

ARC resource pack

Study material

Foundation module 7

Psychosocial support



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Training material for this module

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This module is one of the following series of **ARC resource pack** modules.

Foundation modules

- 1 Understanding childhoods
- 2 Child rights-based approaches
- 3 Programme design
- 4 Participation and inclusion
- 5 Advocacy
- 6 Community mobilisation
- 7 Psychosocial support

Critical issue modules

- 1 Abuse and exploitation
- 2 Education
- 3 Children with disabilities
- 4 Sexual and reproductive health
- 5 Landmine awareness
- 6 Separated children
- 7 Children associated with armed forces or armed groups

All modules include:

- **study material** giving detailed information on the module's subject and a list of further reading
- **slides** giving key learning points and extracts from the study material, offering a useful resource when introducing training events and exercises
- **training material** for participatory workshops that comprises **exercises** giving practical guidance for facilitators and **handouts** for participants.

The following documents are also included in the ARC resource pack CD-ROM to ensure you can make the most of these modules.

- User guide
An introduction to the ARC resource pack and the relationships between modules.
- Training manual
Advice and ideas for training with ARC resource pack materials.
- Facilitator's toolkit
General guidance on how to be an effective facilitator, with step-by-step introductions to a wide range of training methods.
- Definitions of terms
- Acronyms

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Introduction

This module provides practical information, guidelines, examples and tools to support organisations and key actors to undertake psychosocial support to bring about positive change for children in humanitarian contexts. Useful guidance is provided to analyse what type of support best suits a particular context as well as identifying targets and appropriate messages and developing support strategies.

Psychosocial support in emergencies has specific challenges and risks, but also has the potential to draw attention to neglected emergencies and make a real change in the fulfilment of children's rights. It can lead to short-term changes but can also address underlying causes, making it an essential part of a rights-based approach.

This foundation module is organised into five sections, following the logic that could be used in a workshop to introduce trainees to a rights-based approach to ARC. The material in this module is complemented by more detailed application in other methodology or **Critical issue** modules and so aim at establishing base principles and concepts through generic exercises.

Section 1 What is psychosocial support and why is it important in emergencies? Explains the concept of psychosocial support and how it can increase the resiliency of children while creating an integrated developmental approach to promoting psychosocial wellbeing.

Section 2 A rights-based approach: principles and approaches Illustrates why child rights are essential to psychosocial support and the need to address psychosocial issues not just on an individual level, but also holistically within communities.

Section 3 Principles of psychosocial programming Explains why psychosocial support should be rights based, child friendly, gender and age responsive, and culturally sensitive and sustainable, and how this may be accomplished.

Section 4 Implementation strategies Outlines different types of support that may be required following emergencies.

Section 5 Monitoring and learning in psychosocial programmes Tells of the importance of clear and measurable objectives and indicators that are established at the initial stages of the intervention, as well as seeking the participation of children, family and community members in developing support programmes.

Definitions of terms

- **Psychosocial** refers to the close connection between psychological aspects of human experience and the wider social experience.
- **Psychosocial support** is a scale of care and support which influences both the individual and the social environment in which people live and ranges from care and support offered by caregivers, family members, friends, neighbours, teachers, health workers, and community members on a daily basis but also extends to care and support offered by specialised psychological and social services. To reflect this broad range of types of support, the Inter-Agency Standing Committee (IASC) Guidelines use the composite term Mental Health and Psychosocial Support (MHPSS). This module will make us of the term psychosocial.



Introduction

- **Cognitive** pertains to the mental processes of perception, memory, judgment, and reasoning.
- **Affective** refers to expressing emotion or feeling; emotional.
- **Social effects** concern relationships, family and community networks, cultural traditions and economic status, including life tasks such as school or work.
- **Mainstreaming** ensures children's psychosocial wellbeing is a priority in all aspects of programming, policy development and organisational development.



Section 1

What is psychosocial support and why is it important in emergencies?

Key learning points

- Psychosocial refers to the child's inner world and the relationship with his or her environment.
- Psychosocial support is important in order to maintain a continuum of family and community-based care and support during and after humanitarian crises and to prevent immediate or long-term mental health disorders.
- Access to humanitarian assistance and safety and security for the population is the cornerstone of psychosocial support during humanitarian emergencies.
- An important shift has taken place in psychosocial interventions from an individualised approach to a community-based approach focused on enhancing the resiliency of children and families.
- The aim of psychosocial interventions is to address children's issues and needs in a holistic manner and to place psychosocial interventions inside wider developmental contexts such as education or healthcare. This will create an integrated developmental approach to promoting psychosocial wellbeing.

What does psychosocial mean? and what is psychosocial wellbeing?

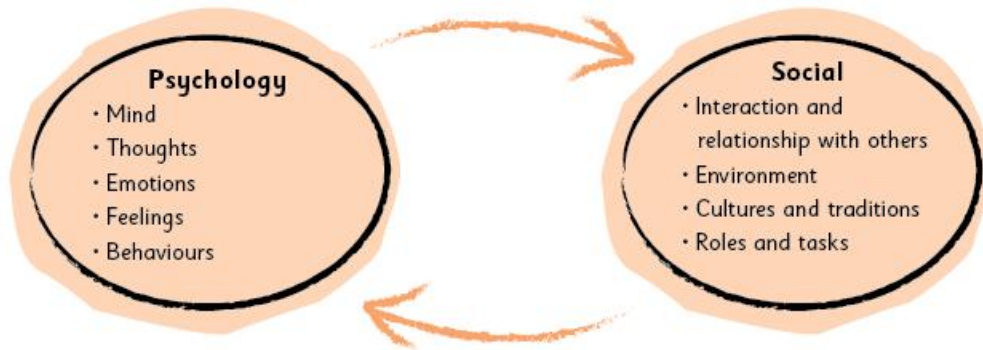
The term **psychosocial** is used to emphasise the close connection between psychological aspects of the human experience and the wider social experience. **Psychological effects** are those that affect different levels of functioning including cognitive (perception and memory as a basis for thoughts and learning), affective (emotions), and behavioural. **Social effects** concern relationships, family and community networks, cultural traditions and economic status, including life tasks such as school or work.¹

The use of the term psychosocial is based on the idea that a combination of factors are responsible for the **psychosocial wellbeing** of people, and that these biological, emotional, spiritual, cultural, social, mental and material aspects of experience cannot necessarily be separated from one another. The term directs attention towards the totality of people's experience rather than focusing exclusively on the physical or psychological aspects of health and wellbeing, and emphasises the need to view these issues within the interpersonal contexts of wider family and community networks in which they are located (see diagram **Definition of psychosocial**).

