Psychosocial Support of Children

In Emergencies

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CONTENTS

ACKNOWLEDGEMENTS

ACRONYMS

ARC	Action for the Rights of Children
CAAFAG	Children Associated with Armed Forces and Armed Groups
Cape Town Principles	Cape Town Principles and Best Practices on the Prevention of Recruitment of Children into the Armed Forces and on Demobilisation and Social Reintegration of Child Soldiers in Africa
CCCs	(UNICEF) Core Commitments for Children
CCF	Christian Children's Fund
CRC	Convention on the Rights of the Child
DDR	Disarmament, Demobilisation and Reintegration
DRC	Democratic Republic of Congo (Congo-Kinshasa)
GBV	Gender-based Violence
IASC	Inter-Agency Standing Committee (United Nations)
ICRC	International Committee of the Red Cross
IRC	International Rescue Committee
INEE	Inter-Agency Network for Education in Emergencies
MHPSS Guidelines	IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings
NGO	Non-governmental organisation
Paris Principles	Principles and Guidelines on Children Associated with Armed Forces or Armed Groups
PTSD	Post-Traumatic Stress Disorder
ROSA	UNICEF Regional Office for South Asia
TPO	Trans-cultural Psychosocial Organisation

UNHCR	United Nations High Commission on Refugees
UNICEF	United Nations International Children's Emergency Fund
UXO	Unexploded Ordinance

INTRODUCTION

The Aims of 'Psychosocial Support of Children in Emergencies'

'Psychosocial Support of Children in Emergencies' is a publication designed to provide UNICEF staff and UNICEF partner staff with a framework of principles and concepts that can assist them to support and promote the psychosocial well-being of children in such emergencies as natural disasters, armed conflict and other forms of violence. While it has been developed primarily for emergency situations, these psychosocial principles and concepts are also useful for post-emergency programmatic responses.

'Psychosocial Support of Children in Emergencies' is a reference document for humanitarian workers who want to increase their understanding of the experiences of children in emergency situations and how to support them in mitigating the negative effects of these experiences and how to prevent further harm. While the book is not designed to be a day-to-day programming tool, it outlines UNICEF's orientation to the psychosocial principles integral to any work with children and provides a number of examples from field work of how these principles can be turned into concrete actions.

The development, provision and strengthening of psychosocial support services for children and their care givers is a fundamental part of UNICEF's Core Commitments for Children (CCCs) in Emergencies. The primary framework for the principles and activities outlined in this document is the 'Inter-Agency Standing Committee (IASC) Guidelines on Mental Health and Psychosocial Support in Emergency Settings.' Other key references for the document include the UNICEF Technical Note on 'Protecting Psychosocial Development'; 'The Refugee Experience', a psychosocial training manual produced by the Refugee Studies Centre, University of Oxford; and material from Actions for the Rights of Children (ARC).

The Structure of 'Psychosocial Support of Children in Emergencies'

'Psychosocial Support of Children in Emergencies' has 4 main sections:

1. 'Psychosocial Well-being and the Impact of Emergency Situations' is an introduction to the concept of psychosocial well-being, the nature and challenge of emergency situations and the potential impacts of these circumstances on the psychosocial well-being of children and their families.

2. 'Risk and Protective Factors Influencing Psychosocial Well-being in Emergencies' explores factors within children and their environment that may reduce risk factors or increase protection in difficult circumstances. These factors are discussed within a framework of child development and cultural influences.

3. 'Policies and Programming Principles' outlines the emerging consensus on principles and policies that inform and guide psychosocial support programming in humanitarian work;

4. Finally, 'Addressing the Needs of Children, Their Families and Communities: A Framework for Promoting Psychosocial Well-being' discusses explores approaches and activities that support children and their families in emergency situations, and presents a number of examples from UNICEF and partners' field work.

Section 1

PSYCHOSOCIAL WELL-BEING AND THE IMPACT OF EMERGENCY SITUATIONS

Emergencies create a wide range of problems experienced at the individual, family, community and societal levels. At every level emergencies erode normally protective supports, increase the risk of diverse problems and tend to amplify pre-existing problems of social injustice and inequality.

Guidelines on Mental Health and Psychosocial Support in Emergency Settings (IASC)

Chapter 1

WHAT IS MEANT BY 'PSYCHOSOCIAL WELL-BEING?'

Children have enormous resources in negotiating the challenges of daily life. With their intelligence, emotional range, creativity, social relationships, and other assets, children find ways to meet their needs and overcome difficulties. They also rely on others, particularly their families, to support them during difficult times. Some situations, however, present challenges so great that many children (as well as adults) may find their own capabilities weakened. During these times, additional support may be required to assist children in coping with adversity and regain a sense of control and the ability to function as before. This chapter will explore of the concept of psychosocial well-being and the aims of support programmes.

In their day-to-day lives, both adults and children seek to achieve and maintain a sense of being well. For most, this means being healthy, feeling safe and being able to meet our basic needs. But we experience well-being in more ways than just the physical. We seek to maintain emotions such as happiness, contentment, calmness and confidence. We also work to develop the intelligence and skills that will improve our quality of life. Social interactions also contribute to our ability to have relationships that provide affection and love and which support us when we need it. These interactions make us feel important and strengthen our roles in families and other social groupings. As humans we also seek to find meaning in our lives, perhaps through religious practice or other expressions of spirituality.

How we conceptualise well-being may not always seem obvious. While the focus may appear to be on the individual—child or adult—that individual is connected to various levels of social groupings; each of which has a direct affect on that child's well-being.
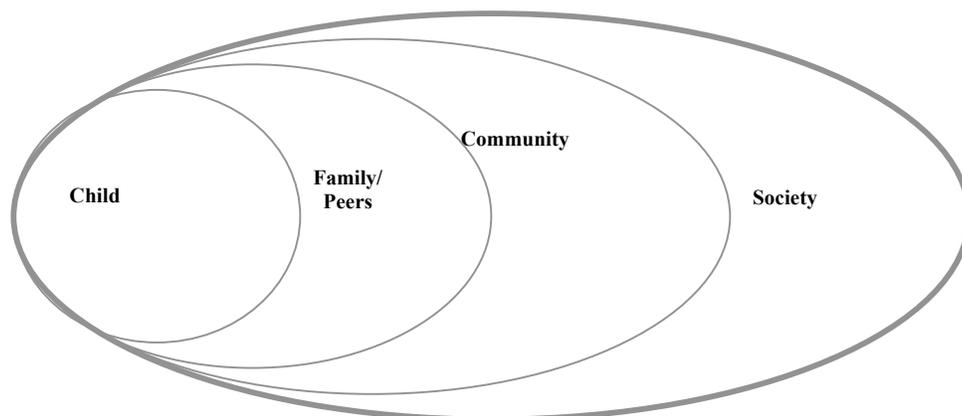
Following are some examples of the resources and capacities that we may find at each level of social interaction, resources that psychosocial support programmes may want to enhance when restoring that child's sense of well-being.

The individual capacity of a person

This is a person's physical and mental health. It includes their coping abilities, their position in society, and their ability to access such resources as food and water, social services, education, and health care. For children, these coping abilities would include their level of resilience and their developmental stage. At the individual level there are three aspects of well-being that influence a child's ability to cope with an emergency.

- Skills and knowledge include life and vocational skills, use of appropriate coping mechanisms, and the ability to process information in order to access resources.

- Emotional well-being may refer to one's sense of security, trust, self-confidence and hope for the future. Spiritual well-being will influence many of these factors and is included in this domain as one way of constructing a sense of order in the world, and providing meaning to experiences.

- Social well-being is an ability to form and maintain positive relationships with care givers, peers and adult role models who promote healthy functioning. This ability also refers to one's having a socially appropriate role and identity within a community.

Family functioning

Family functioning refers to a family's ability to protect, care for and support its members, and to constructively mitigate the stresses of poverty, violence, displacement and other difficult situations.

Community functioning and socio-cultural values

Groups and structures that form supportive networks within a community, and which can be mobilised to prevent or respond to difficult events, also support the effective functioning and psychosocial well-being of individuals in that community. These structures are grounded in the beliefs and values of a community. The practices and values that express this support give a sense of meaning and shared identity members of that community. For children, this sense of identity will be significantly influenced by the beliefs held by their family members, their community, and the perceived relevance of these values in their own lives.

Each social level has resources and capacities that support and promote psychosocial well-being. These resources vary from situation to situation and are dependent on factors including age, gender, or socio-economic context. In most emergency situations, however, it is likely that some of these resources and capacities will be negatively impacted, diminished or eroded. Threats to physical well-being may come along with disruption of social relationships. Likewise, distressing events may have harmful emotional impacts on human lives. As the components of well-being are closely interrelated, these may be compounded for even greater impact later in an individual's life. In the case of children, their development can be interrupted, possibly with serious repercussions for the child as they become an adult.

Even in difficult circumstances, individuals will maintain some of their strengths. It is important that in our efforts to promote psychosocial well-being, we identify and build upon these existing resources. Therefore, restoring these resources, or assets, becomes a goal of psychosocial support efforts. This restoration is also the means by which we begin to restore a sense of wholeness and well-being.

Social networks and Psychosocial support

Consider the example of 'Hamsa', a boy living in Ache before the earthquake and resulting tsunami in December 2004. In the diagram below, the inner circle of the diagram represents the boy, who we consider to be in a state of psychosocial well-being. Factors influencing that state might include those indicated in the circles surrounding him:
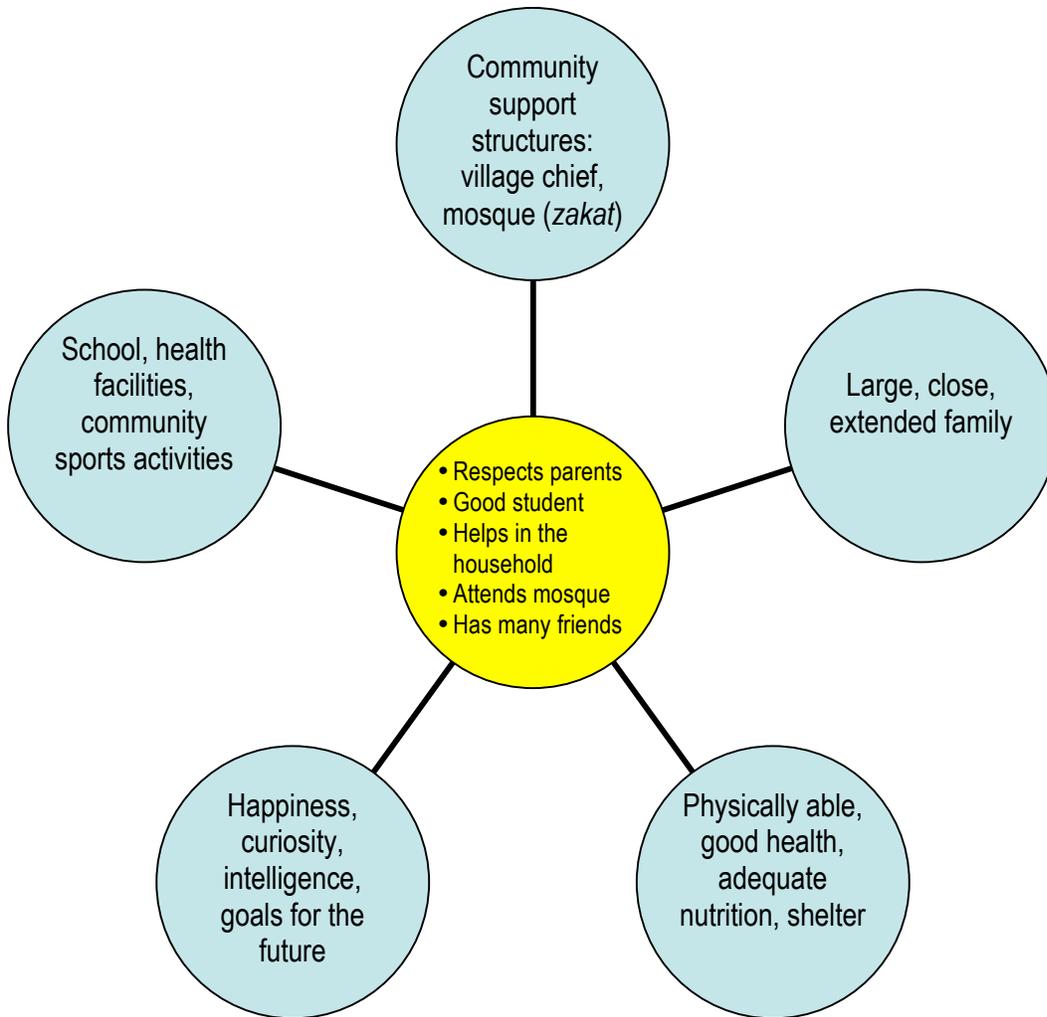
In this case, being a good son, good student, devout Muslim, and having healthy social relationships are all behaviours associated with psychosocial well-being. The diagram summarises the complex interaction of individual traits, interpersonal relationships, social systems and structures that come together to create this state of well-being. Of course, there are many other factors, and the particulars will depend on culture, age, gender, and a number of other variables that will be discussed later.

*Because we are addressing the inter-relatedness of individual and social capacities, we refer to this holistic well-being as **psychosocial well-being**. It is a complicated phrase for something simple, something that we all intuitively understand. The word **psychosocial** underlines the dynamic relationship between the psychological and social effects of an event. It is the influence of the event:*

- *On a person's **psychology**—their mind, thoughts, emotions, feelings and behaviours.*
- *On their **social world**—their environment, culture, traditions, spirituality, and interpersonal relationships with family, community and friends and life tasks such as school or work.*

Goals of Psychosocial Support Programming

Psychosocial support refers to any local or outside action that enhances the aspects of an environment, individual or situation to best allow for recovering from the effects of an emergency. With children, psychosocial support has a particular emphasis on maintaining or restoring normal developmental processes so that children are fully able to engage the world in ways appropriate to their ages, develop their potential to the fullest, and become competent and productive adults. This engagement is achieved through working with local community groups and organisations that can mobilise and advocate for improved access to community support, basic services, and restore everyday recreational, social and vocational activities.

The goals of UNICEF psychosocial support programming are two-fold:

1. To promote a social environment that protects all children from exposure to situations that have harmful effects on their psychosocial well-being;

2. To ensure the protection, recovery and reintegration of children who have been exposed to situations harmful to their psychosocial development.

In order to achieve these goals, UNICEF focuses its efforts on the following strategies:

- Engaging governments, civil society, communities, families and children to influence social environment, behaviour and attitudes in order to provide and promote a safe and protective environment.

- Raise the awareness of government, civil society, communities, families and children regarding the psychosocial implications of armed conflict, natural disasters, other forms of violence and exploitation as well as advocate for appropriate alternative care situations.

- Preventing and mitigating the harmful psychosocial impacts of armed conflict, natural disasters, and other forms of violence and exploitation, and to promote appropriate models of alternative care.

- Developing, providing, and strengthening psychosocial support services for children and their care givers.

