

Psychosocial Work with Children and Families

Introduction

Psychosocial work is a component of child protection and overlaps with the term “social work”. It describes crosscutting activities which prevent and reduce negative impacts on well-being, such as advocating for improved access to basic services and security, and also community based activities which promote the ability of families and communities to support each other, resume everyday activities, and heal e.g. via parenting groups, children's recreational and educational activities.

Exposure to the disruption, loss, and violence associated with emergencies, places significant psychological and social strain on children, adolescents, their families and communities. The way in which children and families experience and respond to conflicts and disasters varies greatly, yet with the right support the majority will be able to overcome these difficult experiences. It is essential that social and psychological issues are not ignored while homes are rebuilt, social services re-established and livelihoods recommenced. It is now widely accepted that early psychosocial interventions must be an integral part of humanitarian assistance.

This module is divided into the following sections:

Part 1 Background to Psychosocial Issues:

The Overall Impact of Emergencies on Psychosocial Well-Being
Psychosocial Effects of Emergencies on Children
Legal Framework and Advocacy Activities

Part 2 Intervention Planning:

Psychosocial Programming Principles and Priority Activities
Co-ordination and Sector Support

Part 3 Psychosocial Programming:

Addressing Basic Services and Security
Developing Community and Family Supports
Focused Supports
Referrals to Specialised Services

The core resource for this module is the [Inter-Agency Standing Committee \(IASC\) Guidance on Mental Health and Psychosocial Support in Emergency Settings](#) and the key interventions of the [Sphere Handbook \(2004\) Standard for Mental and Social Aspects of Health](#). These IASC guidelines represent the emerging consensus in the international aid community of the minimum response in emergencies - the first steps that need to be taken even during an emergency - to protect and promote mental health and psychosocial wellbeing.

From the field: Actions by humanitarian organisations to support community based initiatives can play a significant role in promoting psychosocial well-being in children and families affected by an emergency. For example:

Leaders within the refugee population in Ethiopia advised an international NGO how best to care for the thousands of unaccompanied children, mostly boys, who had arrived after a harrowing escape on foot from the civil war in southern Sudan. As a result, “villages” were created with 3-5 children living in a traditional hut under the overall supervision of a caregiver from among the refugees. The system was modelled on cultural practices in the boys’ home society where groups of them would spend long periods away tending cattle on the move. It built on the value placed on self-reliance, leadership patterns among the boys and traditional coping mechanisms. School attendance was highly valued and a wide range of activities developed. The boys retained a significant degree of control over their daily lives, thereby reducing the incidence of long term psychosocial problems. (Promoting psychosocial well-being among children affected by armed conflict and displacement, Save the Children Alliance, 1996)

PART ONE: BACKGROUND TO PSYCHOSOCIAL ISSUES
The Overall Impact of Emergencies on Psychosocial Well-being

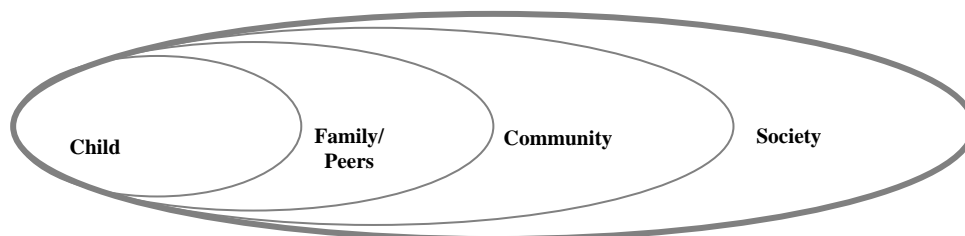
Information in this section:
Definition of the terms 'psychosocial' and 'psychosocial wellbeing'
The potential positive and negative impacts of an emergency on psychosocial well-being

The psychological and social wellbeing of children, families, and their communities during and after an emergency will vary according to the type and scope of the emergency, the community supports and structures in place, and the individual coping mechanisms of those affected. This section defines psychosocial wellbeing and then gives an overview of the ways in which common features of an emergency may impact on well-being.

What do we mean by the term 'psychosocial'?

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** e.g. their mind, thoughts, emotions, feelings and behaviours
- And the impact on their **social world** e.g. their environment, culture, traditions, spirituality, and interpersonal relationships with family, community and friends and life tasks such as school or work



The psychological and social wellbeing of a person are inextricably interconnected. For example, a child who is displaced and separated from family and friends is likely to experience intense feelings of loss and fear, while community efforts to respond and protect others may increase feelings of solidarity and optimism.

Psychosocial work therefore focuses on the aspects of an environment or situation which impact on **both** the social and psychological well-being of affected populations. This is achieved via working with the local community, sectors, and organisations to advocate for improved access to community supports and basic services and restore everyday recreational, social and vocational activities in order to promote psychosocial well-being.

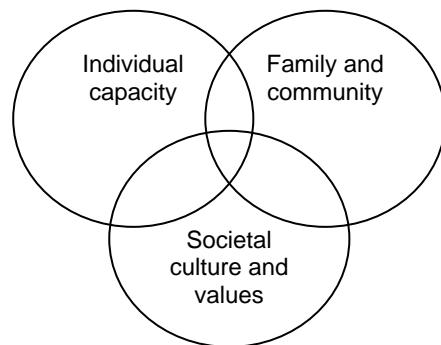
From the field: The following is an example of the psychological and social impacts of an emergency and the interrelated dynamic between the 2.

Terrifying events experienced by most of the children in the Darfur region (village attacks, lootings, killing of people, family separations, sexual violence, injuries...) have created serious emotional problems that affect their ability to function and perform customary social roles and activities. In IDP camps, children often demonstrate disturbances in sleeping, persistent nightmares, strong fears, aggressiveness, sadness. Many children have said that life is hard because they have few safe spaces to play within the camp and that they have difficulties in making new friends and feeling comfortable in this environment. From the parent's side, many have reported that they find it difficult to educate their children, to transmit their values and to practice their traditions. Family and social habits as well as traditions are completely disrupted or difficult to practice. (Source: Terre des Hommes Protection Worker, 2006)

What do we mean by the term “psychosocial well-being”?

When we think about psychosocial work we are focusing on activities to promote the well-being of affected populations. Such well-being can be thought of having 3 core domains, all of which will affect a person’s ability to function:

- **The individual capacity of a person.** This is a person’s physical and mental health, their coping abilities, their position in society, and their ability to access resources such as food and water, social services, education, and health provisions. For children, this would include their level of resilience and developmental stage.
- **Family and community functioning.** This is the degree to which a person can engage in ordinary social roles and carry out everyday activities, such as attend school or go to work, and the availability of essential services. Effective functioning requires having networks of support from family and friends, and wider groups within the community e.g. religious groups, colleagues and peers. For children, this includes the existence of supportive caregivers, and other social resources such as family members, school friends, and teachers.
- **Societal Culture and Values.** These are the beliefs, values, and practices that give a sense of meaning, unite communities, and contribute to a person’s identity e.g. religion, spirituality, and traditions. For children, this will be significantly influenced by the beliefs held by their family members and community, and the perceived relevance of these to their own life.



What are the potential impacts of an emergency on psychosocial well-being?

While reactions vary by culture, emergencies tend to have common elements, which will impact on the psychosocial wellbeing of individuals, families and communities. Some of these are highlighted below.

1. The Individual Capacity of a Person.

Physical health: Injury, disability, and disease will reduce the functioning of a person and their ability to cope with stressors.

Emotional, behavioural and cognitive capacities: Loss of loved ones, living in fear, and with dramatic changes in personal circumstances, social support, and environment will have varying degrees of impact on a person’s well-being and ability to engage in everyday life. Grief, distress, anger, reduced trust and self-esteem, and a loss of feeling in control are common reactions to the effects of emergencies. The presence of supportive parent/caregiver will have a crucial impact on a child’s psychosocial wellbeing.

Status: Refugees, displaced people, those in extreme poverty, women and girls, people with disabilities, and unaccompanied children are all groups who are likely to have less access to already scarce resources in an emergency e.g. essential provisions for survival, social and health services, and education.

From the field: Example of the impact of conflict on individual capacity.

'I used to be a teacher in Kalumbo.. We ate, we drank. We had no problems. Life was rich, comfortable... for 7 years... I educated and inspired young people, who are now adults. Now I feel negated. I have no work... I have not been able to fulfil my dreams... I'm worse than poor, because I have nothing'

(Source: Cycles of Violence: Gender Relations in Armed Conflict, Acord, 2005)

2. Family and Community Functioning.

Emergencies disrupt the normal workings of a society, displace separate families, and shatter social supports. These changes, together with the burden on services and the damage to infrastructures, can dramatically impair the ability of families to function. Children may have witnessed the difficulties of their parents who may now be unable to provide for their families. Parents may struggle to discipline their children after a family member goes missing, or violence within the household may increase as families are put under increasing pressure for basic survival.

3. Societal Culture and Values.

Events may also disrupt the belief system of a community, leading to a sense of violation and undermining cultural values, beliefs and practices. For example, families in IDP camps and separated from their community may experience isolation and a loss of identity if unable to continue traditional practices. Often such situations can worsen intergenerational conflict, where youth's changing values and beliefs bring them into conflict with older generation who want to hold onto traditional values.

From the field: Example of the impact of the effects of an emergency on culture: In Guatemala some communities were forcibly displaced and unable to mourn and honour the murdered and disappeared. The disruption also reduced their ability to use their traditional story telling as a psychological resource. (Source: The Refugee Experience, Refugee Studies, 2001)

(For more information on psychosocial well-being see: [Conceptual Framework, Psychosocial Working Group](#))

What may be positive outcomes of an emergency for children and their families?

Although emergencies create many problems, they also have some positive effects. People frequently exhibit great resiliency, demonstrating personal strength and resourcefulness, and community activities create opportunities for increased solidarity, social support and generosity. Additionally:

- Children and communities may become more aware of their rights
- Children and communities can become more active
- Children may have access to new services
- Change within gender roles e.g. education for girls
- There may be opportunities for social change (e.g. greater inclusion of previously marginalised groups)

From the field: Example of positive outcomes following the Dec 26 Tsunami in the Maldives.

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.

(Source: Building Children's Coping Skills, UNICEF ROSA, 2005)

What characteristics of an emergency may affect psychosocial reactions in children, families and communities?

It is important not to over-generalise reactions to emergencies since the individual characteristics of an event will affect the resulting psychological and social impact. For example, the inability to locate, identify and bury loved ones can negatively affect a family's ability to initially accept the death. Viewing a natural disaster as an act of God may increase a community's ability to rebuild their lives.

The context of the emergency will also impact greatly on the types of risks to children. For example, a conflict setting will increase the incidence of recruitment of children into armed forces. (For specific guidance on the emergency response for your geographical area, please refer to any additional interagency guidance e.g. [Mental Health and Psychosocial Protection and Support for Adults and Children Affected by the Middle East Crises](#))

Scope of secondary effects of the emergency: The immediate effects of emergencies create a breakdown in the traditional systems, which support children. Emergencies will also have significant **secondary** psychosocial effects such as reduced social cohesion, which may be more damaging to the long-term psychosocial wellbeing of children, families and communities. For example the death of a parent, lack of education, or significant health problems are more likely to cause lasting negative impacts if assistance is not available

Duration of the emergency: The longer the emergency continues, the greater the risks to the population's psychosocial wellbeing. Longer term impacts may include greater distrust and alienation among different populations, and increased strain on family survival and coping mechanisms.

Degree of impact on daily living situation: It is important to note that people in emergency situations often report that it is the impact on their daily living situation and the social disruption that they find the most distressing in emergencies (e.g. increased poverty, displacement, family tensions). For example, girls who have been abducted into armed groups and impregnated often say that their stigmatization and lack money to feed their babies are their biggest stresses.

Trainer: [Click here for group exercise on background to psychosocial problems in an emergency](#)

Slide No.	
Type	Exercise
Main Title	Psychosocial impacts of emergencies
Source	
Instruction	Answer the following questions on psychosocial work and well-being
Question	<ol style="list-style-type: none"> 1. Psychosocial work focuses more on the psychological problems in populations affected by an emergency, rather than social issues? True or false? 2. Which definition best describes psychosocial work: <ol style="list-style-type: none"> a. Psychosocial work focuses on activities to address groups of children/families who are having problems coping e.g. children formally used by armed groups or parents who are depressed. b. Psychosocial work includes all activities by the community, local authorities, partner organisations, and sectors that prevent psychological and social problems from developing. c. Psychosocial work focuses on working with communities, organisations, and sectors on preventing and addressing social and psychological problems, and activities to support wellbeing. 3. Psychosocial well-being is influenced by 3 domains: 1. The individual capacity of a person e.g. their physical and mental health, access to resources, and level of resilience 2. The degree of family and community functioning e.g. the resumption of everyday activities such as school or work, the presence of family and friends, and the availability of essential services. What is the third domain? 4. In the following case, what helped the child to recover psychosocial well-being?: His individual capacity, family and community support, or his culture and values. A mother noticed that her son, whose father was killed during the war, was behaving strangely – not wanting to leave her side and refusing to go to bed, and having difficulties sleeping. While initially he did not explain what was bothering him, after her gentle questioning he admitted that... he was dreaming that his father was telling him ‘I am dead but I haven’t reached the place of the dead; you have to perform my burial rituals because I can see the way to the place where other dead people are ... but I have no way to get there’. During the war the family did not perform a burial because they were so busy just trying to survive. His mother talked to the community leaders and the family was helped by their community to perform the rituals, and the boy has never had nightmares about his father again.
Hint	
Comment on success	
Display Correct Answer	<ol style="list-style-type: none"> 1. False 2. c 3. Societal culture and values 4. All 3. Well-being is interlinked with the individual, community and cultural context in which a person lives. In this case, the child’s ability to understand and explain his problem, his close and trusting relationship with his mother and community values and rituals all played a part in helping him to overcome his difficulties,

PART ONE: BACKGROUND TO PSYCHOSOCIAL ISSUES

Psychosocial Effects of Emergencies on Children

Information in this section:
Proportion of children likely to show changes in behaviour, thoughts, emotions, and social relations in response to an emergency
Common psychosocial reactions in children
Risk and protective factors influencing psychosocial reactions
Influence of culture and gender in psychosocial reactions
Use of mental health terminology

Emergency programmes traditionally have focused primarily on children's physical well-being, however emergencies affect all aspects of a child's well-being - physical, mental, behavioural, social, emotional and spiritual. This is particularly true for children who have been exposed to extremely distressing events, such as torture, abduction, sexual abuse, or loss of a child's family. It is nevertheless important to remember that with adequate support most children will be able to recover.

