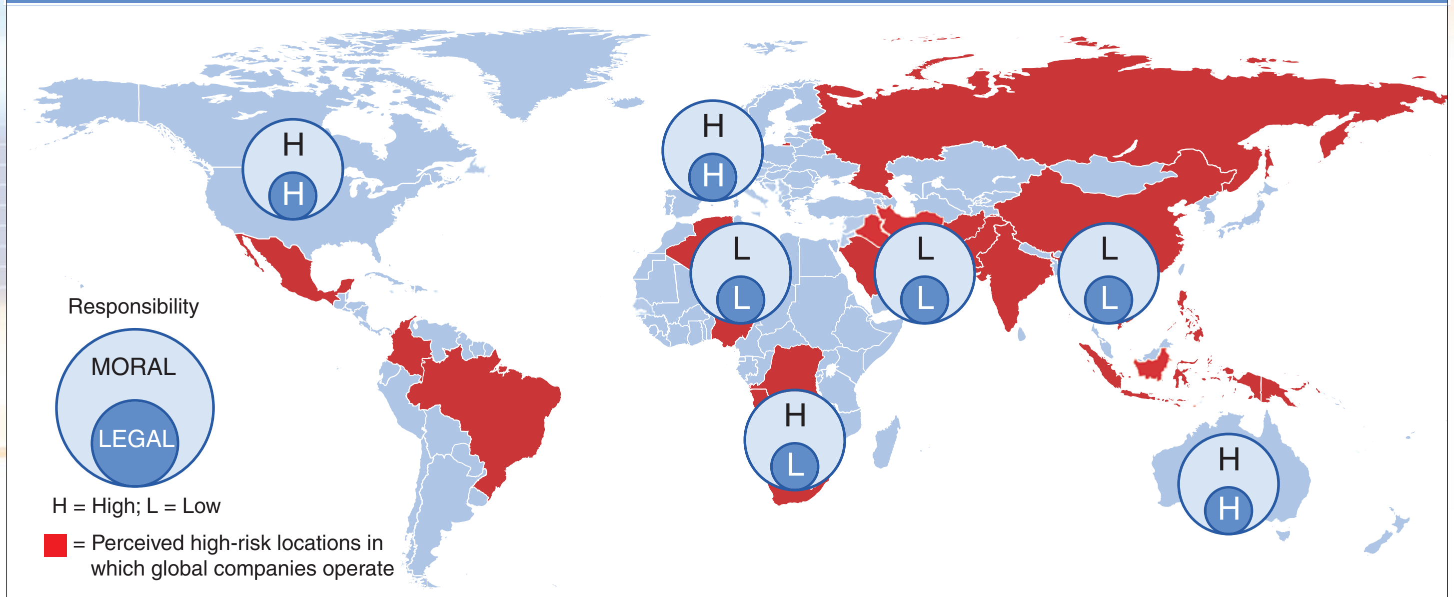
This Duty of Care and Travel Risk Management Global Benchmarking Study is the first comprehensive and authoritative research publication on the topic.

As a result, measurement instruments were designed to benchmark (i.e., compare) employer practices, indicators and a baseline as it relates to Duty of Care, providing empirical support for the ideas presented in the 2009 Duty of Care White Paper.

The Global Benchmarking Study was conducted using information from 628 companies and 718 respondents worldwide from November of 2010 through February of 2011 to develop an initial Duty of Care baseline for the following topics:

- Perceived high-risk locations in which global companies operate;
- Risks and threats faced by employees;
- Awareness by company, industry, key stakeholders and departments;
- Primary, coordination and decision-making responsibilities within companies;
- Employer motivation for assuming responsibility;
- Legal and moral obligations; and
- Company and respondent characteristics.

Duty of Care Responsibility



From this benchmarking study came a report of 15 different Duty of Care indicators and plan-do-check steps for implementing a Duty of Care risk management model.

Key Findings

The information presented in this White Paper will allow global employers to:

- Benchmark their Duty of Care practices with others;
- Develop best practices to protect employees; and
- Support the global mobility of their employees and their dependents.

Below are the key findings:

The world can be a dangerous place and companies must apply their Duty of Care responsibilities for managing different staff (business travelers, locals, expatriates, international assignees and dependents) and many different threats. The perception of risks associated with these threats—and their actual occurrence —vary widely by company and respondent.

Only an average level of awareness exists among organizations and key stakeholders. But there are various levels of awareness and familiarity within their different areas of responsibility.

Ownership of Duty of Care in terms of primary responsibility, coordination and decision-making currently ("as is") lies within five functional groups:

1. Human Resources (HR);
2. Security;
3. Risk Management;
4. Senior Management; and
5. Travel.

Yet, respondents indicated that it "should be" everyone's responsibility, and it is perceived that HR should own the deployment of Duty of Care within organizations.

Companies demonstrated a wide range of engagement when comparing their current Duty of Care practices against various stages of the Integrated Duty of Care Risk Management Model. For example, they scored high on the 'Assessment' but only average on the other indicators. Company size, headquarter (HQ) region and respondent function mattered the most. Overall, company baseline ranked high for the initial assessment, but dropped considerably thereafter. The Duty of Care baseline differs by company and respondent characteristics, allowing for benchmarking by industry, sector, company size and geography.

Factors that differentiate companies on employer Duty of Care are both the size of the company and its geography (HQ and respondent location), but the factors that matter most are not always the same for different areas of Duty of Care responsibility. The survey finds that companies are learning to embrace Duty of Care as both a legal and moral responsibility, linking this relatively new concept closely to Corporate Social Responsibility (CSR).

Employee concerns are the most important Duty of Care motivator for companies. Yet, employers in their quest to be socially responsible, are challenged to balance cost containment against activities that protect their employees.

One of the biggest challenges facing companies is that Duty of Care is considered everyone's responsibility and cannot be relegated to just one functional group. Therefore, the greatest cost for Duty of Care lies within planning and implementing best practices, rather than the costs associated with taking care of employees. The knowledge of how to put a Duty of Care plan together in an organization is readily available from experts, but making it happen within a large organization requires discipline from both management and employees.

Companies may also be held liable for their 'negligent failure to plan' or the omission of a Duty of Care plan, either intentionally or unintentionally, as a result of an employee injury or death.

Duty of Care is not specifically legislated in most emerging and developing markets. However, in more advanced and developed markets the legal framework for Duty of Care is well defined. This makes the deployment and acceptability of a global Duty of Care strategy more difficult for a company operating across borders.

Companies around the world fail to engage in the full spectrum of managing employee travel risk, and still have a long way to go when it comes to implementing a Duty of Care and Duty of Loyalty culture.

Based on these findings, summarized graphically throughout this White Paper, it is recommended that companies operating globally implement a number of Duty of Care best practices. Failure to overcome these organizational challenges and to adopt best practices is likely to lead to unnecessary risks and potential harm to globally mobile employees, and increased liability to employers.

Ten findings from the Global Benchmarking Study are summarized by the following Duty of Care takeaways.

Ten Duty of Care Takeaways
1 All countries are potentially risky for employees
2 Organizations face unique risk challenges, but differ in how they cope with similar risks
3 Duty of Care is not just about natural and human-made disasters
4 Organizations are becoming more aware of Duty of Care responsibilities
5 There are five key stakeholders, but Duty of Care is everyone's responsibility
6 Organizations vary widely in Duty of Care practices
7 Company size matters most in Duty of Care, but other company characteristics also play a role
8 Most organizations fail to plan and implement a global Duty of Care strategy
9 Duty of Care is a Western concept
10 Corporate Social Responsibility is the main motivator for Duty of Care

Ten best practice recommendations were derived from the important Duty of Care gaps that the findings indicated.

Ten Duty of Care Best Practice Recommendations
1 Increase awareness
2 Plan with key stakeholders
3 Expand policies and procedures
4 Conduct due diligence
5 Communicate, educate and train
6 Assess risk prior to every employee trip
7 Track traveling employees at all times
8 Implement an employee emergency response system
9 Implement additional management controls
10 Ensure vendors are aligned

Underlying Duty of Care Models

There are two proposed underlying conceptual models to help explore the fundamental questions related to Duty of Care. First, an eight-step Integrated Duty of Care Risk Management Model was developed to help companies assume their obligations. Second, an Employer Duty of Care Continuum was used in which companies can locate themselves depending upon their organizational values and approach toward their Duty of Care responsibilities.

Exposure to risk varies according to work performed, type of industry and locations where businesses operate.

Integrated Duty of Care Risk Management Model

The Integrated Duty of Care Risk Management Model has eight steps in accordance with the 'Plan-Do-Check' cycle:

- **Plan:** Key stakeholders are identified and the framework for the employer's Duty of Care responsibilities are defined for the organization.
- **Do:** The Duty of Care and travel risk management plan is implemented, and tools are deployed.
- **Check:** The implementation of the Duty of Care and travel risk management plan is measured through a set of performance indicators and a feedback loop to the other steps, allowing for the continuous improvement of the risk management process.

Illustrated in greater detail are the various steps of each phase of the Integrated Duty of Care Risk Management Model **(see Figure 1).**

Figure 1	
Integrated Duty of Care Risk Management Model	
1	Assess company-specific risk
2	Plan strategically
3	Develop policies and procedures
4	Manage global mobility
5	Communicate, educate and train
6	Track and inform
7	Advise, assist and evacuate
8	Control and analyze

'Plan' Phase

- **Step 1–Assess company-specific risks:** Assess health, safety and security risks in the locations where employees are assigned or travel to for work, and understand the organization's Duty of Care obligations.
- **Step 2–Plan strategically:** Develop an integrated risk management strategy (including both an incident crisis management plan and an ongoing Duty of Care process) so that the organization can effectively assume its Duty of Care obligations.
- **Step 3–Develop policies and procedures:** Develop clear Duty of Care and travel risk management policies and procedures, that govern those who are traveling and working abroad (both short- and long-term), and consider how the organization's worldwide travel policies and procedures assist in keeping employees healthy, safe and secure.

'Do' Phase

- **Step 4–Manage global mobility:** Review how the organization oversees the international mobility of employees (and their dependents) who cross borders as part of their work duties, whether as international assignees or business travelers, and how they assess the foreseeable risks prior to departure.
- **Step 5–Communicate, educate and train:** Ensure that the travel risk management plan (including the Duty of Care policies and procedures) is communicated throughout the organization and that employees (managers, international travelers and assignees) are informed and prepared for the potential risks prior to being sent abroad.
- **Step 6–Track and inform:** Know where your employees are at any given time and have plans to communicate proactively with them if a situation changes or in the event of an emergency.
- **Step 7–Advise, assist and evacuate:** Provide ongoing guidance, support and assistance when employees are abroad and find themselves in unfamiliar situations, and be prepared to evacuate them when necessary.

'Check' Phase

- **Step 8–Control and analyze:** Have management controls in place to ensure employer/employee compliance, and track and analyze data to improve the efficiency and effectiveness of the travel risk management plan.

In each of the Plan-Do-Check phases of the Integrated Duty of Care Risk Management Model, employers must take steps to address their Duty of Care obligations. Yet, unlike other risk management activities, there are few generally accepted best practices as to what employers should do to assume their Duty of Care responsibilities. This Benchmarking Study adds value by empirically developing a baseline for global Duty of Care practices.

Employer Duty of Care Continuum

Not all employers have the same level of risk exposure and global experience when it comes to protecting the health, safety, security and well-being of their globally mobile employees. Risk exposure varies according to the work performed, the type of industry, the profile of the employee and the locations where they operate. In addition, cultural norms and laws that guide companies in taking care of their employees vary widely around the world. As a result, employers find themselves in different places on the Employer Duty of Care Continuum.

The continuum is an ideal representation of an organization's position vis-à-vis their Duty of Care responsibilities. Three zones are identified (red, blue and green) through which organizations typically evolve **(see Figure 2).**

Figure 2

Employer Duty of Care Continuum

The 'Red' Zone

Worldwide, there is still a lack of employer awareness in regard to their Duty of Care obligations. For many employers, the Duty of Care obligation to employees who work or travel internationally is simply not on their radar screen. Often companies in countries with no Duty of Care legislation will pay little or no attention to their moral obligation for the health, safety and security of their traveling employees. Companies who ignore their Duty of Care obligations are in the "red" zone. They are either unaware of their obligations, assume that an incident will not happen to them, do not feel legally obligated or simply don't know how to approach it.

The 'Blue' Zone

When an incident occurs, it usually is very traumatic for those affected, including employees, their families and other staff. A serious incident may also threaten the business continuity of the organization and damage its reputation. At that point, companies can no longer rely on the assumption that it can't happen to them and they move into the "blue" zone. In this zone, companies usually assume a defensive attitude and focus heavily only on compliance aspects of Duty of Care. Their main focus is on the development of new policies and procedures as well as litigation avoidance. Having likely experienced a Duty of Care incident, companies focus mainly on ways to reduce the costs associated with the recurrence of incidents and possible litigation for non-compliance.

The 'Green' Zone

Some companies focus on the health, safety, security and well-being of their employees rather than just their legal compliance with Duty of Care. They deliberately focus on their Corporate Social Responsibility (CSR) as employers and choose to operate in the "green" zone. They consider caring for their traveling employees as the 'right thing to do.' These employers are not necessarily more morally conscious than others; they simply have come to understand that it makes good business sense to take care of their stakeholders. These employers view not only their employees as human capital, but also their external constituencies such as contractors, stockholders and customers. In line with risk management practices, prevention is not only less expensive, but it also protects companies from damage to their reputation and threats to business continuity. They opt for the green zone and try to build a sustainable balance between what's good for the employer and what's good for the employees.

Developing a Baseline for Duty of Care Practices

How can employers ascertain whether they are assuming their Duty of Care obligations and where they stand compared to other companies? Such an evaluation starts by conducting an audit of the current practices to see whether they are at or above baseline, or fail to meet their Duty of Care responsibilities. However, as mentioned above, the attention to Duty of Care for globally mobile employees is still in its infancy for most companies, a baseline has not yet been identified and no reliable benchmarking instruments are available. For that purpose, a checklist of 100 Duty of Care practices was developed corresponding to the various stages of the Integrated Duty of Care Risk Management Model. The different items related to Duty of Care practices were then grouped into 15 indicators and rolled up into eight steps which correspond to the stages of the Integrated Duty of Care Risk Management Model. The final roll-up produced an overall preliminary Duty of Care score for a particular company **(see Figure 3).**

In the Global Benchmarking Study, a third response option in the checklist was introduced and labeled, "not sure," in addition to the "yes/no" option, because there are so many activities that a company must undertake with regard to Duty of Care throughout the organization that a single respondent from one functional area may not always be aware of activities being undertaken in another area of the company. A description of the development and validation of the Duty of Care practices checklist is presented in **Appendix 1.**

The Duty of Care practices checklist in this Benchmarking Study is used in two ways: First, to set a baseline for the Duty of Care activities of global companies and see how they are assuming their responsibilities in each step of the integrated Duty of Care Risk Management Model as well as to identify in which zone (red, blue or green) of the Duty of Care Continuum they are likely to be operating; and second, the Duty of Care practices checklist allows a company to benchmark its Duty of Care and travel risk management practices with other companies, industries and regions around the world. The checklist can also be used as an audit tool for strategic (e.g., developing a Duty of Care strategy) and tactical (e.g., implementing a travel risk management plan) purposes. With such an audit, organizations can benchmark their existing (or non-existing) Duty of Care practices, identify gaps and develop improvement plans to close those gaps. To complete the audit, the organization must answer all the questions in the checklist. The action plan involves closing these gaps by examining the cause of the problem, obstacles-to-actions, alternative solutions to the problem and identifying who is responsible for addressing the solution with a timeline for implementation[1].