Chapter 2

EMERGENCY SITUATIONS AND THEIR CONSEQUENCES

> *The fieldwork of UNICEF is often conducted in situations associated with conflict, natural disasters or other challenges. In these settings events will have significant consequences for the affected population at the individual, family and community levels. A psychosocial approach to supporting children and families affected by emergencies requires an understanding of how these situations impact the resources and strengths of individuals and groups. Responses then can build upon the remaining assets and appropriately provide what additional resources that might be required.*

What is an Emergency?

UNICEF defines an emergency as a situation that threatens the lives and well-being of large numbers of a population and in which extraordinary action is required to ensure their survival, care and protection. Emergencies may include armed conflict, terrorism, communal violence, torture, and situations of political instability.

Natural disasters are emergencies with natural, rather than human causes—though human impact on the environment may be related to some natural events. Common natural disasters include earthquakes, volcanic eruptions, drought, floods, hurricanes/cyclones, tsunamis and famine. Like complex emergencies, natural disasters may have profound effects on the psychosocial well-being of children and their families.

The two most common types of emergencies in which UNICEF is involved are complex emergencies and natural disasters. A complex emergency is defined by UNICEF as 'humanitarian crisis in a country, region or society where there is total or considerable breakdown of authority resulting from internal or external conflict and which requires an international response that goes beyond the mandate or capacity of any single agency and/or the ongoing United Nations country program'.

Such complex emergencies are typically characterised by extensive violence and loss of life, massive displacements of people, widespread damage to social structures and economies, and a collapse of political authority and rule of law. These situations require large scale, multi-faceted humanitarian assistance, though such efforts may be challenged by political and military constraints and significant security risks for humanitarian relief workers.

In addition to emergencies, humanitarian interventions are often necessary in other situations. Post-emergency settings may require continued humanitarian efforts working towards development and stability. Massive economic instability may impact the well-being of those affected to the point of requiring outside intervention. Situations of widespread criminality, such as that associated with drug-related gangs, may also reach the point of impacting large numbers of people and requiring extraordinary action. This manual addresses some approaches that are appropriate to working with children, families and communities in these situations.

Consequences of Emergencies Affecting Children, their Families and Communities

Emergency situations, whether man-made or natural, may affect populations in a myriad of ways. For children and young people, emergencies present particular threats to their protection, mental and physical health, and overall development. The emergencies may also have additional impact on the functioning of their families and communities.

Let's return to 'Hamsa', the example of the boy in Ache in Chapter 1. In the aftermath of the tsunami, his situation may have drastically changed. The boy may have lost many members of his family, perhaps his parents and their house. Without as much adult supervision and protection he now faces threats to his physical safety and does not have shelter from the elements. He may have been injured during the disaster, and find it difficult to access health care. If the injury creates a permanent disability, his possibilities for ever being self-reliant are diminished. His school may have been destroyed, denying him the opportunity to continue to develop his mind, interact with friends—many of whom may now be dead—and have the structure and routine that the school day brings.

He may go to the village chief, or the mosque for assistance, yet now so many other people are seeking financial and other assistance that there is too little to go around. Becoming overwhelmed with the challenges and inability to meet his needs, the boy may start to feel hopeless and afraid. He may become depressed, inactive, or perhaps angry. He may begin to question his faith and his hopes for the future. These emotions may drain him of the energy to continue to work at meeting his needs. It is at this point that he may need some extra support to regain a sense of wellness, control and efficacy.

In emergencies, populations may be displaced, infrastructure destroyed, social services disrupted, and community relationships altered. Tensions and divisions in the community may increase due to

conflict or access to scarce resources. Significant resources and services including hospitals, religious institutions, schools, social services, and legal/justice systems may become the targets of warring parties, breakdown due to collapse of authority, financial support, security, or simply being overwhelmed by community needs exceeding the capacities of the systems.

The loss of these key services and resources together with the breakdown in civil society has a profound effect on the well-being of individuals, families and communities. In fact, whole societies or nations may be impacted by large-scale emergencies, resulting in long-term systemic change.

In Chapter 1 we outlined a framework for a psychosocial approach to supporting children in emergencies. This framework placed children within the structures of families and communities. We cannot isolate the experiences of individual children when we consider their psychosocial well-being. Therefore it is useful to examine the impact of emergencies on each segment of the community, understanding that the impacts are inter-related and complex. Below are some examples of common consequences of emergencies on children, their families and communities.

Consequences of emergency situations on children

- Physical injuries may be sustained from weapons, environmental damage from natural disasters or flight during displacement. Injuries that create long-term disability—loss of movement, amputation, loss of hearing or speech, or significant physical disfiguration—can have continuing consequences for a child's self-image, social acceptance, and ability to contribute to the family economy and self-reliance in the future.

- Chronic poor health, often associated with malnutrition, can affect the child's natural inclination to explore and learn from the environment, school and other social activities. Malnourished children have less resistance to disease, especially infectious diseases. Severe clinical malnutrition is also associated with long-term effects on the development of the cognitive, emotional and behavioural aspects of development, as well as motor functioning.

- Separation of children from their families may occur during rapid and massive population displacement. Without the protection their families provide, internally displaced and refugee children are vulnerable and at risk of physical and sexual exploitation, other forms of violence, military recruitment, involvement in dangerous and illegal labour for survival. The eldest children in sibling groups may become heads of household, taking on significant responsibilities and hardships.

- The loss of family members and friends, and the witnessing of death, injury, and physical damage to their homes and communities can be emotionally distressing events. Children may be left with feelings of anxiety, sadness, fear, anger or guilt for having survived while others did not.

- Loss of structure, routine and predictability in the day-to-day lives of children comes with displacement and the loss of such social services as education. This loss can further undermine a child's sense of stability and security.

- Although children's play takes various forms for children of different ages, genders and in different cultures, play is an essential and universal feature of childhood through which children explore, learn, cooperate, cope and adjust. Through play, children not only develop skills and competencies, but also handle and re-enact difficult life experiences and express their feelings about them. A number of factors may inhibit play in emergency situations. Coping with the disaster may put pressures on time of parents and other care givers. It is possible that the parents' own anxieties may make them emotionally unavailable to their children. The lack of safe spaces to play and anxieties about security may also lead parents to restrict their children's movements.

> *According to many adults interviewed, the decimation of Acholi culture has resulted in the loss of traditional practices and beliefs that served to protect children, adolescents and other people considered vulnerable within the society…. Adolescents and adults say that the disappearance of parental mentoring and guidance has led some [youth] to turn to violence or prostitution because they cannot fend for, or support themselves.*
>
> *'Against All Odds: Surviving the War on Adolescents',*
> *Women's Commission for Refugee Women and Children (2001)*

Consequences of emergency situations on the family and household

- Displacement, insecurity and other factors can lead to a decrease or loss of household income. This loss can have far-reaching effects on children including poor nutrition and reduced access to basic services such as health care and education. In addition, parents and other adult care givers may have less time to care for children as they seek economic opportunities to provide for basic needs.

- During periods of displacement, families may be forced to live in crowded accommodations that present risks to health, hygiene and safety. Importantly, there may also be a lack of privacy, creating additional stress on families and perhaps changing social and cultural norms within a household.

- Traditional gender and status roles may change with the potential losses of male heads of household, or the need for all family members, including women and children to assist in providing household income.

- The stress of all of the losses and changes created by the emergency may create strain within families that can lead to substance abuse and violence.

Consequences of emergencies at the community level

Emergency situations affect not only the individuals and households of a community, they may also have a significant impact on the services available in a community and the social norms that provide a sense of safety and support well-being.

<u>Loss of services</u>

- In addition to the impacts mentioned above, a lack of health services may also mean inadequate immunisation, reproductive health care, neo-natal care and paediatric programmes. The capacity to control infectious diseases likely will also be compromised. These effects will have considerable impacts on the healthy development of children and adolescents.

- Lack of clean water and adequate sanitation will pose particular threats to the health of a growing child, particularly infants who are at high risk of diarrhoeal diseases.

- A breakdown in law and order may lead to violations of legal rights ranging from discrimination and the denial of inheritance rights for women and children to arbitrary detention, military recruitment of children or a lack of basic services. There may also be a subsequent increase in criminality and lack of protective measures for vulnerable groups, especially children in conflict with the law.

- Loss of educational opportunities can have far-reaching effects on children's development. Children whose primary education is disrupted often find it difficult to return to schooling later in their childhood. Girls are particularly likely to discontinue education. The absence of basic education violates the rights of children and can be a life-long handicap.

<u>Breakdown of community supports</u>

- Loss of peers for children and adolescents means a loss of the emotional support and social interaction which comes from other children and young people. As adolescents and young adults are developing their own identities, they begin to distance themselves from their parents or adult care givers. They form strong bonds with boys and girls their own age children can communicate freely and explore new roles and boundaries. With the death and displacement that may come in emergency situations, the loss of peers, if even temporarily, can be a source of enormous distress for children and adolescents.

- Traditional cultural institutions often exist to help those most vulnerable in communities by providing financial resources during difficult times, assistance with burial and other transitional rites or spiritual guidance and the transmission of cultural knowledge that binds communities. These may be weakened during emergencies, and their resources may be overwhelmed by the massive needs of the community.

- Cultural norms and values may undergo change due to the disruption of communal practices and influences from outside forces that come with the relief effort. While may offer the possibility of creating positive change for groups, especially women, children and others who might have been marginalised prior to the emergency. These changes, however, can produce stress and tensions that impact the well-being of everyone in the community.

- Social tensions often increase during emergencies when needs are enormous and resources limited. These tensions can strain community cohesion, even leading to divisions within the group or conflict between different parts of the community. Already vulnerable or marginalised members of the community may be of even greater risk of further exclusion.

This is not an exhaustive list of the consequences emergencies can have on children, their families and communities. However, they are among the most common and significant. There are several additional consequences which must be taken into consideration when developing programmes for children's protection and psychosocial well-being. These consequences and are discussed below.

<u>Separation</u>

The risk of children's separation from their parents or guardians greatly increases in situations of conflict and some natural disasters. Children can become separated either accidentally—during evacuation, or when fleeing from danger; or deliberately—when children are abandoned, abducted, recruited into an armed force, orphaned or have run away from home. Children who have been separated are at an increased risk of various forms of abuse and exploitation. Many separated children are vulnerable to becoming involved in criminal activity, drug abuse, and other high risk behaviours as a result of coercion by predatory adults or their own exploration of newfound independence. Unaccompanied girls are at especially high risk of sexual abuse, and boys of participation in violence and armed conflict.

<u>Violence, Abuse and Exploitation</u>

Due to the breakdown of protective mechanisms in traditional families and communities, and the potential for violence, children in emergencies are often at an increased risk for exposure to violence. This violence can take many forms:

- Physical, emotional or sexual abuse
- Exploitative labour
- Trafficking
- Torture
- Abduction
- Various forms of gender-based violence

Very young children, children in poor health or with disabilities, children belonging to marginalised ethnic groups and girls are the most vulnerable to violence, abuse and exploitation. Due to poverty and desperation some children may feel forced to exchange sex for such basic necessities as food and shelter.

Sexual violence and inappropriate sexual activity is a particular concern in emergency situations. Such violence can take a variety of forms including rape, commercial exploitation, and sexual and domestic

abuse. UNHCR defines sexual violence as all forms of sexual threat, assault, interference, and exploitation, including 'statutory rape' and molestation without physical harm or penetration.

Perpetrators of sexual violence and exploitation are those who directly, or indirectly, coerce, trick, encourage, organise or maintain the exploitation. Perpetrators also include those adults who participate in the exploitation and violence. These people can range from members of armed forces to peacekeeping troops to family members, to local and foreign perpetrators and organisers. Cases of abuse within the family are particularly difficult to deal with as children and adults may be reluctant to reveal incidents of abuse, especially in cultures where the raising of children is seen as a private concern.

Violence, abuse and exploitation have potentially devastating effects on the physical and mental health of children, including emotional distress, health risks from physical injury or contraction of sexually transmitted infections—including HIV—and the additional stress resulting from sexual abuse or exploitation. All of these impacts can have long-lasting developmental implications for individuals. They also have the potential of undermining the strength and cohesion of their families and communities. Girls who have experienced rape, especially those who have borne children as a result, may be highly stigmatised in their home communities or even rejected by their own families.

> *Girls who return home with a child or pregnant face additional stigma. One girl in the DRC was told her child had become an 'extra charge' that the family could not afford. Others were shunned because the father of their child was not known, and this was seen to bring additional dishonour to the family. Some girls described how their children were viewed as potential enemies because of the father's ethnicity or nationality….*
>
> *Communities also fear that somehow the girl associated with armed groups would 'contaminate' or corrupt other girls, encouraging them to have sexual relations without family consent, dowry and official sanction.*
>
> *'Forgotten Casualties of War: Girls in Armed Conflict'*
> *Save the Children UK (2005)*

Children Associated with Fighting Groups or Forces

The term 'child soldier' does not just refer to children who are armed. Many children get caught up in conflict as porters, scouts, cooks and in some instances, as sexual partners for the armed combatants. Boys and girls often have multiple roles in military groups and both boys and girls can be active combatants.

Children participate in armed hostilities and associated activities in several ways. Some are conscripted —compulsory recruitment or recruitment by official channels. Other children may be used by local militias or village headmen to fill quotas on recruitment demanded by the military or other armed groups. Forced recruitment is another way that children become associated with armed groups. Some armed groups raid schools, villages or urban areas with the aim of abducting children. Some children may belong to armed groups without being forcibly recruited. This decision can be due to political and cultural influences, particularly in settings where participation in military or warlike activities is glorified or considered a patriotic duty. Still other children join armed groups as a means of protecting themselves, their families from harassment or providing for basic needs.

Regardless of how children came to participate in armed conflict, or what their role they played in the armed group, their experience generally results in increased risks to their physical, emotional and social well-being. The consistent accounts of children formerly associated with fighting forces which detail sexual abuse and being forced to commit atrocities appear to represent a pattern of armed groups exerting control over the young recruits. This control is likely aimed at preventing children from returning to their normal lives. It also establishes a new identity and fulfils a 'need' for community, in this case the armed group. It should be noted that not all children consider this association a negative experience. Some children feel a bond with the group and acknowledge that they have learnt skills and acquired new resources through their involvement with armed groups. In fact, some feel undermined by disarmament, demobilisation and reintegration (DDR) programmes that remove them from the armed group against their wishes, especially those which do not recognise or build upon their newly acquired resources and strengths.

Even for those children wishing to leave the forces and return to civilian life, returning home after discharge or escape can be very difficult. It is important to prepare children, their families and communities to be re-united, especially those who are not welcome for having been child soldiers. Many of the children are stigmatised by the community—called 'killers' or 'rebels'. Girl mothers and their children may have a particularly difficult time reintegration. These girls may no longer be considered marriageable, or appropriate for participation in women's associations and activities. For those children who may have fought against unpopular groups or as 'freedom fighters', may have their participation glorified, continuing their association with armed groups and denying them a return to civilian childhood. All children and young adults who were recruited as children may face new or different expectations when they return to their households and community. While some of these expectations may be positive, they all require adaptation and increase the stress of restoring a sense of normalcy in their lives.