These two aspects are closely intertwined in the context of complex emergencies whereby the provision of psychosocial support is part of the humanitarian relief and early recovery efforts. One of the foundations of psychosocial wellbeing is access to basic needs (food, shelter, livelihood, healthcare, education services) together with a sense of security that comes from living in a safe and supportive environment. The benefits of psychosocial support interventions should result in a positive impact on children's wellbeing, and address the basic psychological needs of competence and relatedness.



Definition of psychosocial



Definitions of psychosocial support and psychosocial interventions

Psychosocial support:

- is about helping children, families and communities to improve their psychosocial wellbeing³
- is about encouraging better connections between people, and building a better sense of self and community
- is expressed through caring and respectful relationships that communicate understanding, tolerance and acceptance
- is about promoting everyday consistent care and support in the family and community.

Psychosocial support is a continuum of care and support which influences both the individual and the social environment in which people live. This continuum ranges from care and support offered by caregivers, family members, friends, neighbours, teachers, health workers, and community members on a daily basis, ie. ongoing nurturing relationships that communicate understanding, unconditional love, tolerance and acceptance, and extends to care and support offered by specialised psychological and social services. Experience has shown that emergency driven interventions are best accomplished via group experiences in community settings, where the most individuals can be helped in the quickest manner through collective support of the group. In the longer-term aftermath of a crisis, in addition to continued psychosocial support, a small minority of children may require professional psychological interventions. This level of care is beyond the scope of psychosocial support, although there is a lot of crossover with community-based mental healthcare, especially when family members engage with mental health workers to provide support (see diagram *The IASC psychosocial support pyramid model*).

Under normal conditions, for healthy development, most children do not require additional psychosocial support above and beyond the care and support offered by their families and households. Where this first circle of support is ruptured or broken, other community members might have to step in. It is where and when this second circle of support is broken or ruptured that external agencies have a role to play by offering programmatic psychosocial support or interventions aimed at:⁴

- strengthening the capacity of caregivers, friends, teachers to provide everyday psychosocial care and support to all children
- strengthening the capacity of specially positioned community members and paraprofessionals to provide specialised psychosocial support to subgroups of children at risk and/or children directly affected by HIV and AIDS, poverty and conflict who have experienced severe losses or trauma.

Complex emergencies tend to weaken the traditional social and security safety nets for children. Organised care and support has been relatively quick in responding to the material, physical and educational needs which have more tangible outputs. However, beyond this, holistic child development demands more. The key underlying idea to **psychosocial interventions** addressing post humanitarian emergency recovery is that participation in such activities assists children and their families who have experienced severe stress to restore their social and psychological health and prevent more long-term social and mental health problems. The primary focus of such psychosocial interventions is on supporting the natural healing and recovery process by restoring as quickly as possible resilience in the face of challenging circumstances and the stability of an entire affected community.⁵

Why psychosocial support is important

Experiencing difficult or disturbing events can significantly impact the social and emotional wellbeing of a child. Exposure to violence or disaster, loss of, or separation from family members and friends, deterioration in living conditions and lack of access to services can all have immediate, as well as long-term consequences for children, families and communities' balance, development and fulfilment.

Recent years have seen a dramatic growth in programmes designed to provide psychological and community-based support to children and families recovering from distressing events. Throughout the 80's and 90's many agencies applied western, individualised approaches to counselling and therapy to cultures in which they do not readily apply. A number of studies have shown that the consequences can be not only wasteful but also potentially damaging to children as they may not recognise and value what already exists within the culture, within families and within each child, potentially undermining existing practices and traditions which may be of great importance in facilitating children's recovery.

The term psychosocial intervention arose in the early 1990s as a reaction against the overly medical and often decontextualised post traumatic stress disorder (PTSD) model of response to children affected by conflict. The psychosocial approach shifts the emphasis from children's vulnerabilities to a view of children as active agents in the face of adversity and adopts a model of service delivery which recognises and strengthens resilience and local capacities.⁶ This resilience-building approach to psychosocial wellbeing and child protection was developed in an attempt to advance a more sustainable and holistic approach to working with children affected by conflict, HIV and AIDS, natural disasters and other very difficult and dangerous situations.

Psychosocial interventions do not arise from an initial premise of need, illness or deficiency of individual children, but build upon a child's natural resilience and family and community support mechanisms, examine possible risk and protective factors and attempt to provide additional experiences that will promote coping and positive

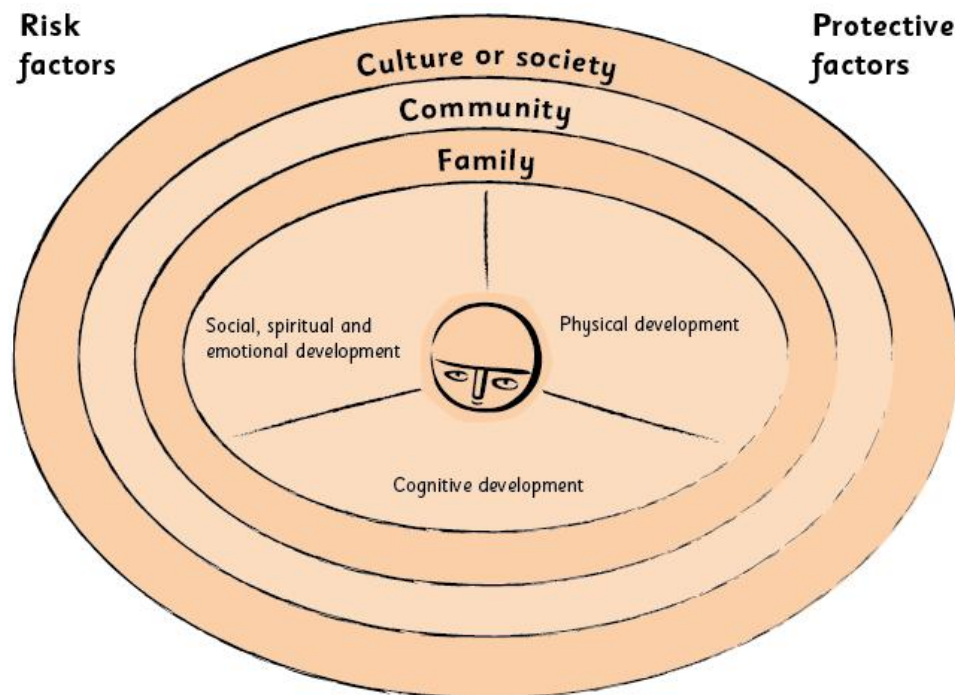


Section 1 What is psychosocial support and why is it important in emergencies?

development, despite the adversities experienced. An understanding of the culture is of fundamental importance in planning programmes.