Figure 3

Duty of Care Practices

I – Assess Company-Specific Employee Risk [5 Practices]
- Assessment (5)
  - Company locations (2)
  - Risks & threats (1)
  - Reliable sources (2)

II – Plan Strategically [24 Practices]
- Strategy (5)
  - Travel risk management (1)
  - Duty of Care structure (2)
  - Duty of Care culture (2)
- Planning (8)
  - Emergency response plan (2)
  - Crisis management plan (3)
  - Business continuity plan (1)
  - Reputational risk plan (1)
  - Scenario planning (1)
- Insurance (7)
  - Travel risk (1)
  - Evacuation (1)
  - Health (3)
  - Kidnapping & ransom (1)
  - Business continuity (1)
- Alerts (4)
  - Security (2)
  - Medical (2)

III – Develop Policies and Procedures [12 Practices]
- Policies (7)
  - Risk assessment (3)
  - Travel registry (1)
  - Risk information (4)
  - Medical prevention (3)
- Procedures (5)
  - Travel clearance (2)
  - Travel booking (1)
  - Travel behaviors (1)
  - Travel risk documentation (1)

IV – Manage Global Mobility [11 Practices]
- Global Mobility (11)
  - Risk assessment (3)
  - Travel registry (1)
  - Risk information (4)
  - Medical prevention (4)

V – Communicate, Educate and Train [11 Practices]
- Communication (5)
  - Policies & procedures (1)
  - Means & protocols (4)
- Education & Training (6)
  - Risk awareness (3)
  - Emergency preparedness (2)
  - Compliance training (1)

VI – Track and Inform [10 Practices]
- Tracking (10)
  - Global event monitoring (2)
  - Information sources (4)
  - Employee tracking (3)
  - Ongoing information (1)

VII – Advise and Assist [9 Practices]
- Advice (2)
  - Employee advice (2)
- Assistance (7)
  - Medical assistance (4)
  - Support capabilities (3)

VIII – Control and Analyze [18 Practices]
- Control (11)
  - Updates (2)
  - Compliance (5)
  - Management controls (4)
- Analysis (7)
  - After action review (1)
  - Data (3)
  - Audit (3)

[1] For organizations interested in assessing their Duty of Care and travel management activities using the Employer Duty of Care Checklist, visit the following website: http://microsol.on-rev.com/duty_of_care_checklist/

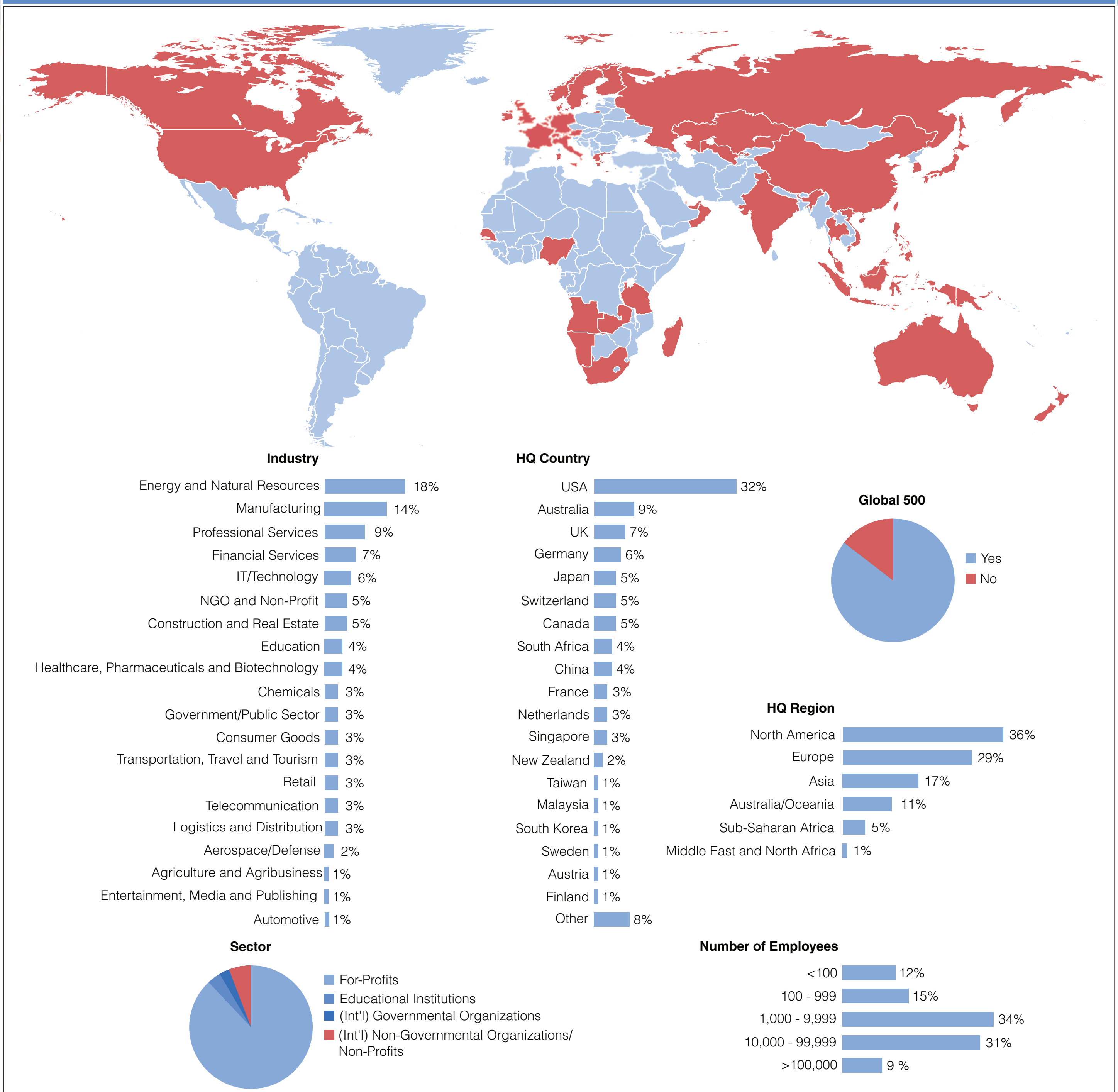
The Benchmarking Study

From November of 2010 through February of 2011, the Global Benchmarking Study was conducted with 628 companies headquartered in 50 countries worldwide. Fifteen percent of the firms were Global 500 companies.

Companies varied in size from very small (less than 1,000 employees) to very large (more than 100,000 employees). A total of 718 employees working in 60 countries represented all continents except South America. A detailed methodological note, including the research questions, study design, instruments and measurements, is presented in **Appendix 2.**

Figure 3a

Sample Snapshot–Company Profile

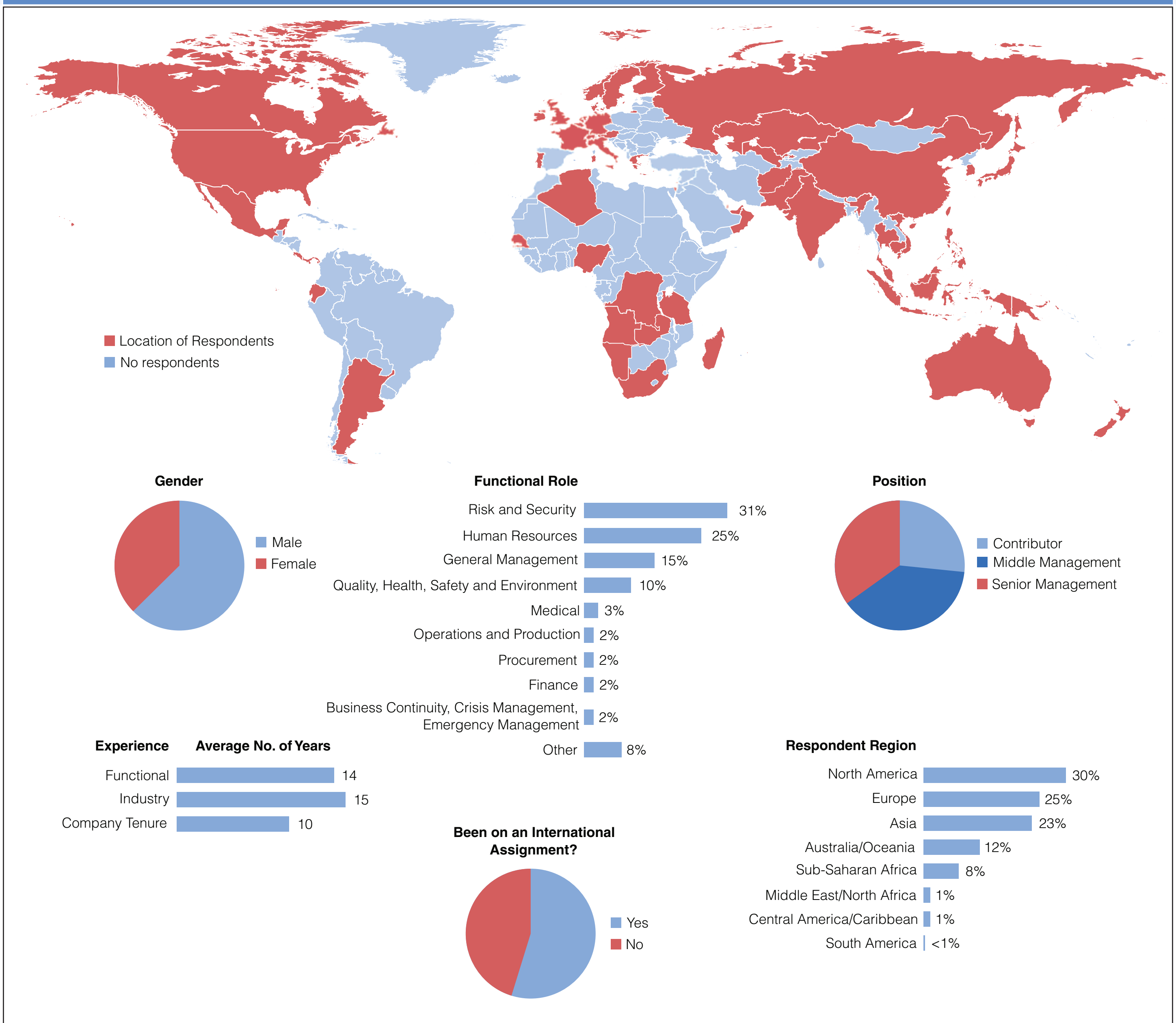


Twenty industry sectors were represented—and more than two-thirds of the companies came from eight major industries (energy and natural resources; manufacturing; professional services; financial services; IT/technology; construction; real estate; and education). The majority of the companies (88%) operate in the for-profit corporate sector while governmental organizations, non-profit organizations and international NGOs make up the other 12%.

Employees who responded to the Global Benchmarking Study on behalf of their companies represent all functions and levels—and have extensive industry-specific experience and tenure. Due to the nature of the topic, the questionnaire was most often completed either by Risk Management, Security, Human Resources, general management, QHS&E (Quality, Health, Safety and Environment)[2], or medical personnel. **See Figures 3a/3b** for a detailed demographic profile of participating companies and respondents.

Figure 3b

Sample Snapshot–Respondent Profile



[2] There were several variations given for this functional role.

Six Major Findings and Analysis

The major findings of the Duty of Care and Travel Risk Management Global Benchmarking Study are divided into six themes:

1. Perceived high-risk locations in which global companies operate;
2. Risks and threats faced by employers;
3. Awareness and ownership of Duty of Care and travel risk management;
4. Benchmarking of Duty of Care practices, indicators and baseline;
5. Duty of Care motivation; and
6. Legal and moral responsibilities of companies.

For each theme, it was further investigated whether there are statistically significant differences ($p<.05$) by:

- Company demographics—variables such as Global 500, size of the company, sector, industry and HQ location.
- Respondent demographics—variables such as level, functional role and respondent location.

After describing each set of results, exploratory explanations are offered for the observed trends. This section is then concluded with a discussion of Duty of Care implementation challenges, best practices and recommendations for continuous improvement. **Appendix 3** defines the terms used in the lexicon of the Global Benchmarking Study questionnaire. A summary of all significant relationships (by company background and respondent demographics) can be found at www.internationalsos.com/dutyofcare.

1. Perceived High-Risk Locations in which Global Companies Operate

Risks and threats that present danger to the health, safety and security of employees are largely influenced by a country's political, economic, social and environmental context where employees work, travel or are sent on assignment. Respondents were asked the following:

> *"What is the most dangerous country where your company currently operates?"*

They listed 89 different countries, which is almost one-half (46%) of the 195 +/- countries of the world. The top five countries perceived as dangerous were Mexico, Nigeria, Afghanistan, India and Pakistan **(see Figure 4).**

> *"List the top five most dangerous countries in which you currently operate."*

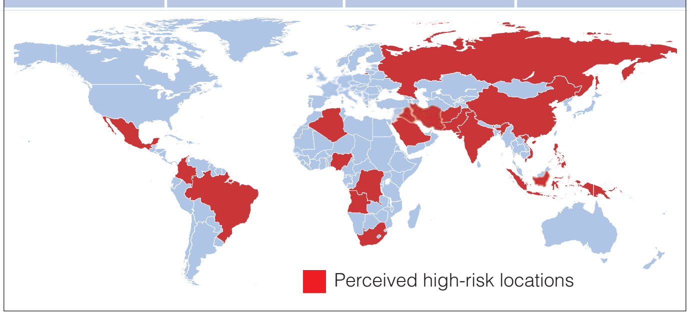
Respondents identified 141 countries, which is almost three-quarters (73%) of the world's countries.

The top 25 countries indicated in red on the world map are clearly perceived as more high risk than others due to the extreme political, economic, social and environmental situations at these locations. Yet, all countries are potentially risky for employees because of the unfamiliarity to the traveler.

Figure 4

Primary Perceived High-Risk Employee Locations

1 Mexico	6 Iraq	11 South Africa	16 Brazil
2 Nigeria	7 Papua New Guinea	12 Angola	17 Vietnam
3 Afghanistan	8 China	13 Philippines	18 Algeria
4 India	9 Dem. Rep. of the Congo	14 Russia	19 Colombia
5 Pakistan	10 Indonesia	15 Iran	20 Saudi Arabia



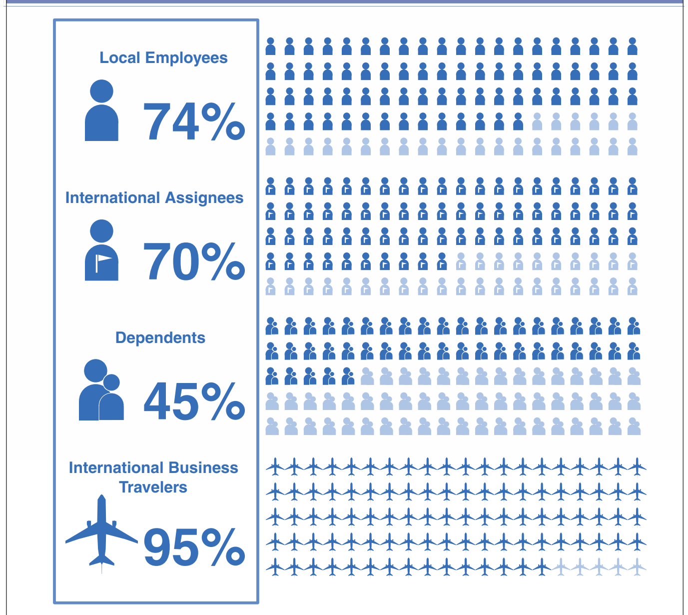
Type of Employees in Perceived High-Risk Locations

Each company recognizes that they have various types of employees who work in locations perceived as high risk—expatriates and their dependents, international business travelers and locals. Almost all (95%) companies send employees on business trips to perceived high-risk or "dangerous" locations. Seventy-five percent of the companies have local employees in these areas, and about 70% of the companies have international assignees in these areas.

Less than 50% of the companies also have dependents accompanying international assignees in these risky locations (see Figure 5). As the level of danger decreases somewhat (from most dangerous to fifth-most dangerous) in the respondent's view, the percentage of dependents accompanying the international assignee increases from 40 to 51%.

Figure 5

Types of Employees in Risky Locations



Risks and Threats

Travel expert Ray L. Leki[3] defines a threat as *"any occurrence, situation or potential action that puts one's safety and/or security into jeopardy"* and a risk as *"an assessment of the probability and consequence/impact of a particular threat."* A comprehensive list identified 37 threats that employees may encounter while working around the world and organized them into seven threat types **(see Figure 6).**

First, respondent's risk perception of these threats were gauged. Then it was ascertained whether companies actually had to deal with any of these employee threats during the past three years.

2. Risks and Threats Faced by Employees

Using a Likert scale, from extremely low (1) to extremely high (5), respondents were asked the following question:

> *"What is your assessment of your company's risk exposure to each of these threats?"*

The overall results indicate that every one of the threats that employees may encounter while working around the world was perceived to be of "medium" or "high" risk, except for one (piracy[4]), which was perceived as low. The top five threats—travel delays, illness, opportunistic crime, road accidents and pickpockets—received a "high" risk assessment.

[3] Ray L. Leki, Travel Wise. Boston: Intercultural Press, 2008.

[4] Note that in the benchmarking, the term "piracy" was one of the few terms that was not defined for respondents in the lexicon of the questionnaire. After the fact, it appears that this term may have been interpreted by some respondents as piracy (such as attacking ships in the Gulf of Aden) and by others as piracy of intellectual property (such as consumer goods and software). It is likely that respondents interpreted it to be "intellectual" piracy rather than "physical" piracy. This was confirmed as this relationship is only statistically significant when respondents from the IT and information industry are built into the analysis.