Summary

Complex emergencies and natural disasters have enormous consequences for communities, families and children. Many of these consequences are interrelated. Violent conflict induces separation and exploitation. Drought can result in political and economic instability which, in turn, can foster violent conflict. We have also seen natural disasters strike areas in which conflict has already impacted the population and weakened infrastructure and supportive mechanisms.

- **During times of natural disasters and social emergencies, individuals and communities are subjected to great strain.**

  The effects of such situations on individuals and families vary considerably. In the context of these emergencies, children and families actively engage in the rebuilding of their lives. Such experiences can take a heavy toll on people, with individuals frequently experiencing such strong emotions as anxiety, grief, loss, extreme anger, vengeance, mistrust and fear. It is essential that these feelings are not ignored while homes are rebuilt, social structures re-established and livelihoods resumed.

- **Although emergencies create many difficulties for those affected, there is also the possibility for them to have some positive effects.**

  People frequently exhibit great resiliency, demonstrating personal strength and resourcefulness. Community activities create opportunities for increased solidarity, social support and generosity. As the result of emergency and the resulting attention and assistance—which may introduce or enforce international rights and standards—children and communities may become more aware of their rights, and that they are entitled to access to new services. These changes may represent opportunities for positive social change. Changes may also come on a national level; for example the opportunities for peace negotiations in Aceh following the 2004 tsunami.

- **In emergency settings children need strong and responsive social supports to protect them and promote their resilience, development, and a sense of well-being**.

  It is in circumstances such as these that psychosocial activities are promoted and developed. These programmes foster emotional well-being and meet the social needs of affected children. This goal is accomplished by strengthening the environments that protect children, re-establishing routines based on learning and play activities, fostering a sense of normalcy and giving safe opportunities for children and young people to participate in their communities.

> *Resilience* refers to the ability to 'bounce back' after difficult or stressful experiences, and adapt to change.

Section 2

RISK AND PROTECTIVE FACTORS

INFLUENCING PSYCHOSOCIAL WELL-BEING IN

EMERGENCIES

> *War-related changes to a child's life pathway usually have more damaging consequences for his/her well-being than the traumatic event itself (an example would be a child's loss of parents having to grow up as an orphan, or destruction of school system leaving children without education.*
>
> Marie de la Soudière

Chapter 3

RISK AND PROTECTIVE FACTORS IN THE CHILD'S ENVIRONMENT

> *Emergency situations create circumstances in which threat and loss are common. These events can represent a challenge to the capacities and well-being of affected individuals. However, experience shows that, in the main, people and communities do have capacities to cope with the distress caused by such events. Any assistance needed is to reinforce these existing capacities and promote resilience. We can consider these capacities and resources as protective factors that can counter the risks in emergencies and prevent or mitigate harm. Psychosocial support programmes aim to strengthen protective factors and minimize risk factors in order to protect and promote psychosocial well-being. This chapter will explore some of the most significant protective factors for children affected by emergencies.*

For a long time, humanitarian efforts promoting psychosocial well-being were focused on responding to the immediate psychological affects of distressing events. Approaches were developed based on psychology and psychiatry. The emphasis was often on treating trauma and Post-Traumatic Stress Disorder (PTSD), a clinical mental health diagnosis. However, experience has shown that only a small percentage of an affected population will develop mental illness. In fact, this approach can be counter-productive if the terminology and methods stigmatise portions of the population by labelling them as ill. The approach can also deflect attention away from the role of the broader social environment on which interventions could have a greater impact. There has been a resulting shift toward a psychosocial perspective, emphasising a focus on risk and protective factors that influence the development and well-being of the child.

In Chapter 1 we outlined a framework of children's psychosocial well-being emphasising the influences at three different levels: the individual child, within the context of the family and the community. Both risk and protective factors may exist at each level. The presence or absence of a child's own internal capacities—health, intellect, social and other life skills—will influence his or her response to negative experiences. At the same time, the family, community, and the framework of social values and beliefs can provide the child with a sense of security and well-being, or of vulnerability and harm. Below we will explore some key protective factors that can help to prevent or mitigate harm from distressing experiences and promote well-being.

Protection and Risk: The Child

In Chapter 2 we examined the impacts and consequences of emergency situations on children. We looked at the impact of external events and their consequences on three levels: the individual, the family and the community. At this point it is important to note that, in addition to external forces, some children may be at particular risk to their own internal risk factors. For example, children with chronic poor health, pre-existing accumulations of loss and stress, depressed psychological states or disabilities may at a higher risk for harmful consequences to emergencies. Again, it is important to consider cultural, social and environmental contexts in making these assessments.

Though children may often be considered vulnerable in difficult circumstances, they do have their own resources that can be supported and used to enhance their protection when needed. The concept of 'resilience' was defined in Section 1 as the ability to 'bounce back' or adapt to change after difficult or stressful experiences. The term originally comes from the physical sciences and has been adapted by the health professions. This ability to 'bounce back' serves an important function in responding to the stress and loss of overwhelming situations. The greater the capacity to adapt to changing circumstances, and gather the resources needed to respond positively to harmful events, the higher the likelihood that a child will be able to move forward in a healthy developmental pattern and maintain or restore psychosocial well-being.

As with most human abilities, there is considerable variation among people's capacities to 'bounce back' after experiencing adverse circumstances. Children's responses to difficult situations vary according to both internal and external factors. The external protective factors will be discussed below. While there may be some cultural and contextual various, some common internal factors that characterise resilience and promote protection include:

- intellectual maturity

- high self-esteem

- self-control

- positive coping skills

- ability to seek assistance and needed resources

- sense of purpose

- sense of optimism and hope for the future

Many of these factors will be innate, though others may be promoted and developed with supportive assistance. Psychosocial support programmes focus on promoting the internal and external factors influencing resilience in order to foster and strengthen resilience and thus psychosocial well-being.

The concept of resilience highlights the fact that many children are able to cope quite well with difficult circumstances. Therefore, it should not be assumed that all children experiencing the same stressful events will experience the same risks of harmful effects. Nor should it be assumed that particular categories of children—'child soldiers', 'street children', 'separated children'— are all extremely vulnerable.

A child protection program in the Democratic Republic of Congo targeted an income generation project to former child soldiers, most of who had escaped from the national army. Local NGO's implemented the projects in Kinshasa. During a focus group with boys participating in the program in one particularly poor neighbourhood, one of the older boys asked the NGO staff a question: "Why do you only have this program for child soldiers? I don't really need it, I am doing alright. But you should help my neighbour. He wasn't a soldier, but he is really poor and needs a lot of help."

Child Protection Worker, Kinshasa, DRC (2001)

Protection and Risk: The Family or Primary Care Givers

Family and community structures and processes are core factors in determining whether or not children do well in emergency situations. Families are the basic unit of society, and the well-being of children is closely linked to that of their parents. In all societies, families try to protect and meet the basic needs of children. However, understandings of what constitutes the family vary from setting to setting. In some places, the family can be defined as the child's immediate relatives; parents, brothers and sisters. In other places, there may be a far wider extended family including grandparents, aunts and uncles and more distant relations within a clan, village or community. Some cultures have established systems for foster care; others may be reluctant to accept the practice. Again, there will be pronounced cultural variations.

Whatever the structure, in most cases, families provide the best environment for meeting the needs of children. Attachment to care givers is one of the fundamental building blocks of child development and determinants of psychosocial well-being. In addition to providing care and protection, the family is where children learn how to behave with other people, where they learn their history, language, culture, and the customs of their community. However, parental stress of that of other care givers' is

likely to also affect children. If children feel that their families are able to protect them and provide for their emotional and physical needs, their level of distress is likely to be reduced. In the household, a return to some semblance of family routine, with age- and gender-appropriate activities for children provides a sense of structure and routine. Clearly, an important aim of all psychosocial support activities should be strengthening the capacity of families to nurture and support their children at the household level, as well as fostering the social networks that would normally sustain mothers and fathers.

> *Following the 26 December 2004 tsunami, 'mothers and fathers in the Maldives, in separate focus group discussions, reported how the experience of the tsunami has brought their families together as they clung to each other more and became more affectionate with each other. Feelings were customarily not shared in the Maldivian society, but after the tsunami and the consequent earthquake in March, people started to talk more often of their feelings. Even the Maldivian fathers, who were generally distant and aloof, have become closer to the family and children. Touching and hugging the children have become normal which worked very well in strengthening children's sense of safety and security'.*
>
> *Building Children's Coping Skills, UNICEF ROSA, 2005*

Preserving family unity helps to minimise the effects of emergencies on children. Every effort should be made to prevent separation of children from their families. However separation does occur, particularly in situations of large population displacement. It is therefore essential that activities to limit separations or to identify children already separated are in place and functioning as quickly as possible. The sooner that separated children are identified, the greater the chance of successful reunification and other supports can be accessed.

It is therefore in the best interests of the child that wherever possible, children are provided with care within a family setting. While it is preferable that they are able to maintain contact with at least one of their previous care givers, it is especially important that brothers and sisters be kept together whenever possible. Care within a well supported child-headed family may be preferable to the separation of siblings.

Protection and Risk: The Community and Cultural Influences

Effective psychosocial support draws upon, and is consistent with, local culture. Culture plays a significant role in shaping our sense of identity, our social roles, our values and our sense of purpose. Based on these indicators of identity, we derive meaning in our world and make sense of the events taking place around us. People and institutions in our communities foster culture by maintaining

traditions, negotiating changing norms and values, and transmitting knowledge, practices and values from generation to generation. Emergency situations can have an enormous, and potentially destructive, impact on the cultural values and systems that are so crucial to our sense of well-being. In particularly, children rely on the structures and systems in their communities for their social development. These are important concerns for psychosocial support interventions in emergencies.

Culture as a Mediating Influence in Emergencies

People in different cultural contexts perceive, interpret and make sense of events and experiences based on their distinct norms, beliefs and values. In this way, psychosocial well-being is closely linked to culture because the ways in which people experience, give meaning to and express wellness and distress are tied to specific social and cultural contexts. In many parts of sub-Saharan Africa, for example, it is believed that people who have killed or witnessed killing are contaminated by the spirits of the dead. Healing rituals that cleanse both the individual and the community are important not only to promote the healing and recovery of individuals, but as collective protection for the community as a whole.

> *In many African countries children who have been soldiers must undergo rituals conducted by a traditional healer to restore spiritual harmony. In Angola, a former boy soldier must participate in a ritual in which he is cleansed with flour, and a chicken must be sacrificed and its blood put on the door frame of a hut symbolic of his past. Also, the boy must put the clothes he wore as a soldier in this hut and then, as the hut and clothes are burned, he is told not to look back and not to talk about his experiences. For this society, talking about the past, a common Western practice is to invite bad spirits into the community, causing calamities for all members. (Honwana 1999).*
>
> *Kostelny, Kathleen. 'A culture-based, integrative approach'*

People have always solved problems at the local level using traditional healing practices. However, in emergency situations the need for such interventions may overwhelm the capacities of the community to carry out culturally relevant helping actions. Frequently, common approaches to healing distress in emergency situation employed by international NGOs stem from modern psychology. These are based on particular views about the causes of and responses to distress that are grounded in the belief and value systems of western, industrialised countries. Such approaches may not always be appropriate or relevant to the contexts in which humanitarian interventions are taking place.

In designing psychosocial support activities, it is important that NGOs and other helping organisations integrate non-harmful, appropriate indigenous beliefs and approaches to mental health and well-being,

and re-establish the capacity of a community to assist its own. The beliefs that people hold to explain their distress need to feature in the design of programmes to alleviate this distress. External actors that focus on interventions from differing beliefs and value systems may undermine local capacities to assist those in need of support. Dependency on outside help can resulting in programming that is unsustainable in the long term.

<u>The Role of the Community</u>

We have seen the important influence of culture on psychosocial well-being. Cultural beliefs and practices are maintained and perpetuated by key persons and institutions in communities. These will vary from context to context. Key people may include traditional or administrative authorities, religious or spiritual leaders, traditional healers, heads of community associations, or often, individuals who become known as supportive and giving members of the community. Supportive structures or institutions may include religious institutions, social service and health organisations or such affinity groups as women's and youth groups, artisan cooperatives or arts and culture groups. For children, schools are important places for cognitive development and social interaction with peers, both of which are significant components of social development.

The well-being of both children and their care givers is linked to the availability of supportive structures within the local community. In emergencies, these may be weakened, or increasingly hard to maintain. Key resource persons may have been killed, injured or weakened. In addition to the loss of physical infrastructure, destruction and dislocation can result in the disbanding of social groupings due to separation. In many ways, emergencies can undermine the social networks, local institutions and relationships—family, school, village/neighbourhood—that support normal development, emotional security, children's learning, and their sense of self and identity.

The following are some critical protective factors that mitigate harmful experiences and promote psychosocial well-being in children. The community context, both people and structures, plays important roles in contributing to these.

<u>Structure and routine</u>

Children and their care givers need the structure and routine of daily life. This conveys a sense of purpose and predictability that can be a calming, stabilising element for both the community and its children. It also helps engender feelings of responsibility and respect for other people. School can be a place that offers structure and stability for children. Returning them to school and the routines

associated with school life is important in re-establishing structure and purpose in children's lives, and affording them a sense of control over some aspects of their lives. A return to important community activities—cultural and social ceremonies, communal gardening or building and other activities—can help to re-establish social networks that will support children through difficult times. These factors are known to promoting coping and resilience.

<u>Participation and sense of self worth</u>

Children need to feel socially connected to a community and feel that they are part of a larger social world. They are not just 'innocent' and passive victims, but active citizens whose values and aspirations are connected to the community. Children have the capacity to form independent opinions and to participate in decisions affecting their own lives. They should be given opportunities to do so, according to their developmental level and capacities. Children must be able to think of themselves as worthy and capable of achieving desired goals. By participating in the larger community, children can develop a sense of empowerment and of being valued.

Participation of children in community affairs also allows them contact with positive youth and adult role models with who can instil social and cultural values and develop leadership skills. For many reasons, efforts to promote community and children's participation in programming will foster well-being for both the children and their community.

<u>Relationship with peers</u>

All children need friends. Friends provide comfort and support. Through creative play they can examine difficult experiences in a safe environment. Interaction with peers also plays an important role in social development. Children put into practice the social and cultural teachings they receive from their parents and community leaders. They explore the boundaries of appropriate behaviour and social expectations. Peer relationships provide the best environment for the development of social skills, and a child's identity and sense of belonging.

<u>Sense of meaning and spirituality</u>

From an early age children begin to develop a sense of meaning and purpose in their lives. The cultural values imparted to them by their families and communities will shape their identity and their relationship to their environment and other peoples. They will seek answers to fundamental questions about existence from the adults that influence their lives. Religious or spiritual institutions create a space for children to put into practice the belief systems of their culture.

Belief systems and the structures that maintain them play an important role in psychosocial well-being. They can offer understanding and acceptance in situations that are overwhelming and inexplicable. During periods of disruption and loss, belief systems can create a sense of connection with others and a sense of hope for something better to come.