Psychosocial interventions plan for positive change for children within the three core psychosocial domains⁷ (skills and knowledge, emotional and social wellbeing), as well as the broader domains impacting upon the wellbeing of children, their families and communities (see diagram **Psychosocial domains**). In addition, the spiritual and physical health and wellbeing of children are important indicators of their overall wellbeing and need to be considered within the core psychosocial domains.⁸

Psychosocial domains



Psychosocial indicators from a participatory evaluation study of sports, play and structured recreation activities done in camps for internally displaced people, northern Uganda

The qualitative results indicate that although the review cannot claim a direct causal relationship between the perceived changes and the sports and development, right to play programmes, the overall benefits indicate a positive impact on children's wellbeing and address the basic psychological needs of competence and relatedness.

Emotional wellbeing

The most commonly cited change in this domain by the children was an increased sense of security and confidence as indicated by reaching out and making friends, or at least participating in social activities (pro-social behaviour). This is an especially important step for formerly abducted children.

The most commonly cited change in this domain by the adults was increased self-control and pro-social behaviour (reduced aggression, reduced rates of conflict and fighting amongst the children and increased cooperation). Cited influences being positive peer pressure, principles of fair play, positive coaching and facilitation experiences, improved self-control and problem solving from participation in regular, organised activity.

Parents report that their children's and their own participation in the activities has brought about a change in them as parents, resulting in a greater awareness of the specific needs of different age groups (unlike in the past when parents just did whatever they liked for their children); a greater awareness of their own children's individual strengths and needs, and more inter-generational dialogue. 'The happier the children, the happier and more proud we are.' Also acquisition of skills and knowledge are another positive side effect.

Social wellbeing

The main change here is related to the improved ability to assume socially appropriate roles, which appears to be linked to a greater sense of the child being appreciated by the family and belonging to their community. The child's participation in the resumption of cultural activities and traditions is a key indicator in this domain.

Both adults and children placed the greatest value on social skill, social responsibility and social conformity as evidenced by positive social functioning behaviour. Social competence is primarily indicated through improved good values as shown by the willing and respectful participation in appropriate household responsibilities, livelihood support and filial obligations. Fulfilling child-related developmental tasks, such as schoolwork and play, is secondary to traditional obligations and tasks that support family cohesion and survival. Contributing to the family and living up to family expectations are major indicators to family members that the youth is doing well. Similar findings from research done in northern Uganda shows that family connectedness and social support appear to be the main protective factors for the psychosocial wellbeing of children.

There is, however, less evidence on the benefits related to greater and sustained social inclusion, of improved networking and social cohesion between the



participating children and children outside of the project.

Skills and knowledge

The main changes in this domain are related to the acquisition of skills and knowledge related to project activities like football and netball, dances, games, playing music and songs, drama, debates, discussions and trainings related to child rights, health information, safe behaviour, sessions on the qualities of friendly behaviour, conflict resolution, peace and forgiveness.

There appears to be a boosting of children's cognitive development related to learning and creativity.

Parents report an increase in their children's knowledge as evidenced by the children returning and informing the family members of health, hygiene and child rights messages; teaching siblings and neighbouring children the games they learnt participating in the programme.

Parents, teachers, coaches and facilitators report that children who go through the structured group or sports programmes become more creative and explore more. Teachers report that the participating children draw more pictures and their drawings are more skilled than before. The participating children play more, and they play better organised games in the playground. They have introduced new activities and do more activities than the other children.

Physical wellbeing

The relevance of physical health and wellbeing to the children is an important indicator of their overall wellbeing. The children emphasise the importance of physical health and cleanliness to their physical and psychological wellbeing more than the adults do. Being healthy, clean and strong and having enough food to eat is one of the main things that make the children feel happy and proud. Staying alive is a huge achievement in the IDP camps of northern Uganda. The ability to keep themselves clean, well groomed and healthy is a sign of self-efficacy as well as indicating economic security and family concern. Being hungry, getting sick and/or losing their parents from illness is one of the most commonly cited worries and fears that the children report.

Review of UNICEF supported Right to play interventions in responding to the psychosocial needs of children affected by conflict in northern and eastern Uganda
Stavrou V, UNICEF, Uganda September 2007

Training material for this section

- Exercise 1** Effects of frightening experiences and separation
- Exercise 2** The importance of sociocultural understanding
- Handout 1** Case study
- Handout 2** Reactions and factors altering outcomes
- Handout 3** Scenario
- Handout 4** Sociocultural norms



Section 2

A rights-based approach: principles and approaches

Key learning points

- The rights-based approach is focussed on strengthening families, communities and other social institutions as responsive and protective spaces for children.
- The rights-based approach advocates for universal access to essential services and State protection for children.
- Work that seeks changes in the psychosocial wellbeing of children means that:
 - **family and community** as well as individual issues are addressed
 - there is a deliberate and explicit focus on bringing together **psychological factors and social inclusion**, and not focussing on material, psychological, spiritual or welfare support.
- Guiding principles when providing psychosocial support help to reduce the risk of harm and promote community based intervention.

Psychosocial support and child rights

Psychosocial support and development programmes are a critical element in the protection of children's rights. The interventions should be based upon the UN Convention on the rights of the child (CRC), ensuring that all groups are given the opportunity to participate and all interventions are culturally relevant. In line with the CRC, children should have an active role in designing and implementing programmes.

Below are some of the relevant standards from the CRC that apply to psychosocial support and children's right to it.