The following section will help you recognize common stress reactions in children and adolescents, and provides guidance on the use of psychosocial and mental health terminology.

Are all children in an emergency likely to be affected?

A child's reaction to difficult situations will vary according to their experience in the emergency, their individual characteristics, past experiences, the level of support they receive from those around them, the situation of their family, the community in which they live and their cultural beliefs and values.

- Nearly all children and adolescents who have experienced catastrophic situations will initially show some changes in behaviour, emotions, thoughts and social relations such as nightmares, withdrawal, problems concentrating, questioning of beliefs, guilt, anger etc (see below). Such reactions are **normal**. Once basic survival needs are met, safety and security have returned and developmental opportunities are restored, within the social, family and community context **the majority of children and adolescents will regain normal functioning**, without professional support.
- Mild or moderate mental health disorders such as non-severe levels of anxiety or depression are estimated to increase by 5-10% after an emergency. (Source: WHO (2005a). Mental Health Assistance to the Populations Affected by the Tsunami in Asia)
- There will be an even smaller percentage of severely mentally ill who urgently require mental health assistance. Care for people with mental health disorders should be integrated into existing health and mental health services. (Source, WHO 2005a, Mental Health Assistance to the Populations Affected by the Tsunami in Asia).

“We are not crazy! What we feel is not abnormal – the situation is crazy and abnormal!” a rural child in Bosnia Herzegovina. (Source: The Tiger is our Guest, CARE, 2005)

What are common psychosocial reactions in children to emergencies?

While there are cultural variations, psychological distress generally impacts children by limiting their ability to engage in the world around them and to participate in routines such as school and play. The first common signs of distress can be of **two general types**. 1/ One is where a child becomes less active and interested in things around them (“passive”) e.g. when a child is not interacting with others or not expressing curiosity in his or her surroundings. 2/ The other is where the child become more active and often aggressive – e.g. can't sit still or seems to have too much energy, becomes disruptive, aggressive or rebellious etc.

From the Field: Example of how children reactions will vary according to the child.

Palestine: “Our children go through similar experiences but respond differently. Some of our children become anxious and fearful and cling to us, others become withdrawn and depressed. Some of our children don’t seem to be affected and go right on with their play. I have six children...two don’t leave the house, two spend their time watching TV and observing events around them, and the other two are outside playing and enjoying themselves.” (Source: Psychosocial Assessment of Palestinian Children, USAID/Save the Children, 2003)

Short term effects are **normal** reactions to abnormal situations and can be categorised as follows:

- **Physical reactions:** rapid heart beat and breathing, tense and/or aching muscles, dizzy, great deal of or lack of energy, psychosomatic problems (pain without any physical cause)
- **Changes in thinking:** only thinking about the emergency, getting confused, difficulty in concentrating, flashbacks, inability to trust others, thinking only of others at expense of oneself. Changes in beliefs and values are often common - including changes in spiritual, political and or religious beliefs e.g. what types of identities are important (family, individual, group), which groups children identify with. These may lead to difficulties to adapt, or conflicts with parents and friends. However, it can also give an increased sense of purpose.

From the field: Children who have been continually exposed to violence often express a significant change in their beliefs and attitudes, including a fundamental loss of trust in others (especially if they have been attacked or abused by people previously considered neighbours or friends, as happened, for example, in former Yugoslavia and Rwanda).
(Source: Promoting Psychosocial Well-being among children affected by armed conflict and displacement, Save the Children Alliance, 1996)

- **Changes in emotions:** feeling angry, sad or hopeless. Guilt, insensitivity to feeling anything (becoming numb), erratic mood changes or lack of empathy for others. Children may also feel increased attachment to others and increased sense of solidarity and being cared for.

From the field: Example of the psychosocial effects of conflict on young people. Workshops with young adolescents in war-affected environments often reveal their desperate longings for peace, their (sometimes) pre-occupation with revenge, their painful sense of lost opportunities, and their deep feelings of loneliness and pessimism about their future. Young people are often unwilling to burden their parents with their own worries and feelings, and thus they often exist in a kind of “developmental waiting room.” They may feel that they cannot identify themselves with what is going on around them, and at the same time are not able to really believe in the future. At other times, adolescents – especially boys – are drawn very actively into the war, or they themselves seek out the soldier role. Young people often need special assistance to rebuild a positive sense of themselves.

(Source: Five day training course on psychosocial care and protection for children in situations of armed conflict, Marie de la Soudiere, 1997)

- **Behavioural changes:** Children may appear nervous, aggressive, withdraw from others and activities, have problems sleeping or show antisocial behaviour or ‘strange behaviour’ (e.g. hoarding things). Distressed children may regress in behaviour, particularly at younger ages. For example, an infant who slept through the night may no longer do so. Older children may become unable or unwilling to do their customary chores or become more dependent and fearful of separation from the parent or caregiver. Adolescents can be particularly vulnerable when the gradual gaining of independence from the family is disrupted, and may have difficulties concentrating or become rebellious or engage in risk-taking behaviours. ([link to Community Based Psychosocial Support Training Manual Module 5 for detailed reactions](#))

What is Post Traumatic Stress Disorder (PTSD)?

PTSD is a clinical syndrome and is diagnosed by a qualified psychiatrist. This term tends to be overused, and should be avoided outside of a clinical setting.

PTSD is usually medically diagnosed via the use of a diagnostic checklist (e.g. DSM IV or WHO’s ICD-10), however this diagnosis has been criticised in developing countries and/or emergencies. In the DSM IV checklist, a person is diagnosed with PTSD if he/she has been exposed to a distressing event that involved actual or threatened death or serious injury and the person’s response involved re-experiencing, avoidance and hyper arousal. The person displays a very specific range of trauma symptoms for more than one month and, importantly, these symptoms interfere with daily functioning or involve intense suffering. ([Click here for DSM IV](#))

From the field: Example of misuse of PTSD diagnosis

Work amongst displaced youth in Angola using a standardised PTSD assessment suggested three-quarters of those interviewed could be categorised as suffering from PTSD. Responses such as: ‘For me to forget is very difficult... how can I forget what happened?’ suggests the existence of just the sort of intrusive memories associated with this disorder. However, the full version of the response suggests a rather wider interpretation: ‘For me to forget is very difficult because the work here is very heavy. When you remember the past you think if it wasn’t the war I wouldn’t be doing this heavy work. I collect firewood sometimes many hours a day. I work from sunrise to sunset for very little money... how can I forget what happened?’ (Source: Carola Eyber, cited in A Ager (2002) Psychosocial Intervention in Complex Emergencies. *The Lancet*. Supplement on Conflict and Health).

What factors increase a child’s resilience to psychosocial problems?

Resiliency is a person’s ability to overcome difficulties and adapt to change. For children, the presence of parents or caregivers who are able to provide support and safety is a key factor in significantly increasing their resilience to the negative effects of an emergency. Children look to their parents or caregivers regarding how to respond to crisis and change. This is why we often see that children are only doing as well as their parents. Other family members such as siblings and grandparents can also be important. When a parent or other close family

member is able to show that it is ok to grieve and to be upset while still functioning, then a child is far more likely to respond accordingly. (Note that the culture of a society and gender roles will affect how mothers and fathers display grief and coping mechanisms). Once children have lost the protection of their family or if the family is seriously weakened, children are far more vulnerable to secondary stress.

Resilience is determined by two main factors:

- Characteristics of the child
- Environmental factors

Factors which are likely to increase resiliency and promote recovery (otherwise known as **protective factors**), include:

Protective characteristics of the child	Protective environmental factors
<ul style="list-style-type: none"> - Takes positive steps to solve problems e.g. talks to others about feelings - Takes responsibility for own actions - Is hopeful about the future - Is respectful of self and others - Has the ability to play/ interact with others and alone. 	<ul style="list-style-type: none"> - The existence of a secure attachment or bond with caregivers/parents - Parents who are models of coping and appropriate behaviour - Caregivers who the child can trust and provides warmth and support - People who set limits for the child to stop them getting into danger - People who encourage the child to learn how to do things themselves and who help when they are in trouble - Presence of supportive family, friends and community support network, including religious groups - Establishment of routine e.g. school attendance - Access to shelter, hygiene, and medical care - Access to education and/or economic opportunities

Programmes should work to promote protective factors in the environment and in the child, in order to increase resiliency ([link to Part Two for example activities](#), and [Technical Notes Chapter 9 Annex 4 Building Resilience](#))

From the field: The following is an example of a project which increased resiliency to the negative psychosocial effects of an emergency.

An international NGO started a project in Huambo, Angola, offering teenagers the opportunity to build their own houses in the municipality of their choice. In conjunction with local authorities and traditional chiefs, young people were provided with land on which they were assisted by experienced builders to construct their own homes, with building materials provided by the NGO. They were also given basic household equipment. About 50 houses were built in this way. A flare-up of the civil war prevented any visits for more than a year. When visitors finally came, they found the young homebuilders had survived the period of conflict extremely well compared to other youngsters in the many institutions in the area. They had managed to establish small businesses, maintain their houses and, perhaps most significant of all, they were coping well with no external support. Being engaged in a meaningful activity had developed their sense of esteem, increased hopefulness regarding their future, and developed supportive social networks, all of which increased their resilience to future psychosocial problems.

(Source: Promoting psychosocial well-being among children affected by armed conflict, Save the Children Alliance, 1996)

How can culture and gender impact on a child's reaction to an emergency?

Culture

The way in which children, adults and communities respond to and overcome difficult situations will depend largely on cultural factors. What is considered normal, what makes you feel better, your daily routines, and whom you look to for guidance, will all be influenced by the traditions and norms within a society.

- **Impact on parenting:** Who looks after children and how children are parented will vary significantly across cultures. In an emergency, a community in which it is normal for children to be cared for by a large network of family and kin may have significant difficulties coping with displacement and loss of community supports, while another culture may experience the disruption to schooling as a severe stressor.
- **Impact on status, traditional roles and ethnicity.** Culture influences our place in society, the language we speak, and our gender roles. Emergencies may create or worsen discrimination, access to services or immigration status for families. Displacement may also cause language difficulties.
- **The role of faith, how people define crises, express grief, and accept support will also vary greatly from culture to culture.** In an emergency mental health problems may be severely stigmatized or openly discussed, social work support mistrusted or welcomed, or traditional healing rituals encouraged or ridiculed.

Gender

Wars, famines and other unstable situations affect men, women, boys and girls differently, because they have different roles and power relations in society. In some contexts, being a boy, or a girl, may be more significant than the fact of being a child. Different societies have contrasting ideas about children's vulnerabilities and their capacities.

- **Females:** Girls may be less likely to have opportunities to attend school or take part in other activities that would help them to develop friendships or skills. They may face problems of gender discrimination throughout their life cycle, special risks, and pressures to conform to roles that limit their opportunities and constrain their life choices in particular ways not faced by boys. E.g. a girl who has been raped may be rejected by her family and unable to marry, resulting in poverty and social exclusion. Mothers who have the responsibility for caring for the children while also managing the household, may have little space to grieve. They may have to resort to negative coping mechanisms to support the family, such as the exchange of sex for money.

Girls and women may also experience more freedom or equality in the post emergency environment. For example, as traditional livelihoods are disrupted, women may take on new roles in employment. Services introduced as part of aid or reconstruction may mean that girls have access to education for the first time.

- **Males:** Boys are frequently under pressure from peers, their families and the community to perform according to gender roles that relate to masculinity. It may be harder for boys to show or discuss fear, sorrow, or anxiety. Fathers who were traditionally the breadwinners may experience a loss of identity and role if the emergency disrupts their livelihood.

The disruption caused by emergencies may mean that men are unable to resume their traditional work and become more involved in household activities and in parenting their children.

From the field: Example of the potential changes in gender roles in an emergency:

In the occupied Palestinian territory, mothers had traditionally been the primary caretakers so group work sessions about how to deal with children's psychosocial problems had been mainly attended by mothers. However, when discussion sessions were conducted at places where men traditionally gathered (such as mosques or Diwans – traditional gatherings of men within one extended family), fathers were very engaged in these discussions because of the new challenges they were facing in dealing with their children as a result of the conflict. (Source: Protection Adviser, UNICEF)

Why should care be taken with terminology when defining psychosocial effects?

Words can have a powerful effect on situations and labels can be stigmatizing. The use of local terms is vital if you are to communicate effectively and understand the problems of those you are trying to help.

You should always be careful to not to overuse or misuse terms that relate to psychosocial problems. The word “trauma” means different things to different people. Overusing this word can be:

- Inaccurate. Many people may be distressed, angry or preoccupied rather than traumatized. People may only be considered to have a trauma-induced disorder when, weeks following a life-threatening event, they are no longer able to function in their daily lives because of a distressing event e.g. suffer from clinical depression, are addicted to drugs, become violent or suffer from Post Traumatic Stress Disorder (PTSD). **This is an extremely small percentage of the population.**
- Counterproductive to healing and stigmatizing
- Encourages development of passive victim identity
- Deflects attention from broader social environment

From the field: Example of the problems with mental health terminology
 “The problem is that technical words are often not used in a proper manner. People always talk about traumatized children. Because of that, the real difficulties of the children are not looked at and they are all put in the same category. When we speak of “a traumatized child”, it doesn’t say anything about him, about his life and his needs. If we say that all children are traumatized because they are affected, we are wrong. Only some children are really traumatized and need help from a mental health specialist” (Source: Terre des hommes, Senior Protection Officer in Sri Lanka)

What is the difference between Psychosocial Support and Mental Health?

Although these terms are closely related, for many organisations and experts they have come to signal different, yet complementary, approaches. Agencies outside the health sector tend to speak of *supporting psychosocial well-being*. In contrast, agencies working in the health sector tend to speak of *mental health* but historically have also used the terms *psychosocial rehabilitation* and *psychosocial treatment* for non-biological interventions for people with mental disorders. Exact definitions of these terms vary between and within organizations. As this training is for Child Protection Officers, the term *psychosocial support* is used throughout for referring to this general area of programming. Mental health is used to signal the need for services provided to people suffering clinical mental health disorders such as depression, anxiety, post-traumatic stress disorder or psychosis.