Summary

While emergency situations can present enormous risks to the psychosocial well-being of children, the presence of protective factors within children, their families and communities can play an important role in mediating potentially harmful outcomes. Children are resilient. They have capacities to meet their needs and overcome adversity. These internal capacities are strengthened by functioning families, cultural values and influences, and the existence of supportive persons and structures in the community.

The following are some important lessons learned in humanitarian psychosocial support work promoting protective factors at the individual, family and community level[1]:

- Promoting healthy development and competence, not just treating problems, is an important strategy for protecting child development and preventing psychosocial problems from appearing in the first place.

- If key resources and protective systems are preserved or restored, children are capable of remarkable resilience.

- Resilience is typically made of ordinary processes and not extraordinary 'magic'.

- Children who make it through adversity will have more human and social capital in the future. They will be in a better position to address future problems. However, no child is invulnerable. As risk and threat levels rise, the relative proportion of resilience among children will fall. There are conditions under which no child can thrive.

- The behaviour of adults plays a central role in the development of all protective systems for children.

- As children grow up, they become more able to influence their own level of risk and degree of resiliency.

- Assessments of children need to include competence, assets, strengths, and protective factors.

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[1] Adapted from Masten, A. (2000). Resilience in Children Exposed to Severe Adversity: Models for Research and Action. Paper presented at Children in Adversity Consultation, Oxford

- Interventions can focus on decreasing an individual's exposure to adversity, increasing the individual's internal resources, and/or mobilising protective processes in the social systems that surrounds the individual.

In addition to some individuals having resilient qualities, communities can also be resilient. By addressing community resilience, a more holistic approach is promoted and local resources are valued.

Some Characteristics of Resilient Communities[2]

- There is a strong sense of community characterised by open relationships between people and good communication.

- Leadership is shared, or leaders genuinely represent the people and both men and women are able to exercise leadership functions.

- Supportive structures such as schools and pre-schools, health services, community groups, and religious organisations exist.

- There is a commitment to community development. Community members take responsibility and action to improve community life.

- Problems related to the effects of conflict or displacement are widely acknowledged and shared rather than treated as individual problems; psychological understandings are diffused broadly in the community, and there is a commitment to developing collective responses.

- People see themselves as resourceful and their communities as having potential to meet the needs of their people in a culturally appropriate manner external resources are relied upon only when necessary.

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[2] Adapted from Tolfree, D. 'Restoring Playfulness: Different approaches to assisting children who are psychologically affected by war or displacement', 1996, p. 87.

Chapter 4

STAGES IN CHILD GROWTH AND DEVELOPMENT

A child development approach is taken in order to recognize the specific needs of children at different life stages. These stages distinguish the particular capacities and vulnerabilities that must be addressed in order to minimise risks and prevent further harm. At the same time the approach reinforces cultural and communal factors that enhance healthy development. In this Chapter we will review some of the basic characteristics of children's developmental stages, acknowledging that while there are some generalised aspects, understandings of developmental stages are influenced by cultural and social factors.

Child development is the process of growth and maturation of a person from conception to adulthood. Understanding the needs of a child at various stages of growth and development is critical to providing appropriate and effective support. Recognising the stages of child development is the basis of ensuring that a child's best interests are identified and addressed, particularly in difficult situations. UNICEF follows a developmental model that recognises that children at various ages and levels of development have different needs and abilities, and that risk and protective factors may vary in significance to well-being. Thus programmes to promote healthy development and psychosocial well-being must vary accordingly.

The impact of emergencies is not the same for all children. We have seen how culture, social and emotional supports and internal capacities—resilience—influence the effects of distressing events on children and can mitigate harm. In addition, age, developmental status and gender affect the way in which children understand and respond to what is happening to them. Psychological and social factors are essential to the normal developmental process, and evolve with physical growth and maturation. This means that psychosocial needs change as an individual grows and develops.

Risks to children's development may begin prior to their birth, particularly when mothers are living in the difficult, stressful and unhealthy conditions that are the consequence of emergencies. Poor nutrition, alcohol and drug use, malaria, intestinal infections and other environmental factors can compromise a pregnant mother's health to the point of impacting on the physical development of their babies. The long term risks for children include physical and developmental disabilities, poor cognitive development, and potential for chronic poor health. All of these factors present significant risks for children.

Stages in Child Growth and Development

Child growth and development is best understood within a cultural context. Nonetheless it can be broadly categorised into three stages: [3]

1. Early childhood from birth to approximately five or six years

2. Middle childhood, approximately six to twelve years

3. Adolescence (late childhood and early adulthood) approximately twelve to eighteen years

Early childhood

Babies are dependent on adults for all their needs. This dependence is a major feature of the first five years of life. Young children need adults to provide food and shelter, protect them, and make them feel safe. They are also highly reliant on adults to provide the experiences that stimulate the development of language and thinking. The stressful events that accompany disaster may threaten or disrupt the emotional or intellectual development of children. Children are likely to be emotionally affected by stressful events and may have difficulty in understanding what is happening and expressing how it affects them.

The impact of stressful events may be seen in children's behaviour and reflected in their play. Young children may become aggressive, withdraw or seek closer contact with their mothers or other significant care givers. They may also respond more fearfully to loud noises, the strong emotions of others, or being left alone. It is through play that children build and express their understandings of the world. Therefore, the play that follows stressful events is likely to provide children with the opportunity to explore what is happening to them and begin to find meaning in it.

Middle childhood

In most cultures, it is during this period that children's roles in the household and the community become more defined. Expectations regarding their participation in day-to-day activities are determined by their gender and developmental status. They contribute to household chores: cleaning, obtaining fuel and water, caring for younger siblings, agricultural activities and cooking. Attending school or community and religious functions help children in this developmental period learn how to be good members of their community.

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[3] For the purposes of this manual a 'child' is considered any person under the age of 18 years, in accordance with the Convention on the Rights of the Child.

From six to twelve years of age, children develop rapidly in their abilities to think, understand and articulate; to be aware of and manage their feelings, and to do things for themselves. This development provides them with ever increasing ways of understanding and responding to stressful events. In some cultures, they may employ creative play to explore social norms and values, imitate influential adult roles and play out events in their lives. In this way children may gain a sense of determining outcomes for themselves, allowing them a sense of control and efficacy.

In most circumstances, however, children may find themselves with little control over events. At this stage in their lives, young children may have a heightened awareness of their own vulnerability and may be more fearful than their younger siblings. This vulnerability can lead to pronounced 'acting out', behaviour in which fear, anxiety and confusion may expressed through aggressive and attention-seeking actions.

Adolescence (late childhood and early adulthood)

Adolescence is not a universally recognised concept. In some cultures the transition from childhood and adulthood may be immediate. Nonetheless, young people do undergo significant physical and emotional changes between the ages of twelve and eighteen years. Brought on by the hormonal changes of puberty, adolescents experience changes to body shape and the rapid development of their own sexuality. It is also during this period that young people achieve intellectual maturity. They are now likely to have acquired a realistic understanding of the stressful events they have experienced or continue to experience. At this time too, adolescents in some cultures are separating from their parents and establishing their own relationships with the world outside the family. They may be finding increasing reliance on their peer friendships as well as expanding the number and significance of relationships with adults outside of the family.

In times of instability, an absence of adult role models and a disruption in social settings can impact an adolescent's moral development and practice. Loss or incapacitation of parents or care givers may burden adolescents with the adult responsibilities of caring for younger siblings and sick or injured members of the family. Providing economic support to the family may take precedence over schooling and social activities important to many adolescents. Boys and girls may face different challenges based on circumstances and cultural expectations.

Adolescents in insecure environments face particular risks because of the level of maturity they have attained. It is important to recognise that specific protection measures are needed for this age group in

order to address such risks as underage military recruitment, sexual exploitation, and involvement in harmful child labour practices.

As mentioned at the beginning of this section, childhood and adolescence are as much determined by cultural beliefs, concepts and practices, as by biological factors. Knowledge about child development must include factors ranging from culture, history, customs, and religious rituals to family and community patterns of behaviour. These cultural factors have a significant impact upon children's development and it is essential that programmes for children take these factors into account. However, discretion is needed to determine the potential benefit or harm that different cultural practices may present to children and young people. Harmful cultural practices can negatively impact development and psychosocial well-being, and therefore, would not be promoted or encouraged.

Gender and Development

Conflict, natural disasters and other emergencies affect men, women, boys and girls differently as a result of their differing roles in society. Gender roles are the socially constructed differences between males and females. As these roles are shaped by social, economic and cultural forces, they vary between cultures and social groups. For example, in some societies boys and men are expected to be the primary income earners by working outside of the home, and/or carrying out subsistence agriculture. The women and girls in their families may be expected to maintain their households, make economic decisions about purchasing and saving the income brought in by the males. These expectations may be different, or the responsibilities shared, in other cultural contexts.

Gender roles and their expectations can make gender a more significant determinant of risk or protection than the fact of being a child. Different societies have contrasting ideas about boys and girls, their differing vulnerabilities and capacities, how they best learn and about what is good or bad for them. Within a given context, these gender differentiations may be influenced by the social caste, class, and economic status of a child.

Consider the example of gender expectations given above. In that context, girls are much less likely to have opportunities to attend school or take part in some community social activities, as the social expectations placed on the girls prioritise household responsibilities. In some cultures, a girl's value in her family may be based on her ability to attract a good husband by having strong domestic skills rather than a formal education. Throughout their life cycle, girls face discrimination, special risks and pressures based on gender roles that limit their opportunities and constrain their life choices in ways not faced by boys. For this reason, mitigating gender discrimination and helping girls overcome

barriers to their full development is a central focus of psychosocial support. In emergency situations, such support may initiate opportunities for positive social change.

It is important to realise that boys also have gender role expectations and at times these may present risks. Boys are under pressure from peers, their families and their community to behave according to social and cultural ideals of masculinity. These ideals may in turn promote violence and encourage boys' participation in conflict, increasing their physical and psychosocial risks. On the other hand, it may be harder for boys to carry out their traditional roles in emergency situations as their roles may be related to agriculture or other economic activities that might be impossible in these circumstances. This challenge to their identity can diminish a boy's sense of well-being.

Understanding the influences of gender roles is important in conceptualising protection and risk factors. Psychosocial support programmes must take a gendered perspective in building on individual, family and community strengths in order to mitigate the impacts of emergencies.

Boys and girls have different opinion on how they visualize the psychosocially functioning individual. For girls, respect and serving others and treating others equally is essential for psychosocial well-being. On the aspects of psychosocial well-being the boys thought that psychosocial reflects more of the patriotic and of more dedication toward the country; they believe one who serves and works for the country is a psychosocial well-being person. When CAAFAG (Children Associated with Armed Forces and Armed Groups) are reintegrated in the society, CAAFAG want the psychosocial state of respecting everyone, treating everybody equally, not having a feeling of revenge, able to eat and sleep without disturbance, not having unnecessary fear, always feeling secure, not having a feeling of regret and shame, concentrating well in the studies, doing good for society, having achieved much education, and holding a good perception towards society.

'Child Participation in Development of Indicators, Tools and Techniques for Psychosocial Program' Rohit Karki, TPO Nepal

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Section 3

POLICIES AND PROGRAMMING PRINCIPLES OF PSYCHOSOCIAL SUPPORT IN EMERGENCIES

UNICEF and its partners' efforts to protect and promote children's psychosocial well-being are guided by polices and principles, both internal to the organisation and others agreed upon by key humanitarian actors. These constitute the legal and normative frameworks for emergency psychosocial support programming for children. The key references are discussed in this section, with a focus on the newly published Inter-Agency Standing Committee 'Guidelines on Mental Health and Psychosocial Support in Emergency Settings'.

Chapter 5

HUMAN RIGHTS BASED PROGRAMMING AND THE CRC

> *The central role of UNICEF in emergency situations is the implementation of programme activities for children and their families, with a particular emphasis on advocacy; assessment and coordination; and care and protection of especially vulnerable children. The organisation is committed to providing support through mutually reinforcing actions in the areas of humanitarian policy, global advocacy and humanitarian response. These efforts 'respect the two fundamental tenets behind all UNICEF actions, namely the Convention on the Rights of the Child and a commitment to a human rights-based approach to programming'.*
>
> *UNICEF Technical Guidance Notes*

Human Rights-Based Approach to Programming

For UNICEF a human rights-based approach to programming means that all programming is focused on the realisation of the rights of girls, boys and women. The principles of human rights and child rights guide programming in all sectors and phases of the programme process. There is a focus on developing both:

- The capacity of duty-bearers to meet their obligation to respect, protect and fulfil rights

- The capacity of rights-holders to claim their rights

A human rights approach is based on the premise that the empowerment of rights-holders is in itself an important result. Such realisation of rights is intricately linked to the healthy development and well-being of children. The approach places equal emphasis on the outcomes of the programme and the process by which outcomes for children and women are achieved. Participation, local ownership, capacity development and sustainability are essential characteristics of a human rights-based process.

The Convention on the Rights of the Child

Ratification of human rights treaties makes States legally accountable for ensuring the human rights of all those under their jurisdiction. This accountability opens the way for UNICEF and other UN agencies to discuss with governments how children's or women's rights can be effectively safeguarded and how treats to these rights can be overcome.

Frequently, the deliberate violation of children's rights in a complex emergency is a significant contributing factor to psychosocial difficulties. Advocating for protection of children from violence or abuse, and for access to such basic services as clean water or shelter, is one of the most fundamental and effective ways to promote psychosocial well-being.

All children are entitled to protection and care under several national, regional and international instruments. The Convention on the Rights of the Child (CRC) provides the highest international standards for children's rights. Built on varied legal systems and cultural traditions, the CRC is a universally agreed upon set of non-negotiable standards and obligations. The CRC spells out the basic human rights that children everywhere are entitled to, without discrimination, and in both emergency as well as non-emergency settings:

- The right to survival

- The right to develop to the fullest

- The right to protection from harmful influences, abuse and exploitation

- The right to participate fully in family, cultural and social life

Each of the rights spelled out in the CRC is inherent to the dignity and harmonious development of children. The Convention protects children's rights by setting standards in health care, education, and legal, civil and social services. These standards are benchmarks against which progress can be assessed. States that are party to the Convention are obliged to develop and implement all their actions and policies in the light of the best interests of the child.

Following adoption of the CRC, UNICEF has become an essential actor in the field of human rights, incorporating the principles of this document and of other human rights treaties into its programmes. The articles in the Convention address a number of issues that work protect children in different emergency situations. However, the guiding principles of 'non-discrimination' (Article 2), the 'best interests of the child' (Article 3), 'survival and development' (Article 6), and participation of children (Article 12) are taken to be fundamental rights for providing protection and frame UNICEF's approach to promoting psychosocial well-being.

Two Articles of the CRC specifically relate to the rights to psychosocial support:

Protection against abuse and neglect

Article 19 outlines the duty of governments to protect children from all forms of maltreatment by parents or others responsible for the care of the child and to establish social programmes to prevent abuse and support psychosocial recovery:

> **Article 19.1**: *States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.*
>
> **Article 19.2**: *Such protective measures should, as appropriate, include effective procedures for the establishment of social programmes to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement.*

Rehabilitative Care

Article 39 defines the duty of governments to make sure that a child affected by armed conflict, torture, neglect, maltreatment or exploitation, receives psychosocial support in order to restore well-being.