- 1** Article 29.1.a **Psychosocial support can provide the opportunity for children to be developed** 'to their fullest potential'.
- 2** Article 5 and Articles 12 to 17 **Psychosocial support empowers children and youth** by providing opportunities to **participate** in social life, be self-reliant, develop self-confidence and empowerment with due regard to the maturity and evolving capacity of the child, and respecting the rights and responsibilities of adults.
- 3** Article 2 **Psychosocial support combats discrimination** by facilitating the **integration** of groups suffering from discrimination, such as girls, children belonging to minority groups, children living in poverty and children with disabilities.
- 4** Articles 20, 22, 23 and 31 **Psychosocial support advocates for and provides an opportunity for all groups of children in need of special protection** to be provided equal **access** to different types of support (including education, social protection, sports, play, music, dance and drama), such as children with disabilities, children living in social and other institutions, children living in detention centres, child refugees, children in rehabilitative care and working children.
- 5** Articles 19 and 29 **Psychosocial support promotes non-violence** by providing opportunities for social integration, encouraging fair play and channelling energy away from potential destructive behaviour.



- 6 Article 39 **Psychosocial support is a rehabilitation and reintegration tool** to support the physical and psychological rehabilitation and social reintegration of children and families impacted upon by conflict and other humanitarian emergencies.

The child development and the child rights approaches to children affected by humanitarian emergencies

The two dominant approaches to understanding the situation of children in emergency situations and providing assistance to them have been oriented around child development and child rights. These two approaches complement each other even as they place different emphasis on various aspects of children’s situations.⁹

The child development approach	The rights-based approach
<p>Age- and stage-related developmental needs, vulnerabilities, and capacities that must be addressed for healthy and holistic development in children.</p> <p>Aim is to minimise risks and prevent further harm while reinforcing protective factors that facilitate children’s physical and psychosocial wellbeing.</p> <p>Cultural influences and contextual factors such as patterns of socialisation, education, and care can have a profound influence on a child’s developing attitudes, values, and beliefs, and should be considered when adopting a developmental approach.</p> <p>Participating in cultural and social activities is also a developmental need of children, and the way in which this happens will be diverse.</p> <p>The main aim is to allow children to reach their fullest potential in a holistic manner.</p>	<p>Children have not only needs, but also the right to have these needs met, as well as other rights such as survival rights, protection rights, and participation rights.</p> <p>The CRC, which was launched in 1989 and widely ratified by governments around the world, and the African charter on the rights and welfare of the child (1990), set international norms for the recognition and observance of children’s rights.</p> <p>The three key principles of the CRC are: the best interests of the child must be observed non-discrimination is to assure that all children have the right to be treated equally children must have the right to participation</p>
<p>Both child development and child rights approaches place primary importance on the protection of children from violations, maltreatment, injury, and exploitation. Both approaches also emphasise the provision of services to children, for instance the right to food and healthcare, the right to education, and the right to enjoy security. The rights approach places additional importance on the right to participation.</p>	

The rights-based approach considers that the provision of psychosocial support is a child’s right, especially in humanitarian emergencies. Material and social needs, along with safety and security, are key factors in ensuring psychosocial wellbeing and should be recognised as part of effective psychosocial support. Activities to address the needs of children (education, protection measures, healthcare) should be provided in a way which enhances rather than further disrupts psychosocial wellbeing.

By adopting a rights-based approach, psychosocial support interventions should adhere to the following core principles as far as possible.



- Interventions and projects are designed using a participatory framework. This includes using participatory action research, collecting systematic information that is then used to construct evidence driven interventions.
- Taking an ecological approach that identifies the problem at the different individual, family and community levels. Thus collecting systemic information necessary to guide the intervention at multiple levels, and attempting a holistic response to the situation.
- Identifying the existing knowledge and skills of the participants, drawing lessons from their resilience and coping strategies and seeking to identify barriers that hamper access to support and services, and to address the gaps that exist regarding support and service provision.
- Information is sought from, and assistance provided impartially to, all participants regardless of political or social affiliation or location.
- Participating partners are accountable to the participants and beneficiaries and ensure full transparency during the planning, implementation and monitoring of projects and any subsequent follow-up.
- Mechanisms to advocate for children's rights need to be included in the design and follow-up plans.
- Interventions are highly supportive and constructed in a manner that protects all the participants. This is critical since the research and intervention process itself can increase vulnerability. Informed consent needs to be sought from all participants.
- Likewise, humanitarian staff needs to be monitored on a regular basis, ensuring that ethical issues are respected and ethical norms appropriately applied.
- In addition, working with children and families in emergency contexts can be dangerous and extremely stressful for project workers, and includes the possibility of vicarious traumatisation. Support and debriefing needs to be made available to staff working in these situations.
- Emergency rights-based psychosocial support programming:
 - focuses assistance on the most vulnerable groups but pursues an integrative strategy by including all children in programming
 - makes the best use of existing scarce resources, and lays the groundwork for future reconstruction programmes
 - ensures that partnership relationships promote operational flexibility, crucial because of the variable security situation and the political sensitivities prevalent in humanitarian emergencies; factors that can at any time limit geographical access and access to participants.

Guiding principles of the rights-based approach within the context of psychosocial support for programming in humanitarian emergencies are included in **Section 3**.



Sport for development and peace

The UNHCR has long used sport in its programmes to foster refugee reintegration. In 2005, UNHCR expanded its activities, developing more partnerships with sports oriented donors to enable it to expand its sports programmes further. UNHCR has found that sports programmes in refugee camps provide an effective tool for empowering girls, given that they are often excluded from participating and enjoying the physical and psychosocial benefits offered by sport. By directly challenging and dispelling misperceptions about women's capabilities, integrated sports programmes help to reduce discrimination and widen the roles prescribed to women and girls.

Playing for peace

In times of conflict, post conflict and emergencies, sport, recreation and play can provide children and adolescents with a sense of hope and normalcy. They help traumatised children learn to integrate the experience of pain, fear and loss. They help heal emotional scars, creating a safe environment that enables children and adolescents to express their feelings and build their self-esteem, self-confidence and trust. Sport, especially participating in a team or a club, can provide [children formerly associated with armed forces or armed groups] a critical sense of belonging, necessary for their reintegration into the community. Children who play sports see that interaction is possible without coercion or exploitation. Players cooperate within a framework of rules; a referee adjudicates on the justness of activity during a game. Penalties exist to sanction transgressions and enable reconciliation between sporting adversaries.