Figure 6

Categorization of Threats

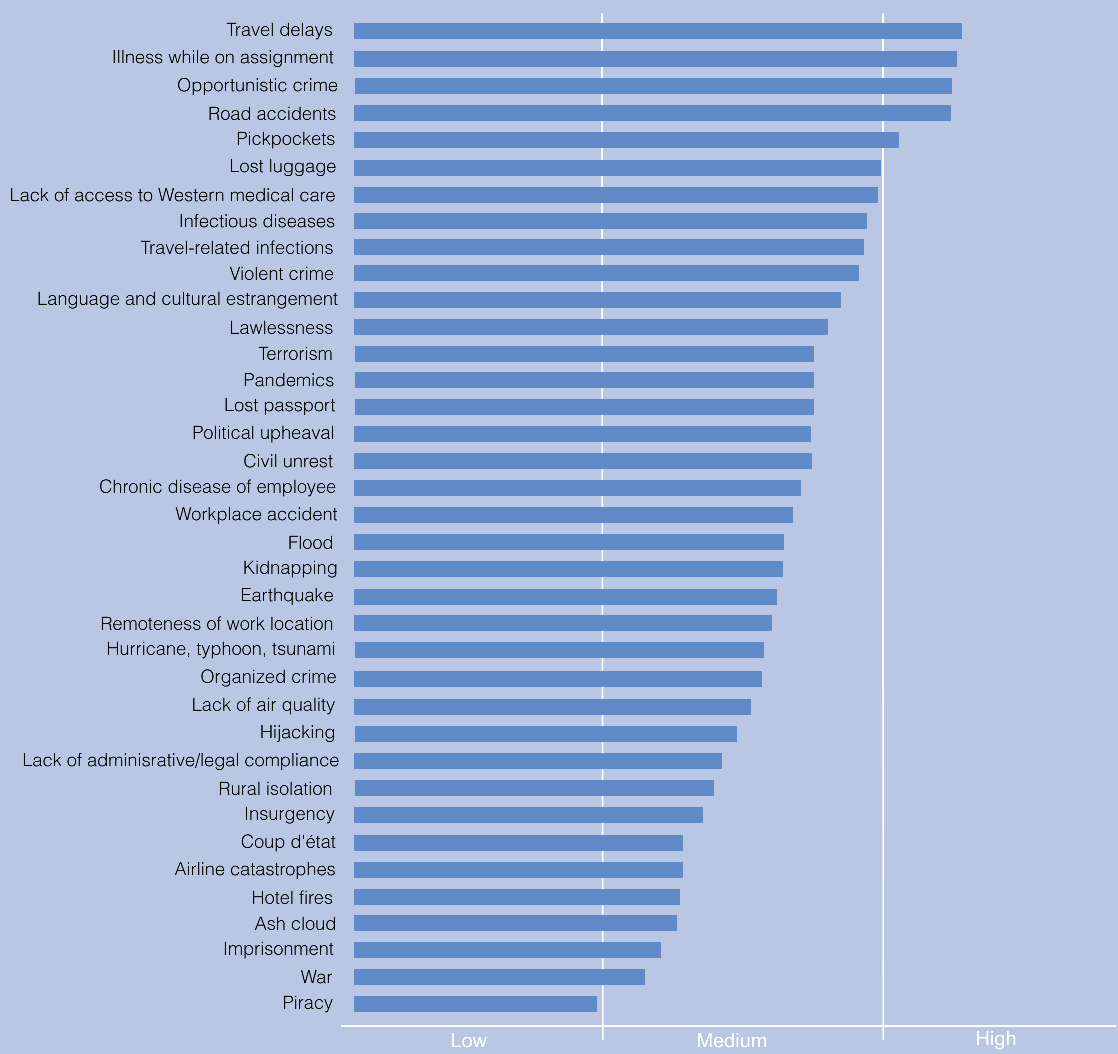
Political unrest	Environmental factors	Natural disasters	Illness, disease and lack of medical care	Terrorism, violence and crime	Accidents	Travel-related incidents
War	Lack of air quality	Earthquake	Illness while on assignment	Terrorism	Road accidents	Lost luggage
Insurgency	Rural isolation	Flood	Chronic disease of employee	Kidnapping	Workplace accidents	Lost passport
Political upheaval	Remoteness of work location	Hurricane, typhoon, tsunami	Infectious diseases (malaria, dengue fever, etc.)	Hijacking	Airline catastrophes	Travel delays
Coup d'état	Language and cultural estrangement	Ash cloud	Pandemics (avian flu, H1N1, etc.)	Piracy	Hotel fires	Pickpockets
Civil unrest			Travel-related infections	Lawlessness		Lack of legal and administrative compliance (visa, country entry, etc.)
			Lack of access to Western-standard medical care	Violent crime		
				Opportunistic crime		
				Organized crime		
				Imprisonment		

The remaining threats (except for piracy) were considered to be medium-risk. Four of the top 10 threats were health-related (illness while on assignment, lack of access to Western-standard medical care, infectious diseases and travel-related infections). In this volatile world, companies perceive risk exposure to the health of their employees higher than the threats posed by natural and human-made disasters. Road accidents are a major concern and the number one reason for medical evacuation of employees[5] **(see Figure 7).** Because health-related threats are considered the most risky, companies must have some kind of protection for their employees—not just medical insurance, but also preventative medical care and medical assistance wherever their employees are working, especially in locations with no or limited access to Western-standard medical care.

Geography (HQ and respondent) and sector/industry affect employees' perceptions of risk. These factors matter more than the size of the company, whether it is a Global 500 or not, and the employee function. Respondents and companies are more aware of higher risks of threats once they have experienced them. But, cultural frameworks and company resources may mitigate the perception of certain risks without any realistic connection to the actual risk of occurrence. As with perceptions, the risk of these various threats remains, to a large extent, in the eye of the beholder.

Figure 7

Perceived Risk of Threat Categories



[5] International SOS, 2010.

Company Demographics

1. Global 500—These companies rated the risk for terrorism and violent crime significantly higher than non-Global 500 companies, and the lack of legal and administrative compliance was rated significantly lower. Global 500 firms are more likely to be targets of terrorism and violent crime because the perpetrators will get more publicity due to the recognized brand name of the company, and these companies are likely to represent a Western ideology with financial resources that can more easily be exploited. Additionally, the Global 500 perceive the lack of legal and administrative compliance as a lesser risk, possibly because they are more used to operating under the rule of law, and have more internal and external resources to ensure compliance.

2. Company size—The perception of risk for various threats to employees is higher in larger companies than medium- and small-sized companies. Because large companies have more employees, a greater worldwide presence and a more globally mobile workforce, the probability of an incident having occurred with one of their employees is higher so they are more likely to have gained greater awareness of the risk.

For 10 of the 37 threats, the differences are statistically significant, with small companies (less than 1,000 employees) perceiving the risks for certain threats to be higher (for infectious diseases, rural isolation and remoteness, language and cultural estrangement, and lack of administrative compliance) than larger companies (over 1,000 employees).

Meanwhile, small companies perceive the risk to their employees to be significantly lower for other types of threats (such as violent crime, organized crime, earthquakes and hurricanes/typhoons/tsunamis) than very large companies (10,000+ employees). Small companies have fewer employees, are generally less targeted and are more likely to be local. This is, however, not the case for illness, administrative compliance and remoteness, since small companies are likely to have fewer resources than large companies to provide on-site medical assistance and an infrastructure (such as a separate expatriate compound) for their international assignees and accompanying dependents.

3. Sector/Industry—The perception of risk varies within different sectors/industries. Educational institutions perceive the risk for terrorism, kidnapping, hijacking, piracy, lawlessness and chronic diseases to be significantly lower than corporations. International NGOs, on the other hand, perceive many risks to be significantly higher than other sectors (especially corporations and educational institutions) like political risks (coup d'état, political upheaval, insurgency, war and civil unrest), diseases (infectious, travel-related and chronic), and rural isolation and remoteness. Yet, compared to governmental organization, NGOs rate only rural isolation as a significantly higher risk. It is possible that educational institutions are basically "unaware" (i.e., are uneducated in regard to Duty of Care responsibilities) and therefore underestimate the risk of threats.

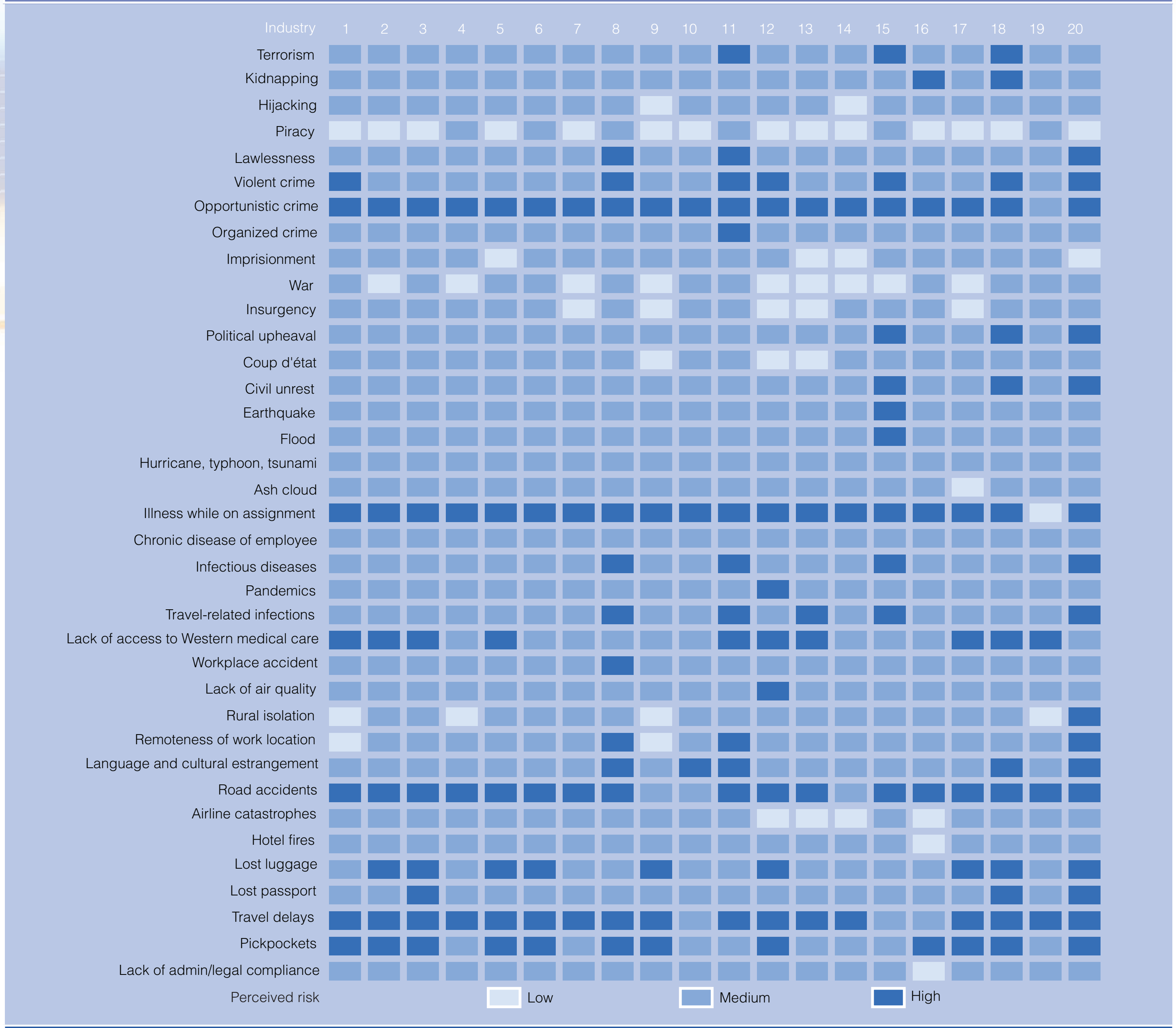
NGOs and government agencies have much greater awareness of these types of threats because they, as part of their mission, often go to volatile countries related to political danger. Government organizations do not rate remoteness as a high risk because they export their "military base" structure and ideology, thereby reducing isolation during deployment, while NGOs are more likely to adopt some of the traits of the locals in their style of living.

The perception of risk is also very different by industry with 21 out of 37 threats revealing statistically significant differences **(see Figure 8).** Three industries demonstrate considerable threats: energy and natural resources; NGO and non-profit industry (with generally higher levels of risk perception); and educational institutions (with lower levels of risk perception). Educational institutions may establish branches in more urban areas and may be less aware of risk to their employees (even though they may be aware of the risks to their traveling students). The energy and natural resources industry perceive higher levels of risk for kidnapping, hijacking, piracy, lawlessness, violent crime, chronic disease and work accidents than any other industry. NGOs and non-profit organizations perceive much higher levels of risk for war, insurgency, political upheaval, coup d'état and illness than other industries. The energy and natural resources industry and NGOs/non-profits perceive significantly higher levels of risk for rural isolation since they are often operational in countries that are politically volatile and operate in remote areas. The energy and natural resources industry is familiar with "safety" issues because of their line of work and, being more attuned to the dangers than other industries, they perceive the risk of threats to be much higher.

4. HQ location—Twenty of the 37 threats reveal statistically significant perception differences by headquarter location. In general, companies headquartered in Sub-Saharan Africa perceive the risk of various threats for their employees to be highest, while companies headquartered in the Middle East and North Africa have the lowest risk perception. The lower perceptions of risk by Middle Eastern and North African companies may be due to the fact that Duty of Care (and duty to employees) is usually less ingrained in these societies, independent of the actual danger of the locations in which they operate.

Figure 8

Risk Perception of Threats by Industry



Legend

1 Financial services	6 Health, pharmaceutical and biotechnology	11 Construction and real estate	16 Entertainment, media and publishing
2 Manufacturing	7 Chemicals	12 Automotive	17 Logistics and distribution
3 Professional services	8 Energy and natural resources	13 Education	18 Aerospace and defense
4 IT/technology	9 Retailing	14 Telecommunication	19 Transportation, travel and tourism
5 Government/public sector	10 Consumer goods	15 Agriculture and agribusiness	20 Non-governmental organizations

Below are specific risk patterns based upon company HQ locations:

- Australia/Oceania perceive the risk of kidnapping, hijacking and piracy to be significantly lower, because these places are generally considered safe.
- Asia perceives the risk of natural disasters (such as earthquakes, hurricanes, typhoons, tsunamis and even ash clouds) to be higher than companies headquartered in Europe and Sub-Saharan Africa, since these disasters occur frequently in the Asian region. They also rate the risk of pandemics and lack of air quality higher than European, North American and Australian-headquartered companies.
- Europe and North America are more concerned about remoteness and rural isolation, which may also be related to the nature of some of their industries—extraction, construction and NGOs.

Respondent Demographics

1. Level of respondent—In general, the risk and security as well as QHS&E respondents rate the risks of various threats higher than middle management and contributors, but the differences are not statistically significant. Contributors usually deal firsthand with the issues of theft of intellectual property (piracy) when working abroad and, therefore, they perceive the risk of piracy higher than senior management does.

2. Function of respondent—In general, the risk and security as well as QHS&E respondents rate security- and medical-related threats to be a higher risk than any other functional group. HR, general management, and the combined group of "other" functions, generally have lower risk perceptions of all threats to employees. The 11 of 37 threats[6] demonstrates significant differences statistically by the functional role of the respondent. Those who are informed because of their functional expertise (Risk Management, Security, QHS&E and Medical) rate the risks that they manage highest, which explains the higher risk rating that they attribute to those types of threats.

The overall lower risk perception of HR and general management is more difficult to explain. Duty of Care simply may not be on their radar screen because it is not their core job responsibility. Although they are likely to be the first line of contact for an employee experiencing a threat, they are also more likely to refer the problem to the specialists in their organizations. That may result in their lower perceptions of owning the problem and risk (i.e., *"It is not my core responsibility. If something happens, my role in the problem is short-term, and then I send in the experts"*).

[6] Terrorism, kidnapping, lawlessness, violent and opportunistic crimes, hurricanes/typhoons/tsunamis, work accidents, lack of air quality, remoteness of work location, language and cultural estrangement, and road accidents.

General management and QHS&E perceive the risk of road accidents to be a higher risk to employees than HR, Risk Management and Security. This is probably because road accidents happen with employees that they manage and know personally. General management also rates the risk of lack of administrative compliance to be higher—a problem that they must solve because, if left unsolved, it may become a major barrier in fulfilling their management job responsibilities.

3. Respondent location—The general trend is that respondents from the Sub-Saharan region perceive the risk of threats to be higher. Meanwhile, Australian respondents generally identify the threats to be lower than respondents from other regions. Twenty-two threats show significant differences by region of the respondent. Asian respondents perceive the threats related to illness and infectious diseases, political unrest, violence and crime to be significantly lower than respondents from Sub-Saharan Africa, Europe and North America. Lower rating of risks related to political unrest, violence and crime by Asian respondents may be explained by the nature of their political regimes, which are generally more controlled and stable. However, Asian respondents rate travel-related infections significantly higher than Australian, European and North American respondents—possibly because they consider themselves vulnerable when dealing with them.

Threats related to natural disasters are perceived to be significantly lower by respondents from the Sub-Saharan region compared to other respondents, likely due to the low incidence of natural disasters in their region.

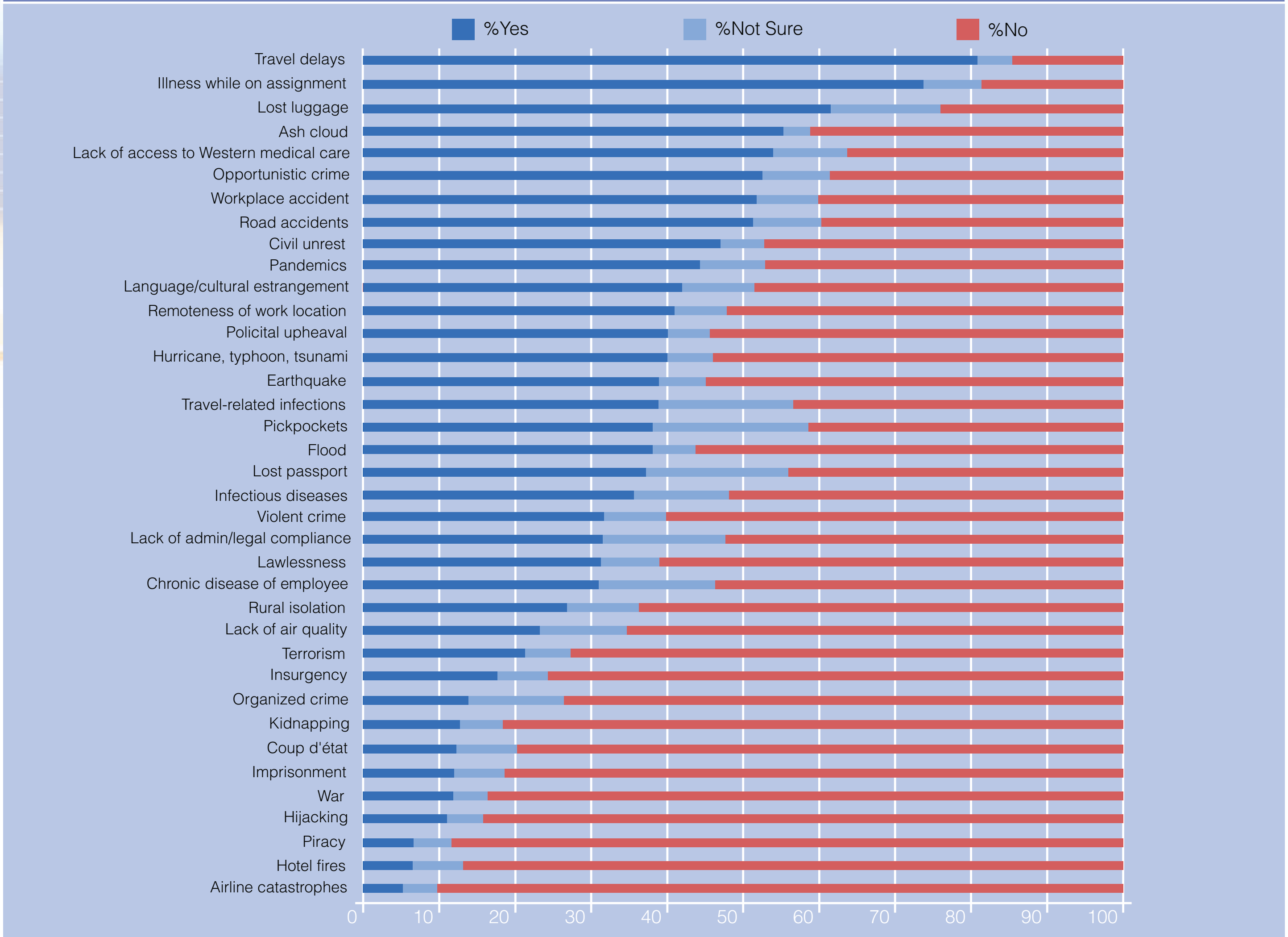
Road accidents represent a major problem for expatriates in the Sub-Saharan Africa due to poor road conditions and erratic driving. Yet, respondents from this region do not consider road accidents to be a risk, as they consider dangerous driving the norm.