Consistent with the CRC, many international and national governmental and nongovernmental organisations now consider the psychological and social impacts of humanitarian assistance to children and their families as necessary components in responding to the overall developmental needs of children in emergency situations. This shift in focus has led to an emphasis on providing activities for children that create a safe and supportive environment and not just the provision of treatment. Similarly, UNICEF's policy has developed towards the need to build an environment conducive to the child's recovery and reintegration.

> **Article 39**: *States Parties shall take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of: any form of neglect, exploitation, or abuse; torture or any other form of cruel, inhuman or degrading treatment or punishment; or armed conflicts. Such recovery and reintegration shall take place in an environment which fosters the health, self-respect and dignity of the child.*

The CRC has provided a framework within which the impact of particular circumstances on the child's evolving capacities can be assessed. It has enabled increasing attention to be paid to contextual factors including age and stage of development of the children and, in particular, an appreciation of the social and cultural aspects of childhood.

> *In Sri Lanka UNICEF negotiated with both the Government and LTTE for a 2-day ceasefire to allow access to health services (particularly immunization) and assist communities to find local solutions to send their children back to school. Resuming school activities and receiving essential health treatments are vital steps in promoting resilience and facilitating recovery from the impact of an emergency.*
>
> *In the Occupied Palestinian Territories UNICEF negotiated a 'month of tranquillity' with the Palestinian Authority so that Palestinian children can still have fun in spite of frequent shelling and violence. This 'give back childhood' effort led to the support of numerous media programmes for children and theatre performances. UNICEF also advocated for the schools to be kept open as much as possible and for the development of alternative community-based education programmes in areas where schooling was seriously disrupted by violence, curfews and closures.*

UNICEF's Core Commitments for Children

In order to improve its responsiveness to children in emergency situations, UNICEF convened the Martigny Global Consultation in 1988. A primary outcome of this consultation was the identification of a set of Core Commitments for Children (CCCs) that outline the organisation's role in providing protection and assistance to children and women in emergency situations. These roles are:

- Rapid assessment

- Coordination

- Programme commitments

- Operational commitments

The ability to conduct immediate assessments of the situation of children and women in areas of crisis is critical to initiating a response that will enhance protection and promote the psychosocial and physical well-being of those affected. Given that well-being is influenced by various factors, an effective assessment will be multi-sectoral, address the linkages between such humanitarian sectors as environmental health, food, non-food items, health, and education. This multi-sectoral approach requires a high level of coordination, which can be a challenge in a rapidly changing emergency situation. The CCCs ensure that UNICEF's response is part of a coordinated UN response, designed in collaboration with local and other partners. Assessment, coordination and programme activities cannot be carried out effectively without strong organisational capacity that ensures safety, communication, logistics and human resources. UNICEF is also committed to leading the child protection area of responsibility, as outlined in the Cluster approach to emergencies. In addition,

UNICEF often plays a key coordination role in the area of Mental Health and Psychosocial Support (as per the IASC Guidelines on Mental Health and Psychosocial Support).

Programme commitments include those for health and nutrition, water, sanitation and hygiene, child protection education and HIV/AIDS. Addressing basic services is essential in providing a protective environment in which risks for affected children is reduced and further efforts can be taken to address specific concerns relating to the psychosocial well-being of children.

Summary

- UNICEF has adopted a human rights-based approach to programming that focuses on the realisation of children's and women's rights. This focus is achieved by enhancing the capacities of duty-bearers to protect and fulfil rights, and those of the rights-holders to claim rights.

- Children's rights are enshrined in various national, regional and international instruments. The Convention on the Rights of the Child is the key legal instrument outlining children's rights in all situations, including emergencies.

- Many of the articles of the CRC establish the foundations for protection Articles 19 and 39 include specific rights to psychosocial support and care in situations of abuse and exploitation.

- As an institution, UNICEF has set out core commitments to enhance its efforts in promoting children's rights in emergency situations. These include meeting basic needs and other programming activities and approaches that promote protection and well-being.

Chapter 6

IASC GUIDELINES ON MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT IN EMERGENCY SETTINGS

> *The psychological and social impacts of emergencies may be acute in the short term, but they can also undermine the long-term mental health and psychosocial well-being of the affected population. One of the priorities in emergencies is thus to protect and improve people's mental health and psychosocial well-being. Achieving this priority requires coordinated action among all government and non-government humanitarian actors.*
>
> *A significant gap, however, has been the absence of a multi-sectoral, inter-agency framework that enables effective coordination, identifies useful and flags potentially harmful practices, and clarifies how different approaches to mental health and psychosocial support complement one another.*
>
> *IASC 'Guidelines on Mental Health and Psychosocial Support in Emergency Settings'*

The Inter-Agency Standing Committee (IASC) was established by the United Nations General Assembly, as a forum for coordination, policy development and decision-making by the executive heads of key humanitarian agencies.[4] Through an extensive and participatory process, an IASC Taskforce on Mental Health and Psychosocial Support in Emergency Settings has developed guidelines describing minimum responses for psychosocial and mental health programmes working in emergency situations. The 'IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings' (MHPSS Guidelines) was approved by the IASC Working Group in February 2007.

While the focus of the MHPSS Guidelines is on minimum response—priority actions that are essential in the acute phase of an emergency—also discussed are also strategies for preparing support responses prior to emergencies as well as comprehensive post-emergency development of appropriate programming. Coordination, advocacy, and direct programmatic responses are outlined.

The MHPSS Guidelines recognise that though psychosocial and mental health supports are closely related and overlap, they are seen as different, though complementary, approaches. They define

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[4] Membership includes UN agencies, Red Cross and Red Crescent societies, and consortia of non-government humanitarian organisations.

mental health and psychosocial support as "any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder".

Recognising that psychosocial well-being is dependent on a variety of needs being met, the guidelines are important for all sectors in a humanitarian response. They stress approaches and strategies that will enhance the protective qualities of humanitarian interventions across all sectors, and reduce the risk to affected populations. The matrix of interventions shown below outlines key actions for core humanitarian sectors in addition to mental health and psychosocial domains and common functions such as coordination.

Common functions across domains

- Coordination
- Assessment, monitoring and evaluation
- Protection and human rights standards
- Human resources

Core mental health and psychosocial domains

- Community mobilisation and support
- Health services
- Education
- Dissemination of information

Social considerations in other sectoral domains

- Food security and nutrition
- Shelter and site planning
- Water and sanitation

Summary

The MHPSS Guidelines represent an emerging consensus that a range of humanitarian interventions is needed to promote psychosocial well-being and that all humanitarian actors can play a role in implementing a psychosocial approach to humanitarian assistance. Though UNICEF and its partners

will not implement all of the activities outlined in the Guidelines, those psychosocial support activities that are carried out must be consistent with the approaches and principles outlined in the Guidelines.

Chapter 7

OTHER KEY POLICY RESOURCES

> *The CRC and the IASC MHPSS Guidelines are the foundational legal and normative frameworks for UNICEF's psychosocial support initiatives for children and families affected by emergency situations. There are, however, other very important resources that outline policy and good practice principles that address specific issues of concern to children in emergencies. The most significant of these are briefly outlined in this chapter.*

The Inter-Agency Guiding Principles on Unaccompanied and Separated Children

As discussed in Section 1, conflict and some natural disasters can cause the displacement of populations. During these events, family members are often separated and such separation renders children particularly vulnerable to abuse, exploitation and an inability to meet their basic needs.

Based on extensive field experience with large-scale displacement and the provisions of relevant humanitarian and human rights legal instruments, the Inter-agency Working Group on Unaccompanied and Separated Children[5] developed a set of guiding principles for the prevention of separation and the care and protection of separated and unaccompanied children in emergency situations. The 'Inter-agency Guiding Principles on Unaccompanied and Separated Children' outlines established good practice that affords protection and promotes resilience and healthy development by emphasising family unity and community-based care of children without guardians.

INEE Minimum Standards for Education in Emergencies, Chronic Crises and Reconstruction

The Inter-Agency Network for Education in Emergencies (INEE) is a global, open network of non-governmental organisations, UN agencies, donors, practitioners, researchers and individuals from affected populations working together within a humanitarian and development framework to ensure the right to education in both emergencies and post-crisis reconstruction.

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[5] The working group is comprised of the ICRC, IRC, World Vision, Save the Children, UNICEF and UNHCR.

Through a highly consultative process, the INEE's Working Group on Minimum Standards for Education in Emergencies, Chronic Crises and Early Reconstruction developed the document 'Minimum Standards for Education in Emergencies, Chronic Crises and Early Reconstruction'. These are designed for use in emergency responses, emergency preparedness and in humanitarian advocacy. They are applicable in a wide range of situations, including natural disasters and armed conflicts. The standards provide guidance and flexibility to those responding to needs at the most important level: the community. They also provide a harmonised framework to coordinate the educational activities of national governments, other authorities, funding agencies, and national and international agencies.

The Paris Principles

The recruitment of boys and girls into armed groups and forces has been the focus of increasing international concern. It is estimated that recruitment affects hundreds of thousands of children worldwide. The potential physical, emotional, mental and spiritual harm to children engaged in conflict makes their recruitment a gross violation of their rights.

In 1997, UNICEF and the NGO Working Group on the Convention on the Rights of the Child organised a symposium to develop strategies for preventing the recruitment of children, for demobilising child soldiers and helping them to reintegrate into society. The result was the adoption of the 'Cape Town Principles and Best Practices on the Prevention of Recruitment of Children into the Armed Forces and on Demobilisation and Social Reintegration of Child Soldiers in Africa' (the Cape Town Principles). That document has since led to the development of international norms and policies regarding interventions for children associated with armed groups and forces.

In light of increasing experience in involvement of children in demobilisation programmes and developments in international law focused on the prevention of recruitment, in 2006 UNICEF initiated a global review of the principles. The result of this extensive review is 'Principles and Guidelines on Children Associated with Armed Forces or Armed Groups' (Paris Principles).

The Paris Principles provide detailed guidance for those involved in programmes for the prevention of recruitment, advocacy and programmatic support for the release and reintegration of children associated with armed groups and forces. In addition, the Paris Principles have obtained broad political endorsement from states at a ministerial meeting held in Paris in February 2007. It is hoped that this broad support will influence policies at the state level regarding the recruitment, release and reintegration support and influence donor support for good practice programming for humanitarian

assistance in areas of conflict.

Section 3 Review

SUMMARY OF BASIC PRINCIPLES OF PSYCHOSOCIAL WORK

The psychosocial support programming of UNICEF and its partners is grounded in the international legal framework for children's rights. A rights-based approach to programming takes full account of the best interests of the child and strives for the realisation of children's rights through building the capacities of both duty-bearers and children as rights-holders. Promoting and securing children's rights contributes to psychosocial well-being by protecting them from harm, affording a sense of dignity, efficacy and safety. It also strengthens social responsibility and accountability.

Psychosocial support efforts are also guided by policies and principles that outline ethical and effective practice based on the collective experience of those working in emergency settings. A consensus is developing around these issues and there is a growing body of documentation to support humanitarian actors. Many guidelines refer to specific sectors of intervention, or work with specific groups of particularly vulnerable children. At the core of all of these are a set of basic principles that underlie all of the psychosocial support work of UNICEF and its partners.

Human Rights and Equity: Special Attention to the Best Interests of the Child

A high priority is to protect the rights of all children, regardless of age, gender, ethnicity, or ability and to promote non-discrimination and equity. The best interests of the child should be the primary consideration for all activities, taking into account what the impact on the children will be and avoiding doing harm. For example, groups for separated children may be intended to support them, but the groups may also cause discrimination if the wider community sees the participating children are as different, special or privileged.

Child, family and community participation and empowerment.

The most effective and sustainable approach for promoting psychosocial well-being and recovery is to strengthen the ability of family and community members to support one another. Relief efforts can make matters worse if they reinforce a sense of powerlessness by treating those affected as helpless victims. Participation gives voice to different sub-groups of children and enables a sense of local ownership that contributes to programme quality, equity, and sustainability. Gender must be

considered with girls, boys, women and men active partners in decisions that affect their lives. Examples of participation in humanitarian activities may include older children working with younger children and parent committees.

Do no harm

While psychosocial support interventions aim to promote resilience, mitigate harm and re-establish appropriate coping mechanisms in order to minimise the impact of distressing events on displaced persons, it is possible that they can unintentionally cause harm. Humanitarian actors must work in a collaborative fashion to avoid duplication of services and to encourage consistent and standard approaches based on knowledge of good practice. Interventions in emergency situations address highly sensitive issues, and lack the rigorous evidence base of proven good practice found in other fields. Activities including counselling and other therapeutic supports for severely affected children should be done only by trained, experienced and well supervised staff members who understand the local culture, can ensure appropriate support and follow-up, and work within agreed standards. In addition, any counselling or related work must take place in a stable, supportive environment with the participation of care givers who have a solid and continuing relationship with the child. One should recognize that outside psychosocial supports including individual counselling may be inappropriate in the local culture. Also, some cultural practices may be harmful to children. All psychosocial supports should seek to be culturally appropriate, and should always promote children's rights and well-being.

Build capacities and strengthen resilience

Successful psychosocial programmes integrate with and build upon the capacity of community structures, civil society and governmental organisations. This approach means focusing activities on building strengths through training, building awareness, community support groups or partnerships with local structures. It also means not only identifying problems but also local sources of resilience that programmes can learn from and support. Key local resources include such cultural practices as rites around death and bereavement, rituals related cleansing or to becoming an adult that provide a sense of meaning and continuity with the past. Direct support to community members by those not deeply familiar with the social context should be avoided since it is likely to lead to culturally inappropriate practices and dependency.

Encourage integrated, multi-layered supports

Because emergencies affect children in different ways, children and parents should have access to psychosocial supports at multiple layers of intervention focus. Activities and programmes for children should be integrated to the extent possible. The proliferation of stand-alone support programmes for distressed children, children formerly recruited associated with fighting forces and other vulnerable groups tends to fragment care systems and adds to the burden of stigma. By integrating with existing supports in schools, health posts, religious and other community helping structures, programmes reach larger numbers of people and become more sustainable.

Structure and continuity in daily life

Successful psychosocial support programmes attempt to restore a sense of 'normality' to daily life by re-establishing family and community connections and routines, enabling children to fill their customary social roles, strengthen stability in daily life, and providing opportunities for affected populations to rebuild their own lives.

Section 4

ADDRESSING THE NEEDS OF CHILDREN,

THEIR FAMILIES AND COMMUNITIES

Chapter 8

A FRAMEWORK FOR PROMOTING PSYCHOSOCIAL WELL- BEING

> *The presence of multiple protective factors, internal and external, can assist a child in overcoming initial distress and difficulty, minimising the harmful effects of an emergency. In addition, they can even encourage adaptive responses to the circumstances that allow for continued development, thus preventing a deterioration of the child's psychosocial well-being.*

As we have seen, emergency situations can have varied impacts on children, their families and communities. The presence of strong protective factors can mitigate the harmful effects and promote adaptive responses. Let us consider a situation of forced displacement of a community, presenting challenges to accessing shelter, food, basic necessities and services. A child who is physically healthy will be better able to cope with such activities as travel, health risks in the environment or constructing shelter than will a child in poor physical condition. A child with good intellectual capabilities may be more likely to secure resources needed for his or her sustenance including shelter material, food, water or protection. These protective factors are internal to the child.