Sport for development and peace: towards achieving the millennium development goals United Nations Inter-agency Task Force, 2003

Training material for this section

Exercise 1 Child rights and psychosocial support

Exercise 2 CRC articles linked to psychosocial support



Section 3

Principles of psychosocial programming

Key learning points

- Different but complementary interventions are required in emergencies.
- Access to basic services and security is the first step to ensure the psychosocial wellbeing of children.
- Promoting community based psychosocial interventions helps a majority of children will be able to regain a sense of normalcy following an emergency.
- A smaller group of children, such as those at risk or victims of exploitation and abuse, will benefit from focused, non-specialised support by social workers or psychologists.

Psychosocial programmes and interventions should be based on the CRC and promote the following principles and values.

Children's right to life, survival, and development (CRC Article 6)

The overall objective of psychosocial interventions is to re-establish a state of wellbeing that is necessary for and promotes the healthy development of the child. This also means that where children face life threatening situations, psychosocial interventions should consider what practical steps can be taken to protect children from further harm and exposure to violence.

Do no harm

Work on psychosocial support has the potential to cause harm because it deals with highly sensitive issues. Humanitarian actors may reduce the risk of harm in various ways.

- **Informed consent** Prior to undertaking psychosocial interventions, consent should be obtained from children and their family with full knowledge of what will happen and the probable effects on the child.
- **Confidentiality** Psychosocial assessments and interventions should respect confidentiality, including when the interventions are undertaken in groups; psychosocial institutions should protect this confidentiality and ensure anonymity when communicating about their interventions.
- **Honesty and objectivity** Psychosocial workers must not mislead the beneficiaries, and must tell them the truth in an age-appropriate manner and to the degree to which it contributes to their long-term development. Institutions and individuals should also be honest and recognise their own limits and be able to refer cases beyond their area of competency.
- **Responsibility** Interveners must take responsibility for the impact of their interventions. This means they must make an accurate assessment of the risk involved and choose the appropriate methodology for optimum benefits and minimal risks for the beneficiaries. They are responsible for closely monitoring the implementation and impact of the intervention. To the degree that is feasible, they are also responsible for providing assistance, including follow-up or referral, for any beneficiaries who can not be adequately assisted through the intervention.



- Participating in coordination groups to learn from others and to minimise duplication and gaps in response (see multi-layered support below).
- Designing interventions on the basis of sufficient information (see **Contextual approach** below).
- Committing to evaluation, openness to scrutiny and external review.
- Developing cultural sensitivity and competence in the areas in which they intervene and work.
- Developing an understanding of, and consistently reflecting upon, universal human rights, power relations between outsiders and emergency affected people, and the value of participatory approaches.

Non-violence in all its forms

Children should be protected from all forms of violence by their family and community, including political violence, violence at school, family violence, violence among peers, and representations of violence, including in the media. Psychosocial interventions should be free from all forms of violence against or in the presence of children. Where it is absolutely necessary to encourage or allow the child to express his or her experience of violence as part of a healing process, this should be done using the safest form of expression, for example, drawing rather than acting, and should happen in a confidential, supportive setting involving only those who directly experienced the violence. It should occur as soon as possible after the occurrence of the event as part of a continuum of interventions that help the child to develop positive and constructive behaviour.

Participation

In line with the CRC, children should have an active role in the design and implementation of programmes. A child has the right 'to freely express an opinion in all matters affecting her or him and to have that opinion taken into account'. Every child has personal and social resources which he or she employs at different moments in his or her life. Interventions focus on the identification of internal and external resources in order for the child to develop protection mechanisms for her or his own wellbeing. Psychosocial interventions work to enable children to become active agents in building communities and planning their futures.

Respect for the views of the child

Psychosocial interventions must ensure that children's views are acknowledged and respected so that they participate in their own healing and development, and so that their dignity is preserved.

Best interests of the child

In all decisions affecting the psychological and social wellbeing of the child, primary consideration should be given to the child's healthy development. Each child's views are their reality, and this must be weighed against the best interests of the child when any decisions are taken. Psychosocial programmes and their outcomes should not be used for any purpose other than the psychosocial development of children, in particular, such activities should not be used for political, media, economic or social gain for the implementing organisation or individual. The long-term development of the child and the indirect consequences of any short-term intervention should be taken into account when implementing programmes. Short-term interventions that



undermine the trust between the children and their caregivers or that make children more aware of their problems without helping them to find solutions for these problems can be harmful for the children.

Non-discrimination of any kind

Including on the basis of sex, age, religion, socioeconomic status, ethnicity, and disability status, particularly regarding availability and appropriateness of services. Psychosocial workers should also minimise the positive or negative stereotyping of children who have experienced psychological or social distress or been exposed to or involved in violence.

Using a gender-sensitive approach

Takes into account the situation, dynamics and needs of each member of the community, women, men, girls and boys, in order to better achieve programme objectives in the initial stage of selecting target groups and the most appropriate way to influence change.

Inclusion of adolescents

Adolescents are usually overlooked in programming, as resources are directed towards younger children who are perhaps perceived as more worthy recipients of aid.¹³ Not only are the needs of adolescents overlooked, but their strengths and their potential as constructive contributors to societies also remain unrecognised. Adolescents are affected by armed conflict in particular ways that expose them to increased risks such as recruitment into armed groups, sexual abuse, the contraction of sexually transmitted diseases, and economic exploitation. They may assume adult responsibilities such as heading households, yet are frequently not accorded decision-making powers in communities. Adolescents may thus be faced with particular problems and may have specific psychosocial issues that they want to address. In a participatory research study with young people in Kosovo,¹⁴ adolescents identified psychosocial problems as their second most important concern, superseded only by security concerns. The loss of family and friends and uncertainty about the future and feelings of hopelessness were mentioned as issues with which they needed help.

Working with families and communities

The psychosocial wellbeing of adults, particularly parents and caregivers has a direct impact on that of children, and should thus be addressed through concurrent parent focused interventions. Psychosocial interventions should be directed at enabling connectedness to an adult in the child's life and social inclusion into the larger community network, psychosocial interventions need to maintain a focus on strengthening communities, families and other social institutions as responsive and protective spaces for children.

In addition, the rights-based approach demands that psychosocial workers develop an understanding of, and consistently reflect upon, universal human rights, power relations between outsiders and emergency affected people, and the value of participatory approaches.



An approach rooted in the culture of refugees from south Sudan

In a remote part of northern Kenya is a large refugee camp in which there is an extraordinarily large concentration of unaccompanied children, mainly boys.