Finally, North American respondents rate the risk of lack of administrative and legal compliance significantly lower than European respondents because they have greater respect for the rule of law, and are more compliant with existing laws and regulations (more universalistic). Meanwhile, Europeans may be more *"when in Rome, do as the Romans do"* oriented (more particularistic).

In summary, geography (HQ and respondent) and sector/industry affect the perception of risk to employees more than the size of the company and the level of the respondent. Respondents and companies are more aware of greater risks of threats once they have experienced them. But, cultural frameworks and company resources may mitigate the perception of certain risks without any realistic connection to the actual risk of occurrence. As with perceptions, the risk of these various threats remains, to a large extent, in the eye of the beholder.

Figure 9

Occurrence of Threats to Employees



Occurrence of Threats

In addition to their perception of risk, respondents were asked:

> *"Did your company have to deal with any of these threats to its employees during the past three years[7]?"*

Companies had to deal with these different threats as they actually happened to their employees, albeit to varying degrees (from 5-81%) during the past three years **(see Figure 9).** During that time, at least one-half of the companies had to manage at least one of the following threats: travel delays, illness while on assignment, lost luggage, ash cloud, lack of access to Western-standard medical care, opportunistic crime, workplace accidents and road accidents. Less than one-in-eight companies had to deal with kidnapping, coup d'état, war, hijacking, hotel fires or airline catastrophes. Interestingly, while piracy was perceived as the only "low" risk among the lists of threats, almost one-in-three companies were victims of piracy during the past three years. Travel-related issues (delays and crime), illness and medical care, and accidents (road and work) occur more often than major dangerous political situations, or natural disasters and catastrophes. The most commonly experienced illness- and accident-related threats are also more preventable, and their risks can more easily be managed by employers.

The occurrence of threats does not demonstrate a uniform pattern among companies, as there are many statistically significant differences by company and respondent characteristics.

[7] The last three years were used to allow for the threats of various natural disasters. Note that the data collection was completed prior to the political events in North Africa and the earthquake/tsunami/nuclear threat in Japan (February-March of 2011).

Company Demographics

1. Global 500—These organizations are significantly more likely to have encountered 24 out of the 37 threats. Interestingly, they are also significantly less likely to have experienced the occurrence of four threats with their employees: travel-related infections, lack of access to Western-standard medical care, language and cultural estrangement, and lack of legal/administrative compliance. Global 500 companies are, in general, likely to have experienced incidents (i.e., they have many employees and are more likely to operate worldwide), but less likely to have experienced threats that they are not capable of managing (such as travel-related infections, lack of access to Western-standard medical care, cultural estrangement, and lack of legal and administrative policies) as a result of their greater experience, planning capabilities, resources and infrastructure.

2. Company size—Those companies with more than 10,000 employees are significantly more likely to have dealt with 19 of the 37 threats than companies with less than 10,000 employees. Companies of 1,000 or more employees are significantly more likely to have dealt with eight different threats. The types of threats are mainly related to a political situation, illness and pandemics, workplace accidents and an ash cloud. The pattern is somewhat different when it comes to infectious diseases. Employees of medium-sized companies (1,000 to 9,999) are

Figure 10

Occurrence of Employee Threat by Company Size and Global 500

Company size	Small (<1000)	Medium (1,000-10,000)	Large (10,000+)	Global 500
Terrorism	10.2	17.5	32.8	40.0
Kidnapping	5.9	10.0	20.5	26.2
Hijacking	5.4	9.6	16.7	21.0
Piracy	3.2	8.7	7.7	11.2
Lawlessness	23.7	28.8	39.0	40.2
Violent crime	20.4	29.3	43.0	47.2
Opportunistic crime	45.4	49.8	60.3	68.9
Organized crime	6.0	11.3	22.1	23.6
Imprisonment	7.6	10.5	16.5	19.6
War	5.9	13.1	15.4	15.0
Insurgency	8.2	19.4	23.6	25.7
Political upheaval	26.5	38.3	51.5	49.0
Coup d'état	10.3	11.0	15.2	15.5
Civil unrest	34.6	47.8	56.3	59.6
Earthquake	21.6	37.4	52.4	53.8
Flood	19.5	56.3	52.6	58.7
Hurricane, typhoon, tsunami	26.1	37.8	52.2	51.4
Ash cloud	38.4	56.3	65.9	73.1
Illness while on assignment	63.4	73.8	80.6	74.3
Chronic disease of employee	23.5	27.6	39.3	34.9
Infectious diseases	36.0	38.4	33.1	35.8
Pandemics	28.1	45.4	55.7	52.4
Travel-related infections	38.0	39.6	39.7	33.0
Lack of access to Western medical care	48.6	55.0	56.3	49.1
Workplace accident	35.1	54.6	61.4	57.5
Lack of air quality	18.8	22.2	26.8	31.1
Rural isolation	28.0	24.3	27.8	27.4
Remoteness of work location	41.9	38.9	41.9	38.7
Language and cultural estrangement	40.0	39.3	46.3	40.6
Road accidents	38.7	48.7	63.0	61.9
Airline catastrophes	1.6	2.2	10.3	12.4
Hotel fires	2.7	3.9	10.3	15.1
Lost luggage	51.9	64.9	65.4	67.6
Lost passport	22.6	37.6	47.8	47.2
Travel delays	75.8	77.9	85.7	84.9
Pickpockets	32.1	33.5	46.0	46.2
Lack of admin/legal compliance	32.3	29.4	33.0	27.4

Frequency of occurrence: Lowest, Second lowest, Second highest, Highest more likely to have experienced infectious disease incidents than very small (<100 employees) or large (>10,000 employees) firms. Employees of medium-sized companies are more vulnerable to the threat of infectious diseases than very small or very large companies. This is likely due to the fact that very small companies may not have employees in certain parts of the world, and large companies know better how to prevent and manage employee threats such as infectious diseases **(see Figure 10).**

3. Sector/Industry—The types of threats experienced by sectors are different based on the type of work the sector undertakes. For example, international NGOs and nonprofit organizations are significantly more likely to have experienced six threats: lawlessness, opportunistic crime, travel-related infections, rural isolation, remoteness of location, and a lack of legal and administrative compliance. This is because their work is often geared toward countries with a poor infrastructure and greater lawlessness, and they operate more locally with fewer resources. Conversely, NGOs and educational institutions are significantly more likely to deal with a coup d'état. And NGOs and government organizations are more likely to have encountered war, insurgency, political upheaval or civil unrest. These sectors are more likely to be in involved in countries with political instability and have less of an ability (or desire) to cease operations in spite of the risk. Finally, NGOs and the for-profit corporate sector are more likely to have addressed issues with organized crime and chronic disease[8].

The occurrence of 17 of the 37 threats showed significant differences by industry. NGOs are particularly vulnerable, as they are more likely to have experienced 14 threats to their employees during the past three years. The second most vulnerable industry is energy and natural resources. With the exception of the ash cloud and earthquakes—which employees were less likely to have experienced—the energy and natural resources industry had much greater exposure to 10 threats related to crime, illness and remoteness/isolation. Overall, the manufacturing and education industries were less likely to have experienced threats compared to other industries. NGOs and the energy and natural resources industry are the most vulnerable in terms of having experienced employee incidents related to crime, illness and remoteness/isolation. This is highly dependent on the locations in which they operate.

4. HQ region—North American headquartered companies are more likely to have experienced kidnapping and lawlessness. Asian headquartered companies are more likely to have dealt with pandemics and travel-related infections. Australian and North American headquartered companies are more likely to have experienced a hurricane, typhoon or tsunami. North American and European headquartered companies were more likely to have encountered eight different threats related to natural disaster, crime and travel-related threats. Finally, companies headquartered in North America, Europe and Australia are more likely to have dealt with illness and lack of access to Western-standard medical care.

The occurrence of threats to employees parallels the types of incidents that are linked to the experience and framework of the headquarter location. Companies headquartered where certain threats occur more frequently (such as pandemic and natural disasters), or where there is an exception to the rule of law, are more likely to have experienced incidents that relate to these threats.

Respondent Demographics

1. Respondent level—Overall, contributors or employees who contribute to the team are less aware than middle and senior management of any threats that have occurred to their employees during the past three years. Senior and middle management report more incidents that have happened to their employees than contributors. Management is likely to be more aware of specific employee incidents and may not, for reasons of privacy and organizational repercussions, release information related to employee incidents to the base of employee contributors.

2. Respondent function—Risk and security managers are the most likely to report that a threat has occurred to their employees in the past three years. Only when the threat relates to the health, safety or life of the employee, are respondents in the medical and QHS&E fields as likely as risk and security managers to report the threat. Another consistent finding is that general management and HR are always less likely to report a threat.

For threats related to political and natural disaster situations, and travel-related health threats, travel managers are more likely to report that their employees had been affected. When this is part of one's job responsibility, these functional roles are usually involved in the resolution of the problem and those individuals are more likely to be aware of the incident occurring to one's employees. Hence, risk and security managers report more incidents, since they are the first responders. Medical and QHS&E personnel are more likely to report medical incidents, and travel managers report more travel-related incidents.

A troubling trend is that general management and HR are less likely to report employee incidents that occur in their own companies. Several questions arise: *Are they out of the loop? Is their role ill-defined in crisis management? Do they get the information to act upon in a timely manner? Is there a lack of coordination during a crisis? Are they less likely to consider Duty of Care as part of their job responsibility?*

3. Respondent location—There are several significant differences when it comes to reporting the occurrence of 29 of the 37 threats by the location of the respondent. Yet, there are some definite patterns in which threats are more or less likely to affect their employees. Different regions of the world have different issues, primarily due to the location-specific environments. It may also be due to how the HQ's culture (values, norms and behaviors) in a geographic location and its respondents makes dealing with these occurrences either more or less challenging.

[8] NGOs always demonstrate a greater difference between the observed and expected values in the chi-square than any other sector.

Threats that have occurred significantly **MORE** likely, according to respondents from:

Threats	Asia	Australia/ Oceania	Europe	Middle East/ North Africa	North America	Sub-Saharan Africa	Central America/ Caribbean	South America
War					■			
Coup d'état					■			
Civil unrest				■	■			■
Floods		■			■			
Hurricanes, tsunamis, typhoons		■			■			
Earthquakes		■			■		■	■
Ash cloud			■		■			
Illness while on assignment		■	■		■			
Lack of access to Western medical care		■	■		■			
Infectious diseases	■			■		■		
Pandemics	■				■			
Terrorism			■	■	■			
Hijacking			■	■	■			■
Organized crime			■					
Opportunistic crime					■			
Airline catastrophes			■					
Workplace accidents			■	■		■		
Road accidents			■			■		
Pickpockets			■					
Lost luggage			■					
Lost passports					■			
Travel delays					■			
Lawlessness		■	■		■			

Threats that have occurred significantly **LESS** likely, according to respondents from:

Threat	Asia	Australia/ Oceania	Europe	Middle East/ North Africa	North America	Sub-Saharan Africa	Central America/ Caribbean	South America
Remoteness	■							
Violent crime		■						

3. Awareness and Ownership of Duty of Care and Travel Risk Management

The two critical success factors to implement an integrated Duty of Care strategy within a company are:

- Awareness, as it is necessary to promote a Duty of Care; and
- Ownership of this responsibility, so effective deployment can take place.

Awareness

Respondents were asked:

> *"In general, how would you characterize the awareness of your industry/company about its Duty of Care and travel management responsibilities?"*

On a scale of 1 (very unaware) to 5 (very aware), respondents reported an "average" level of company awareness (mean of 3.51), which is higher than the industry awareness (mean of 3.37). The difference in company versus industry awareness is statistically significant. This is in line with a "social desirability" answer, as survey respondents think that the company does better than their industry, but this may act as a deterrent to vigilance and preparation. Different stakeholders in the organization have different levels of awareness about their Duty of Care responsibility, with the highest awareness being with security/risk management (mean of 4.0) and occupational health and safety (mean of 3.95). This is consistent with the nature of their core job responsibilities. Project management (mean of 3.37), public relations/communication (mean of 3.46) and operations (mean of 3.51) have the lowest levels of awareness. The lower Duty of Care awareness of operations and project management (who are the front line of the business) is tricky since they may not take the necessary steps to ensure compliance to fulfill a company's Duty of Care obligations. PR/communication, having lower Duty of Care awareness, may hamper their ability to answer questions to external constituencies in a time of crisis. Another interesting finding is that senior management, who should set expectations and provide resources, only has a "medium level" of Duty of Care awareness (mean of 3.56). Respondents who work in the HR, Workers' Compensation and Legal departments have slightly higher levels of Duty of Care awareness than senior management.

The awareness for different areas of Duty of Care responsibility within a company (corresponding to the eight steps of the Integrated Duty of Care Risk Management Model) was the greatest for step 7 (Advice, Assist, and Evacuate) with a mean of 3.73, step 1 (Assess Risk) with a mean of 3.41, and step 3 (Policies and Procedures) with a mean of 3.4. Lack of awareness was the greatest for step 5 (Communication, Education and Training) with a mean of 3.17, and step 8 (Control and Analysis) with a mean of 3.16 **(see Figure 11).** Companies have greater awareness in assessing risk, and developing policies and procedures (the front end of Duty of Care), and steps to be taken when an incident occurs (Advising, Assisting and Evacuating), but have lower awareness of what it takes to implement (Communication, Education and Training), enforce and monitor compliance (Control and Analysis).

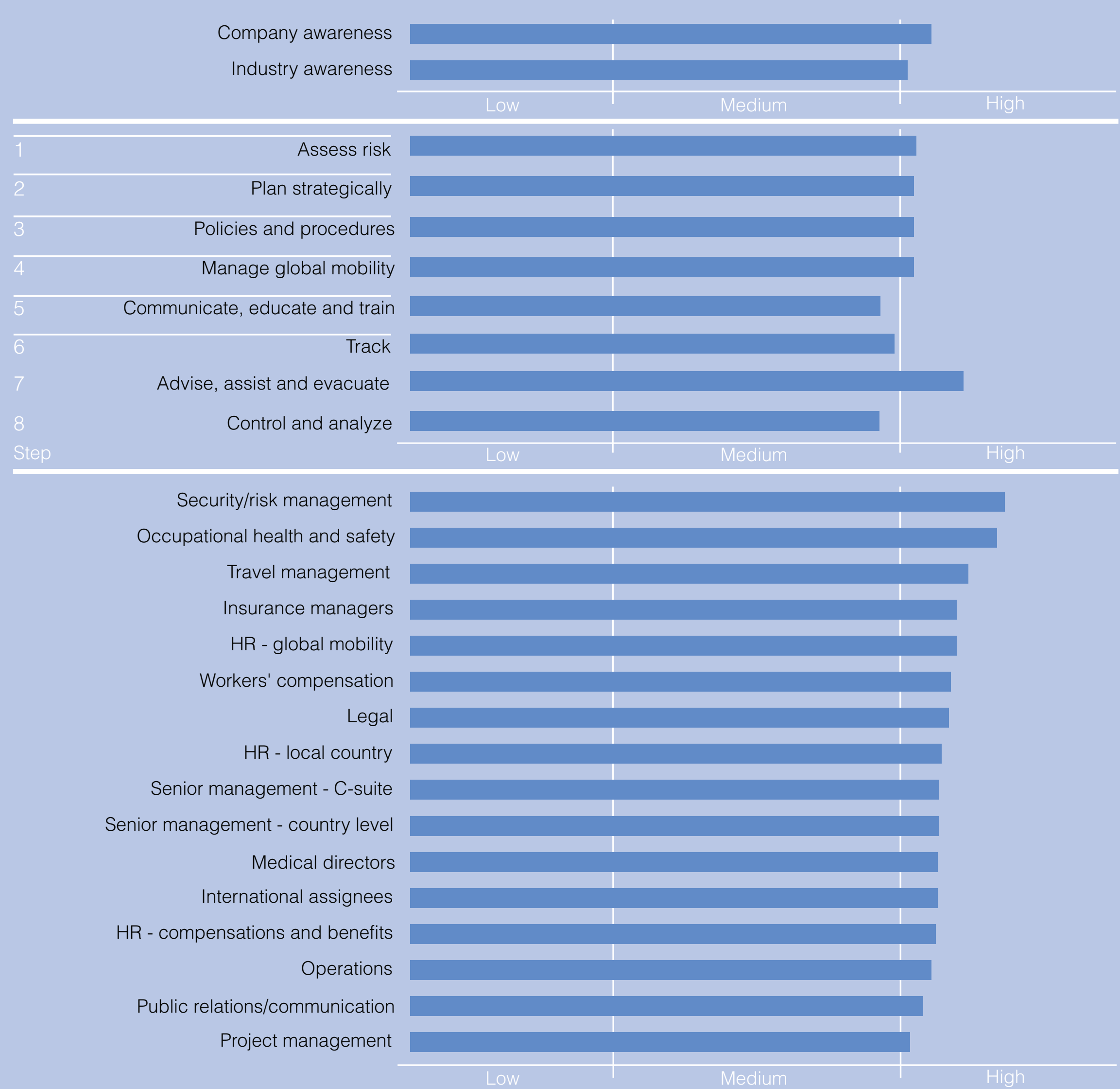
Companies seem to have a certain level of awareness regarding the need to plan their Duty of Care responsibilities. They are, however, much less aware of how to implement Duty of Care, especially in regard to the vital importance of communication, education and training, and auditing through management control and analysis to ensure that Duty of Care obligations are being met.