A child is further supported by such external protective factors as the presence of strong parents or other adult care givers, who can assist in meeting the needs of the child, and offering physical and emotional safety. Other external protective factors may include community supports such as cultural or religious institutions and practices that enhance spiritual coping strategies. These can provide comfort and a sense of purpose, belonging and meaning when everything else has changed in the life of the child.

For some children, there may be an absence of protective factors. Or with time, or the accumulation of too many risk factors, the protective factors may diminish and coping mechanisms may weaken. A child who has been coping well with a distressing situation and then becomes physically ill or injured may lose some of his or her ability to carry out daily tasks necessary to meet needs and maintain a sense of normalcy. This loss of normalcy may affect their sense of self-confidence and impact their psychosocial well-being. If supportive and protective parents die or become separated the risk of abuse, exploitation or poor nutrition can increase.

As children will be affected by their experiences in different ways, there is no 'one size fits all' approach to restoring a sense of well-being. The pyramid below presents a multi-layered approach to psychosocial support, with each level of support services designed to meet varying needs of the population. The pyramid graphically represents an affected population. Everyone will benefit from basic services and security—the foundations of psychosocial well-being. Many persons, especially in the initial phases of an emergency, will benefit from extra support to reinforce family and community structures that may have been weakened by the circumstances.

Some segment of the affected population may face increased risks, as indicated in the examples above. These persons will benefit from interventions that are more focused on their psychosocial well-being than broader humanitarian activities. Finally, a small segment of the population will be particularly affected by the emergency and face significant risks to psychosocial well-being. In many cases, these persons may have had pre-existing mental illness, or other conditions that predispose them to particular distress.

Specialised services

Focused supports

Community and family supports

Basic services and security
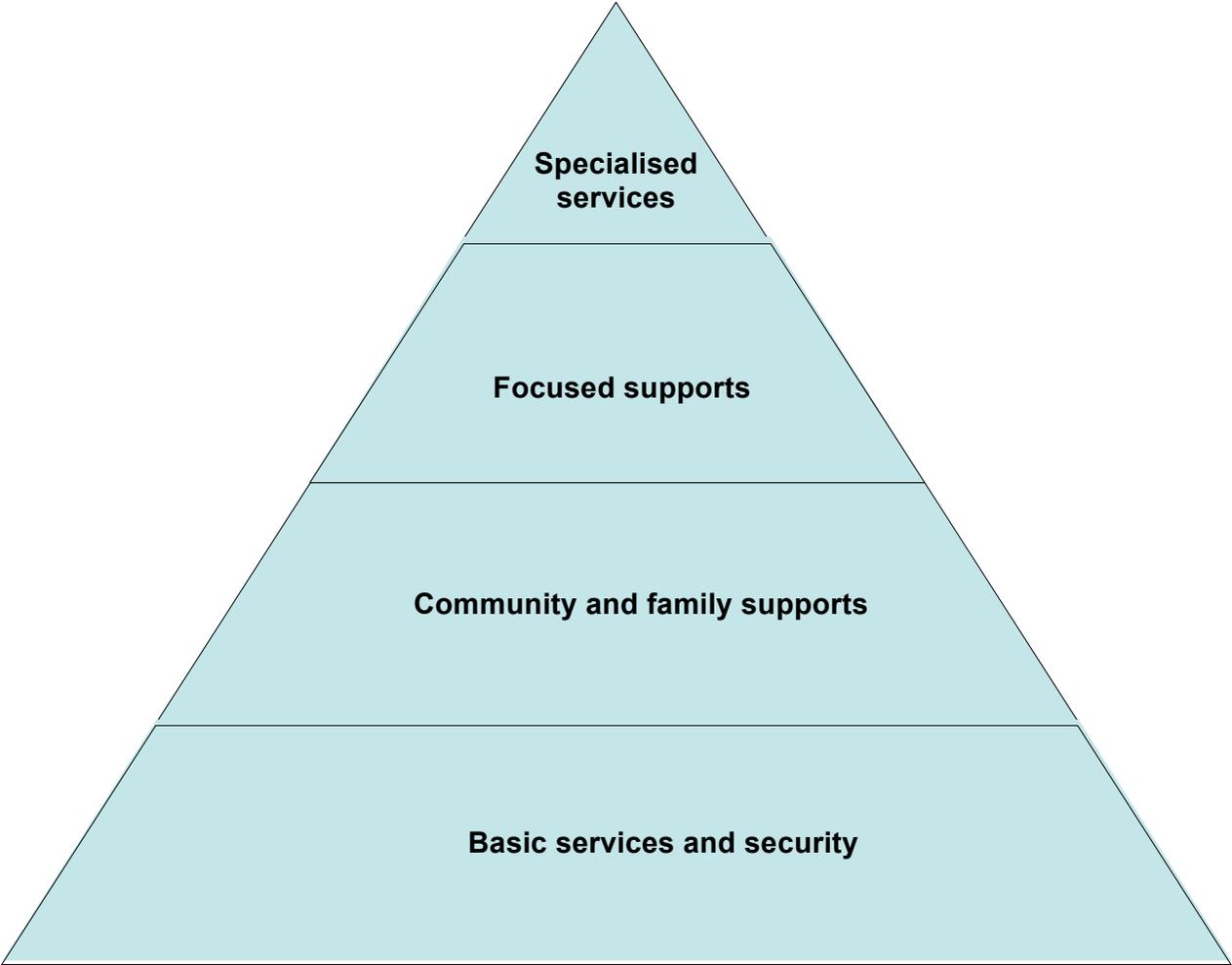
Appropriate programming should be designed to meet different needs in a complimentary fashion, with referrals and collaborations operating across multiple support layers. For example, if humanitarian workers providing food, shelter or other basic needs identify a separated or unaccompanied child, they should contact the appropriate child protection agency which, in turn, can respond to the protection risks faced by that child. Health personnel may find that some patients are in need of more specialised mental health services and so refer them to psychiatric services or other care options.

While there are specific interventions that focus on maintaining or promoting psychosocial well-being in emergency situations, it is important to realise that the way in which humanitarian response is planned and conducted can have a huge impact on the psychosocial well-being of children and their families.

UNICEF and its partners do not work in all sectors and therefore cannot meet all psychosocial needs. Generally, UNICEF's efforts towards psychosocial support concentrate on child protection and education activities. However, UNICEF and its partners may also be carrying out health and water/hygiene activities that can be implemented with a psychosocial approach. The following chapters will explore how different aspects of humanitarian interventions can impact psychosocial well-being, and how collaborative and integrated programming can promote this positive outcome.

Chapter 9

LEVEL 1: BASIC SERVICES AND SECURITY

Advocacy for access to basic services and security

> *All persons affected by emergency situations require access to basic services—food, shelter, water, hygiene, functioning governance systems, health care and security—in order to re-establish a sense of well-being and mitigate further psychosocial harm. These supports need to be designed and initiated in participatory and socio-culturally appropriate ways. They should also promote human rights, equality and dignity. The presence of these supports will assist a majority of the population to regain a sense of well-being and can prevent further psychosocial distress.*

Recognising the importance basic services and security in the survival and psychosocial well-being of children and families, UNICEF and its partners are to be involved in advocacy for basic services even if they are not directly involved in providing them. It is equally important to ensure that the delivery of basic services is carried out in culturally appropriate ways and that the methods used promote the well-being of individuals and communities as a whole.

Advocacy efforts will take into consideration such factors as: which issues will have the most significant impact on the broadest segment of the population; which supports benefit the most vulnerable members of the affected population, and which issues are most likely to make the greatest differences. Some of the psychosocial issues that have been found to be crucial in emergency situations are:

- Establishment of security measures.

- Protection of children (and their care givers) from violence, abuse and exploitation.

- Access to basic needs—shelter, food, health care, water, sanitation.

- Access to any special services particularly those needed by at-risk children. Among others, these services could include: justice for children in conflict with the law or for children associated with fighting forces in post-conflict tribunals.

- Promotion of family unity through prevention of separation, immediate identification of separated children, and appropriate care and protection for separated children. To reduce the likelihood of separation:

- o Encourage families to develop ways of keeping together by using name tags, attaching string to children's clothing, teaching their children to tell people their names and addresses, and ensuring that families devise plans to seek to re-unite if members become separated.

- o Identify places where children are most likely to become separated from their care givers—border crossings, checkpoints and transit sites—and provide help at these locations.

- o Identify particular children who are at risk of separation, for example child-headed households, children with disabilities, or those with sick or injured care givers, and focus attention on them (see Level 2).

- Promotion of family self-sufficiency through income generation, access to agricultural and livestock production or other economic support activities. These activities not only assist families in meeting basic needs, they help restore pride and a sense of self-worth.

- Re-establishing formal and non-formal education opportunities for all children.

In Psychosocial support programming, education and skills development opportunities warrant special attention. All children, in all circumstances, have a right to education. By meeting their basic learning needs and promoting their development, education assists children in realising their full potential and meaningful participation in society. In situations of crisis UNICEF recognises that education—especially schooling—is both fundamental to reconstruction and a key factor for re-establishing a sense of normalcy. Advocating and supporting the re-establishment of schooling is one of the most common and effective ways UNICEF and its partners can promote children's well-being.

Alongside food, shelter and healthcare, maintaining education for school-aged children in unstable situations is increasingly recognised as the fourth pillar of humanitarian assistance. Access to formal and non-formal education in a supportive environment builds intellectual and emotional competencies, provides social support through interaction with peers and educators, and strengthens learners' sense of control and self-worth. Children not only expand their cognitive capacities through education, they also learn such social skills as sharing, following rules, controlling impulses, and becoming social beings. School offers structure and predictability, which contribute to a child's feeling of safety and emotional security.

Education responses should be timely and sensitive to the particular needs of children affected by a crisis. They should also be strategically aligned with the long-term educational needs of the children. Advocacy with the relevant governmental authorities and education agencies should emphasise their responsibility in immediately establishing educational activities and, if possible, temporary learning

spaces. However, when advocating for access to education for all children impacted by an emergency, the proposed approaches should be flexible:

- Adapt education timetables to the needs of students and their families' efforts to meet basic needs. School hours may be shortened if the concentration of the students is poor. Schedule educational activities at times which do not conflict with opportunities such basic needs as food distributions, planting or harvesting.

- Run double shifts when space is limited.

- Relax documentation requirements for registration. Acknowledge that many children and their families may no longer have identification or other legal documents.

- Adapt curricula to include information about the emergency, and the integration of life skills, health messages and other important information. Life skills and learning content particularly relevant in emergencies may include:

  - proper hygiene
  - non-violent conflict resolution
  - interpersonal skills
  - prevention of gender-based violence (GBV)
  - prevention of sexually transmitted diseases (including HIV/AIDS)
  - awareness of mines or other explosives
  - updated information regarding the emergency

- Provide alternative educational opportunities including accelerated learning for children who have missed periods of schooling or non-formal education focused on practical skills including basic literacy and numeracy.

Education in emergencies can be linked with other activities, including provision of water, hygiene promotion, food distribution (in the form of school lunches), income generation activities for parent/teacher associations or school committees. These approaches may foster a more holistic approach to promoting the psychosocial well-being of children and their families.

The IASC MHPSS Guidelines Action Sheet 7.1: 'Strengthen Access to Safe and Supportive Education' outlines numerous priorities in establishing safe emergency educational opportunities. All education in an emergencies should aim to help achieve the 'INEE Minimum Standards for Education in Emergencies, Chronic Crises and Reconstruction' mentioned in Section 3.

> *Prioritisation of basic services in order to prevent and reduce psychosocial problems in Burundi:*
>
> *Initial activities done to reduce psychosocial distress included distributing clothes, material supplies of blankets and soap to 22,000 children, foster care for orphaned children, and provision of, and income generation to poor women. In dire poverty, material supplies may certainly be the most important initiative to promote psychosocial well-being. Next desired by children and families is usually education. Burundi has facilitated 10s of 1000s of children to attend school, again a critical initiative that promotes psychosocial well-being within the country's context.*
>
> *UNICEF Lessons Learnt in Psychosocial Programming Worldwide, 2002*

Humanitarian response efforts that promote psychosocial well-being

The manner in which humanitarian assistance is provided can have a significant impact on the psychosocial well-being of children and their families. Humanitarian programmes directed towards the community as a whole, and involving the beneficiaries in decision-making and oversight will establish a stronger foundation for further efforts and positively impact the largest segment of the population.

Community mobilisation

After the family, the community forms the core of the social support network for children. It is therefore an essential priority in mobilising children's existing social support systems. The mobilisation of the community also ensures that due recognition is given to local definitions of child development, well-being and healing.

The MHPSS Guidelines describe community mobilisation as "efforts made from both inside and outside the community to involve its members (groups of people, families, relatives, peers, neighbours or others who have a common interest) in all the discussions, decisions and actions that affect them and their future" (Action Sheet 5.1, pg. 61).

Psychosocial considerations in community mobilisation for humanitarian response include:

- Coordination with existing processes of community mobilisation, as well as local authorities and external actors involved in the humanitarian response.

- Traditional organisational structures can be useful in settling displaced persons in a way that re-creates previous community groupings. They may also be an effective way of enabling a community to re-establish networks, leadership patterns and support structures as a way of reinforcing a sense of community, security and continuity.

- o Care should be taken to ensure that those original grouping were inclusive, safe and supportive. If not, restoring them may further the potential for additional distress and further harm, especially for vulnerable or marginalised persons or groups.
- o Community mobilisation may provide an opportunity to facilitate constructive dialogue about how social changes can be brought about to create the social environment all members of the community wish to live in.

- In organising representation of community groups, leadership structures should be representative of the community and do not support self-interest or the interests of powerful minority groups. It is also important to strengthen the inclusion of women and young people, children and other marginalised groups in the process.

- The community needs to be involved in understanding the impact of the situation on their children and in determining the approaches that will benefit them. Local knowledge, beliefs and practices can support children's recovery from stressful events if they are appropriate and in the best interest of the child.

Humanitarian assistance strategies

Humanitarian actors in basic service sectors can enhance their efforts to promote psychosocial well-being in a number of ways. In additional to community mobilisation and participation in decision-making, effective strategies that should be promoted include:

<u>Dissemination of essential information</u>

Lack of accurate information about the emergency situation and relief efforts often ranks as one of the main sources of psychosocial distress. Conventional channels of communication are often disrupted by emergencies, resulting in misinformation, rumours, speculation, or an abuse of communications systems by those with harmful agendas. Access to credible and relevant information in addition to participation in restoring and maintaining conventional communication channels can contribute enormously to easing anxiety and promoting the recovery and well-being of affected communities.