Examples of recommended terms	Examples of terms that are not recommended for use outside clinical settings
Distress or stress Psychological and social effects of emergencies	Trauma (“a universally devastating event”, WHO)
Reactions to difficult situations Signs of distress	Symptoms
Distressed children (children with normal reactions to the emergency) Severely distressed children (children with extreme/severe reactions to the emergency)	Traumatized children
Psychosocial wellbeing	
Structured activities	Therapy
Terrifying events Overwhelming events	Traumatic events (“sudden and unexpected situations that by their nature provoke fear, paralysis, and stupor”, WHO)

Trainer: [Click here for group exercise on the psychosocial effects of emergencies on children](#)

Slide No.	
Type	Exercise
Main Title	Psychosocial impacts of emergencies on children
Source	
Instruction	Answer true or false
Question	<ol style="list-style-type: none"> 1. In emergencies large percentages of the population are traumatized 2. Without the help of specialists, people will carry scars for life 3. A child who is still excessively clingy, having regular nightmares, and psychosomatic complaints 3 weeks after a terrifying event has PTSD 4. Nearly all children will show some short term changes in their behaviour following a distressing event in an emergency 5. Approximately only 10% of people will have longer term problems such as depression, following exposure to distressing events in an emergency. 6. Children will generally show similar reactions to the same experiences 7. It is normal for a child to regress in behaviour or to become more dependent in the aftermath of an emergency 8. The psychosocial well-being of a child will be most influenced by the actual event he or she witnessed or experienced. 9. One of the best ways to increase resilience to the effects of an emergency is to provide aid such as counselling. 10. A child with parents who are managing to cope in an emergency is far more likely to be protected from long term psychosocial problems 11. We should avoid the word 'trauma' outside clinical settings as it can be stigmatising and is frequently inaccurate.
Hint	
Comment on success	
Display Correct Answer	1.f, 2.f, 3.f, 4.t, 5.t, 6.f, 7.t, 8.f, 9.f, 10.t, 11.t

PART ONE: BACKGROUND TO PSYCHOSOCIAL ISSUES

Legal Framework and Advocacy Activities

Information in this section:
Articles in the CRC which relate to psychosocial rights
Advocacy activities to support psychosocial well-being

All children are entitled to protection and care under several national, regional and international instruments. The deliberate violation of children's rights in a complex emergency is a frequent characteristic and is a significant contributing factor to psychosocial difficulties. Advocating for protection from violence or abuse, and access to basic services such as clean water or shelter will be one of the most effective ways to promote psychosocial well-being. This section provides a summary of the key legal instruments that relate to psychosocial support. Please also refer to the [Foundation module: Legal Framework](#) for an overview of legislation for all children in an emergency.

Which articles of the Convention on the Rights of the Child (CRC) can I use to relate to the provision of 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 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 to restore well-being.

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.

What advocacy activities can you undertake to prevent or reduce psychosocial problems?

Actions that you can take to protect large numbers of people from human rights violations are an invaluable part of efforts to prevent psychosocial problems and increase resilience. The types of activities you can undertake will depend on your organisational remit and resources, however examples are listed below:

- Advocate for the protection of the population from violence e.g. under International Humanitarian Law (IHL) parties to a conflict are obliged to protect civilians. A cessation in fighting protects the affected populations from further distress, and provides an opportunity for their healing and recovery
- Promote humanitarian access to deliver essential services e.g. health, clean water, shelter. Under International Humanitarian Law and Human Rights Law all parties to a

conflict are obliged to provide civilians with the care and aid they require. Schools, health facilities, civilian property (such as houses) are granted special protection.

- Advocate for compliance with international human rights standards in all psychosocial interventions in emergencies e.g. by ensuring services are delivered to all those in need and without discrimination
- Design all psychosocial programmes according to human rights and the rights of the child e.g. ensure child participation throughout
- Support or establish monitoring and reporting systems regarding human rights abuses e.g. train all sectors and partner organisations on how to report instances of child abuse or exploitation
- Train humanitarian workers from other sectors, local government, military etc on how to deliver services in a way that enhances psychosocial well-being.
- Educate donors about the rights of children and effective care and protection initiatives
- Advocate for implementation and compliance with national and international legislation to protect the rights of children and their families e.g. prevent and stop child recruitment into armed forces and groups, protection from sexual violence, and facilitate humanitarian access.

From the field: Example of UNICEF advocacy activities to promote the rights of children in Sri Lanka and enhance well-being

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.

Trainer: [Click here for group exercise on the legal framework for psychosocial support and advocacy activities](#)

Slide No.	
Type	Exercise
Main Title	Legal Framework and Advocacy Activities
Source	
Instruction	Read the following case study and highlight what 6 advocacy activities you think the Child Protection community (UN organisations and local and international NGOs) should prioritise in a rights based approach to psychosocial programming
Question	<p>The most recent violence in the occupied Palestinian territory has led to reduced access to education and other basic services including urgent medical care. Many children have been killed or injured in the violence. Schools have been damaged by gunfire, and teachers at one primary school noted that children are less likely to have paper and pens, or pocket money, and that some of them are hungry. Children have few opportunities to play or simply to be children. Many are affected by the continual exposure to scenes of violence on their televisions. There are increasing examples of disillusioned youths participating in the violence. Parents are struggling to understand or to respond positively to the emotional and behavioural problems of their children. For instance, due to the risks their children are exposed to in the streets, many impose strong restrictions and punishments on their children in order to keep them safe at home.</p> <p>Example activities:</p> <ol style="list-style-type: none"> 1. Request structured times for news to be shown, parental warnings to be put on the screen before violence images are shown, and for more child friendly programmes 2. Develop a skills based training course for youths who have participated in violence 3. Train medical staff on recognising the signs of distress in children who attend the clinics. 4. Apply pressure for a ceasefire to allow children and families access to essential health services and for child friendly activities 5. Encourage the broadcasting of guidance on TV for parents in understanding stress reactions in children and ways of responding. 6. Promote alternative community based education in areas where it is unsafe for children to attend school 7. Pressure the Palestinian authorities to issue clear statements that children and young people should not participate in the violence. 8. Support already active community based groups providing youth and children's activities to extend their work to reach more families, and more often. 9. Train a team of counsellors to do parenting courses for those families identified by schools as most in need of support. 10. Provide stationary to those schools without adequate supplies
Hint	
Comment on success	
Display Correct Answer	1, 4, 5, 6, 7 In a rights based approach to programming we try to reach the largest

	<p>numbers of affected people. This means understanding what interventions will have the greatest impact (e.g. advocating for schools to be kept open vs. trying to train and deploy a small team of non-professional counsellors who will do limited activities for a limited number of children). You may be able to undertake both types of activities. Actual advocacy activities conducted by UN agencies, local and international NGOs in Palestine were:</p> <ul style="list-style-type: none">• Advocacy to the Palestinian Authority and Israeli government to protect all children from violence during the conflict e.g. for the PA to issue clear statements that children should not participate in the violence and for Israelis to avoid military operations that damaged schools;• Advocacy to Palestinian TV so that images of violence decrease and parental warnings be put on screen before images of violence are broadcasted.• Negotiation for a “month of tranquillity” with the Palestinian Authority so that Palestinian children can still have fun in spite of frequent shelling and violence (“give us back our childhood”). This led to the support of numerous media programmes for children and theatre performances.• Advocacy to the Israeli government to avoid arbitrary detention of Palestinian children, to prioritise alternatives to detention and to ensure due process• Advocacy for 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.
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PART TWO: INTERVENTION PLANNING

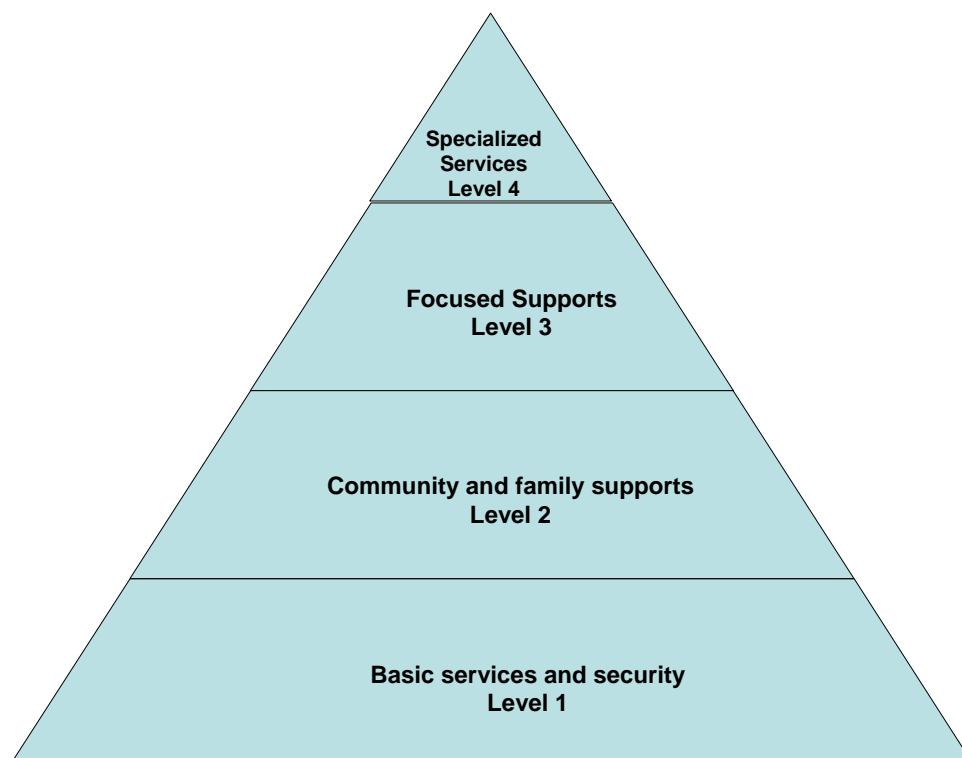
Psychosocial Programming Principles and Priority Activities

Information in this section:
Core psychosocial activities
Which professionals provide which types of activities
Basic principles of psychosocial work
Steps to take when starting psychosocial programmes and activities

Most children and adolescents who have experienced catastrophic situations will be able to function normally once their basic survival needs are met, safety and security has returned, and they are able to resume everyday activities within their communities. Many of the activities required to achieve this will be crosscutting, not only in terms of the different sectors you will work with, but also in the range of issues you may be faced with e.g. family tension, poverty, inappropriate housing, education, or health systems, dislocation etc. This section outlines the levels of psychosocial activities recommended and the principles to be applied to each.

What are the core psychosocial activities for child protection workers?

The priority in psychosocial programming is to advocate for basic security and services to be provided by working closely with other sectors such as health, water and sanitation, camp management etc (level 1 activities). At the same time, child protection workers should promote community and family based supports and promote everyday activities such as school (level 2 activities). For the minority of children and adolescents who have lasting psychosocial problems, additional focused psychosocial activities can be designed (level 3 activities), and if they have clinical psychological disorders (depression, anxiety etc.) referrals made to specialized mental health resources (level 4 activities).



Details of these 4 levels are as follows:

1. Basic services and security. The foundation for well-being is via the meeting of a person’s basic needs and rights for security, adequate governance, and essential services such as food, clean water, health care and shelter. While child protection workers usually

cannot provide these directly, you can work with other sectors to make them aware of how they can deliver such services in a way that prevents psychosocial problems, and supports well-being e.g. by ensuring families are not separated or discriminated against in the way aid is distributed. ([link to level 1](#))

2. Community and family supports. At the next layer community mobilisation is an essential primary activity to strengthen social support networks, and help people resume functioning. This may include funding educational and vocational projects, supporting community based children’s activities, or promoting social support networks. ([link to level 2](#))

3. Focused supports. In the next layer, a smaller number of people will in addition require supports that are more directly focused on psychosocial well-being. These are for children or adults who having difficulty coping with their existing support network, but who are not suffering from a clinical mental disorder. They may include activities to help deal with the effects of particularly distressing events e.g. support groups for victims of rape or torture. These are typically carried out by trained social or community workers, or health care professionals. ([link to level 3](#))

4. Specialised services. At the top of the pyramid is additional support for a small percentage of the population whose suffering, despite the aforementioned supports, is intolerable and/or who have great difficulties in basic daily functioning – that is, those who have severe clinical mental health disorders such as psychosis, drug abuse, severe depression, anxiety, or harmful to themselves or others etc.. This assistance could include psychological or psychiatric supports for people with mental disorders when their problems cannot be adequately managed within primary health services. ([link to level 4](#))

From the field: Examples of range of psychosocial activities

A range of psychosocial focused activities are needed post emergency in order to address the full complement of problems of the people. Jaffna is a good example. Activities range from public education via drama, community education, community based play activities for children, counselling for people with problems, and mental health care for the mentally ill. Efforts are there to provide treatment for the most vulnerable and preventive activities for the general population. (Source: UNICEF Lessons Learnt in Psychosocial Programming Worldwide, UNICEF, 2002)

Which professionals typically provide which levels of psychosocial support?

Professional	Level 1	Level 2	Level 3	Level 4
Animator/community worker	X	X		
Child protection officer/social worker	X	X	X	
Psychologist			X	X
Psychiatrist / mental health specialist				X

How can you begin to develop psychosocial programmes and activities?

- 1. Coordinate** ([link to co-ordination section](#)): Identify partners and co-ordination mechanisms for sharing information and undertaking programming. Advocate for the integration of psychosocial priorities into other sector and agency work.
- 2. Undertake an Assessment** ([link to Foundation module: assessment section](#), and [Psychosocial Programme Assessment summary](#)): Identify and understand the prior and current protective frameworks, community practices, legal instruments and vulnerabilities.
- 3. Plan activities:** Based on the results of the assessment, plan prevention and response activities, partners, and resources.

4. **Identify sector issues likely to impact on psychosocial well-being** ([Level 1](#)). Advocate for psychosocial mainstreaming in other sector and organisational activities, national health and social services. Advocate for access to basic survival needs, promote safety and security, and ensure these activities are done in a way that promotes psychosocial well-being. Prevent and respond to family separation.