Company Demographics

1. Global 500—While overall Duty of Care awareness (industry, company and different areas of Duty of Care responsibility) is higher for Global 500 companies compared to non-Global 500 companies, it only attains statistical significance for advising, assisting and evacuating employees when necessary. Global companies have a greater perception of extreme risk (such as terrorism and violent crime) and their employees have suffered more incidents, giving them greater experience and awareness of Duty of Care responsibilities. Global 500 companies also have greater resources to advise, assist and evacuate employees, and are likely to be more aware of the need to evacuate before the situation becomes problematic.

Figure 11

Duty of Care Awareness



2. Company size—Although there is no difference in industry or company awareness of Duty of Care by company size, the various areas of Duty of Care responsibility differ by the number of employees in the company. The larger the number of employees, the greater the awareness of different areas of Duty of Care. There are significant differences by company size for seven of the eight areas of Duty of Care responsibility. Small companies (less than 1,000 employees) have significantly lower levels of awareness for the different areas than larger companies (more than 10,000 employees). Size of the company also impacts the Duty of Care awareness of key stakeholders (i.e., security and risk management, occupational health and safety, medical, insurance, legal, HR and travel). In small (less than 100 employees) and medium-sized (1,000 to 9,999 employees) companies, these key stakeholders have lower Duty of Care awareness than in large (10,000 plus employees) companies. Small companies are less likely to be aware of the different Duty of Care responsibilities than larger companies, as they may not have experienced as many Duty of Care incidents and may have less specialized resources whose responsibility it is to raise Duty of Care awareness among employees and other company stakeholders.

3. Sector/Industry—Awareness of Duty of Care and travel risk management is the greatest for government organizations, followed by for-profit companies, NGOs and educational institutions. The differences reach statistical significance for company awareness and three areas of Duty of Care responsibility (steps 1, 3 and 7). Government organizations show greater Duty of Care awareness than educational institutions. In regard to assessment and the development of Duty of Care policies and procedures, corporations and government organizations show greater awareness than educational institutions. Educational institutions are less aware of the Duty of Care assessment and the development of policies and procedures than corporations and government organizations. This further corroborates the fact that educational institutions do not perceive the threats to their employees to be as high as companies in other sectors do.

With regard to industry differences, the general trend is that certain industries (automotive, entertainment, media and publishing, logistics and distribution, and aerospace/defense) tend to have higher awareness of Duty of Care, while other industries (consumer goods, transportation, travel and tourism, education) and NGOs tend to have the lowest awareness of Duty of Care. Yet, these trends do not reach statistically significant differences as there are other differences in Duty of Care awareness with regard to industry, company or different areas of responsibility.

4. HQ location—The general trend is that companies headquartered in Asia, and Middle East/North Africa rate the awareness of Duty of Care lower while companies headquartered in Australia/Oceania, Europe and North America rate the awareness of Duty of Care higher. Duty of Care awareness seems to be a widely accepted concept in the developed world, as companies headquartered in Australia/Oceania, Europe and North America have much greater awareness at all levels (company, industry, specific areas) than the Asian, Middle Eastern and North African companies.

Respondent Demographics

1. Level of respondent—Level of position does not matter in terms of Duty of Care awareness.

2. Function of respondent—Overall, security, medical and QHS&E respondents tend to rate industry, company and stakeholder awareness higher than any other functional group. The statistically significant differences are that HR respondents rate the Duty of Care and travel risk management awareness of their industry, company and stakeholders lower than respondents from risk and security, medical or QHS&E. If Duty of Care is part of one's core job responsibilities (such as for risk and security, medical and QHS&E respondents), they tend to rate company, industry and stakeholder awareness the highest. This is likely because it is their area of expertise and they project that awareness onto others. HR results indicate that they rate all Duty of Care awareness much lower than other respondents. This lack of awareness may impede HR's ability to understand and support their organization's Duty of Care deployment, especially as it relates to employee communication, education, training and enforcement of Duty of Care policies.

3. Respondent location—In general, respondents from developed countries have greater Duty of Care awareness than other regions of the world. Australian respondents have the greatest awareness (followed by Europeans), have greater company awareness than North America and greater assessment awareness than Asian respondents. There are also differences in stakeholder awareness based on the respondent's geographic region. Strikingly, Australian respondents rate Duty of Care awareness much higher than respondents from any other region in the world. This may be related to the Duty of Care legislation in Australia and New Zealand, which is embedded into workers' compensation laws in both countries. The fact that the workers' compensation law in Australia is extra-territorial (it applies to Australia companies and their workers outside of Australia), it supports the trends that are seen in the Duty of Care awareness of these respondents.

Ownership

The Global Benchmarking Study included several dimensions on ownership of Duty of Care, and the following was uncovered:

- *Who has primary responsibility?* HR, security, senior management, travel and risk management.
- *Who coordinates the activities?* HR, security, travel and risk management, and senior management.
- *Who makes decisions in the organization?* Senior management, HR, security, risk management and travel.

Notably, these five groups remain the same for the three types of ownership (primary responsibility, coordination and decision making), but the rank order differs somewhat as to who is involved.

In addition, each ownership dimension was conceptualized in two ways: actual practice ("as is") and the wish-list ("should be") so that what is valued can be compared to the reality **(see Figure 12).** When asked who "should" own Duty of Care, respondents significantly indicated an increase in responsibility for almost every function, especially for senior management. With regard to Duty of Care ownership, few respondents pinpointed one particular function as the owner (although HR and security were listed most often as a single owner)[9]. Most respondents indicated that Duty of Care ownership is (and should be) shared between different functions in the organization and lies (or should lie) with everyone in the company, including the employee. HR currently has key ownership in all three areas (either ranked No. 1 or 2), followed by security. It is somewhat surprising that HR holds such a dominant Duty of Care ownership position in the company, when results previously indicated that HR has a low risk perception of threats and low ratings on industry, company and specific areas of Duty of Care awareness.

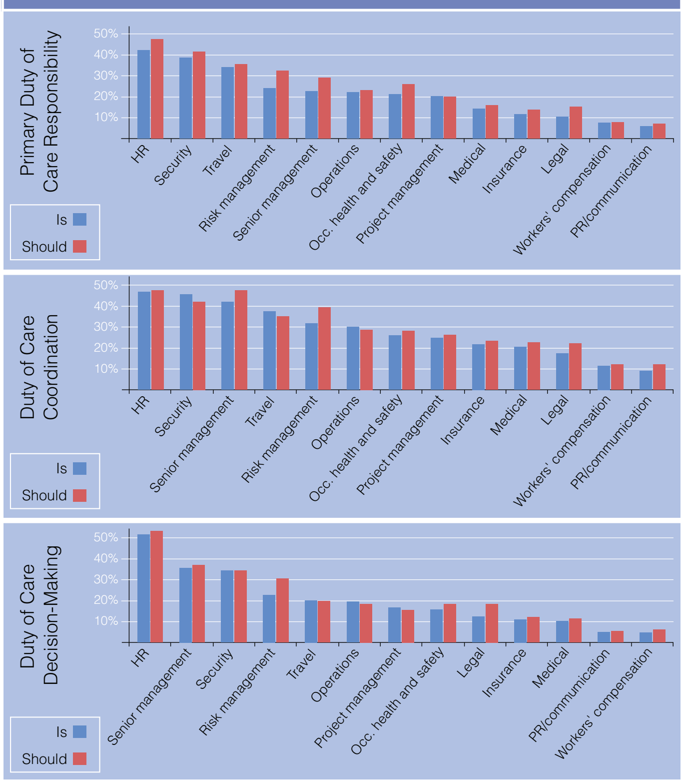
[9] Note that multiple responses were possible for primary responsibility, ownership and decision-making based on 13 different stakeholders in the company.

While risk management ranks high on Duty of Care awareness in this survey, they rank much lower on ownership. Medical, occupational health and QHS&E respondents (who also had high Duty of Care awareness) do not even make the top five Duty of Care owner list. Similarly, senior management is not given a great Duty of Care ownership role, except for decision-making. Travel function plays a key role in Duty of Care coordination and travel risk management activities. There is wishful thinking that every function should have greater responsibility than they currently have, with the exception of senior management, who should only remain the major decision-maker.

If Duty of Care should be everyone's responsibility, HR's Duty of Care role is likely to become more prominent as a facilitator of the company-wide organizational development intervention.

Figure 12

Duty of Care Ownership



4. Benchmarking of Duty of Care Practices, Indicators and Baseline

When implementing an integrated Duty of Care risk management strategy, an organization must coordinate various activities with a variety of functional roles to secure the health, safety, security and well-being of their globally mobile employees. Within this Global Benchmarking Study, two fundamental questions were asked regarding Duty of Care activities:

1. What types of Duty of Care practices are companies currently undertaking?
2. How do global companies compare with other companies in regard to Duty of Care?

   To answer these questions, the benchmarking team:

   1. Looked at the Duty of Care activities that companies currently undertake, based on a checklist of 100 Duty of Care practices;
   2. Reviewed the Duty of Care indicators, or a group of various practices that relate to the same dimension, and corresponded to each step of integrated Duty of Care risk management model; and
   3. Developed an overall Duty of Care baseline and compared companies by industry, sector and geography, allowing for preliminary benchmark comparisons[10].

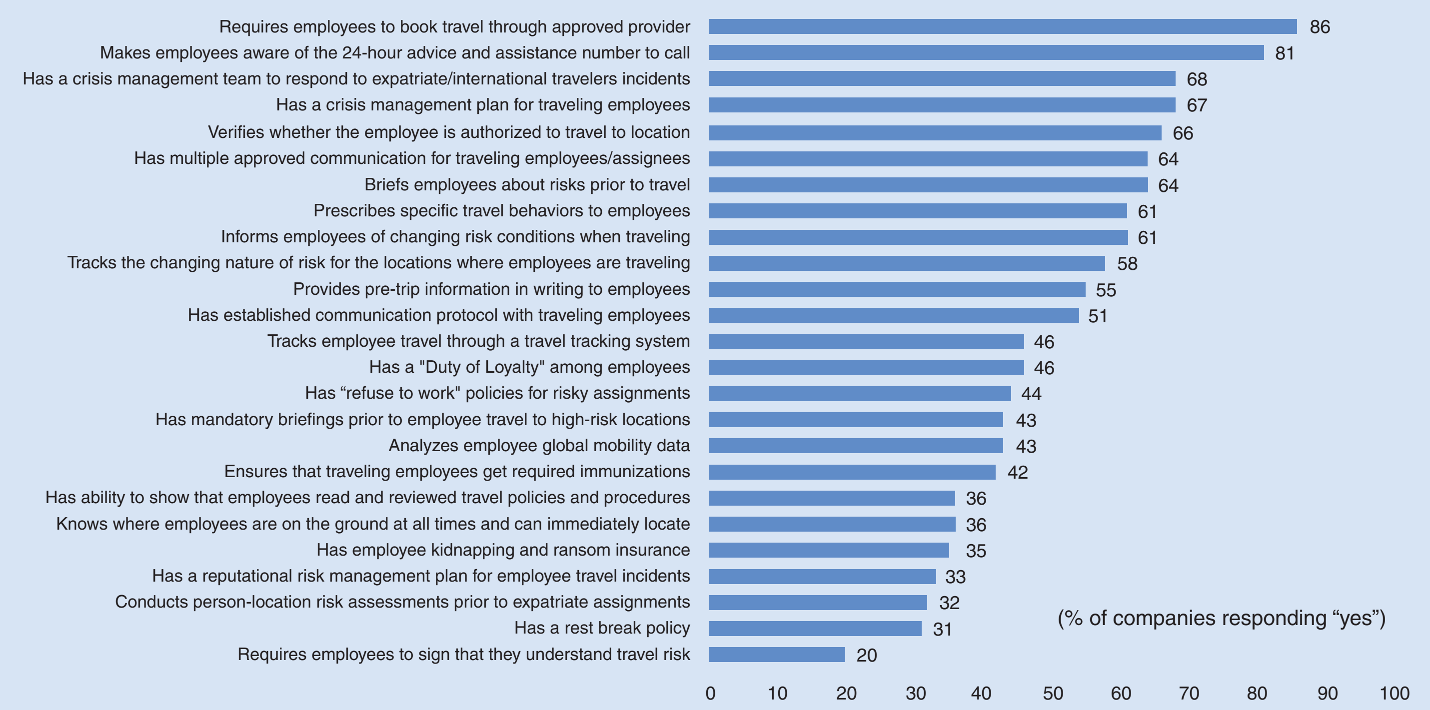
Duty of Care Practices

Of the 100 identified Duty of Care practices, respondents were asked whether or not their company engaged in each of those practices (a "not sure" option was also included). The responses ranged from a low of 15% to a high of 92% for companies that indicated that they engage in a specific Duty of Care practice. The most common Duty of Care practice undertaken by companies is an assessment—namely knowing the countries where assignees and business travelers are sent to, and having reliable sources that provide travel risk advice. This is followed by providing employees with a 24-hour advice and assistance number to call and, in general, supporting a Duty of Care culture within their organization. Less common practices include conducting test trials to measure the time to locate employees in a specific country, ensuring that traveling employees are taking preventive medication and assessing whether the organization is meeting its Duty of Care obligations overall. In addition, organizations are least likely to get employees to sign forms acknowledging that they understand the travel risk involved or for authorizing access to the international assignee/traveling employee's medical history (in a confidential database) so that they can be better assisted in case of a medical emergency. Companies also score low on having some vital Duty of Care policies (such as rest breaks and "I'm okay" policies) in their organization or the ability to locate employees when they are traveling. There is a wide disparity in terms of in how many of the 100 Duty of Care practices companies actually engage **(see Figure 13).** The most common Duty of Care practices relate to the first stages of the model, whereas less common practices are related to the last stage of the model in terms of control, analysis and policies.

[10] See earlier descriptions of the model (Underlying Duty of Care Models) and baseline (Developing a Duty of Care Baseline), and the Duty of Care Checklist Development and Validation in **Appendix 1.**

Figure 13

Selected Duty of Care Practices



Duty of Care Indicators

The 100 Duty of Care practices were then grouped based on a common construct. This resulted in 15 broader Duty of Care indicators represented as dashboards in **Figure 14.** Except for the assessment of risk indicators that companies undertake as a general rule (86%), companies score much lower on every other indicator (ranging from 49-77%) with analysis being the lowest. Companies are more engaged in assessment practices but are much less involved with analysis-related Duty of Care practices. The Duty of Care dashboards show that the activities are skewed toward the first steps of the model in terms of assessment, and the middle range for companies is around 65%.

Company Demographics

1. Global 500—While Global 500 companies score higher on the Duty of Care indicators than non-Global 500 companies, this reaches statistical significance only for four indicators: strategy, planning, alerts and policies.

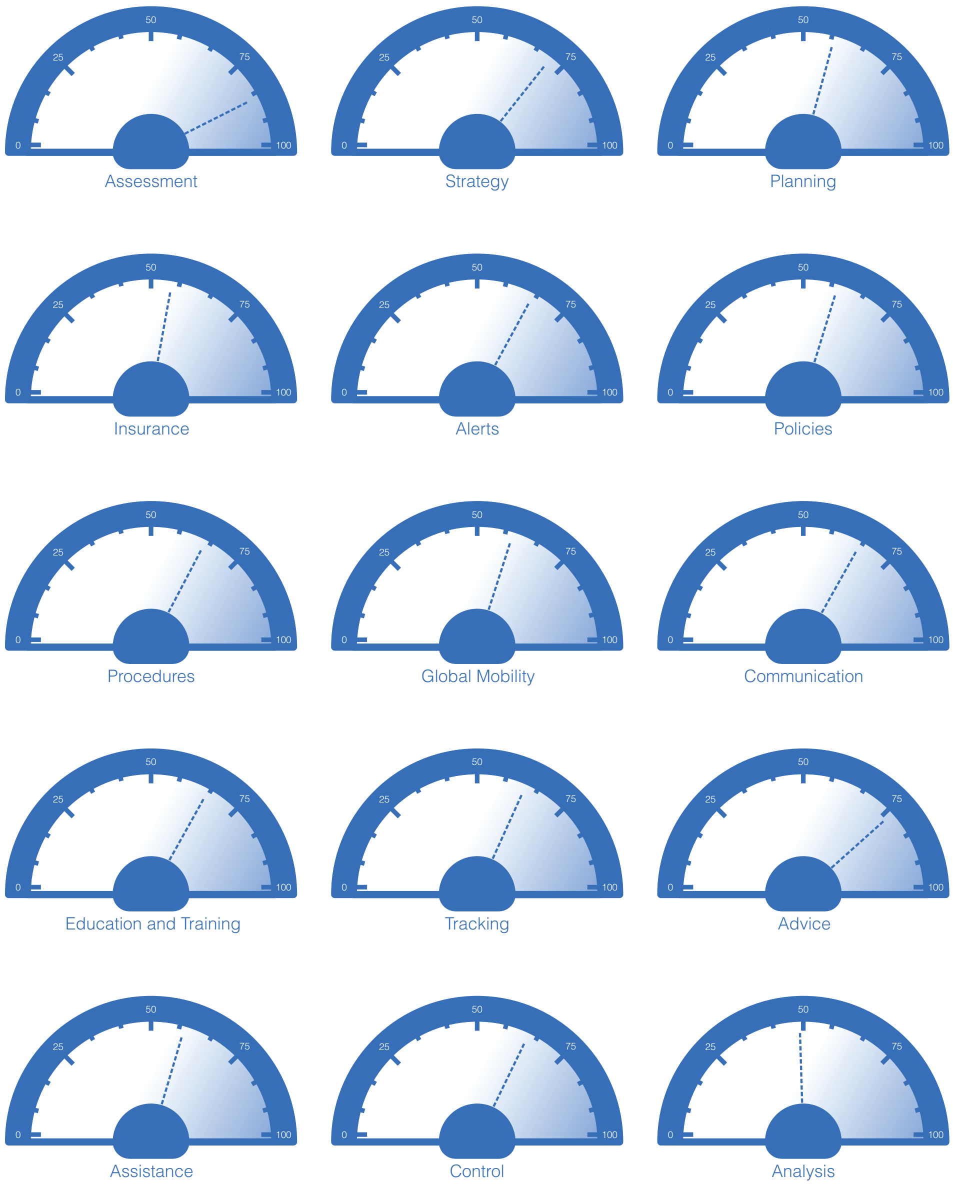
2. Company size—Large companies score higher on Duty of Care indicators than medium and small companies. These differences by company size show statistical significance for all but three Duty of Care indicators (assessment, education and training, and control). Large companies score higher on 11 indicators. Company size is more important than just being a Global 500. When companies reach a critical mass of 10,000 employees, they realize certain benefits in terms of economies of scale and scope. Yet, when they become extremely large and have more than 100,000 employees (which is usually the case for global 500 companies), their size becomes a disadvantage in terms of organizational deployment. In addition, their brand is more recognizable and may put them at greater risk.