The IASC MHPSS Guidelines Action Sheet 8.1 details the importance of assessment, coordination, monitoring, and community participation in the restoration of effective channels of communication. In the early stages of an emergency, pertinent information to be disseminated may include:

- How and where to access basic services and other humanitarian relief

- How to search for missing relatives

- Legal rights to protection, access to services and security

- Steps to prevent further separation, harm or distress

- In conflict situations, information of ceasefires, peace agreements, safety zones and other developments

- Major decisions taken by political leaders and humanitarian bodies

- Key results of assessments and other humanitarian activities

For UNICEF and its partners, dissemination of information should generally focus on child-oriented issues related to family separation and tracing or media programming by and for children/youth. Providing parents and care givers with information on nutrition, health, hygiene education and other subjects is equally important in protecting children and re-establishing their sense of well-being.

Information dissemination may also have an explicit focus on promoting psychosocial well-being. Educational information on positive coping strategies shared through electronic media, community theatre, or other forms of communication can assist people in constructively responding to the stresses of the emergency. "The aim of such information is to increase the capacity of individuals, families and communities to understand the common ways in which most people tend to react to extreme stressors and to attend effectively to their own psychosocial needs and to those of others" (MHPSS, Action Sheet 8.2, pg. 109).

This approach should respond to community-identified priorities with culturally relevant information. Presentation should be in simple, straightforward language that is accessible to members of the community at different age and educational levels. Technical language and jargon should be avoided. Messages should emphasise that stress reactions to extreme situations are normal, and positive coping strategies should be encouraged in order to promote resilience and strengthen support from individuals, families and communities.

In December 2000 UNICEF and partners working with children in Sierra Leone organized day-long radio programmes carried out by children for the 'International Children's Day of Broadcasting.' Songs, stories, dramas, interviews and other programming were carried out by children, many of whom were living in displaced camps, as well as children formerly associated with armed groups who were staying in interim care centres as their families were being traced.

Child protection organisations supported children in using this opportunity to express their views of the war in and how it had affected them, as well as their hopes and dreams for the future. Some children formerly associated with armed groups called out over the airwaves to their peers still in 'the bush' to participate in the demobilisation programme and come home. Child protection staff in the eastern town of Kenema said that all the activities of the town came to a halt that day as the whole community gathered around radios listening. Adults cried, listening to their children asking for peace and reconciliation. Children said they felt important, and happy that they were able to tell their communities how they felt, and that the adults listened.

Inclusion of social, gender and psychological considerations

Some psychosocial problems in emergencies may actually be caused by the humanitarian aid process itself. As noted above, a lack of information about how and where to access food and other basic services can be a significant source of anxiety. Some traditional approaches to assistance may undermine existing community structures by imposing new leadership bodies over seeing the distribution of food and water or camp management committees.

In order for humanitarian interventions to promote psychosocial well-being, and not unintended harm, they must take into consideration a number of factors that can influence the overall impact of the services. The aim of assistance should be to provide all persons in distress with safe and culturally appropriate access to supplies and services in a manner that preserves human dignity.

The following are just some of the considerations that should be made in the provision of food and nutritional support, water, sanitation and health care, as well as site planning and the location of shelters:

- Existing social and political structures, how communities are organised, and how decisions are made can impact how relief supplies are distributed and who may, or may not, benefit in that process.

- Cultural values, beliefs and practices influence living arrangements of kinship groups, hygiene practices, food preferences and prohibitions, and the need for particular spaces in buildings.

- Gender roles and the tasks expected of boys and girls, men and women influences their participation in community and household decision-making, humanitarian assistance

processes, and other social, political, cultural and economic activities. Gender considerations are also critical in the provision of clothing, hygiene and other non-food items, water, sanitation and housing assistance.

In most emergency settings, the vulnerability of women and children to abuse and exploitation underscores the importance of considering the layout of camp facilities, especially latrines and showers. The inclusion of women and young people in food and non-food item distributions can ensure their delivery to children, elderly and other potentially vulnerable members of households.

Chapter 10

LEVEL 2: COMMUNITY AND FAMILY SUPPORTS

For children who have experienced a disruption in, or loss of, family and community supports—through death, separation or loss of livelihood opportunities—specific support efforts will be required to restore the protective factors that these systems provide. While basic services and security measures are being developed, efforts should also focus on helping families re-establish some routine, supporting care givers in meeting their psychosocial needs and those of their children, and the resume community-based activities. Such activities will help the majority of the children recover over time. This section provides examples of everyday activities which provide a sense of self worth and normalcy to children, their care givers, and the community.

Family and Care Giver Support

One of the most basic psychosocial activities is to support and foster the connection that exists between the well-being of care givers and that of their children. Children of all ages are strongly affected by the stress levels and situations of their adult care givers. As we have seen in previous chapters, once children have lost the protection of their families, or if their families' coping abilities are seriously weakened, they are vulnerable to a range of chronic secondary problems.

Beyond reaching individual children, psychosocial support programmes should strengthen children's social supports. These supports will include those people who care for and are in contact with the child on a daily basis, and who are in the best position to support them. It is important to recognise that much of the social support for children in emergencies happens spontaneously. In situations of separation or the death of parents, many children are taken in and cared for by extended family, neighbours, or other community members. Humanitarian interventions to strengthen family support should seek out and build on these natural coping strategies.

Family and care giver support involves strengthening families by protecting family unity, and nurturing responsibility and self-help. Where appropriate, it can also provide families with knowledge about child rearing, family problem-solving strategies and the effects of the emergency situation on the behaviour, emotions, thinking and social environment of children. Other activities that support the family include:

- Awareness-raising about psychosocial well-being

- Promoting the rights and strengthening the capacities of women

- Family responsibility activities for fathers and other care givers

Helping the adults re-build a sense of effectiveness as parents and care givers is an important contribution to improving children's well-being. Often, parental capacity to respond to children's needs is limited by the parents' reactions to stressful events. These reactions are then compounded by the additional burdens that may be placed upon them by displacement or grief.

A wide range of approaches can have an impact on the well-being of parents and other care givers. These include access to appropriate health services, economic activities, educational opportunities (see Chapter 8), and cultural and recreational activities. Some programmes specifically aim at enhancing parental competence and offer courses in home craft and parenting education. Others attempt to generally improve the quality of life and provide opportunities for the development of men and women. Examples of programme activities might include:

- Bringing parents and care givers together to share experiences–challenges and solutions—can be a powerful way to support men and women who may feel they alone in their experiences, strengthen social support, learn from each other, and jointly address shared problems. Mother's support groups may include income generating activities or literacy to further build skills and strengthen households.

- Community mobilisation can direct human resources to assist particularly vulnerable households in tasks including shelter construction/maintenance, gardening, transport, and other tasks necessary to meet basic needs.

- Family visits carried out by social service providers or community volunteers can provide support for families that are under particular stress, offering supportive listening and referrals to needed resources.

> *In the Maldives, children showed signs of unusually disturbed behaviour. Parents recognized them after a while but they did not know what to do initially because they themselves had to deal with their own shock and fears. Parents and teachers interviewed stated that the positive messages and instructions they heard over the radio in taking care of families particularly in times of crisis, had be a useful source of inspiration. Because of what they learned, parents said they began to talk more often with children, answered their question, explained what happened, and never lied to them about the possibility of another tsunami.*
>
> *'Psychosocial aid to children after the December 26 Tsunami' CCF Building Children's Coping Skills, UNICEF ROSA, 2005*

Supportive Activities for Children

Emergencies create situations that are uncertain, chaotic, and abnormal. This inability to control or predict events causes stress and anxiety. The ability to establish regular activities that strengthen a sense of continuity and structure is a crucial step in feeling secure and confident. Structure in daily life conveys a sense of purpose and predictability that can be a calming, stabilising element for children and adults whose routines have been disrupted and disorganised. In acute emergencies this stability is particularly important to restore a sense of well-being. In chronic emergencies the ability to maintain meaningful routines and daily structure can help to maintain a resilient and adaptive response.

Activities should be responsive to the needs, concerns and resources of children, their families and communities. In an acute emergency there may be a desire to restore daily life to what it was like prior to the emergency. In chronic emergencies there may be a similar desire, but it is likely to that change and adaptation have created new routines and activities. Therefore, through partnership with children, families and communities, appropriate types of supportive activities can be developed or supported.

 In conducting supportive activities for children, the priority should be the mobilisation of existing support systems including family, friends, teachers, social workers, and community and religious leaders. Care must be taken to strengthen the child's existing capacities and support system, and not to undermine them by involving children in activities that have little relation to their culture, pre-existing habits or social supports. Some common types of constructive activities are listed below.

Engaging activities

Structured activities—including play and recreation—are especially important for children of all ages. Activities should be responsive to the needs, concerns and resources of the population and based on the social and cultural values and practices of the community. It is important to ensure that children's participation is voluntary, and that they are engaged in developing the activities. While a certain amount of structure is important, if children feel forced to do things they do not want to do or which makes them feel uncomfortable, they may feel further stressed or fearful.

Psychosocial support programmes might include:

- Organised play provides children with opportunities to explore and learn, to develop skills and to have fun. With its opportunities for repetition, play helps children develop physical— climbing or hopping—and at the level of fine movements—threading and drawing. Children also learn important social skills necessary for successful relationships with one another. Thinking and language are also developed through play.

- Appropriate sports activities for girls and boys provide an opportunity for releasing energy and reducing stress. Through sport activities, children can increase their feelings of control, strengthen their self-confidence, and develop respectful relationships. With very little help, children can organise sport and other team games for themselves. All that is needed is some space and the minimum of equipment.

- Traditional games, songs, and dances can provide a sense of stability in times of emergency. They can help maintain a sense of community, continuity and strengthen identity. Joining in such activities promotes social skills that contribute to well-being. However, it should be noted that activities that promote cultural identity may also contribute to political or ethnic tensions, or maintain harmful gender or class stereotypes. It is therefore important to be aware of this possibility, and if necessary, build in activities to promote tolerance of different groups.

- Theatre, story-telling, poetry and familiar festivals provide children the opportunity to express their emotions and creativity as well as learn cooperation. In some contexts, older youth or elder members of the community may want to teach traditional dance, song or theatre, thus perpetuating cultural identity and practices. Such activities have the potential to bring communities together in shared exploration of their experiences, creating opportunities to make meaning and gain a sense of control over difficult events.

- Traditional knowledge and skills are often disrupted during prolonged periods of conflict, displacement, or other difficulty. Traditional rites of passage and knowledge transmission may be interrupted, or even lost. Facilitating opportunities to restore these processes so that children develop a positive identity and impart traditional skills and knowledge is an excellent way of strengthening links across generations and ensuring continuity.

- Art and cultural activities—painting, drawing, reading, story-telling, learning music, and watching films—help reduce psychological stress by providing creative outlets for internal concerns, opportunities for building positive relationships and promoting self-esteem.

- Creative writing enables children to express their thoughts and emotions. Personal notebooks can offer children a private means of expression in a very un-private time. Creative writing competitions or group activities can allow for shared expression and contribution to community discussion about problems and solutions. Creative writing may also promotes literacy and the sharing of culture.

It is important to note that while engaging in activities that encourage self-expression can be very important in supporting children through difficult experiences, there are risks as well. Expressing painful emotions can elicit strong responses that may overwhelm children if they are not ready to confront the memories or feelings. They should never be forced to talk about, or express in any other way, experiences that are likely to have been distressful. Activities may focus on general issues but not those specific to the child. Programmes may also encourage creative problem solving in order to foster a safe environment for children to begin to explore their feelings. It is important that self-expression activities are facilitated by people the children know, trust and will continue to be in contact with them.

Different age groups will require different types of activities—young children will focus more on play while older children may prefer arts, music, organised sports, dance or theatre. Activity groups should be organised according to age. Gender must be taken into consideration as different activities may be appropriate for boys and girls, depending on the culture, age, interest and skills of the children. For older adolescents, it is also important to incorporate life skills such as conflict mediation, reproductive health including HIV/AIDS, and other relevant information and skills for the context.

Older youth or elders in the community may want to facilitate activities for younger children. In doing so, community bonds are strengthened and family-like relationships restored. Children themselves can be engaged in supporting one another, building social skills and self-esteem. For adolescents and youth, organising activities with children affords them an opportunity to contribute constructively to their communities.

Child and youth friendly spaces and environments

Ensuring there are safe areas for children to play and interact with their peers, free from violence and conflict, is important. This area may be particularly helpful in camp environments where there are fewer opportunities for children to play safely. The space may be established in an existing community structure, or a specially designated area that is free from the risks of unexploded ordinance (UXO), physical hazards, or traffic accidents. Child Friendly Spaces may also integrate with the provision of basic services including health care and nutrition. The appropriateness of the location and services available should be determined in cooperation with the community, including the children and youth themselves. It is important that this safe space builds upon the traditions and practices of how children socialise.

Through the provision of structured activities, adults supervising Child and Youth Friendly Spaces have the opportunity to identify children with particular problems or needs and provide support and referral assistance to them. The spaces also assist families by allowing care givers time needed to attend to tasks necessary for income generation, chores, and other activities provide for the household. Also, having some respite time and knowing their children are safe and cared for is important for the psychosocial well-being of the parents and care givers.

Focus Group Discussion in West Darfur, 2005: When asked if the recreational centres were helpful to them, the children answered:

"Yes, because before we had no space to play. Before we had to be careful because many places are dangerous; there are many swamps around the camps during the rainy season and some children died there. Also, there are armed men or drunk men around".

A boy said: "since I come to the recreational centre, I meet friends… before I was always alone. I did not know what do to. I used to go to Geneina but it is dangerous and my mother did not like it".

Some added "we have fun here and we can learn many things. We learn new games, we draw. We tell stories. Drawing is good… we have learnt also many things about hygiene and now we clean every morning when we arrive in the centres. With the animators and the other children, we learn more Arabic and that is very helpful. When we play football we are happy and we feel better."

A 12 year-old girl says "I like talking with the animators, I can tell them many things… and we discuss about our problems… I can bring my little brother, so my mother lets me come".

In another group, adolescents talked about what they do in the centre: "We have decided to make road signs because cars go too fast and it is very dangerous… and small children are in danger. We are thinking also about making a board with a gun crossed in red. Too many people have guns here and we don't like guns …. We want a playground because we need football competitions. You have to discuss with the sheikhs for them to give us a big space. Ask them also some schools because there is only one here and most of the children can't go"

Terre des hommes protection worker, 2006

Structured group activities

Structured group activities provide facilitated opportunities for expression and the development of life skills and coping mechanisms. Facilitation of structured group activities requires some knowledge of child development and the psychosocial impacts of emergency situations. It also requires basic skills in communicating with children and leading groups. It does not, however, require professional skills. Sensitive, trusted and skilled community members, including local government or NGO staff can facilitate group activities. UNICEF and its partners can support these community initiatives by providing training workshops, mentoring programmes, peer support and other opportunities to develop skills and experience.

Structured group activities may be particularly useful for school-age or adolescent children who face special risks or as prevention activities for the larger community of children. Groups offer children

security and a safe place to learn and express themselves. Caution should be exercised, however, in situations where the formation of a group may create security risks or carry a social stigma or increased distress.