5. **Promote Community and Family Support** ([level 2](#)): Support efforts to restore schooling and encourage structured activities that provide sense of continuity and development of positive competencies. Facilitate conditions for community mobilization. Activate local support such as youth groups, children's groups, women's groups and concurrent parent-focused supports, etc. Provide information on the emergency response and constructive coping methods. Deliver training to local staff. Identify referral services for the small number of children and adults who will need professional mental health assistance.

6. **Design structured psychosocial programmes** for children who require additional support ([Level 3](#)). E.g. promote culturally appropriate healing practices, structured group work etc.

7. **Make referrals to appropriate mental health services** and respond to clinical mental health problems e.g. alcohol and drug misuse, clinical depression ([Level 4](#)).

8. **Monitor and evaluate psychosocial programmes and activities** ([link to monitoring and evaluation section](#)).

What are the basic principles of psychosocial work?

In all aspects of psychosocial work, including assessments, programming, monitoring and evaluation, there are basic principles that should be applied. These are as follows:

Best interests of the child.

The best interests of the child should be the primary consideration for all activities, taking into account what will be the impact for children, and avoiding doing harm. For example, groups for separated children may be designed to support them, but may also cause discrimination if these children are seen as different.

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 families and communities to support one another. Relief efforts can make matters worse if they reinforce a sense of powerlessness by treating those affected as helpless victims. Girls, boys, women and men should be active partners in decisions that affect their lives e.g. via involvement in relief efforts, older children working with younger children, parent committees. ([Link to Foundation module: Child Participation](#))

Build capacities and strengthen resilience

Successful psychosocial programmes integrate into and build the capacity of community structures, civil society and governmental organisations. This means focusing activities on building strengths e.g. via training, awareness, community support groups, partnerships with local structures ([Link to Section 1](#)). Provision of direct support to community members by those not deeply familiar with the context, or stand-alone services or activities that deal with only one specific issue (such as post-traumatic stress disorder) should be avoided. ([Link to Co-ordination and Sector Support Section](#))

People have more natural resources than we think. "You don't see resilience if you don't look." Child Protection Advisor, UNICEF

From the field: Example of a capacity building project

Groups of refugees in former Yugoslavia wanted to start pre-schools once again. In collaboration with local community groups, and assisted by an international NGO, sites were selected and staff drawn from local and refugee teachers. An expatriate psychologist was teamed with a local psychologist to provide training and supervision. The pre-schools also served as a catalyst for other activities (e.g. discussion groups for parents and youth groups). The international NGO has since been able to hand over full responsibility for several of the pre-schools to local associations and a national refugee organisation. (Source: Promoting psychosocial well-being among children affected by armed conflict, Save the Children Alliance, 1996)

Structure and continuity in daily life.

Programmes should attempt to bring some 'normality' to daily life by re-establishing family and community connections and routines, enabling children to fill the social roles that are customary for children, strengthening predictability in daily life, and providing opportunities for affected populations to rebuild their lives. For example, schooling for all children should be re-established at the earliest stage.

Understanding of cultural differences: Cultural practices give people a sense of meaning and continuity with the past, which are considerable sources of psychosocial support. Grounding all psychosocial interventions in the culture, except where it is not in the best interests of the child, is both ethical and more likely to produce a sustained recovery. Those who wish to help with psychosocial healing should have a deep understanding of and respect for the societies in which they are working. Aside from the basic principles of child development and local beliefs about children, they should also understand local cultural beliefs and practices. This includes the rites and rituals related to becoming an adult as well as those associated with death, burial and mourning.

Appropriate training in working with children and families: Exploring sensitive issues with children requires skills, local knowledge, and experience. This kind of work risks tearing down a vulnerable child's defences and leaving him/her in a worse state of pain and agitation than before.

Any such work should only be carried by trained and experienced staff who can ensure appropriate support and follow-up, and work within agreed standards. In addition, any counselling related work should take place in a stable, supportive environment with the participation of care-givers who have a solid and continuing relationship with the child.

From the field: Example of a project, which is built on strong principles of participation, and respect for cultural norms.

In Pakistan, particular attention had to be paid to the type of activities proposed to the children and the adolescents. Children belonged to conservative communities and cultural and religious factors had to be handled very cautiously in order not to create rejection from the parents. A list of appropriate recreational activities was made by national staff and community volunteers in order to identify games and activities traditionally and usually practiced in these communities. In addition to separating age groups, boys and girls were also separated from 12 years onwards. Lists of activities were made in collaboration with the children, who made a lot of suggestions based on activities and toys they used to play (cricket, geeta, ludo, dolls making, story telling, kabadi...). (Source: Terre des hommes protection worker, 2006)

[\(Link to Draft Guidelines for Good Practices in Psychosocial Work in Sri Lanka](#) for guidance on standards for psychosocial workers

Trainer: [Click here for group exercise on psychosocial programming principles and priority activities](#)

Slide No.	
Type	Exercise
Main Title	Psychosocial Programme Principles and Priority Activities
Source	
Instruction	Read the following scenarios to determine if the intervention was helpful in promoting psychosocial wellbeing
Question	<p>1. A conflict involving mass displacement, widespread civilian deaths and destruction, has been continuing for several months. The national authorities are providing basic services such as health, nutrition, and shelter, however you are concerned about who is getting access to these services and how people are being treated. You recommend that your organisation set up alternative services with well-trained staff from the community. Is this intervention helpful?</p> <p>No. Services should be integrated into existing programmes. The aim is to build capacity of local government and organisational structures, rather than to replace these with aid programmes. A more productive intervention would be to offer training to existing service providers and to support outreach programmes in marginalised communities.</p> <p>2. In the immediate aftermath of an earthquake, there are large numbers of psychologists coming in from overseas offering to provide counselling programmes for children and families showing high levels of distress. You set up a counselling programme in order to treat as many children as possible. Is this intervention helpful?</p> <p>No. In the immediate aftermath the focus should be on basic services and security, and community mobilisation, including identifying local helpers and working with them to provide support to children. Counselling services will not be needed by the majority of people and should never be used to replace locally available supports.</p> <p>3. Following mass flooding and mass destruction of homes and livelihoods, community members are demoralised and finding it hard to come to terms with their losses. They are struggling to rebuild their homes and to resume everyday activities. The local authority wants to move those families most in need to a temporary camp and for construction teams to be deployed to rebuild their homes. Is this intervention helpful?</p> <p>No, families should be engaged in activities that have meaning in order to help build self-esteem and coping mechanisms. Supporting families with materials, access to labour, encouraging community mobilisation to support those families in need, and keeping families in their social groupings would be more beneficial for psychosocial wellbeing.</p> <p>4. You have worked in several other emergencies previously and have noted that activities which encourage children to express their emotions via art have a great healing impact. You note that in the country you are currently working in, children do not do art typically in school or at home and tend to engage more in singing and dance. Despite what you have done before, you advocate for children's activities to focus on singing and dance, rather than art?</p> <p>Yes, any activities should be rooted in the cultural context you are working in, and ideally chosen by the children and adults from the community</p> <p>5. Children affected by conflict have been engaging in an after school club run by your organisation. It is a 6 week programme, at the end of which the children perform a play, pretending to be</p>

	<p>soldiers, and re-enacting the distressing events they have witnessed and experienced in the conflict as a means of processing their feelings. Is this intervention helpful?</p> <p>No. Activities should focus on strengthening resilience and discuss how people have overcome difficulties, rather than forcing people to relive distressing experiences. Only trained staff should undertake any counselling related work which is at the child's pace and when follow-up and a supportive environment is in place.</p> <p>6. Children in an orphanage have suffered greatly in the emergency. You feel they deserve special activities as a treat for all they have been through. An organisation comes to you asking how they could help and proposes to buy toys for all the children in the orphanage. They buy different kinds of toys that the children have never seen before since they think they would be 'extra special' for the children. You then distribute these toys to the children as prizes for those winning organised sporting competitions. Is this intervention helpful?</p> <p>No. It is better to buy toys that the children would be familiar with and that allow them to play games that are common in their culture. In addition, distribution of toys should not be based on competition since this may lead those who do not win the competition to feel even worse.</p> <p>7. A group of experts come offering to provide trauma counselling training for social workers and school counsellors, including training in play therapy and EMDR (Eye Movement Desensitisation Reprocessing - a clinical treatment for PTSD). They say that after this, the trainees will be able to treat and help prevent clinical problems such as depression, PTSD etc. You agree and organise the training. Is this intervention helpful?</p> <p>No. Clinical techniques, such as therapy and EMDR should only be used by people trained in psychology and psychiatry. These are specialised techniques that can cause harm if used by non-professionals.</p> <p>8. A number of children have been identified as needing additional support for continuing stress related problems e.g. soiling, panic attacks, social withdrawal. There are no trained counsellors available who can deal with this level of issues. You decide that instead of supporting existing child care staff to counsel the children, you recommend more of a focus on developing routines for everyday activities, strengthening family support systems e.g. home visits to give basic parenting guidance to parents, and providing children with life skills (e.g. social skills such as communication). Is this intervention helpful?</p> <p>Yes. It can be harmful for children to talk to staff who are not equipped to help children express themselves or to work through issues at their own pace. If a child is pushed to relive experiences, this can worsen distress symptoms. If there is no-one to refer children to, then it is preferable to focus on strengthening family and other social supports and to restore 'normalising activities' for the child.</p>
Hint	
Comment on success	
Display Correct Answer	

PART TWO: INTERVENTION PLANNING

Co-ordination and Sector Support

Information in this section	
Activities to support national governments	
Co-ordination structures for psychosocial support	
Activities to support education, health, Water and Sanitation, Food Security and Nutrition, Shelter and Camp Management	

Psychosocial work is a crosscutting issue affecting all organisations and sectors working to support communities in an emergency. The child protection worker's role is to highlight psychosocial issues of relevance to all and to support activities, which promote well-being. Such efforts require a high level of co-ordination. This section provides guidance on co-ordination structures to link into, and activities to promote with other sectors. (Please refer back to the [Foundation Module: Co-ordination](#) for information on supporting the local government and working with partners in an emergency)

([Link to Community and Family Supports Section](#) for additional guidance on working with local partners and building capacity in relation to psychosocial support)

How are the actions of each sector and organization coordinated in relation to psychosocial work?

All agencies have a responsibility to participate in coordination. Wherever possible, national authorities should lead the coordination group, with the support of international organisations as appropriate.

- Psychosocial support is a cross-cutting issue that relates to many different sectors. However, in the new framework of coordination of international aid (called the 'Cluster system') psychosocial support coordinates most closely with the **Protection and Health Clusters**.
- Clear mechanisms of coordination with other sectors should be established e.g. having psychosocial focal points within each cluster. ([link to IASC Task Force Mental Health and Psychosocial Support Matrix](#))
- Psychosocial/Mental Health coordination groups should be established at the local level and at regional and national levels when appropriate. They should include representation from all relevant organizations, including those traditionally associated with child protection education and health.

From the field: Example of how co-ordination was set up in the aftermath of two natural disasters

2005 Pakistan Earthquake; In Mansehra, UN agencies, government and army representatives, national and international NGOs, as well as members of the civil society, met every evening for a general meeting where all necessary data, information and maps could be shared. This helped to create a clear picture of the needs and gaps, to identify actors and possible supports, and then to better organize the responses. Thematic clusters were created in the areas of shelter, water and sanitation, health and nutrition, security, protection and education. Agencies and NGOs providing psychosocial assistance to children were mostly part of the protection and education clusters chaired by UNICEF. Within these clusters, NGOs and UN agencies provided activity reports, action plans, and agreed on suitable strategies to address the most sensitive and/ or important issues. (Source: Terre des hommes protection worker).

2003 Bam Earthquake; In this emergency, the same sectoral groups were formed as above, including health, water and sanitation etc. However, in addition, a specific psychosocial coordination group meet regularly to discuss how policies and guidelines, and how psychosocial support fit across the different sectors. (Source: UNICEF Protection Adviser)

What kind of psychosocial activities can be implemented in sectors other than child protection?

Child Protection workers should advocate with other sectors to address psychosocial issues, and coordinate with psychosocial activities conducted in these sectors. In some cases, child protection workers may support the psychosocial activities in other key sectors by providing technical advice or linking other sectors with appropriate partners or resources. Examples of activities follow:

Core psychosocial sectors:

Education	<ul style="list-style-type: none"> • Re-establishing safe non-formal and formal education is a key psychosocial intervention as it encourages routine and helps to restore a sense of normalcy. • Make education more supportive and relevant to the psychosocial needs of students e.g. adapt class curriculum to provide more opportunities for expression, provide shorter activities when students have difficulties concentrating • Provide early, safe and equal access for girls and boys of all ages to education as soon as possible • Support teachers through training, supervision and materials to provide psychosocial support to all children e.g. through conducting structured activities such as cultural or sporting activities or life skills • Provide structured support groups to children experiencing difficulties • Provide psychosocial support for teachers and other educators e.g. support groups. <p>(Link to INEE Documents and IASC Action Sheet 10)</p>
Health	<ul style="list-style-type: none"> • Provide access and treatment for the small number of children and their caregivers with urgent mental health disorders • Protect and care for children and caregivers with mental disorders living in institutions • Learn from local healers how people understand their afflictions and then engage them as problem solvers to support children and caregivers • Minimize harm to children and their caregivers from hazardous alcohol and substance use <p>(Link Mental Health in Emergencies for guidance on psychosocial priorities for health officials)</p>

Additional Sectors:

Water and Sanitation	<ul style="list-style-type: none"> • Ensure that water and sanitation projects respect and promote the safety, dignity and customs of children and their care-takers e.g. that children are not required to walk long distances to collect water so they drop out of school • Train water and sanitation staff in basic psychosocial issues e.g. child development, communication, social support and solidarity etc.
Food security and nutrition	<ul style="list-style-type: none"> • Ensure that food security and nutrition respect and promote the safety, dignity and customs of children and their care-takers e.g. establishing therapeutic feeding programmes that allows children to be cared for and maintain contact with their families • Train food security and nutrition staff in basic psychosocial issues e.g. communication, child development etc. • Provide psychosocial support through nutrition services e.g. counselling to depressed parents, social support to families of malnourished children
Shelter and camp management	<ul style="list-style-type: none"> • Ensure that shelter and camp management respect and promote the safety, dignity and customs of children and their caretakers e.g. promoting family and community participation in decision-making for shelter, promoting family and community cohesion • Provide space and support to community activities, especially child-

	focused ones such as cultural festivals, sports etc.
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From the field: Example of the need for ongoing co-ordination:

It was clear that in designing projects to address children's needs after an emergency, not only is it very important to make an initial assessment of the needs and project possibilities, but to continue coordination with other organizations to adjust and refine the project. While it may be possible to determine needs and our agency's capacity to respond to those needs, it is not always possible to ascertain that all the projects will be conducted in order to meet those needs. This was the case in relation to school-drop out. School drop-out was a need that we had identified in the original assessment, but by the time of making agreements with local partners, this need had began to be substantially addressed by other organizations. (Source: Psychosocial aid to children after the Dec 26 Tsunami. CCF Building Children's Coping Skills, UNICEF ROSA, 2005)

Trainer: [Click here for group exercise on psychosocial co-ordination and sector support](#)

Main Title	Co-ordination
Type	Exercise
Source	Adapted from UNICEF Manila Report in Regional Emergency Psychosocial Support Network Quarterly Newsletter Vol 5, Numbers 1-2, Jan-June 2006
Instruction	Read the following case study and consider how you could best support the community, partner organizations, and sectors. You can choose more than one answer.
Question	<p>Philippines: In 2006 a massive landslide hits the same region that experienced a similar emergency 3 years ago. An entire village in the municipality of St. Bernard, has been buried by rampaging boulders, mud, and debris from Mount Canabag. Among those buried is an elementary school packed with 246 schoolchildren and teachers along with 281 houses and their inhabitants. Hundreds of people have been killed. The landslide has also displaced and disrupted the lives of thousands. The Municipal Disaster Management Coordinating Council (MDCC) is leading the response to the emergency, and the Municipal Social Welfare Department is helping to evacuate 3000 individuals to safer areas. Families are to be temporarily housed in schools. The local government, non-government organizations, and other members of the local community have put their efforts to provide food, medicine, comfort, and other needs for the survivors. Though the survivors are out of harm's way, their lives are still far from being normal.</p> <ol style="list-style-type: none"> 1. The local authority wants to set up a co-ordination body to include the MDCC, the Municipal Social Welfare Department, and the INGO's that are on the scene. <ol style="list-style-type: none"> a. You recommend for regular co-ordination meetings in order to share all necessary data, information and maps. b. You recommend that the thematic clusters in the areas of water and sanitation, health and nutrition, security, protection, and education, deal with the issues of psychosocial response relevant to their sector. c. You advocate for local organisations, and community leaders to have representation in co-ordination structures. 2. For children whose school has been destroyed, the local authority is proposing that education activities wait until new schools are built, and children and families have had time to come to terms with the disaster – approx 2 months. <ol style="list-style-type: none"> a. You recommend that children are transferred permanently to other functioning schools as soon as possible, in order to resume their education quickly. b. You offer to support local teachers to provide alternative community based non-formal education which will combine teaching with creative activities to help children share their concerns and support each other. c. You offer to set up a child friendly space that children can attend until their schools are rebuilt. Your organisation has international staff able to bring toys and games for the children, and to oversee play and recreational activities. 3. The local authority has allocated social workers and counsellors to provide initial support to those families who are

	<p>extremely distressed and requesting help. There have been some complaints regarding these workers, with families stating they feel unsupported.</p> <p>a. You recommend your organisation offers an alternative parallel service to families, with staff that you know are highly qualified and familiar with the local culture</p> <p>b. You recommend your organisation provide training to local authority staff in basic counselling skills and intervention principles and for a referral system with the health sector to be set up for those with severe symptoms</p> <p>c. You encourage the local authority to support community led groups in each locality, including the schools, whereby families can help each other and get involved in reconstruction activities. You offer to provide assistance to these groups as needed.</p>
Hint	
Comment on success	
Display Correct Answer	1. a.b.c. 2. b 3. b.c

PART THREE: PSYCHOSOCIAL PROGRAMMING
Addressing basic services and security (level 1 activities)

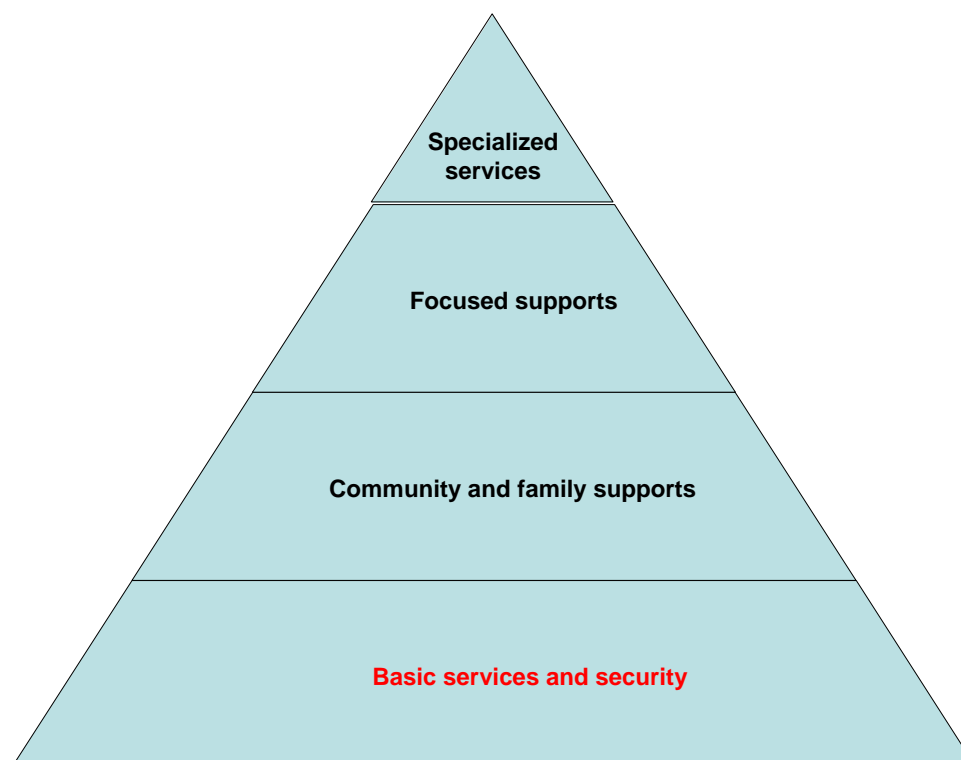
Information in this section
Activities to promote access to basic services and security
Activities to ensure humanitarian responses are carried out in a way that supports psychosocial well-being

Psychosocial wellbeing requires that children and families' basic needs for security, health, clean water, shelter, food, livelihoods, education etc are being met. As such, the entire humanitarian response in emergencies contributes to psychosocial wellbeing. In addition, the way in which humanitarian response is conducted can have a huge impact on the psychosocial wellbeing of children and their families.

Psychosocial programming recognises these facts while also acknowledging that it not the role of a psychosocial programme itself to address all these issues. Rather a psychosocial programme needs to work closely with all the other sectors of the humanitarian response to:

- a. **Advocate that the needs of the affected population to basic services and security are met.** It is often appropriate to focus advocacy on those issues that have the most significant impact on psychosocial wellbeing such as protecting children from further harm, ensuring family unity, providing education or strengthening livelihoods for families.
- b. **Ensure that the humanitarian response is carried out in a way that supports psychosocial well-being.** Of particular importance is mobilising the community to play a central role in the humanitarian response and ensuring appropriate information is provided to the population.

This section will provide an overview of such level 1 activities.



What can I advocate for or do to ensure that the needs of the affected population to basic services and security are met?

In each emergency, it is important to identify which aspects of the environment are having the greatest impact on psychosocial wellbeing e.g. lack of security, food, livelihood. This should have been done as part of your initial assessment ([link to Foundation Module: Rapid Assessment and Psychosocial Programme Assessment Summary](#)) and the ongoing programme implementation and monitoring through dialogue with the affected population.

Below are listed a variety of issues that have found to have a crucial impact on psychosocial wellbeing of children in various situations and which a psychosocial programme may choose to conduct advocacy on. Given that some of these activities require specialized knowledge, normally a specialised sector or organization will be responsible for implementing programmes to address these issues.

a. Advocate for the protection of children from violence, abuse and exploitation

The protection of children from violence, abuse and exploitation is a cornerstone of psychosocial wellbeing of children. Similarly, the protection of their families and caregivers from such experiences is also crucial.

In the escalation of the Middle East conflict in 2006 international psychosocial organizations put out an advocacy statement highlighting the protection of civilians and the cessation of hostilities (as well as access to humanitarian services) as key for the psychosocial recovery of the population.

b. Advocate for re-establishing education

Education has a crucial impact on psychosocial wellbeing as it provides a safe and stable environment for learners and restores a sense of normalcy, dignity and hope by offering structured, appropriate and supportive activities. It also provides opportunities to form healthy peer relationships, acquire key life skills and knowledge, and build self-esteem.

- Regular formal and informal schooling should be a priority from the earliest stages of an emergency, even in the absence of proper facilities or equipment.
- Make contacts with teachers, government authorities and UN agencies to advocate for; schools to be established as quickly as possible (including emergency schools), for them to be safe and accessible (or that emergency schools are set up) and that children are able to attend.

c. Promote family unity and family-based care for separated children ([Link to Module: Separated children](#))

Ensuring children remain with their families and primary caretakers is one of the most important ways to promote their resilience. Continuous, stable and supportive family-based care for children is essential to protect children from the possible negative psychological and social impacts of emergencies.

- Where appropriate, you can advocate to prevent separation. Responses to be promoted include: tagging young children when families are on the move; prevention of new separations e.g. providing material aid in such a way that families are enabled to stay together and avoiding the institutionalization of children in the hope of getting them fed or other material benefits.
- Advocacy to ensure care is provided for separated children. Such care includes: identification and registered as quickly as possible; tracing activities and the reunification of children with their families; family based care for children who have not or cannot be reunified with their families.

d. Promoting family self-sufficiency

Emergencies can cause destitution in millions of families, either by the total loss of all of their economic assets (such as home, land, livestock and belongings) and/or the loss of the cash-earning member(s) of the family (through death, recruitment, mental distress and injury or desertion). Destitution leads to numerous distressing situations for the children and their families.

- Providing income-generating opportunities helps family members gain control over their lives and develop a sense of self-worth. (Income generation is a complex field and requires special expertise and understanding of local market mechanisms before initiating this type of help).
- Issues such as legal access to land for widowed women and orphaned children often require attention.

What activities can I undertake to ensure that the humanitarian response is carried out in a way that supports psychosocial well-being?

- a. **Identify the major issues in the way in which the humanitarian response is being implemented**

- Through your assessments and the implementation and monitoring of programmes, discuss with communities to identify ways in which the humanitarian response is being conducted which are creating problems for children’s and families’ psychosocial wellbeing. Discuss also their suggestions for how to improve the ways in which the emergency response is being conducted.
- Consider the way in which health, education, social services, food and nutrition, shelter, water and sanitation, and livelihood support is being provided. Common issues include lack of privacy, the way aid is being distributed, lack of participation of the children in programmes for them etc.
- Engage in discussions with relevant sectors and provide guidance on how to address psychosocial issues ([link to Coordination section](#)).

b. Facilitate community involvement and decision-making in the humanitarian response

One of the most important aspects to promote psychosocial well-being is to facilitate conditions for community mobilization, ownership and control of the emergency response. All the activities listed should be based on consultation with children, young people, and adults, and with their active participation. ([link to Foundation module: Community Based Programming](#)).

c. Disseminate essential information to affected populations

Poor access to accurate information often ranks as one of the main sources of psychosocial distress. It is vital that credible information in local languages (and where appropriate in pictures) is disseminated quickly regarding:

- The relief efforts
- How to find out what has happened to missing relatives and how to trace family members
- Legal rights
- Access to basic services e.g. food, shelter, water
- Preventative steps e.g. how to avoid separation with children, the risks of child recruitment, what to do in case of evacuation

Such information can reach people at clinics, feeding centres, distribution sites, water collection points etc. Use various ways of disseminating information e.g. announcements, meetings, posters, home visits, large and small group discussions, community radios, local newspapers.

From the field - Example of 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 22000 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 wellbeing. 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 wellbeing within the country’s context. (Source: UNICEF Lessons Learnt in Psychosocial Programming Worldwide, UNICEF, 2002)

Trainer: [Click here for group exercise on addressing basic services and security](#)

Slide No.	
Type	Exercise
Main Title	Addressing Basic Services and Security - Level 1 activities