Size matters in the sense that when a company is small, it has a lower achievement in Duty of Care compared to a large one. But, when a company is very large, it loses some benefits in Duty of Care implementation. While the tactical deployment in a large company may be facilitated by better planning and resource capabilities, changing the company culture becomes much more difficult.

3. Sector/Industry—Seven of the 15 indicators revealed statistically significant differences by sector. The education sector has significantly lower mean ratings for Duty of Care indicators (such as strategy, policies, procedures, global mobility, communication, control and analysis). The education sector scores consistently lower than other sectors (like NGOs and governments) on the Duty of Care indicators. They have a low risk perception but are just as likely to have experienced an incident. One hypothesis is that they may be more focused on their students than their employees since faculty members do not generally want to be monitored[11].

Figure 14

Duty of Care Benchmarks



The transportation, tourism and travel industries score significantly higher on the 'Assessment' indicator than 15 other industries, suggesting that they are well aware of how to assess risks. The education industry has significantly lower scores on the 'Policies' indicator than five industries (manufacturing, professional services, IT/technology, energy and natural resources, and telecommunication) which indicates that they are more reluctant to establish Duty of Care policies than the others. The energy and natural resources industry has significantly higher scores for the 'Assistance' indicator than the financial services industry, indicating that the former is better prepared and has more experience with employee assistance and evacuation.

4. HQ location—As a general trend, companies headquartered in Australia/Oceania and North America have higher scores on Duty of Care indicators than companies headquartered in Asia and the Middle East/North Africa regions. Ten of the 15 Duty of Care indicators showed statistically significant differences by HQ location. Companies in North America rate significantly higher on

[11] For a review of Duty of Care in higher education, see Claus, L. and Yost, R. (2010), A Global View of University Risk. URMIA Journal, August, 23-38.

the 'Tracking of Employees' indicator than European companies, likely because American employees may view tracking as less of an intrusion of their privacy and realize that it is necessary for their protection. Some would attribute this to the events of September 11, 2001. The culture of the headquarters dictates the approach to Duty of Care. A company that is headquartered either in Australia or North America is more likely to score higher on two-thirds of the Duty of Care indicators than an Asian, Middle Eastern or North African company.

Respondent Demographics

1. Respondent level—Middle and senior management tend to rate their companies higher on at least six of the 15 Duty of Care indicators than other contributors. These indicators are 'Insurance,' 'Education and Training,' 'Tracking,' 'Assistance,' 'Control' and 'Analysis.' This may indicate that employees who are contributors (who are not in a management position) do not perceive that their companies are implementing these aspects of Duty of Care, while middle and senior management claim greater compliance to these Duty of Care practices.

2. Respondent function—Almost all Duty of Care indicators (except 'Assessment' and 'Communication') are statistically significant by functional role of the respondent. Risk and security, and QHS&E respondents score their company higher on the Duty of Care indicators than HR, general management and the combined group of respondents from other functional areas. For certain Duty of Care indicators ('Procedures,' 'Global Mobility,' 'Tracking of Employees' and 'Analysis'), general management gives their company higher scores than HR respondents. It is clear that those with main functions specifically related to Duty of Care (i.e., risk management, security and QHS&E) give their companies higher scores on most indicators than HR and general management. This is consistent with earlier findings based on Duty of Care being one's core job responsibility versus only an ancillary responsibility, and the degree of awareness about Duty of Care amongst different functions.

3. Respondent location—Eight of the 15 indicators demonstrate differences based on respondent location. Generally, respondents from Australia/Oceania rate their companies highest on the various Duty of Care indicators, followed by North America and Europe, whereas respondents from Asia score their companies lowest. Specifically, Australian respondents score significantly higher on Duty of Care indicators related to 'Alerts' (than European respondents), 'Procedures' (than North American respondents) and 'Tracking' (than Sub-Sahara African respondents). The fact that respondents, particularly Australians, followed by North Americans and Europeans, give their companies higher scores on Duty of Care indicators and Asian respondents give lower scores further demonstrates that Duty of Care is a concept more common in the developed world.

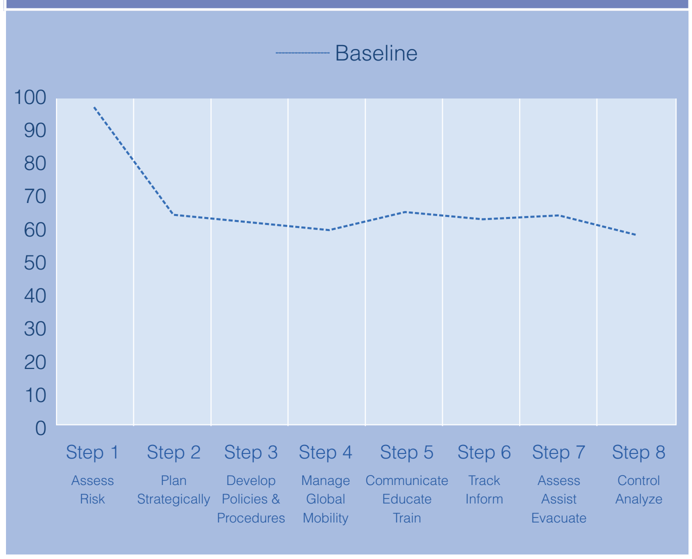
Duty of Care Baseline

The 15 Duty of Care indicators were rolled up to compute a Duty of Care score corresponding to each step of the model and an overall company score. These scores then form the initial Duty of Care baseline for a company. By analyzing these scores by company demographics, it is possible to establish more precise baseline and engage in preliminary comparison necessary for benchmarking.

The overall baseline for the 628 global companies shows they are doing an excellent job at assessing company-specific employee risk (step 1), but this drops significantly when acting upon that risk and implementing a risk management plan. The baseline is the lowest for managing the actual global mobility (step 4), and control and analysis (step 8). This again reveals that companies are recognizing the various risks their employees face and are taking advantage of the zvarious informational tools currently available to assess the risks. Yet, once employees leave the country, they fail to manage the global mobility of their mobile employees, and do not put the necessary Duty of Care management controls in place, or analyze where they stand with regard to meeting their Duty of Care obligations **(see Figure 15).**

Figure 15

Overall Duty of Care Baseline



Company Demographics

1. Global 500—Being in this category does not affect the Duty of Care baseline, as there are no significant differences in the various steps of the model and total Duty of Care score for Global 500 and other companies. The argument that non-Global 500 companies often present that they do not have the same Duty of Care resources as Global 500 companies and therefore may be more vulnerable to threats, does not hold weight. The baseline for smaller companies is not significantly different from larger companies. However, company size does matter.

2. Company size—The baseline for larger companies is higher than for medium and small-sized companies. Small companies (less than 1,000 employees) have a significantly lower Duty of Care baseline except for step 1 (assessment) than large- and medium-sized companies because of a lack of necessary awareness, experience and resources for Duty of Care. Likely due to limited resource capacity and experience, medium-sized companies (1,000 to 9,999 employees) have significantly lower scores for step 4 (managing global mobility) and step 7 (advise and assist employees) of the baseline than larger companies (over 10,000 employees). In addition, large companies receive economies of scale and scope advantages.

3. Sector/Industry—The education sector has a lower Duty of Care baseline when compared to most other sectors/industries, significantly in step 3 (develop policies and procedures), step 4 (manage global mobility), step 8 (control and analysis), but lower in step 5 (communicate, educate and train). This is consistent with the previous findings pertaining to educational institutions.

4. HQ location—In general, companies headquartered in Australia/Oceania have the highest overall Duty of Care score, followed by North America and Europe. Companies headquartered in the Middle East/North Africa, Sub-Saharan Africa and Asia have lower overall Duty of Care scores. For five of the eight steps of the model (2, 3, 4, 7 and 8) and for the overall Duty of Care score, Asian-headquartered companies have a significantly lower Duty of Care baseline than companies headquartered in Australia/Oceania and North America. North American-headquartered companies also have a significantly higher baseline in step 7 (advise and assist) than European and Sub-Saharan African-headquartered companies. The baseline scores by headquarter location are consistent with the differences found in the Duty of Care indicators, and are another sign of the pervasiveness of the legal and cultural context of Duty of Care in the Western and developed world.

Respondent Demographics

1. Respondent level—The Duty of Care baseline for middle management is higher than either senior management or contributors. For example, contributors set their companies' baseline for step 5 (communicate, educate and train), step 6 (track and inform), and step 7 (advise and assist), significantly lower than middle management, and overall have the lowest baseline. Middle management is likely to have more hands-on involvement and experience in Duty of Care practices than either senior management or contributors. Additionally, the Duty of Care practices may not trickle down to the level of all contributing employees, which may explain why they rate the baseline lower than senior management.

2. Respondent function—The Duty of Care baseline of the company is rated differently by functional role of the respondent. Risk and security, and QHS&E respondents rate their company baseline for every step of the model (with the exception of the assessment step) and the overall Duty of Care score higher than HR and general management respondents, which is consistent with the previous findings, indicating the difference in Duty of Care being one's core responsibility versus an ancillary role.

3. Respondent location—Asian respondents report a much lower baseline for their company than Australian and North American respondents for five steps of the model (2, 3, 4, 7 and 8). However, Sub-Saharan respondents have a much lower baseline for managing global mobility than Asians, and for providing employee advice and assistance than Australia and North America. This is likely due to the difficult environmental circumstances that companies have to deal with in many of the countries in the Sub-Saharan region.

Figure 16a

Duty of Care Benchmarks

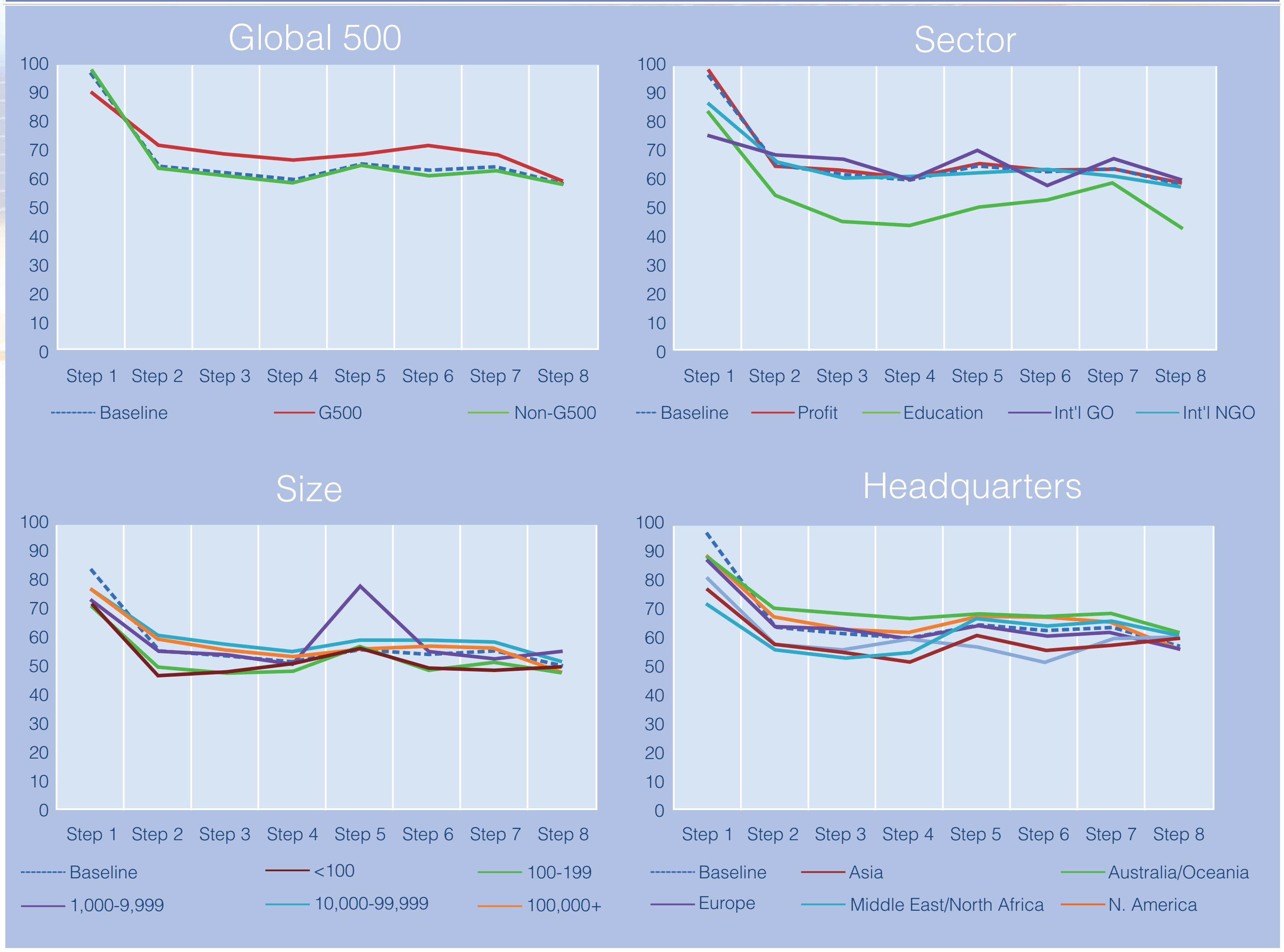


Figure 16a shows Duty of Care results based on different company characteristics (such as Global 500, sector, size, HQ location) and compares them to the Duty of Care baseline for each step of the model, allowing for preliminary benchmarking.

Figure 16b

Duty of Care Benchmarks

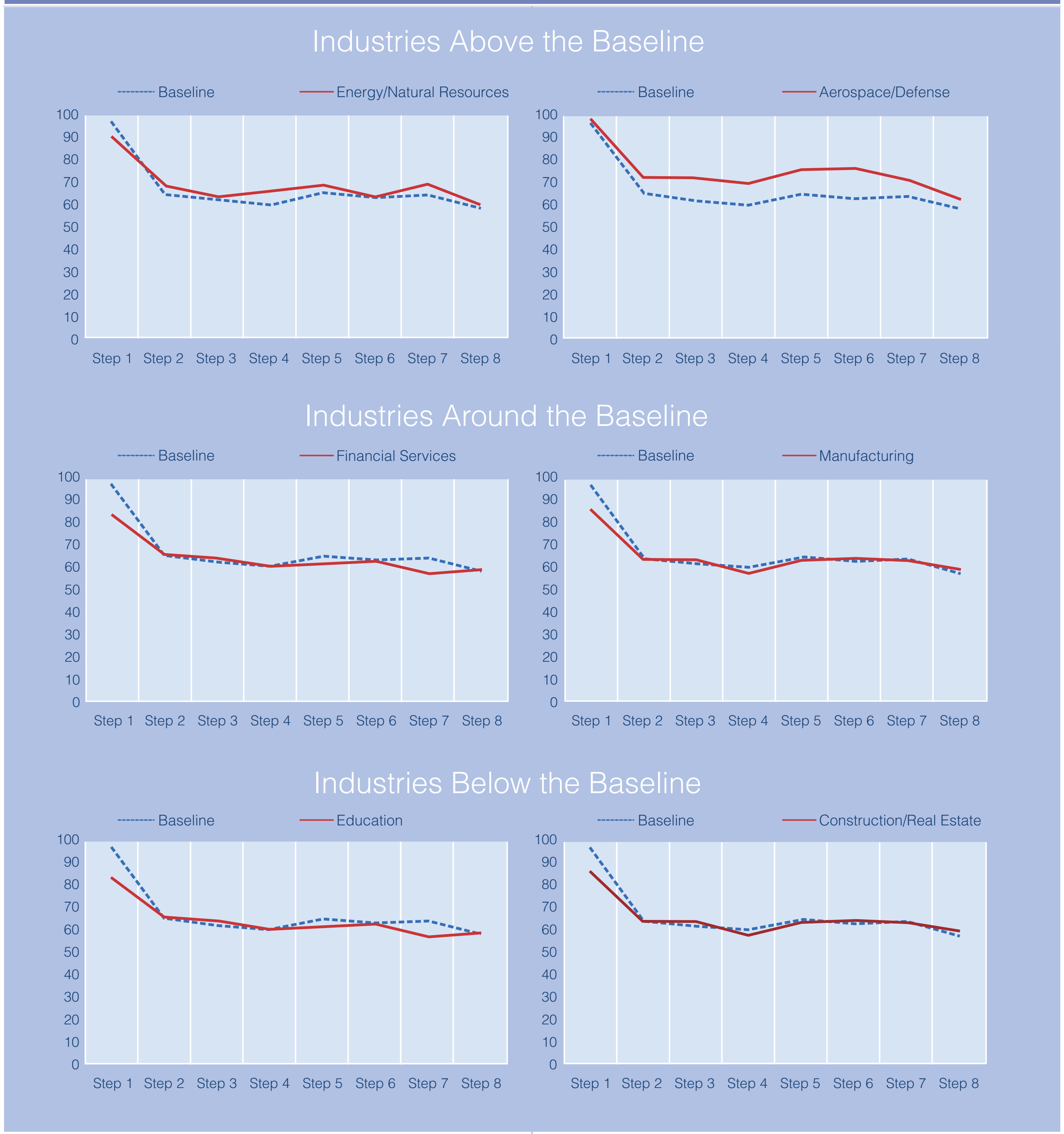


Figure 16b Benchmarks of Duty of Care by industry, showing industries that operate above, at or below the baseline.