Group activities may also focus on information and skills that are important in mitigating the effects of stress, or preventing involvement in risk behaviours. Dialogue with children and youth can identify simple skills training that would be useful, such life skills which would strengthen their resilience. Such skills may include decision making, managing emotions, dealing with fears, communication skills, conflict resolution etc. Newly learnt skills can then be passed onto other children, or community members.

Promoting Child and Youth Participation

Psychosocial well-being is promoted when children and young people are constructively engaged in meaningful activities that contribute to their own development and to that of their community. This community engagement is particularly important for adolescents who may struggle to make sense of the emergency and their role in it. Expanding opportunities for adolescents to be constructively involved in responding to the emergency can provide them with a renewed sense of purpose, strengthen their sense of self-worth, expand social networks, and develop their sense of competency. Adolescents, in dialogue with others, should determine what activities they feel will contribute to their own and their community's well-being.

Peer association is very important at this age, and semi-supervised peer interaction should be supported, through clubs, sporting activities, skills building, etc. The cultural and social context will determine if girls and boys should be involved in activities together or separately. Promotion of these activities must take into consideration the needs that many young people will have to assist their families in meeting basic needs. Taking them away from those responsibilities can create further stress for the youth and their families.

Community leaders and organisations can involve young people in specific community tasks ranging from clean-up campaigns and health promotion to assisting the elderly and organising activities for young children. UNICEF and its partners can support such activities by providing some training on community education topics, providing materials for community campaigns or other activities. This involvement can build important life skills that can help youth to develop positive coping skills, build self-esteem and lead to long term developmental benefits.

In situations of conflict and violence, young people are often at the forefront of peace and reconciliation efforts in the community. These actions can not only provide youth with the opportunity to enhance their own self-esteem by assisting others, but can also inspire positive images and role models of young people in their communities.

Strengthen Community Supports

Children's well-being is dependent not only on their immediate family, but on people and structures within the community which support a child's development and contributes to a sense of belonging. The impact of emergency situations on these community supports may diminish their capacities. A collaborative and integrated approach to psychosocial support should strengthen or reinforce these crucial supports.

Training for key community care givers

Among others, teachers, religious leaders, community leaders, and health workers are all important sources of protection and support. However, all these individuals are also impacted by emergency situations, and their capacities to support children can be overwhelmed. Training, supervision and peer support may help them to understand how to assist the children more effectively in their day-to-day interactions. In addition to technical assistance, UNICEF and its partners may also provide basic materials including office supplies, bicycles or other transport assistance, or recreational equipment.

Some general topics for training to increase understanding of the psychosocial impact of emergencies and how to provide supportive response may include:

- Active listening skills
- Common signs of distress—emotional, social, spiritual and/or behavioural problems
- Resilience and protective factors; identifying coping capacities
- Risks created by distressing experiences
- Supportive actions that they can do to promote psychosocial well-being and solve problems
- Referral options for children in need of additional support
- First aid skills

Teachers play an important role in the lives of children, and during difficult times they may be particularly significant adult figures for distressed children. The quality of their day-to-day interaction

with children can greatly influence a child's psychosocial well-being. Teachers may benefit from acquiring additional knowledge and skills that can be applied in emergency situations to enhance protection of children's well-being. These changes may take the form of modified curricula or teaching approaches which take into consideration the behavioural changes, such as poor concentration, withdrawal or increased aggression that may come with stress and anxiety. Training and support for teachers should focus on:

- Managing and adapting education in emergencies, including community participation, creating a safe and protective learning environment, non-violent classroom management and how to avoid further stress in the classroom.

- Understanding the nature, causes and effects of psychological and social responses to emergencies. Programmes may emphasise coping skills, resilience, and the basic principles of and approaches to psychosocial support.

- When and how to use teaching mediums such as writing, drawing, storytelling, dance and drama to facilitate the expression of feelings and to assist children in strengthening their life skills and coping mechanisms.

- How to identify and mobilise the help of other adults who come into contact with children in need including their parents, community workers, health workers, religious leaders or traditional healers.

- How to establish and utilise referral mechanisms to provide additional support to learners who exhibit severe distress.

Strengthening Social Networks

Communal support builds trust and confidence in children. Early action to renew or strengthen social networks is important to psychosocial well-being, both for adults and children. Re-establishing social networks also gives natural opportunities for sharing the experiences of the past and the present, both the good and the bad, allowing for opportunities to find meaning from the experiences as well as creating closure or fostering new beginnings.

In addition to addressing children's developmental and psychosocial needs, educational and recreational activities can be opportunities for adolescents and adult community members to come together in a variety of ways to protect children and rebuild their community. The involvement of the community will help ensure that programmes take into account local definitions of child development and healing. While many different activities can achieve this aim, they need to be done in such ways as to build greater links within communities and strengthen the participation of and support to marginalised or stigmatised groups. Some of these activities may be in the form of such practical community actions as rebuilding schools or cleaning the community. Sports or other recreational

activities can also unite fractured communities. However, care should be taken so that such activities do not re-enforce negative rivalries or tensions already existing in the population.

A return to normal cultural activities ranging from communal gardening and festivals to rites of passage, religious events and the resumption of positive healing practices, help the entire community recreate a semblance of normalcy in their lives. This sense of normalcy is especially important for displaced populations where such activities and traditions represent familiar and reassuring anchors in what may otherwise be a strange and threatening environment. The MHPSS Guidelines Action Sheet 5.3 stresses the importance of understanding the cultural, religious and spiritual impacts of an emergency situation on members of a community, and of working through the community to facilitate the resumption of significant activities that can restore and promote psychosocial well-being.

UNICEF and its partners can support community-initiated activities through the provision of basic materials—food, materials to make instruments or costumes— in addition to space for public events, media and campaigns to inform community members about events.

Chapter 11

LEVEL 3: FOCUSED SUPPORT

> *While all children affected by displacement benefit from the lower two tiers of support— 'Basic Services and Security' and 'Community and Family Supports'—there will also be a smaller percentage of the population with particular emotional, social or other types of problems that will require more focused support interventions.*
>
> *This specialised support requires specialised human resources. Effective social service and referral systems are essential for programmes supporting children requiring more focused attention.*

There has been a tendency for relief programmes to focus special attention on particular groups of children including demobilised children, victims of abuse, or separated children. Sometimes this special attention is at the expense of the general population. This tendency has been based on the assumption of generalised trauma or distress among the particular groups. While such children may well require additional support, singling them out for special attention may make them more vulnerable to stigma and discrimination. This perception is especially a risk if the additional support is seen as granting privilege or access to resources not available to others in the community.

If the need for specialised or focused support is identified, the emphasis should be directed toward children who are struggling to cope within their existing care network, who are not progressing in terms of their development, or are unable to function at the same level as their peers. While children in emergencies do face substantial risks, each will have their own capacities, resilience and other protective factors that may reduce their vulnerability relative to others. Providing specialised support to pre-determined categories of vulnerable children—'child soldiers', 'street children', or 'orphans'—may actually erode a child's support system or even their own resilience.

It is important to remember that this level of psychosocial care and support requires specialised human resources. These activities will usually be carried out by local social workers, counsellors, psychologists, trained community workers or other qualified persons. An effective social service system is important in providing a continuum of care with appropriate and professional services, including referral and follow up for children requiring more focused attention. These systems are often disrupted by emergency situations, and in the case of chronic emergencies, may require long periods of time before they become fully functioning again. It is important that UNICEF and its partners

support the development of a sustainable system that will be maintained beyond the emergency. Therefore, emergency interventions to facilitate focused support services for children need to be implemented with a strategy of restoring the larger social system. Some examples of focused emergency programme supports are presented below:

Case management

Addressing individual protection needs can become particularly complicated within a within a wider range of services. Efficient and accountable management systems are necessary, but must be flexible to allow for individual differences. The main steps in providing social assistance are to:

1. Identify children in need of immediate care

2. Develop an information-management system

3. Set up a referral mechanisms

4. establish a systematic process to assist children and their families

5. Establish a clear action plan for every child including monitoring processes and exit strategies

For these activities to be carried out effectively, there must be agreed upon policies and protocols for implementation, coordination and monitoring. Effective case management also requires strong training and supervision components to ensure compliance with ethical standards and good practice.

> *Working with especially vulnerable children, including those who may have been separated from families or associated with armed groups and forces, has been a large part of UNICEF, Save the Children's and IRC's child protection work in emergencies. Systems for collecting, storing and collating data are central to this work. These agencies have developed a shared database that can be used to store and process data for case management in child protection such as family tracing and reunification.*
>
> *The Inter-Agency Child Protection Database can be quickly implemented in an emergency, easily modified for specific contexts, and can generate custom reports and analyses on child protection programmes and issues. It is currently being used in a number of different countries by NGO and government partners of UNICEF.*

Psychological first aid

Psychological first aid is a supportive listening approach and can be provided by experienced staff. When children do talk about distressing experiences there is the possibility for difficult emotions to arise. Often children have built up defence mechanisms in order to cope with distress. Discussing the

events before children are ready to process them can lead to a breaking down of these defence mechanisms before the children are ready. It is important that this process takes place in a safe physical and emotional environment and does not leave children open and vulnerable to greater distress.

Counselling

Counselling activities focus on building analytical and problem-solving skills to address severe distress. These activities should be carried out by appropriately trained professionals or paraprofessionals, including specially teachers, social workers, psychologists, and possibly religious leaders. Counselling activities may be conducted in individual, group, or family settings. Once again, it is important that this process takes place in a safe physical and emotional environment with consistent follow up.

Support Groups

Support groups facilitated by skilled professionals or paraprofessionals can offer comfort and skills-building for especially vulnerable persons who may otherwise feel isolated from supportive networks. These persons might include especially vulnerable children, the elderly, disabled persons, widows, or survivors of sexual violence. In a safe environment, group members can learn that they are not alone with their distress and then are able to share and learn coping strategies and problem-solving skills.

Hotlines

Following an emergency, hotlines may be set up in order to report cases of abuse, exploitation or other protection issues. They may also be used to connect individuals with appropriate resources and support networks. The hotline should be free and confidential. It should always be operated in coordination with governmental institutions in order to ensure it compliments existing structures and is sustainable

Training

Training and technical assistance can help other professionals working in affected communities to understand the psychosocial impacts of emergencies and to identify the need for appropriate referrals. Examples of such training include:

- Intensive training for primary health care workers and specialists to help practitioners to identify psychosocial distress in patients (for example, persistent complaints of physical ailments with no biological basis) and assist in appropriate referrals for social services or specialised mental health services.

- For other actors involved in social and legal protection, basic orientation to the psychosocial and mental health impacts of emergencies may be provided so that their interventions promote psychosocial well-being and avoid doing harm.

Referral and Collaboration

A small percentage of children are likely to need referral to more specialised mental health care services. All humanitarian actors, particularly those directly involved in psychosocial support programming, should participate in developing and strengthening—or at least be aware of—referral mechanisms that link children or their care giversto appropriate legal and economic services, and provide psychosocial/health supports in a collaborative fashion with other protective interventions.

Following the war in Bosnia and Herzegovina, a psychosocial intervention on young children's health and development was carried out. The programme consisted of regular semi-structured group meetings with mothers, focusing on coping with problems and promoting good mother child interaction. The sessions included psycho-education and therapeutic elements. During the programme, participating families were also offered free basic medical health care. The group had a positive effect on mother's mental health, children's weight gain, and psychosocial well-being.

'State of the Art in Psychosocial Interventions with Children in War-Affected Areas', War Child, 2005

Chapter 12

LEVEL 4: SPECIALISED SERVICES

> *As a result natural disasters or conflict situations, there will be a small per cent of the children who will have their resiliency and support systems over whelmed enough to interfere with their day-to-day functioning. In these rare instances, specialised services may be required. These services can range from mental health interventions to traditional healing or other ceremonies. Such services usually require a technical expertise that is outside the mandate of most psychosocial programmes.*

In any emergency situation it can be expected that a very small percentage of the population will experience distress significant enough to disrupt their ability to function on a day-to-day basis. This population may include, but not be limited to, children with such pre-existing conditions as major mental illness, mental disability or neurological problems such as epilepsy. An emergency situation itself may induce psychological problems that require specialised attention. The most common of these problems would include anxiety and depression disorders, substance abuse and Post-Traumatic Stress Disorder (PTSD).

Specialised services may be Western-based mental health interventions from the fields of psychology and psychiatry. In non-Western contexts, specialised interventions may also include non-harmful traditional healing and other ceremonies that are based in cultural and/or spiritual beliefs. Examples of specialised programme supports might include:

- Assessment of the impact of the emergency on mental health, any mental health or related disorders pre-existent in the community, and the current status of any pre-existing services.

- Expanding the availability of specialised mental health care for a broad range of emergency-initiated and pre-existing conditions through general and community-based mental health services.

- Facilitating training and capacity-building in specialised interventions with local professionals.

- Supporting existing community structures that may assist in identifying, referring and supporting children needing specialised services.

- Identifying and providing protective support and health care for persons residing in institutions due to mental or related illnesses.

- Identifying and involving traditional healing practitioners when their practices are consistent with standards of good practice and in the best interest of the persons affected.

Organisations focusing on generalised psychosocial support for children in emergencies will typically not be involved in the implementation of specialised serves. Such services are medical in nature and require a technical expertise that is outside the mandate of most child protection and psychosocial support programmes. Such programmes, however, can be involved in:

- Advocating for quality specialised services to be accessible to all who need them.

- Coordinating with those service providers in programme planning, case management and referral and follow up activities.

- Providing social support to the children and families who are receiving these services.

- Information dissemination to provide accurate information to communities about mental illness and severe psychological problems, in order to reduce stigma and promote better care and protection of affected persons.

CONCLUSION

The psychosocial well-being of children and families affected by emergencies, including armed conflict or natural disasters, is the concern of all humanitarian actors. While children are generally capable and resilient, they require support in their family and community environments to respond and adapt to difficult circumstances in a positive way. With the appropriate supports, most children will bounce back from distressing experiences and continue their normal development.

UNICEF and its partners will play a particularly important role in protecting children from the harmful effects of emergency situations and promoting their well-being. Meeting the basic needs of children and ensuring their safety establishes a foundation to promote and maintain well-being. It is important that these services be provided with a perspective that enhances participation and is sensitive to gender and other considerations that may affect particularly vulnerable persons. In this way, psychosocial development can be further encouraged.

Beyond basic services and safety for all, many children and their families will further benefit from support that focuses on maintaining family unity and which restore the structures and routines which allow for positive social interaction and safe opportunities for the expression of emotions. Only a small percentage of children affected by an emergency will need specialised services possibly ranging from psychiatric interventions to traditional healing. It is important, though, that all actors understand the importance of these services and participate actively in an effective referral system.

This document outlines good practice policy and approaches to promoting the psychosocial well-being of children in emergency situations. Though the child protection and education personnel of UNICEF and its partner agencies, may have the most direct involvement in responding to psychosocial needs and promoting programmes which support individual and community wellness, these principles and approaches should influence all types of humanitarian interventions. This more holistic approach will further ensure the protection and well-being of children, families and communities.

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