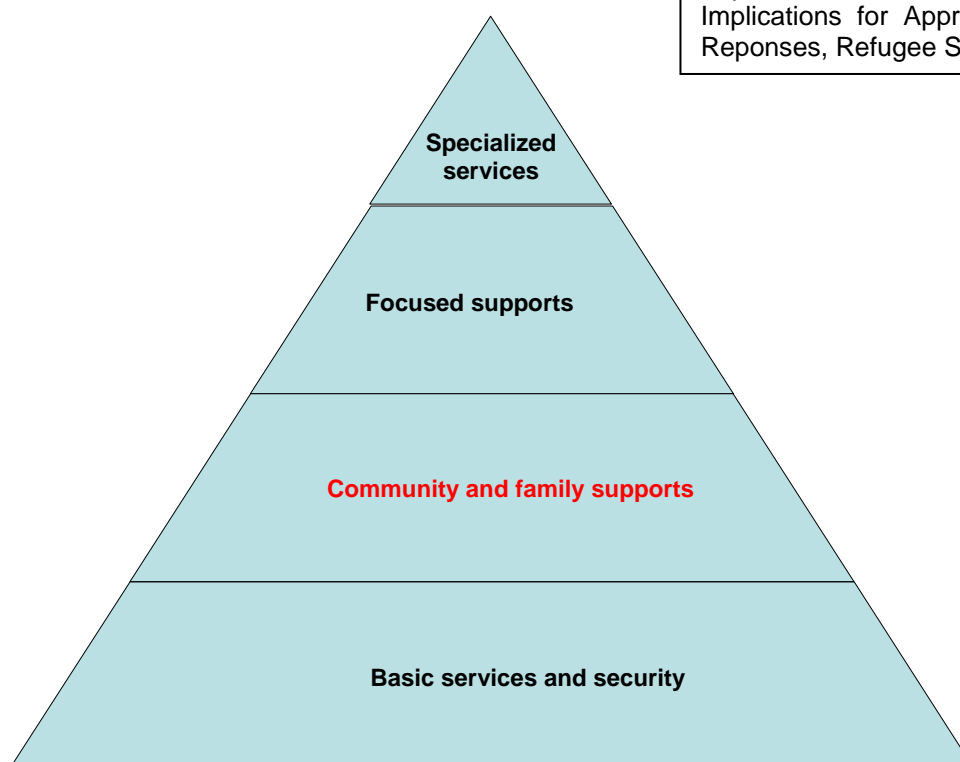
Source	
Instruction	In the first two weeks after the tsunami that hit Sri Lanka in 2005, humanitarian agencies, the Sri Lankan government, the Liberation of Tamil Eelam (LTTE), local and international response teams and the public in the eastern city of Batticaloa focused on providing food, clothing, shelter and curative medical services. In the camps for displaced people, there were concerns regarding the safety of women and girls, peer management of relief supplies, and overcrowding. Parents reported that children had intense fears, were frequently crying, had difficulty in sleeping and eating and clinging to parents. Discussions conducted with children illustrated that children were in need of basic information and explanations about the event in order to give sense to it, and what could be done to escape and protect them in case another Tsunami hit. Children also expressed worries about the school materials and uniforms they had lost and about the disruption to their education.
Question	<p>Agencies approached psychosocial support in different ways, with varying results. From the programmes which took place, which ones would you advocate for in the 2 weeks following the emergency?</p> <ol style="list-style-type: none"> Deploy small teams of counsellors to camps for displaced people. These counsellors meet large groups of people who are anxious to tell their stories. Respond to women’s concerns about sexual harassment in camps by advocating for safe spaces for women to sleep or bathe within camp premises. Discourage attempts to counsel survivors as an initial intervention, but encourage those delivering essential services to listen and be supportive of survivors who initiate conversations about their experiences. Assist the local government in setting up short term institutions for children who are separated or unaccompanied Disseminate basic information about the event, how to find loved ones, and relief efforts Set up child friendly spaces in the camps Co-ordinate with the other involved agencies to identify, register and trace separated families Alert the local authorities to the risks of child trafficking, exploitation, and adoption Establish children’s groups for children with more severe symptoms Make contact with teachers, government authorities and UN agencies to advocate for schools to be re-established as quickly as possible. Liaise with other sectors to make sure aid is delivered in a way that does not cause psychosocial problems e.g. separation of families and advise them on how to refer vulnerable children and families Distribute toys to all children Advocate for the use of psychological counselling for children showing behavioural problems Meet with communities to gather information on what issues are causing psychosocial problems Advocate for community members to participate in relief efforts.
Hint	
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Display Correct Answer	b.c.e.g.h.j.k.n.o.

PART THREE: PSYCHOSOCIAL PROGRAMMING
Developing community and family supports (Level 2 Activities)

Information in this section:
Activities for children to re-establish a sense of purpose and structure
Guidance for people working with children during activities
Mobilising and strengthening the child's existing support network
Parenting guidance for children affected by an emergency

While basic services and security measures are being developed, efforts should also focus on helping families re-establish some routine, supporting caregivers in meeting their psychosocial needs and those of their children, and the resumption of community based activities. Such activities will help the majority of the children recover over time. This section provides examples of everyday empowering activities for children, their carers, and the community

In war-torn Beirut, workers used the acronym STOP to remind themselves of what children needed: Structure, Time and Talk, Organised activities, Parents. Anything that is pro-family and pro-community will help both young children and adolescents to recover a more positive social reality. (Source: The Refugee Experience: The Nature of Conflict and the Implications for Appropriate Psychosocial Responses, Refugee Studies, 2001)



What activities can be provided for children to re-establish a sense of purpose and structure?

The ability to re-establish regular activities is a crucial step in feeling secure and confident that recovery is possible. It supports children's development and coping, and it enables families to maintain social networks and restore income generation.

In conducting activities with children the priority should be to mobilize the child's existing support system, including family, friends, teachers, social workers, community and religious leaders, to implement these activities. Care must be taken to strengthen the child's support, not undermine it by involving children in activities that have little relation with their culture, pre-existing habits and social supports.

Thus in partnership with children, families and communities, and with understanding of what life was like before the crises, can the types of activities be determined and implemented. The most common types of required activities are listed below:

a) Support play, art and sporting activities

It is important to create opportunities for organized non-violent play, sports, art and other forms of recreation. Different age groups will require different types of activities e.g. young children will focus more on play while older children usually prefer arts, theatre etc. Different activities may be appropriate for boys and girls, depending on the culture, age, interest and skills of the children. The following types of activities may be relevant:

- Theatre; story-telling, dancing and singing. For example young people may design a play based on traditional stories.
- Art; Drawing, painting, or modelling in clay. For example children may be invited to work together to create a community mural.
- Puppet shows; free interaction with puppets and role playing.
- Group games/group sharing; board games, ball games or sports (including sports appropriate for both boys and girls)
- Construction of toys using recycled material; Cans, paper, toilet rolls etc.
- Writing; Event and emotion diaries, Poems, Stories. Writing: a note book can be used to write some thing down every day (can be a private book that they don't share with others) about how they feel or what they want to learn / do / what they felt happy about or sad about etc. It offers them some thing private in a very un-private time.
- Relaxation techniques; deep breathing exercise, guided mediation, muscle relaxation

(link to [Technical Notes Chapter 9 Annex 3 The Healing Role of Play and Art](#))

(link to [Supporting Children – Ideas for activities supporting children affected by the Tsunami](#) for ideas for activities with children and adolescents and [Psychosocial Wellbeing for Children and Adults](#) for examples of activities to promote relaxation, expression, social relations, and esteem)

(Note that Structured Play activities are in [level 3](#))

b) Provide structured group activities

Structured group activities use many of the same methods outlined above but provide structured opportunities for **expression and the development of life skills and coping mechanisms**.

- Consider structured activities in group settings. These may be particularly useful for school-age or adolescent 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.
- Conduct dialogues with children and youth to identify simple skills training that would be useful. Newly learnt skills can then be passed onto other children, or community members
- Consider life skills issues that children and adolescents would benefit from in order to develop their resilience e.g. decision making, managing emotions, dealing with fears, communication skills, conflict resolution etc.

It should be stressed that the above activities aim to provide safe opportunities for children to interact with others in the types of activities they are used to. While during such activities children may express themselves, their feelings, hopes and fears, the focus should not be on encouraging children to remember, talk about or process distressing events. There is the risk of causing harm to children by encouraging them to express painful emotions through expressive techniques, particularly if staff are not sufficiently trained. Such structured processing of distressing events is unnecessary for the majority of children, and it is frequently culturally inappropriate.

c) Support children and youth friendly spaces/environments

Ensuring there are safe areas for children to play and interact with their peers, free from violence and conflict is also important. This may be particularly helpful in camp environments where there are fewer opportunities for children to play safely.

A Child Friendly Space/ Environment may be a space in a mosque, community centre, designated area within a camp or in people's houses. It is a safe location where children can spend a few hours a day, where they can feel secure and comfortable and where they can take part in various psychosocial and child protection activities. They also serve as ways for children to access other services (health, nutrition etc.) – either through referring children to other services, or having them integrated in the child friendly space.

- It is important that this safe space builds upon the traditions and practices in this community of when, where and how children gather. When establishing a safe space it is important to first identify whether there are some existing practices that could be built upon.
- In some situations it is appropriate to have a central centre or physical space (e.g. in IDP camps) whereas in others it is more appropriate to have multiple activities in different locations (e.g. where emergency affected populations are still living in their communities).
- Child Friendly Spaces provide children opportunities to meet with other children and socialize, as well as befriend the adults in charge of them. The spaces also make it easier to detect children with particular problems and provide assistance to them and their families.
- Child Friendly Spaces/environments provide an environment for engagement and support of parents and families to begin community mobilization based on the needs of their children.

From the field: Example of the potential psychosocial benefits of activities for children.

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” (Source: Terre des hommes protection worker, 2006)

([Link to UNICEF Child Friendly Spaces/Environments](#) for case studies and lessons learnt from setting up child friendly environments, and [Temporary Learning Spaces](#) for guidance on planning and setting up a Child Friendly Space)

[Link to Children not Soldiers: Appendix 8](#) for Key elements of a centre and community based psychosocial project)

d) Promote meaningful opportunities to participate in rebuilding society.

It is important that children are able to engage in meaningful activities that can help in their development, and in regaining a sense of control. This is particularly important for adolescents, for many of whom 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 and expand social networks, and develop their sense of competency.

- What constructive activities should be provided must be determined in consultation with the adolescent's themselves. Ask the young people what they would like to do and help them organise activities accordingly.
- Allow time with peers in a semi-supervised manner, and encourage their support of one another. This can be done through group discussions, sports clubs, or in the home. Keep in mind that girls and boys might need separate activities, depending on their background, the community they come from
- Community leaders can involve the youth in specific tasks in the community and give them a place to meet, such as constructing and performing a drama that portrays a problem facing young people and various ways of addressing the problem.
- Youth clubs can help in clean-up campaigns, organize games for younger children, play a role in community rituals or traditions that help heal the community.
- Youth clubs can do drama / music / writing / literature / poetry / singing, with guidance from adults where needed to address key issues for adolescents and youth. Modelling of constructive responses to difficult situations should be a theme throughout these activities.

What guidance can be given for people working with children and adolescents during activities? When planning activities keep the following things in mind:

1. Ensure a safe and secure environment

Talk with girls and boys about where they feel safe so that activities can be organized in the right location. Make sure the location you choose is safe, clean, easily accessible and has enough light and fresh air. Establish a reporting mechanism in which children and adults feel secure in reporting threatening incidents.

2. Ensure cultural appropriate activities

The toys you choose need to be simple, locally made or familiar, and in-expensive. No major purchases are needed. For instance, children can make balls out of discarded material and use sticks on a dirt floor to begin to write with. Many games don't require any thing but human beings. Organize games that are accessible for children who have special needs.

3. Ensure participation of children

In order to ensure participation, give children choices and ask them what they would like to do. The activities you organise need to be voluntary; no one should be forced to participate and children are not obliged to come in every day. Open spaces are better, especially for those children who are afraid to join in the beginning. Older ones can teach younger ones under supervision in the absence of enough teachers

4. Provide opportunities for children to communicate

Encourage children to discuss what has happened to them and the community. Listen to the child. Do not coerce children to talk. Reassure them you care about them and that their reaction is normal. More than anything else, the most important aspect of working with children is establishing a relationship with them. Without a good rapport, no short term work will be accomplished. In the long term, it is often the presence of a relationship with a caring, aware adult that makes the greatest difference in the child's emotional health.

5. Understand children and their needs

Most children can express their needs if sufficient time and effort is taken to listen to them. Children should decide for themselves what they want to tell and how to interpret it. Do not pressure or force the children to relive the experience, to talk about it or to draw pictures related to it unless they do so, on their own initiative. Listen to and observe the child or encourage parents, teachers, and others working closely with the child to observe changes in the child. Listen to what children say both in words and through their behaviour. Observe what children do as you talk to them or as they play alone or with others.

Consider also the care giving environment of the child and how this may be impacting on their behaviour. The table below is a tool to use considering the child's needs while working with the child. Note that it should not be used as a checklist in a clinical interview.

Tool to Identify and Respond to Children's Developmental Needs

Quality of the pre-emergency and current care giving environment: Does the child have a surviving parent/caregiver? Is there a supportive and emotionally available caregiver who is not too grief-stricken to read and respond to the child's needs?

Timeframe of psychological effects. Is the child currently safe or are distressing events and insecurity continuing? Has the child's changes in behaviour continued for more than one month, and if so has there been improvement or deterioration?

Type of violent event or circumstances experienced by the child: For example, did the event involve physical injury to the child and/or the caregivers? Was there a single event, or a series of repetitive events, or an enduring circumstance? Were people to whom the child is emotionally attached involved? Did the child witness or actually experience the events?

Type of problems or changes in caregivers; behaviour: Is there evidence of behavioural changes in the caregiver e.g. high levels of anxiety, depression etc.

Strengths and protective factors in the infant and infant's care giving environment: Which of these may prove useful in promoting adaptation? Is the young child able to play and talk openly about events? Are caregivers able to reassure a fearful child without being overprotective?

Changes in the child's life and their adaptation. Is the child able to continue with activities such as school, training, or employment. Has the child and family been displaced, and if so are they able to support themselves and resume social networks?

Impact on beliefs and cultural traditions. Is the child and family able to carry out religious and traditional practices. Has the child's sense of faith, or trust in others changed?

It is important to consider that children showing changes in their behaviour may not be reacting to the emergency, but other events such as abuse, discrimination, exploitation or intimidation.

6. Strengthen children's coping mechanisms. Let children know they are not alone in their fears and experiences. Help to normalize reactions. Facilitate sharing among children about effective ways to respond to their difficulties. Facilitators should also be responsible in their use of children's drawings and writings. A child may be distressed if such personal expressions are shown to other people without permission.

7. Assess whether specific children need specialised support (Community Based Psychosocial Support Training Manual (IFRC))

Pay attention to the following:

- Is the child's behaviour developmentally appropriate?
- According to the caregivers, is the child behaving differently in any way? Has the child's personality, mannerisms or outlook on life changed greatly? Do they think the child needs help? If so, what kind of help?
- Talk to the child about everyday things and observe how the child responds. Does the child listen to you and understand what you are saying? Does the child's understanding seem satisfactory for his or her age?
- Does the child appear upset and confused? Is he or she unable to concentrate or respond to questions?
- Compare the child's behaviour to that of other children in the same setting. Is it about the same as the behaviour of other children?
- Observe the child at play. Does the child play appropriately for his or her age? Is the playing typical of other children or is it somehow different? Does the child play out distressing scenes over and over again without change?

If there are concerns regarding the well-being of a child, first make sure basic services are in place and engage with the caregivers to see how they can be best supported, prioritising the child's best interests at all times. If the child or caregivers require additional support because

their problems are extremely severe or have continued for a long time without getting better, then consider a referral to additional services, where available. Examples of focused activities and mental health services are in [levels 3 and 4](#).

How can I mobilise and strengthen the child's family and community supports?