Figure 17

Duty of Care Baseline Scores

Finally, a single Duty of Care score was calculated for each company (an aggregate of the 100 Duty of Care practices) using the average score as the baseline, and then companies were compared based on certain characteristics such as Global 500, sector/industry, size and HQ location **(see Figure 17).**

5. Duty of Care Motivation

What motivates companies to be concerned about Duty of Care and travel risk management? Are they focused on compliance, concerned about their employees' well-being, responding to stakeholder expectations, or simply doing a cost-benefit analysis to avoid cost and litigation? To obtain a comparison, respondents were asked:

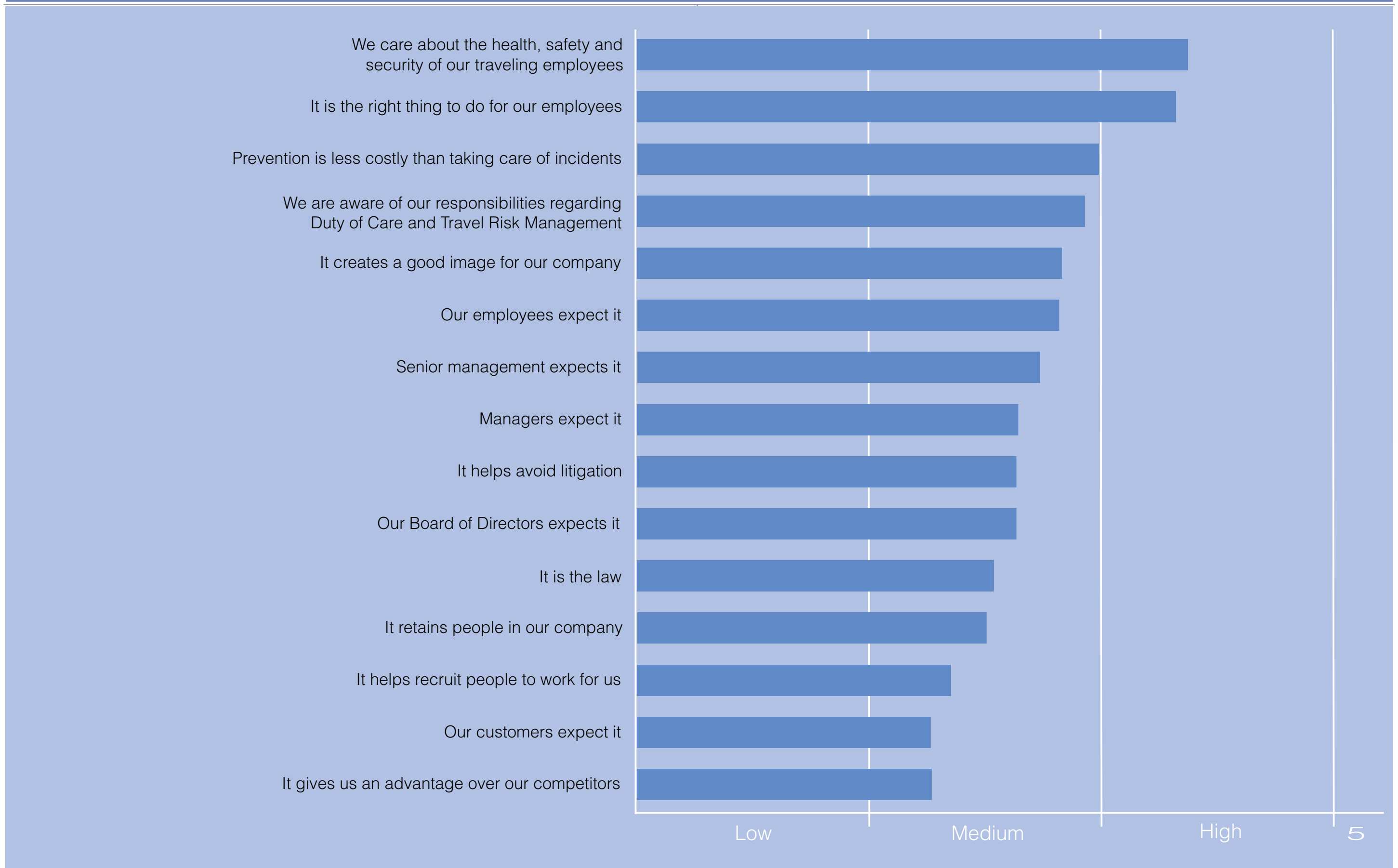
"My company is concerned about Duty of Care and travel risk management because…"

This was followed by a number of reasons for companies to assume their Duty of Care responsibilities. Using a five-point Likert scale, they were then asked whether they agreed or disagreed with these statements about their company.

The statements that received the highest mean ratings (MR) are, *"We care about the health, safety and security of our traveling employees"* (MR of 4.36) and *"It is the right thing to do for our employees"* (MR of 4.3), which are also the statements with the highest percentage of 'strongly agree' responses (respectively 55% and 53% of the respondents). These were followed by rational cost concerns *("Prevention is less costly than taking care of incidents")* and overall awareness of their Duty of Care obligations *("We are aware of our responsibilities regarding Duty of Care and travel risk management").* Recruitment advantage, competitive advantage and customer expectations were ranked the lowest as motivators. Stakeholder expectations (managers, senior management, board members, customers and

Figure 18

Mean Rating and Ranking of Duty of Care Motivators



employees) only had a moderate effect on Duty of Care motivation, with employees being perceived as having only slightly higher mean expectations than senior management, management and the Board of Directors **(see Figure 18).** CSR proponents increasingly focus on the financial impact that treating employees well has on HR costs (in terms of recruitment and turnover), employee safety (in terms of workers' compensation costs and avoidance of expensive lawsuits) and investment managers (in terms of companies taking into account employee issues and being perceived as forward thinking and well managed)[12].

6. Legal and Moral Responsibility of Companies

A greater understanding was sought in regard to the legal and moral obligations of employers. The issue of legal versus moral obligation is very pertinent as many respondents worked in countries with limited or no Duty of Care legislation[13].

Legal Obligation

Thirty percent of the respondents agreed or strongly agreed with the statement that *"There is no or limited legal Duty of Care and travel risk management obligation in the countries in which we operate,*[14] and 37% of the respondents acknowledged the existence of Duty of Care legislation in their country. When companies operate worldwide, they often operate in countries with no Duty of Care legislation—only the Western world has stringent yet diverse laws. Surprisingly, 33% of the respondents were not sure or unaware whether the country(s) they operate in have Duty of Care legislation. This raises a number of important compliance questions: How do they determine their local

[12] Tullis, P. (2011) Making the Bottom Line Green. Fast Company, April, pp. 36-37.

[13] This issue received a lot of attention when Dr. Claus conducted roundtables around the world, especially in the Middle East, Africa and Asia. Her White Paper only found Duty of Care legislation in "Western" countries. Yet, it recommended that employers should standardize their Duty of Care responsibilities at the highest and most stringent levels around the world to equate legal compliance with the level of moral and corporate social responsibility.

[14] Note that this item is reverse-scored.

standard of Duty of Care when they are ignorant as to whether or not there is pertinent legislation? Under which legal standard are they operating in countries with no or limited Duty of Care legislation? What worldwide Duty of Care standards are companies using?

Company Demographics

There are no statistical differences in legal obligations by Global 500, company size, sector/industry or HQ location demographics. The lack of statistically significant differences demonstrates that this is an issue where there are no grey areas; either there is Duty of Care legislation and case law or there isn't.

Respondent Demographics

Respondent level and function do not affect the results of legal obligation findings.

Respondent location—There are statistically significant differences in legal obligation by the geography of the respondent. Asian[15] and Sub-Saharan[16] respondents were less likely to agree with the statement about the legal obligation in their countries (indicating that there is no or limited legal obligation) and European and North American[17] respondents were more likely to agree (which indicates that they have Duty of Care legislation). The results for the Australia/Oceania region were not so straightforward and the respondents were polarized. Respondents were both more and less likely to either be in agreement or disagreement. When looking at specific countries, respondents from Tanzania, South Africa, Singapore, India, Hong Kong and Angola were more likely to agree, but so were respondents from Australia/Oceania (congruent with the polarity in the data seen above). Respondents from the US, the UK and Germany were less likely to agree or strongly agree (indicating that they have a legal responsibility of Duty of Care in their countries). The Australia/Oceania region includes, on the one hand, countries like Australia and New Zealand (with established Duty of Care legislation/case law) and, on the other hand, a number of other smaller less-developed countries (likely without Duty of Care law), which may account for the wide range of responses for that region.

Moral Obligation

Two-thirds of the respondents refuted the statement, *"We do not feel morally obligated to our employees with regard to Duty of Care and travel risk management,"* indicating that most companies consider Duty of Care a moral responsibility.

Company Demographics

There were no statistical differences in legal obligation by Global 500, company size and sector/industry demographics.

1. HQ location—Companies headquartered in the Middle East and North Africa were less likely to strongly agree with the statement that they feel morally obligated to their employees with regard to Duty of Care and travel risk management, while companies in North America (both agree and strongly agree), Australia/Oceania (strongly agree) and Europe (strongly agree) acknowledge that they have a moral obligation toward their employees. Sub-Saharan companies also strongly agree that they have a moral obligation as well, in spite of the fact that they reported having no legal obligation. The results for Sub-Saharan African companies may be due to two phenomena:

1. The inclusion of a large number of South African companies in the sample that have established new forms of governance after Apartheid, which have impacted how employees are being treated by their employers.
2. The impact of "Ubuntu," which embraces the concept of interconnectedness of all people and encourages good treatment of others.

Respondent Demographics

Respondent level and function do not affect the results of legal obligation findings.

1. Respondent location—Similar trends to HQ location are seen based on the geography of the respondent. Respondents from North America, Australia/Oceania, Europe and Sub-Saharan Africa are more likely to strongly agree that their company has a moral obligation, while Asian respondents were less likely to agree or were neutral. Asian respondents are significantly more likely to eschew the moral obligation of their company toward Duty of Care and travel risk management. Although the majority of respondents indicate their company has a moral Duty of Care obligation toward their employees, there were widespread geographic differences by headquarters and respondent region. Western HQ companies and respondents expressed higher moral responsibility for Duty of Care. The lower moral responsibility is found only in the geography of Middle Eastern- and North African-headquartered companies (and not in the respondents) and in Asian respondents (and not in the HQ geography). Could the survey respondents in the Middle East and North African countries have been Western expatriates who themselves have the greater moral responsibility, but their companies do not? Is it possible that Asian-headquartered companies have, compared to their Asian employees, a greater sense of moral obligation?[18]

[15] Asian respondents: Significantly less likely to strongly agree and agree.

[16] Sub-Saharan respondents: Significantly less likely to strongly agree.

[17] North American and European respondents: Significantly more likely to strongly agree and agree.

Conclusions, Recommendations and Limitations

Companies are generally aware of the countries that their employees travel to for business and as international assignees. They usually require employees to book their travel through an approved travel agency, and are likely to provide employees with a 24-hour assistance number. Implementing these three basic front-end activities are fundamental requirements in order to engage in vital Duty of Care activities such as assessing risk (initial and changing), tracking employees, advising them of changing conditions and assisting them when needed. Yet, the frequency of engagement in these follow-up practices is much more limited. Clearly, front-end activities such as assessment and planning are more prevalent than advanced stage practices of implementing and evaluating whether companies are meeting their Duty of Care obligations.

The inability to engage in the full spectrum of managing Duty of Care and travel risk could possibly lead to unnecessary risks and potential harm to employees, greater evacuation costs for road accidents, illnesses, situations of human and natural disasters, and costly litigation as a result of possible negligent failure to plan. In other words, many companies fall short on strategic planning and implementation of Duty of Care practices that are vital for employers to assume their responsibilities and for employees to show their reciprocal Duty of Loyalty.

How do companies compare on Duty of Care? Factors that clearly differentiate them from one another are company size and geography (HQ and respondent location). But, what matters most is not necessarily the same factor for the different areas of Duty of Care. Being a certain type of company, or operating in a particular sector or in a certain industry, can either be particularly advantageous or disadvantageous with regard to Duty of Care. For example, in assessing risk perception for employees, geography (of respondent and HQ location), the industry/sector matters the most. In terms of geography, each location clearly has its specific contextual challenges due to medical, political or environmental conditions. The energy and natural resources industries and NGOs encounter risks and threats related to the nature of their work/mission and locations where they perform their work, while the educational industry generally underestimates the risks of threats to its employees. Yet, when looking at the actual occurrence of incidents to employees, being a Global 500 company and the company size (either very small or very large) matter most. The function of the respondent and the location of HQ matter most in regard to differentiating Duty of Care awareness.

Those for whom the health, safety and security of employees is a core responsibility have greater awareness than HR and general management. Surprisingly, HR is currently identified as the key responsible owner of Duty of Care (among the top five leading functional owners) and plays an even greater role in terms of who should have Duty of Care responsibility. Yet, HR is consistently ranked low in terms of risk perception, awareness and overall knowledge of Duty of Care practices. Western companies, especially those headquartered in the Australian region, have greater awareness than companies in the rest of the world.

The Duty of Care baseline is influenced more by company size than industry, but some industries stand out either for high (energy and natural resources, aerospace/defense) or low (construction and real estate, education) Duty of Care performance compared to others.

What does Duty of Care mean for companies when legislation is highly diverse in the regions it exists (in the developed world)? In the West, it is highly linked to a moral responsibility, fitting into a CSR imperative that allows companies to do the right thing for employees, while at the same time reducing costs by preventing harm. This provides a win-win for both employers and employees. Doing the right thing for employees and employers can avoid costs and litigation. In the rest of the world (especially Asia, the Middle East and North Africa), the awareness for Duty of Care is lower and moral responsibility to take care of employees is less developed (with the exception of the Sub-Saharan region).

When Western employers operate in countries which are generally rated as being more high risk locations, have lower Duty of Care awareness and limited/no legal liability, or partner and subcontract with local companies, they are likely to have drastically different Duty of Care standards for their employees and the workers in their supply chain. This inevitably leads to conflict in the execution of work and pushes Western companies into taking leadership in Duty of Care, demanding greater accountability and also carrying the burden of the cost.

This Global Benchmarking Study demonstrates that Duty of Care is still primarily considered only a Western concept. The findings of this Global Benchmarking Study can be summarized in ten key takeaways **(see Figure 19).**

[18] Note that these are generalizations based on aggregating different countries into regions, and that individual country analysis may yield different results and conclusions.

Figure 19
Ten Duty of Care Takeaways
1 All countries are potentially risky for employees
2 Organizations face unique risk challenges, but differ in how they cope with similar risks
3 Duty of Care is not just about natural and human-made disasters
4 Organizations are becoming more aware of Duty of Care responsibilities
5 There are five key stakeholders, but Duty of Care is everyone's responsibility
6 Organizations vary widely in Duty of Care practices
7 Company size matters most in Duty of Care, but other company characteristics also play a role
8 Most organizations fail to plan and implement a global Duty of Care strategy
9 Duty of Care is a Western concept
10 Corporate Social Responsibility is the main motivator for Duty of Care

In International SOS' Duty of Care White Paper (2009), Dr. Claus recommended that companies implement an Integrated Duty of Care Risk Management Strategy. In this current Global Benchmarking Study (2011), a multi-step model was developed for that purpose. It was argued that, for a company to assume its Duty of Care obligation, each step alone is necessary, but not sufficient, and that it must be at or above the baseline in each of these steps.

Duty of Care awareness has been growing steadily in the last two years, aided greatly by global events where traveling employees and international assignees clearly needed emergency assistance from their employer. Yet, there is still only "average" awareness and some functional groups (such as HR and senior management) have much lower awareness than others. In addition, companies around the world still have a long way to go when it comes to implementing a Duty of Care and Duty of Loyalty culture.

One of the biggest challenges for companies is that Duty of Care is considered everyone's responsibility and cannot be relegated to one functional group, although some functional groups clearly have more expertise than others. Hence, the greatest costs for Duty of Care lie in the "agency" costs of planning and implementing best practices, rather than the unit or fixed and variable costs of taking care of employees. Although the knowledge of how to incorporate a Duty of Care plan into an organization is readily available from experts, making it happen within a large company requires discipline from both management and employees. Departmental silos must come down. Effective implementation in making a Duty of Care culture "stick" requires all the critical success factors of a global deployment within an organization. The Duty of Care plan is only as good as its implementation.

Throughout this benchmarking exercise, a wide range of current Duty of Care practices were discovered. While each company has varying demographics and unique challenges, the following set of recommendations focuses on best practices that should make companies better equipped to deal with their duty obligations and reduce their negligent failure to plan **(see Figure 20).**

Figure 20
Ten Duty of Care Best Practice Recommendations
1 Increase awareness
2 Plan with key stakeholders
3 Expand policies and procedures
4 Conduct due diligence
5 Communicate, educate and train
6 Assess risk prior to every employee trip
7 Track traveling employees at all times
8 Implement an employee emergency response system
9 Implement additional management controls
10 Ensure vendors are aligned

1. **Increase awareness**
   Certain stakeholders, especially general and senior management as well as HR, have low awareness of their Duty of Care obligations. Yet, they play a vital role in the implementation of a Duty of Care and Duty of Loyalty culture. But to create such an organizational culture, awareness must also extend to employees so that they too can become an integral partner in ensuring their own health safety security and well-being when traveling.