The exact circumstances of their flight from Sudan and their separation from their families are not entirely clear. What is clear is that in the process of flight, initially into Ethiopia, and later because of threats to their safety there, the long walk through south Sudan and into Kenya was fraught with dangers, from soldiers, from wild animals and from the threat of starvation, dehydration and disease. If any group of refugee children would be expected to be deeply affected by their experiences of war, separation, multiple displacement and hardship, it would be this group.

From the beginning, Save the Children Sweden saw the need to construct a composite programme based carefully and sensitively around the cultural traditions and practices of the refugees. Care arrangements were based on the tradition of group-living in 'cattle camps' and the acceptability of care provided by unrelated families. A range of activities facilitated the children's recovery from traumatic experiences in a way which respected culture and tradition; these included storytelling, composing poems, recounting and discussing dreams, traditional singing and dancing and an art form based on the traditional importance of knowing the colours of each boy's bull. The involvement of the whole community was significant in emphasising the importance of collectively coping with shared experiences. Despite the repeated experiences of danger, fear and flight, and the fact of separation from their families, the psychosocial health of these children remained remarkably good: only a tiny percentage were functionally impaired, as evidenced by their behaviour patterns, the quality of inter-personal relationships and their performance in school. An investigation of their psychological health revealed remarkably few children reporting symptoms of stress and it was clear that, in general, these children were coping remarkably well.

Working with children module, ARC training package 2002

Access to available resources and capacities

Building on available resources and capacities

All affected groups have assets or resources that support their mental health and psychosocial wellbeing. A key principle, even in the early stages of an emergency, is building local capacities, supporting self-help and strengthening the resources already present. Externally driven and implemented programmes often lead to inappropriate mental health and psychosocial support and frequently have limited sustainability. Where possible, it is important to build both government and civil society capacities.

Universal access to essential services for children

The rights-based approach is predicated on the central principle of identifying barriers to accessing resources, and advocating for universal access to essential services and State protection for children.



Contextual approach

Programme decisions and priorities must derive from a situation analysis on the ground,¹⁵ namely the priorities and key indicators identified by the organisations programmed and a comprehensive assessment by the service provider to determine the planned intervention.¹⁶

Relevance and appropriateness

- All interventions should be sensitive to the prevailing culture, traditions, socioeconomic and political context, and psychosocial workers have competence in the areas in which they intervene and work.
- It is important that the monitoring and evaluation system is based upon participatory, context-relevant indicator development.
 - In terms of psychosocial programming, achievement in the psychosocial domains outlined above is targeted on the basis that this will support longer-term impacts on the lives of children. It is clear that the responses are framed by the prevailing cultural practices and to a lesser extent the socioeconomic conditions, and thus the identification of outcomes and indicators needs to be made within this context.
 - An approach that only emphasises individual behaviours like **increased self-esteem** as critical indicators of improved psychosocial wellbeing, neglecting more pro-social behaviours like a change in the performance of daily tasks, change in the proportion of the target group showing locally defined pro-social behaviours, or the resumption of cultural activities and traditions, will result in unattainable outcomes and discriminate against children and their families.
 - Defining specific outcomes and indicators that are relevant to the children's and their caregiver's lives in a local context, and assessing such impacts is a crucial task in the psychosocial field because the evidence base for the longer-term value of such programming is currently weak.

Strengthening appropriate State and community structures

Projects become part of the community social work mechanisms, for example social welfare or child protection networks to provide community-based programmes to enable children to access psychosocial support opportunities (eg. play and leisure opportunities) and to refer vulnerable children to locally available services (eg. primary school, health services, psychosocial programmes or locally based skills training).

Mainstreaming¹⁷

Psychosocial support initiatives work towards mainstreaming their interventions within government and local non-governmental service providers. Psychosocial support mainstreaming is about looking at all aspects of programming, policy development and organisational development always keeping in mind children's psychosocial wellbeing. At the institutional level, it means rather than having a single psychosocial department or desk or vertical psychosocial programme that tries to address psychosocial issues (integration), they are diffused both down and across all programmes and procedures within an organisation (mainstreaming). It involves incorporating psychosocial support elements into:

- policies and procedures
- programme design and activities
- planning and budgeting



- capacity building and human resource development
- monitoring and evaluation
- networking with government sectors and institutions.

Multi-layered, integrated psychosocial support¹⁸

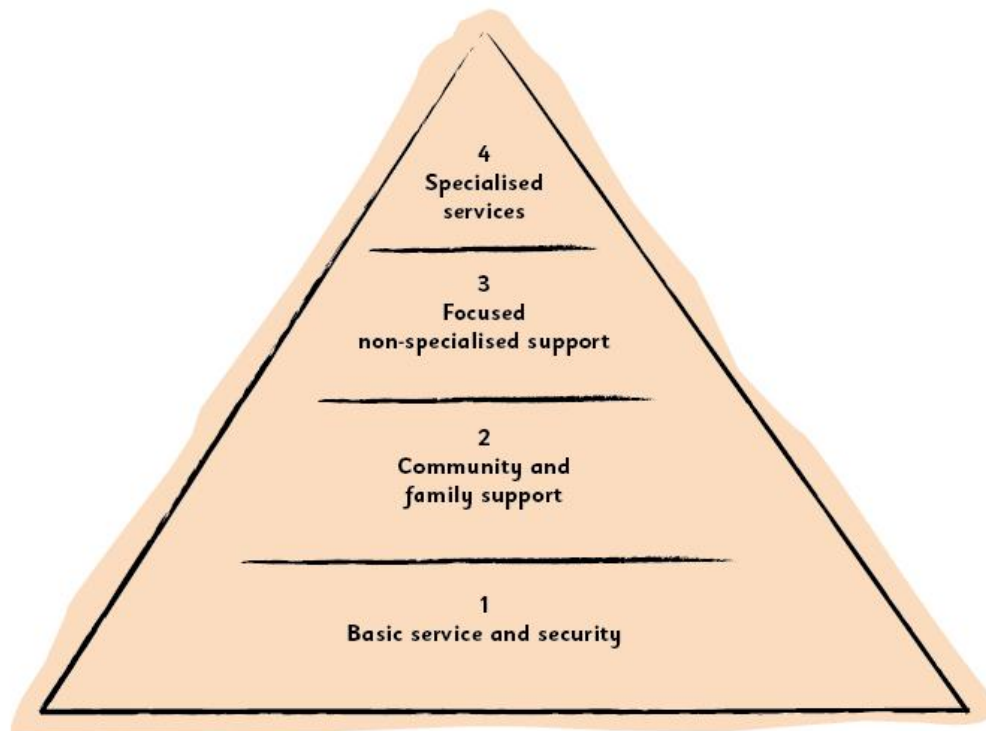
In emergencies, people are affected in different ways and require different kinds of support. A key to organising psychosocial support is to develop a layered system of complementary support that meets the needs of different groups. It is critical that during and after an emergency, planners and providers of psychosocial interventions participate in coordination groups to learn from others and to minimise duplication and gaps in response. This goes some way to ensuring that interventions are designed on the basis of sufficient information, and committing to evaluation, openness to scrutiny and external review. The IASC pyramid (see following diagram) demonstrates that psychosocial support can be provided in many different forms, and while timing and context is critical, one layer is not meant to be prioritised over another; all layers of the pyramid are important and should ideally be implemented concurrently.