The people who care for and are in contact with the child on a daily basis are in a best position to help them. In determining how best to help children, you should assess whom children interact with, whom they trust and who can influence them. Strengthening the ability of these people to understand and support children, and to deal with their own problems is essential.

A. Strengthening the Family

- **Provide culturally appropriate guidance on how parents and family members can help children** affected by an emergency. Enabling parents through simple supportive techniques to help children cope with their fears, memories and distress is critical. Experience shows that parents are openly searching for this type of information. Training sessions, media activities, parent support groups, and outreach programmes are ways parents can be reached.

From the field: Example of importance of parenting support following the 2005 Tsunami 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 been 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. (Source: Psychosocial aid to children after the Dec 26 Tsunami. CCF Building Children's Coping Skills, UNICEF ROSA, 2005)

The box below gives examples of key guidance for parents in supporting children affected by an emergency:

Parenting Guidance to support children affected by an emergency:

Any guidance given should be based on culturally accepted parenting methods. Common tips include:

- Keep familiar routines as close to normal as possible, as this will give the child a feeling of security, predictability, and control.
- Support your child in attending schooling
- Encourage opportunities for your child to play with other children and with you.
- Give more affection and care: Allow children to be more dependent on you for a period of time. This may involve more physical contact than usual, not sleeping alone, having the light on etc. Allow time and opportunity to grieve and recover.
- Share their concerns: Some children may be withdrawn, others will experience intense sadness or anger, or act as if nothing has occurred. Children are often confused about the facts and their feelings and will need your help to make sense of what has and will happen.
- Give children appropriate information about their situation according to their age and stage of development. Try to be as honest as possible about what has happened.
- Find opportunities for children to influence positively what happens to them. This may mean including your children in reconstruction or rehabilitation efforts in the home, or community, making sure these are safe and age-appropriate.
- Remember that you when you are under pressure, you are likely to be less tolerant of your children misbehaving. Children frequently show short term changes in their behaviour following distressing events and times of significant changes. Try to be more patient, supportive and understanding.
- If you are finding you are struggling to cope, talk to someone you trust who can provide some support for you.

([link to Helping Children Cope with the Stresses of War](#) for specific advice for parents and teachers on managing behavioural problems in children, and [The Journey of Life](#) for group awareness activities for community members on the emotional needs of children).

- **Support parents and family members to deal with their own difficulties.** Helping parents deal with their own distress, and re-establishing their capacity for good parenting, is vital to their own psychological healing and to that of their children. Making available culturally appropriate information on constructive coping methods, awareness of harmful practices, and enable traditional grieving ceremonies, are all useful steps in healing. Providing a safe group setting to share feelings with others with similar experiences has proven effective. It is preferable for these groups to have access to professional support. The type of awareness and support activities chosen should be culturally specific, and determined in tandem with the community. Examples include: individual case work, group work, information via the media, or funding for community led initiatives.
- **Support and facilitate the setting up of parent committees.** These provide an opportunity for parents to participate and decide upon issues affecting them. They may be informal gatherings or organised events.
- **Carry out regular family visits for caregivers in need of additional support.** These visits are an opportunity to discuss problems and issues in an open and honest manner and to prevent family breakdown. This is vital for families who have been reunited, or where there may be issues of stigma or discrimination e.g. girl mothers, children formally used by armed forces, children living with unfamiliar relatives or new carers, and child headed households.
- **Support family access to basic services.** Helping families to access appropriate social, health, legal, economic, housing support is also important. This can be through referral to appropriate services and/or mobilizing the community to help families in need (see below). Where no other options exist, providing income-generating opportunities such as skills training, loan schemes, works projects, and animal husbandry programmes have been successful in emergency situations (see Level 1 programming).

From the field: Example of support to families and children following the 2002 Bali bombing

After the Bali bombing in 2002, many of the families of the Balinese victims of the bombing felt hopeless and depressed. Not only were they missing their loved ones, they were also concerned about how to support their families and maintain their independence and parents were concerned about how to care for their children. Support groups were formed for 18 groups of children and their parents experiencing psychosocial difficulties. Each group consisted of 10-15 participants and met five times or more. The aim of these sessions was to help the participants share their experiences and together with the help of the psychiatrist find appropriate ways to deal with these problems. For younger children this was done through games, whereas for adolescents and adults, more discussion was utilized. For children, each session dealt with a different topic such as overcoming fear, creating friendships etc. Children and their families still requiring further individual treatment were followed up by the psychiatrist.

At the same time that the children's activities were being conducted, their mothers (and in one case, a father) participated in support groups led by one of IMC's psychiatrists. During these sessions the parents shared their feelings of anger, revenge and confusion, tried to find a way to make sense of their experiences and support one another. One participant explained, "After my husband died my (11-year old) daughter became very quiet, she cried a lot and every now and then I would find her sitting with a blank stare on her face". Through discussions with other parents and the psychiatrist, she has now been able to help her daughter, who although still suffering is "slowly coming back to life". In these groups, they discussed both their emotional and practical problems and were able to build support networks and help find solutions to their common problems. They gained greater understanding of their emotional needs, were able to support one another, received information about available social, legal, educational and health services and developed joint economic projects to help maintain their economic self-sufficiency.

(Source: Bali Recovery through Psychosocial Support and Community Resilience for Children, UNICEF Indonesia, 2003)

B. Strengthen community supports

- **Helping caregivers and educators to better cope** with life during and following the emergency, via guidance on coping skills, supportive supervision and peer group support.
- **Help caregivers such as teachers, community or religious members, health workers etc. to support children.** Teachers, health workers or traditional healers, community or religious members, social workers are often important sources of support for children. Providing training, supervision and peer support to these people can help them to understand how to support children more effectively in their day-to-day interactions. These should address topics such as listening skills, common distress symptoms, needs created by distressing experiences, and ways to facilitate psychological healing. ([link to co-ordination section for sector support activities](#)) For example, training grandmothers, teenagers, or those who work at feeding centres to encourage mother's interaction with their babies.
- **Teacher training:** Teachers are often very effective vehicles for helping distressed children, provided there is no conflict between the ethnic or political background of the teacher and the children. Teachers are generally interested in improving their skills to deal with psychosocial difficulties of children. Teacher training 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, including coping/resilience; ethics of psychosocial support
 - Develop plans of action for implementing psychosocial support in educators' work
 - When and how to use other mediums such as writing, drawing, storytelling, dance and drama to express feelings and assist children in strengthening their life skills and coping mechanisms;

- How to identify and enlist the support and help of other adults who come into contact with children in need, such as parents, community workers, health workers, religious teachers or traditional healers;
- How to establish and utilise referral mechanisms to provide additional support to learners who exhibit severe distress;

([Link to The IRC Psychosocial Teacher Training Guide](#) and the [Handbook for Teachers, AVSI](#) for guidance for teachers on coping with the psychosocial needs of students)

From the field: Example of support to the education sector in an emergency

In Yemen, Somali refugees run a primary school that has maintained and expanded its activities in spite of the refugee camp being moved twice, once because it found itself in the crossfire of the civil war. With the support of an international NGO, the teachers have not only kept the school going but started a range of sporting and cultural activities, including songs and story-telling, to benefit the overall well-being of the children. Activities have also sometimes involved adults, e.g. a workshop exclusively for parents on the psychosocial effects of war on children. (Source: Promoting Psychosocial Well-being Among Children Affected by Armed Conflict and Displacement. Save the Children Alliance, 1996)

- **Training for health personnel:** Although often not equipped or trained to handle psychosocial problems in an emergency, health personnel are frequently faced with stress-related problems. Training, special programmes and technical support are therefore often required by health personnel. Collaborative referral systems can be developed linking health personnel with other members of the child's care system, such as traditional healers, who are more equipped to deal with some psychosocial difficulties.

From the field: Example of referral system with health services and social work systems

Patients, mainly women and children, who came regularly to a health post in a refugee camp in Malawi complained of difficulties in breathing and sleeping, lack of appetite, low energy, and generalised aches and pains. No medical cause for their complaints could be diagnosed. As a result, a referral system was set up that allowed them to receive home visits from a community worker (a Para-professional from among the refugees) with whom they could discuss their ailments and any other concerns. Such sessions often revealed a range of stress factors within the family and led to people being referred to appropriate support services in the camp: a school, a pre-school, recreation programmes, activity groups for adolescent girls, others for skills training, and so on. The system included follow-up with each client that involved both the health post and the support programmes. (Source: Promoting Psychosocial Well-being among children affected by armed conflict and displacement, Save the Children Alliance, 1996)

- **Psychosocial support for adult care-givers:** Adults in the child's care system have often themselves been affected by the emergency. Part of enabling them to help children is providing opportunities to come to terms with their own experiences and strengthen their coping skills. Support groups have proved useful in many emergency settings
- **Strengthen child-to-child or youth support.** Children often trust and look up to other children or youth. Involving children in supporting one another can be an effective way to build social skills and self-esteem. For adolescents and youth it can help them to find meaningful ways to contribute constructively to their communities. For instance, youth have successfully run initiatives for children such as peace camps and youth counselling programmes in a number of countries, promoting the self-worth of all.

- **Resumption of cultural activities and traditions.** Normal cultural activities and religious practices, including healing rituals and all forms of celebrations, help the entire community in introducing a semblance of normalcy in their lives. This is especially important for displaced populations, where such activities and traditions

In a refugee situation, people make many attempts to reconfirm their sense of identity and continuity through frequent social gatherings to sing and dance and traditional ceremonies to celebrate important events, for example. It is essential to contribute towards making these vital activities of community life possible (for instance, through provision of necessary material support to conduct these activities). (Source: A five day training course on psychosocial care and protection for children in situations of armed conflict, Marie de la Soudiere, 1997)

represent familiar and reassuring anchors in what may otherwise be a strange and threatening environment.

- **Strengthening social networks.** Considering that mutual support builds trust and confidence, early action to strengthen social networks is important to psychosocial well-being, both in adults and children. This is especially true for people who have lost their own family network. The regeneration of social networks also gives natural opportunities for sharing the experiences of the past and the present, both the good and the bad. While many different activities can achieve this aim, these need to be done in a way that build greater links within communities and strengthens the participation of and support to marginalized or stigmatised groups. Activities that can help to achieve these aims include: social events such as singing and dancing; practical community actions such as rebuilding schools, cleaning etc.; Sports or other recreational activities; Cultural activities; Resumption of positive healing practices; Religious events.

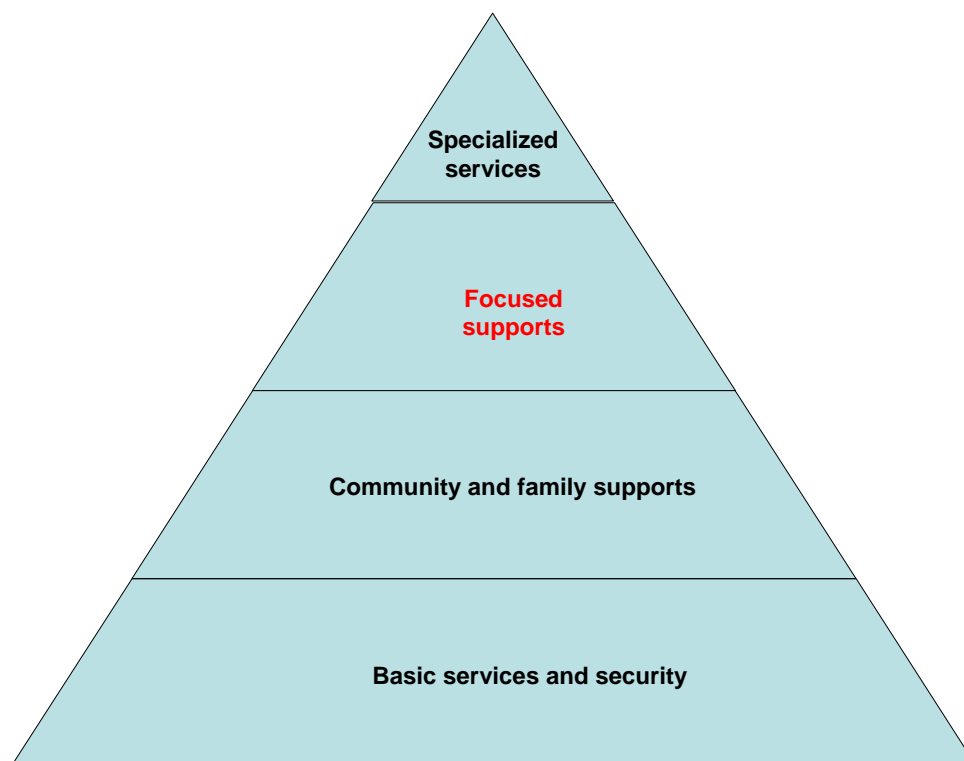
Trainer: [Click here for group exercise on community and family supports](#)

Slide No.	
Type	Exercise
Main Title	Level 2 Activities
Source	
Instruction	The South Asian earthquake in October 2005 caused widespread destruction in Kashmir, killing over 85,000 people, destroying 90% of the schools in most areas, and leaving thousands homeless. Since the earthquake hit in the morning, many children were at school at the time. Those who survived had to face losing their classmates and friends. Many children of the families whose homes were destroyed, had to move into camps and adapt to yet another change. Some organisations responded by setting up child friendly environments to provide routine activities in the camps, a safe place to play away from debris and a chance to talk about their feelings with other children. In considering setting up a child friendly environment do you:
Question	<ol style="list-style-type: none"> 1. Set up a child friendly space even though there are existing community led informal children's activities. It is important to formalise a space for children to play, in order to make sure activities are safe and run properly. Yes/No 2. Prioritise a speedy response for children in the camps in this rapid onset emergency by setting up the child friendly environment before a consultation with camp residents takes place. This can always happen later. Yes/No 3. Procure play items as quickly as possible. This may mean bringing in all items from Europe since the local markets are only recovering from the earthquake. Yes/No 4. Not worry initially about the exit strategy. The priority now is to respond? Yes/No 5. Since your organisation upholds the humanitarian principles of equality and non-discrimination, it does not matter if you identify men or women to act as play supervisors. Yes/No 6. You assume play supervisors from the area will also be affected by the disaster and so you allocate resources for their supervision and support. You consider this to be a better choice than using experts from outside the region. Yes/No
Hint	
Comment on success	
Display Correct Answer	1.no, 2, no, 3. no, 4. no, 5, no 6, yes

PART THREE: PSYCHOSOCIAL PROGRAMMING
Focused supports (level 3 activities)

Information in this section:
Identifying children who are likely to benefit from focused supports
Types of focused supports

For most children, the provision of basic services and security (level 1 activities), combined with general activities to restore routine, social networks, and a sense of purpose (level 2 activities), will be enough to restore or maintain psychosocial wellbeing. There will be a smaller proportion of children who will require more focused support. This section suggests types of activities that can help those in need of more specific psychosocial supports.