2. **Plan with key stakeholders**
   Several stakeholders in the organization (such as Risk Management, Security, and Occupational Health and Safety) have Duty of Care as part of their core job responsibility. But others stakeholders, such as HR, travel, and general and senior management, must get on board as well. They play a vital role in planning before a crisis occurs, assuming leadership during the crisis and auditing the company's readiness. An integral part of crisis management planning includes engaging in scenario planning for possible employee

travel incidents, based on the profile of where employees are sent on assignment and business trips. These stakeholders must not only work together, but also be able to convince senior management that Duty of Care is a CSR priority and that resources must be made available.

3. **Expand policies and procedures**
   Beyond the usual travel-related policies and approval procedures, companies should consider developing new types of protective policies and procedures. Best practices in Duty of Care call for appropriate travel restrictions through medical and security alerts, rest break policies, "I'm okay" policies and employee behavioral codes of conduct while on assignment or business travel. Travel to high-risk destinations calls for careful notification and employee training.

4. **Conduct due diligence**
   Employers cannot delegate their Duty of Care responsibility to others. When using vendors, contractors and subcontractors, they must perform Duty of Care due diligence and make it part of their standard operating procedures.

5. **Communicate, educate and train**
   It is vital that companies obtain the necessary buy-in from managers and employees with regard to the importance of Duty of Care for the organization and its employees. Managers must know, follow and enforce the Duty of Care policies and procedures. Employees must follow the policies and procedures (e.g., booking through an approved travel provider and getting the necessary travel approvals), knowing how to use the tools provided to them to protect themselves while traveling or on assignment. In other words, employee Duty of Loyalty is necessary for effective employer Duty of Care. This education, communication and training should be part of the overall orientation and on-boarding process for all globally mobile employees and their managers.

6. **Assess risk prior to every employee trip**
   While risk assessment prior to travel is a logical step for companies with globally mobile employees, many organizations fail to engage in this activity, especially for their international business travelers and expatriates who may be traveling or assigned to high-risk locations. An employer's Duty of Care obligation should include ensuring that employees are oriented to the foreseeable risks and threats they are likely to encounter. Employees with health risks or other personal concerns should be identified prior to travel so that they can be adequately addressed to limit potential negative outcomes. Every travel approval should include an employee risk assessment component prior to departure ideally linked to the risk at the destination, and have a protocol for both employer and employee refusal to travel.

7. **Track traveling employees at all times**
   The ability to track employees at all times is vital for employee protection. Employer knowledge of employee locations is critical in order to warn, protect and assist them. This inevitably entails approved travel booking, electronic communications and monitoring, and employee conformity to these procedures. Employers must be sensitive to the issue of employee privacy rights versus their duty of protection of those employees. A broader dialog between the employer and its employees on why certain policies and procedures are in place should be part of any employee monitoring.

   Additionally, it is recommended that companies implement a comprehensive emergency response plan for all foreseeable contingencies.

8. **Implement an employee emergency response system**
   Companies should develop emergency response plans so they can confirm that each employee (and family) is "okay" following an emergency situation or disaster. These emergency response plans usually focus on several components, including whether the employee is safe, whether the family is safe, status updates on whether the employee can get to the place of work or not, and a general assessment of the employee's home and office situation. It also requires the use of multiple means of communication according to an approved protocol, and can be push-oriented (initiated by employer) and/or pull-oriented (initiated by employee). The greatest challenge with these systems is not how to plan them or which technology to use, but rather how to effectively implement them.

9. **Implement additional management controls**
   Many companies still have major challenges in enforcing Duty of Care policies and procedures. Concurrent with buy-in from managers and employees, it is recommended that companies implement appropriate management controls. Accounting departments should, as part of their corporate social responsibility, engage in internal controls regarding employee travel planning and expenses, ensuring that employees are authorized to travel before making a payment, and verifying whether the employee actually traveled.

10. **Ensure vendors are aligned**
    Organizations must rely on outside partners to assist them with their Duty of Care obligations. If multiple vendors are used for different aspects of Duty of Care, it is vital that these vendors are both appropriate and aligned with organizational goals. But, it is equally important that they are aligned and coordinated with one another. They must work in a coordinated fashion to obtain the necessary synergies. Multiple vendors often cause overlap as well as a blind spot in terms of coverage. Therefore, the multiple Duty of Care stakeholders in a company must coordinate and manage their vendors as well.

These best practices are part of what is to be considered relatively "low-hanging fruit" based on the findings of the Global Benchmarking Study.

Limitations of the Study

As with any empirical study, this Global Benchmarking Study has a number of limitations. First, it is labeled a "global" study because of the geographic diversity of companies (headquartered in 50 countries) and respondents (located in 60 countries). However, South America is not represented; therefore, one cannot generalize the findings to that part of the world.

Second, respondents were used as a proxy for their company. As a result, the Duty of Care baseline and benchmarks that were obtained for companies are based on the perceptions of the respondents who are employees at these companies. These perceptions are based on their functional role, level in the company and geographic location. They may have a particular view of Duty of Care as it relates to their employer. They may also be unaware of their company's Duty of Care practices (and reduce the baseline), or may have a certain amount of social desirability to showcase their employer in a positive light (and increase the baseline). To help alleviate this concern, multiple respondents in a same company were allowed to complete the survey (which happened infrequently and their results were pooled for their company). Analyzing the findings, based on respondent characteristics (functional role, level, and geography), did yield a certain amount of statistically significant differences.

Third, because the Duty of Care topic is still in its infancy, and this study is believed to be the first comprehensive empirical study of its kind, the reliability and validity of the instruments is still in an exploratory stage.

To rectify the above limitations, future research should include respondents and companies from each region of the world (e.g., South America), and multiple respondents with different functional backgrounds from each company, including affected employees who work across borders. Follow-up research will also enable the refinement of the Duty of Care checklist and include new practices as they emerge.

As with all data, these results are contextual and must be placed into a framework of time and place. World events, both probable and uncertain, are likely to continue to impact employer and employee awareness, as well as the implementation of savvy Duty of Care practices. New technology, security and health care advances are also likely to enable new and improved Duty of Care initiatives. Current best practices that only a few companies currently master are likely to be adopted by others and then eventually become mainstream.

Employer Duty of Care is not a passing phenomenon for companies operating globally whether they are corporations, NGOs or international government organizations. Many factors are pushing Duty of Care into the forefront because CSR is likely to increase its hold on global companies. For example, Duty of Care regulations and legislation are likely to rise beyond the West and into the rest of the world. Meanwhile, continued global mobility will be required from employees and they will demand it more from their employer.

The notion of employer Duty of Care and employee Duty of Loyalty is likely to become a central feature of talent management for which everyone in the organization carries responsibility.

Appendices

Appendix 1: Duty of Care Practices Checklist Development and Validation	
The seven-step process used in the development and validation of the Duty of Care Checklist mirrors the established methodological process for scale validation and development[19].	
Step 1: Model development	This first step consisted of the development of a Duty of Care conceptual framework. The two underlying models (an integrated Duty of Care risk management model and the Duty of Care continuum) have been described earlier (See section: "Underlying Duty of Care Models").
Step 2: Item generation	The second step consisted of creating a list of items (Duty of Care practices) that relate to each step of the model. The practices were collected from professionals at various levels and functions from different organizations having many employees working across borders, through a series of roundtables (in Canada, France, the Netherlands, South Africa, UK and USA) and webinars (in Australia, Asia-Pacific, New Zealand and Switzerland). It resulted in an original list of 87 items.
Step 3: Item refinement and sorting	These 87 items were then sorted by 19 MBA candidates to ascertain whether they were put in the appropriate category (or step) of the model. This was performed to ensure face validity of the items in the model. Items were refined, edited and rearranged based on sorting and qualitative comments of these judges. It resulted in a revised list of 110 items.
Step 4: Item importance	The next step consisted of rating the importance of the items by global security, medical and risk management experts. A total of 62 experts working for International SOS, Control Risks and MedAire participated in this process. These individuals were not only leading subject matter experts, but were based in 16 different countries[20]. Two different measures of importance were used: (1) a seven-point scale to capture the magnitude of the importance of each item, and (2) a fixed-sum weight rating of each category of items allocating 100% to different sets of related items. Based on this analysis, 10 items were deleted, resulting in a total of 100 items.
Step 5: Item grouping	An exploratory factor analysis was done on the items within each step of the model. Items that were highly correlated (showing unidimensionality) were considered to measure the same construct. This resulted in 15 Duty of Care indicators that were linked to a specific step of the model.
Step 6: Final checklist	A final set of 100 items was retained for the scorecard. These items were then converted into a "Yes/No" checklist, commonly used for risk management audits.
Step 7: Independent sample benchmark	The last step consisted of administering the checklist to an independent sample of 628 global companies in this Benchmarking Study. The individual Duty of Care practices on the checklist (100 items), were then rolled up into 15 Duty of Care dashboard-like indicators, eight steps of the Duty of Care model and an overall Duty of Care company score. This was considered to be the Duty of Care baseline. The baseline was then further differentiated by a number of variables of interest to allow further benchmarking (e.g., Global 500, sector, company size, and geography).

[19] The following articles, in different fields, have used a similar methodology with regard to scale development: Ding, Z. and Ng, F. (2008). A new way of developing emantic differential scales with personal construct theory. Construction Management and Economics, 26, 1213-1226. Hung, K.T and Tangpong, C. (2010). General risk propensity in multifaceted business decisions: Scale development. Journal of Managerial Issues, 22 (1): 88-106. Seth, N., Deshmukh, S.G. and Vrat, P. (2006). SSQSC: A tool to measure supplier service quality in supply chain. Production Planning and Control, 17 (5): 448-463.

[20] Australia, China, Czech Republic, France, Germany, India, Japan, Malaysia, Netherlands, Russia, Singapore, South Africa, Spain, Switzerland, Taiwan and Thailand.

Appendix 2: Benchmarking Study Methodological Notes	
Research questions	The Benchmarking Study explored three fundamental questions with regard to employer Duty of Care: (1) What does Duty of Care really mean from a company's perspective? (2) What types of Duty of Care activities are companies currently undertaking? (3) How do global companies compare (i.e., benchmark) on Duty of Care?
Research design	The design of the Benchmarking Study assumes that a company's Duty of Care obligation is a function of the evaluation of a company's activities by the various decision makers and actors involved in a company's Duty of Care activities moderated by the function, level and region of the respondents and the company's size, industry, sector, industry and HQ location. This is represented by the following equation: Y (Perception of Company's DOC Obligation Fulfillment) = F [Respondent (1+ 2 +…n) + Level + Function + Geography] + [Company (Size + Sector + Industry + HQ location)] The research questions and design of the Benchmarking Study resulted in a number of variables which were included under five different sections of the questionnaire: risks and threats faced by employees, Duty of Care and travel risk management activities, Duty of Care ownership, and the company and respondent characteristics.
Duty of Care instruments	To ascertain the extent to which companies are fulfilling their Duty of Care obligations, a Duty of Care Checklist was developed and validated (**see Appendix 1** for an explanation of the methodology that was used). This allowed organizations to ascertain, at a high level, where they ranked (red, blue or green zone) in the various stages of the Integrated Duty of Care Risk Management Model and where the gaps lie. This initial audit allowed them to benchmark their Duty of Care practices against other companies in the same industry, sector and geographical region.

Appendix 3: Definition of Terms Used Throughout the Benchmarking Study

- **After-action review:** A structured review or debrief process for analyzing an event after it happened (what happened, why it happened and how it can be done better) by the participants and those responsible for a project or event.
- **Airline policy:** A policy regarding the use of airlines by employees (including policies regarding which airlines to use, which class of seats can be booked, how flights are reimbursed, which travel agency to use, etc.).
- **Business continuity plan:** A plan for remaining in business in the event of a disaster.
- **Business continuity insurance:** Insurance to mitigate the loss incurred in the event a business or parts of it cannot be continued.
- **Communication protocol:** A formal description of the way in which communication messages will be exchanged (for example, during an emergency).
- **Corporate Social Responsibility:** The actions by a firm that appear aimed at furthering some social good beyond the interests of shareholders and beyond that which is required by law (cf. McWilliams and Siegel, 2001; Melo and Galen, 2011).
- **Crisis management:** A process by which an organization deals with a major unpredictable event that threatens to harm the organization, its stakeholders or the general public.
- **Crisis management plan:** A specific plan on how to manage different crisis situations.
- **Crisis management team:** A special team that is put in place to deal with the management of a crisis when it happens.
- **Dependents:** Family members (spouse, children and significant others) who accompany an international assignee or expatriate abroad.
- **Duty of Care:** A requirement that a person/organization acts toward others and the public with watchfulness, attention, caution and prudence in a matter that a reasonable person in the same or similar circumstances would.
- **Duty of Care strategy:** A set of choices and a corresponding plan of action designed to achieve Duty of Care.
- **Duty of Loyalty:** The duty of an employee not to compete with the interest of the organization and to follow the Duty of Care policies and procedures.
- **Emergency response plan:** A plan that addresses specific emergencies.
- **Employer Duty of Care Continuum:** An ideal-type continuum indicating where an employer fits in terms of vulnerabilities with red (at risk), blue (compliance-focused) and green (CSR-focused) zones.
- **Global mobility:** The movement of people across borders as part of their employment relationship.
- **Globally mobile employee:** An employee who frequently crosses borders as part of their employment.
- **Hotel/accommodation policy:** A policy regarding the use of hotels and other forms of accommodation (including policies regarding which hotels can be used, how to book them, how to pay for them, etc.).
- **International assignee (or expatriate):** A person being sent across borders by an employer as part of their job responsibilities.
- **International business traveler:** A person employed in one home country, but traveling for work to another country for a short period of time.
- **Integrated Duty of Care Risk Management Model:** A risk management model consisting of eight steps based on the ‘Plan-Do-Check’ continuous improvement model.
- **Likelihood of occurrence:** The probability that something will happen.
- **Local employee:** An employee who works in the country in which he or she is hired.
- **Medical alert:** A means to disseminate information regarding the health and medically-related risks for those traveling in certain areas.
- **Negligent failure to plan:** The omission, whether intentional or unintentional, to put in place a plan resulting in an injury to a person or property.
- **Person-location risk assessment:** An assessment of the risk and threats of a specific person for a specific location (for example, the risk of sending a person with a particular chronic condition to a country with a certain climate).
- **Plan-Do-Check:** The first three steps of the Plan-Do-Check-Act continuous improvement model.
- **Policies:** A broad statement that reflects an organization’s philosophy, objectives or standards concerning a particular set of management or employee activities.
- **Procedures:** A detailed step-by-step description of the customary method of handling activities.
- **Reasonably accommodate:** Modifying or adjusting a process, environment or circumstance under which a job is usually performed to enable an individual to perform the essential functions of that job.
- **Refuse to work:** The right of an employee to refuse an assignment or business trip because of the dangers inherent to the assignment.

- **Reputational risk plan:** A plan that mitigates risks related to the reduction of trustworthiness or reputation of a firm.
- **Rest break policy:** A policy that requires employees to take appropriate rest breaks (for example, after working or traveling long hours).
- **Risk:** An assessment of the probability and consequences or impact of a particular threat.
- **Security:** Freedom from hostile acts.
- **Security alert:** A means to disseminate information regarding the risks/threats to those traveling.
- **Security alert level:** Different threat levels intended to reflect the probability of a security attack and its potential gravity (for example, color-coded risk levels where red=severe; orange=high; yellow=moderate).
- **Scenario planning:** A strategic planning method that analyzes a number of certain and uncertain scenarios and plans ahead how the company would respond.
- **Smart communication device:** A mobile device that offers more advanced computing ability and connectivity than a contemporary basic mobile phone.
- **Stakeholder:** An individual or group who affects or can be affected by an organization's actions.
- **Threat:** Any occurrence or potential action that puts one's safety and/or security into jeopardy.
- **Transportation policy:** A policy regarding how employees get from one place to another.
- **Travel management policy:** A policy related to how employees procure, and are reimbursed for, work-related travel (air, transportation, accommodation, food, etc.).
- **Travel management process:** A process that describes how employees procure their work-related travel (air, transportation, accommodation, food, etc.) in accordance with company policy.
- **Travel register:** A system that tracks employees while they are traveling.
- **Travel restrictions:** Restrictions related to travel of employees (places allowed to travel to, allowable behaviors, things to do and not to do, etc.).
- **Travel risk:** Risks associated with travel abroad.
- **Travel risk advice:** Advice that is given to employees before and during their work-related travel with regard to their health, safety and security.
- **Travel risk management:** The identification, assessment and prioritization of travel risks/threats and the coordinated efforts to mitigate those risks/threats.

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Dr. Claus and International SOS would like to thank all of the companies and respondents for their participation in this Global Benchmarking Study. Below are some of the participating companies.

List of Participating Companies

AAM
ABN AMRO
ABSG Consulting
Academy for Educational Development
Accenture
Advito
AECOM
Aera Energy
Agilent Technologies
Agrium
Ahold
AirAsia
Aker Solutions
Alexion
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American Jewish World Service
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DSM
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Rural Development Institute
Sabre
Safeguards G4S
Sasol
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Schindler
Schlumberger
Seabulk Offshore de Angola
Services Algoa International Anstalt
Seven Seas Water
ShawCor
Shawnee State University
Shell
Sherwin-Williams
Signkor
Simitri
SK Engineering & Construction
Skyservice
Sumitomo Mitsui Banking Corporation
SMIT
SNV
Spescom
Stanford University
State Street
Strategic Asset Management International
STX Pan Ocean
Sumitomo Chemical Company
Sun International
Swift
Tanglin Trust School
Teach For All
Temple University
Tennant Company
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Waters Corporation
Willamette University
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Wintershall
Woolworths
World Vision
WSP
Yokogawa
Young Life
Yum! Brands

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