If psychosocial interventions remain stand-alone, without links to family and community interactions, and to other programmatic areas, they have limited potential to effectively contribute to the psychosocial wellbeing of the individual and the group. For example, many interventions that are not planned or conceived as psychosocial interventions have been recognised as having significant psychosocial impact, like welfare grants and nutritional support, the provision of food and water and the construction of shelter. By removing other significant stressors, like hunger, general wellbeing, including psychosocial wellbeing, is likely to improve. What is also important is **how** the nutritional support is offered and that psychosocial issues are not ignored.

As seen in the IASC pyramid of multi-layered psychosocial support, psychosocial interventions make up only a small percentage of what constitutes psychosocial support.



The IASC psychosocial support pyramid model



Description of support	People involved
<p>1 Advocacy for psychosocial support and access to basic services (food, shelter, water, hygiene, functioning governance systems, healthcare) into which psychosocial support needs to be mainstreamed, and the assurance of security in order to re-establish wellbeing and mitigate further psychosocial harm. Aim to reach many children and support ways of coping.</p>	<p>Animators or community workers</p>
<p>2 Care and support provided by caregivers, friends and community members. Children who have experienced the loss of family and community level supports, through death, separation and loss of livelihood opportunities will require specific support to restore the protective factors that these systems provide eg. family reunion, healing rituals for reconciliation, vocational training.</p>	<p>Child protection officers or social workers</p>
<p>3 A smaller percentage of the population, with particularly stressful reactions, will require more focused and specialised support interventions with attention to the individual, family or group (eg. psychosocial first aid by health workers).</p>	<p>Psychologist</p>
<p>4 Children experiencing significant distress that disrupts their ability to function on a day-to-day basis will require specialised mental health and psychosocial support (to be provided by trained professionals including specialised traditional healers).</p>	<p>Psychiatrist or mental health specialist</p>

In the **IASC pyramid**, a child within a community who has recently lost both parents and/or has experienced violence or trauma might then:

- benefit from **individual** counselling with a social worker or psychologist (mental health intervention offered to a very small percentage of the children in the community)
- later join a small group of other directly affected children within a **group** structured approach intervention designed to provide opportunities for grieving and normalisation (specialised psychosocial support) offered to a small percentage of the children in the community
- make a hero book with all the other children in his or her class or school, and/or participate with a significant number of other children in the **community** as part of a **youth organisation** (everyday psychosocial care and support)

Psychosocial programming exists generally within the realm of **everyday psychosocial care and support**, and to a lesser extent the realm of **specialised psychosocial support**.

Training material for this section

Exercise 1 Psychosocial wellbeing: everybody's responsibility

Exercise 2 Psychosocial intervention pyramid

Exercise 3 Community and family support

Handout 1 Scenario

Handout 2 Role play identities

Handout 3 Scenario

Handout 4 The IASC psychosocial support pyramid model

Handout 5 Scenario



Section 4

Implementation strategies

Key learning points

- The immediate re-establishment of security, adequate governance and services is crucial in any emergency situation in order to help protect the wellbeing of children.
- One of the most important aspects in promoting psychosocial wellbeing is to facilitate conditions for community mobilisation, ownership and control of the emergency response.
- 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 may require activities which address their psychosocial needs more directly and are implemented by specialised staff.

Level 1 Basic services and security

In each emergency¹⁹ the wellbeing of all people should be protected through the re-establishment of security, adequate governance and services that address basic physical needs (food, shelter, water, basic healthcare, control of communicable disease) so it is important to identify which aspects of the environment are having the greatest impact on the psychosocial wellbeing of children as lacking of basic services; this should have been done as part of the initial assessment and the ongoing programme implementation and monitoring through dialogue with the affected population (**Foundation module 3** Programme design). Below are listed a variety of issues that have been found to have a crucial impact on psychosocial wellbeing of children in various situations and upon which a psychosocial programme may choose to conduct advocacy. Given that some of these activities require specialised knowledge, normally a specialised sector or organisation will be responsible for implementing programmes to address these issues.

- Establishment of security measures.
- Protection of children (and their caregivers) from violence, abuse and exploitation.
- Access to basic needs: shelter, food, healthcare, water and sanitation.
- Access to any special services particularly those needed by at-risk children.
- Promotion of family unity (see **Critical issue module 6** Separated children) through prevention of separation, immediate identification of separated children, and appropriate care and protection for separated children.
- Promotion of the continuation of breast feeding.
- Promotion of family self sufficiency through income generation and access to economic support activities.
- Re-establishing formal and informal education opportunities for all children.
- Disseminating essential information of existing services. Such information can reach children at child-friendly spaces, clinics, feeding centres, distribution sites, water collection points. Other ways of disseminating information include announcements,



meetings, posters, home visits, large and small group discussions, community radios, local newspapers.

- Enhancing psychosocial wellbeing considerations in the provision of food and shelter.
- Including psychosocial considerations in provision of water and sanitation, for example, locations of latrines and water resources.
- Ensuring access to safe and supportive education.
- Providing birth and death certificates if needed.
- Advocacy and promotion of the rights to healthcare, adequate living conditions and education.