Which children are likely to benefit from additional focused psychosocial supports?

There is a tendency of relief programmes to focus on particular groups of children e.g. demobilised children, victims of abuse, or separated children, at the expense of larger child populations. While such children may require additional supports, targeting them specifically may make them more vulnerable to discrimination.

You should consider 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 as well as their peers, as children who may require activities which address their psychosocial needs more directly. ([link to level 2 for assessment of psychosocial effects](#)).

What types of focused psychosocial supports may benefit children?

It is important to note that this level of support requires specialized staff. Often these activities are carried out by local psychologists, counsellors or social workers.

Child-to-child care

Children with similar problems can help each other through interactive group sessions. In addition, mentor programs (big brother, big sister) may also be a useful strategy in which older children look after younger ones. Through daily or weekly activities a child can create a bond of friendship, trust and sharing with an older individual.

Case management

Addressing individual protection needs can become particularly complicated within a program. Efficient and accountable management systems are necessary but must be flexible to allow for individual differences. The main steps for providing social assistance are to: identify children in need of immediate care; develop an information-management system; set up a referral mechanism; establish a systematic process to assist children and their families; and establish a clear action plan for every child that includes exit strategies.

Hotline

Following an emergency, hotlines may be set up in order to report cases of abuse, exploitation or other protection issues and 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 complements existing structures and is sustainable.

Psychological first aid

Psychological first aid can be provided by experienced staff. Care however should be taken in the degree of processing a person may do in relation to their psychosocial distress. Defence mechanisms exist for a reason and breaking them down before the child is ready and in a safe physical and emotional environment leave him/her open and vulnerable to worsening of symptoms. ([Link to Disaster Psychosocial Response Handbook for Community Counselor Trainers](#) for guidance on psychological first aid)

Counselling

(Para) professionals e.g. teachers, social workers, psychologists, can offer analytical and problem solving skills to more severely affected children or adults. Counselling may be conducted in individual, group or family setting. You can lead some of the activities in the centre, in order to be in contact with the children and adults, but also to identify other children in need of individual follow-up.

Structured play activities

Trained professionals can provide individual or group play activities which are designed to help children express their feelings in a creative way, while in the presence of a supportive adult. Play is a vital vehicle in helping children explore and process their experiences safely.

From the field: example of a focused psychosocial intervention in a school setting to help adolescents cope with the past.

In 2001, the African Centre for Rehabilitation of Torture Victims, a Rwandan association of trauma counsellors, launched a programme for group counselling for secondary schools with some severely affected adolescents. Before the group work, these students indicated feeling lonely, isolated, experienced difficulties in concentrating, and suffered from prolonged depression, fear and grief. The students were considered 'mad' and were referred to hospitals. Once back at school the problems continued: large numbers of pupils were involved in outbreaks of rage and other crises. To address these problems, the programme included: 1) training of school staff in 'helpful active listening'; 2) sensitisation in the form of psycho-education for all students; 3) counselling offered to staff, students, parents and guardians; and 4) Youth clubs using various media (drama, poems, dancing, etc.). As a result students felt better listened to by their teachers, more accepted by others, and had a better understanding of their own feelings. This prevented further crises outbreaks and improved the general atmosphere in the school, as well as the pupils school performance and general well-being.

(Source: State of the Art in Psychosocial Interventions with Children in War Affected Areas, War Child, 2005)

From the field: example of a focused psychosocial support

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.

(Source: State of the Art in Psychosocial Interventions with Children in War-Affected Areas, War Child, 2005)

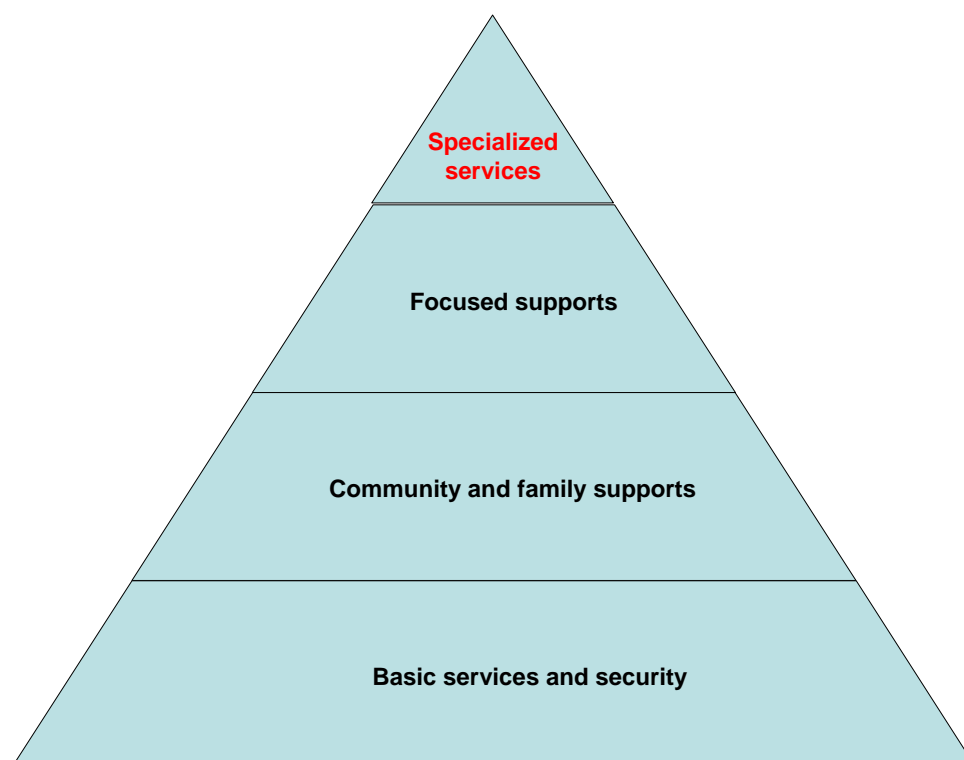
Trainer: [Click here for group exercise on focused psychosocial supports](#)

Slide No.	
Type	Exercise
Main Title	Level 3 Activities
Source	
Instruction	Which statements are true in relation to level 3 Focused support.
Question	<p>Focused support is for:</p> <ol style="list-style-type: none"> All children who have been affected by an emergency Specific groups of children, such as children used by armed groups, or children who have been raped Children who need are not coping as well as their peers. <p>Focused support is led by:</p> <ol style="list-style-type: none"> Parents or other members of the community Professionals or paraprofessionals Teachers or child care workers <p>Focused support helps children by:</p> <ol style="list-style-type: none"> Encouraging them to express emotions, and developing methods to deal with problems Helping them to relive their experiences so they can control their emotions and reactions Helping children to talk about their feelings and the problems they are experiencing <p>Focused support is usually:</p> <ol style="list-style-type: none"> Short term with a referral to a psychologist if the activities do not work Medium term with follow up support provided by a professional as needed Long term
Hint	
Comment on success	
Display Correct Answer	1.c 2.b 3.a 4.b

PART THREE: PSYCHOSOCIAL PROGRAMMING
Referrals to Specialised services (level 4 activities)

Information in this section:
Specialised mental health activities
When to make a referral to a specialized service and to whom

While most children will recover through family and community support or focused support, a few children may require more specialized support in order to function in everyday life and assimilate into the community. This may involve the use of traditional ceremonies or healers for children with specific issues, or referrals to mental health professionals. This section provides guidance on the types of specialised services that may be available and when to refer children and adults.



What are specialized mental health activities?

Specialized mental health activities will vary according to cultural practices, the availability of qualified people, and their approaches. These may include:

- Traditional specialised healing e.g. cleansing rituals for ex-combatants
- Counselling – individual, family or group.
- Psychotherapy
- Drug treatment
- Custodial mental healthcare
- Training of local mental health workers

([Link to Working with Children. An introduction to Psychosocial Support](#) for an overview of specialised psychosocial services)

When should you refer a child to specialised services?

Despite community work or general children’s activities, some children will not be able to function as well as their peers. This may be the result of:

- Prolonged severe reactions to a crisis. In the aftermath of a disaster almost everyone will show initial anxiety and behavioural changes – these would not be considered a “disorder” unless it went on for a long time, worsened over time or interfered with normal activities such as going to school or working. Children in particular may

experience separation anxiety after a disaster or death, and will want to stay close to caretakers - this is expected for a period of months. Prolonged reactions should not be considered PTSD unless diagnosed by a psychiatrist– [link to Section 1](#))

- Addiction e.g. to drugs or alcohol.
- Disability or becoming mute (that is, not speaking)
- Excessively aggressive – that is, dangerous to themselves or others
- Social exclusion relating to their past or present circumstances. Some children may be excluded from participating in society as a result of cultural beliefs. For example, a girl who has been raped may be viewed as unclean and unmarriageable, or a child who has killed when used by armed forces or groups may be rejected as having offended the spirit world.
- Mental health problem, for example:

Depression: Children often demonstrate depression through irritability, or boredom. They will not know that they are depressed, and it can be difficult to distinguish depression from other transient conditions. Severely depressed children will demonstrate one or more of the following behaviours for a number of weeks: feels sad all the time and may cry a lot; does not eat and is getting thinner and thinner; is tired all the time and does not feel like doing anything; is unable to sleep at night; seems to have lost interest in most of the things they used to take pleasure in.

Suicide: Suicide is a very real risk in adolescents, and should be taken seriously. If you have any doubt, ASK! There is no risk that you will “put into their head” the idea of suicide if they have not been thinking about it. Although rare, children below the age of 10 have been known to consider suicide and to have carried it out. Any child or adolescent who talks about not wanting to live should be referred to a professional and should not be left alone.

Psychosis: It is unusual, but not impossible for children to demonstrate that they have lost touch with reality. Losing touch with reality means that they can't seem to distinguish between what is real and what is not real. It is in adolescence that many psychotic conditions first appear. For younger children, care should be taken not to confuse normal fantasy with losing touch with reality.

From the field: Example of a traditional ritual being used to help overcome psychosocial problems. A 10 year old girl and her mother were captured by a rebel group in their (African) country. The rebels were about to rape the child when the mother protested, and was herself raped and killed in front of her daughter. The girl then lived as the concubine of three men at the rebels' base but managed to escape with some women two years later. All went for treatment to the provincial hospital, where a nurse realised that the girl was particularly affected; as well as having a sexually-transmitted infection, she was very withdrawn and sad. Encouraged by the nurse's soft and caring treatment, the girl told her story. She repeated it later to a social worker and was moved to a foster home, where she developed a close relationship with her foster mother. At the girl's wish, she organised a traditional cleansing ceremony to rid her of all the bad things that had happened to her. Until then she, as well as the entire community, had felt that the girl had been affected by bad spirits that were able to contaminate the entire village. The cleansing ceremony also made the abused girl potentially marriageable. (Source: Promoting psychosocial well-being among children affected by armed conflict, Save the Children Alliance, 1996)

Integrating modern knowledge of child development and child rights with traditional concepts and practices may take time but is likely to result in more effective and sustainable ways to meet children's needs.

To whom do you refer children in need of additional psychosocial help?

To support those most severely affected, links should be made with the health care system, since health providers are often the first to see survivors. Training and referrals systems should be set up to ensure children and their families receive appropriate support. ([link to co-ordination section](#))

In a context where services are present, children in need of mental health care should be referred to hospitals or local public or private health facilities. Other options can include **traditional healers, religious leaders and counsellors**. There is a need to be critical of both introducing typical western ways of working in a non western environment, and also in using traditional healing. Some practices may be more harmful to children than the effects of the emergency itself, and therefore an assessment should be made regarding culturally appropriate services, and in ensuring these are in the best interests of the child.

In an emergency, it is common to find that no additional specialised services are in place to refer children and adults to. In such cases, strong advocacy is necessary and at the very least contacts should be established with national or international organizations that could provide or set up these services in tandem with local support. It is important to not set up referral mechanisms if no adequate services are in place to refer to.

Trainer: [Click here for group exercise on specialized psychosocial services](#)

Slide No.	
Type	Exercise
Main Title	Level 4 Activities
Source	
Instruction	<p>You are working with groups of children in Angola who have been released from armed forces and preparing to return to their communities, where possible. Some of the children who are showing signs of prolonged stress, and disturbed behaviours, such as aggression, nightmares, loss of appetite, anxiety and fear. Many of the children are extremely concerned about whether their families will take them in again.</p> <p>You are aware that in Angola, people typically deal with their problems by offering support to each other and helping others to see problems in a wider context, however some of your colleagues feel that this means that children do not get the chance to talk about their concerns and would benefit from counselling or psychotherapy.</p> <p>You are aware that people locally believe children who have participated in fighting are somehow contaminated and need to go through traditional healing ceremonies to become 'clean' again. These ceremonies are often ridiculed by your colleagues from outside the region as unscientific. In addition, some of the children who have gone through these ceremonies have been accepted back into their communities and families still have problems.</p>
Question	You have met with the children to ask for their preferences. They ask for your opinion about what may help them most. Do you support referrals for counselling by trained psychologists or the traditional healing ceremonies?
Hint	
Comment on success	
Display Correct Answer	<p>There is a lot of anecdotal evidence that traditional healing ceremonies, when valued by the local community, are very effective in helping reduce anxiety related symptoms in children, and in facilitating their reintegration into a community. Additionally, It cannot be assumed that talking therapies, such as psychological counselling will always be helpful, particularly when culturally it is not the norm to talk through problems.</p> <p>In Angola, traditional healing for war-affected children, particularly children formally used by armed forces or groups, consists fundamentally of purification or cleansing rituals. Ensuring that all children and families who wish to participate in such cleansing rituals are given the opportunity to do so is a very important psychosocial intervention.</p> <p>However, there may be some children, who despite traditional healing ceremonies and their family and communities' acceptance and support have ongoing problems. Ensuring clinical mental health services, such as psychiatry is available for these children is also important.</p>