The need for cultural sensitivity in programming

In Albania, following the exodus of hundreds of thousands of Kosovars in April 1999 into refugee camps, many organisations gave food to Kosovars. In one camp, the elders said they felt demeaned by being fed Albanian food and treated as if their own culture did not matter. The food handouts were unintentionally having a negative impact. They wanted to eat Kosovar food, not Albanian food. Accordingly, they gave nongovernmental organisations a list of the ingredients they wanted. Having taken over a building for a kitchen, they began cooking and serving their own meals and working 12 hours each day. Youth in the camp helped to organise people in shifts in order to avoid long lines. Both the cooks and the recipients reported that they felt much better about the food, felt more in control over their circumstances, and experienced pride in what they had accomplished. Through their demand for more control over their circumstances, what had been a straightforward food distribution project integrated a psychosocial component to address social and emotional wellbeing.

Children in crisis, good practices in evaluating psychosocial programming

Duncan J, Ph.D. and Arntson L, Ph.D. MPH, for the International Psychosocial Evaluation Committee and Save the Children Federation, Inc. with support from the Andrew W. Mellon Foundation

Level 2 Community and family supports

One of the most important aspects in promoting psychosocial wellbeing is to facilitate conditions for community mobilisation, ownership and control of the emergency response. Often after a disaster, social structures are disrupted; people are under extreme stress and need to meet basic needs such as shelter, food and healthcare. Community mobilisation is a concept that includes the use of community resources (human and material) and strengths (existing mechanisms), and takes into consideration the wishes of a community and its feedback in order to develop a project. In this way, families, teachers, community and religious leaders, as well as government and non-governmental representatives, all work together to support the re-establishment of existing or new coping mechanisms within a community. In order to achieve these objectives, specific community members may be involved at different



times during the project, such as the assessment, planning, implementation, or evaluation (see **Foundation module 6** Community mobilisation).

The main objective of implementing community based psychosocial programmes is to build and enhance the capacity of the community to be able to provide care and response to children's psychosocial needs. This is accomplished by involving them in each step of the programme and learning how to design further interventions based on their own resources. These will be more sustainable interventions, assured by an assessment with children, parents and other community members that their needs are prioritised in the activities and their participation is sought in the implementation. One example is the involvement of community members as animators in child friendly spaces, which can help in restoring a sense of normality because these community members are caring for them again as they did in their original home areas. This can make them feel secure and open to share their concerns and fears, as the parents and community felt the same when discussing their children's psychosocial concerns. Additionally, the animators work as messengers for raising community awareness.

Strengthening the family and community's ability to care for their children

Many young parents feel overwhelmed or otherwise vulnerable; therefore training in skills of positive parenting is just as important as prenatal and post-natal care. Building confidence in the skills required to be a positive parent, including basic information on healthcare, education and conflict resolution, could begin in an informal school setting through a comprehensive programme aimed at youth as well as new parents, for example, in child-friendly spaces.

East Timor assessment of the situation of separated children and orphans in East Timor IRC and UNICEF, 2002

Psychosocial support activities with children

Resilience (see **Foundation module 1** Understanding childhoods) means the ability to recover from (or to resist being affected by) a shock or disturbance. In psychology, resilience is a term used to describe the capacity of people to cope with stress and catastrophe. To be resilient, a person needs to draw upon all of the resources at his or her disposal, both psychological and environmental. Resilience is built through the existence and strengthening of protective factors in the environment and relationships, family and societal, as well as inner resources and strengths.

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. It is important for a child to become involved in a routine, and activities with children can support this. When conducting activities with children, the priority should be to mobilise the child's existing support system, including family, friends, teachers, social workers, community and religious leaders. Using this approach, activities can be determined and implemented in partnership with children, families and communities, and with understanding of what life was like before the crisis. The most common types of required activities are listed below.



Child friendly spaces and environments

Children need to play; it is their way of learning and assimilating their everyday experiences. This may be particularly helpful in camp environments where there are fewer opportunities for children to play safely. A child friendly space may be in a mosque or temple, 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, education and other child protection activities. They also serve as ways for children to access other services (such as health and nutrition), either through referring children to the other services, or having built upon them integrated in the child friendly space. Children should be involved in every step of setting up and organising the child friendly spaces.

- It is important that this space builds upon the traditions and practices in the community regarding when, where and how children gather. When establishing a child friendly 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 hub or physical space, for example, in IDP camps, whereas in others it is more appropriate to have multiple activities in different locations, for example, where emergency affected populations are still living in their villages.
- Child friendly spaces provide children opportunities to meet with other children and socialise, as well as to befriend the adults charged with their care. The spaces also make it easier to detect children with particular problems and provide assistance to them and their families.
- Child friendly spaces provide an environment for engagement and support of parents and families to begin community mobilisation based on the needs of their children.
- Some activities that can be easily implemented in such environments include play, art and sporting activities. Different age groups require different types of activities, for example young children will focus more on play, while older children usually prefer arts or theatre. If conditions permit, activity groups should be organised roughly according to children's age and stage of development (0 to 18 months, 18 months to three years, three to six years, six to 12 years, 12 to 18 years). Different activities may be appropriate for boys or girls, depending on the culture, age, interest and skills of the children.

It should be recognised that psychosocial interventions will only be one component of a child friendly space and that there will often be other broader child protection interventions taking place in a child friendly space.

Child-to-child²⁰ programmes

Child-to-child programmes link children's (and adolescent's) learning with action to promote the wellbeing and development of themselves, their families and their communities.

Youth clubs

It is important that children are able to engage in meaningful activities that can help in their development, in regaining a sense of control for the rebuilding of society. This is particularly important for adolescents, many of whom struggle to make sense of the



emergency and their role in it. Opportunities for adolescents to be constructively involved in responding to the emergency can provide them with a renewed sense of purpose, strengthen their sense of self-worth, expand social networks, and develop their sense of competence.

Psychosocial support activities with families and other caregivers

The people who care for and are in contact with children on a daily basis are in the best position to help them. The first thing is to 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. Below are some examples of activities with families and caregivers.

Support caregivers and family members to deal with their own difficulties

Helping parents, grandparents or other caregivers to deal with their own distress and re-establish their capacity for good parenting is vital for their own psychological healing and that of their children. Making available culturally appropriate information on constructive coping methods, awareness of harmful practices, and enabling 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. Training sessions, media activities, parent support groups, and outreach programmes are ways parents can be reached.

Support and facilitate caregiver committees and/or child protection committees

They may be informal gatherings or organised events that serve as a forum to discuss children's reactions to emergencies, what to do and how to refer when needed. They may also provide an opportunity for caregivers to participate and decide upon issues affecting them. Child protection committees can identify children at risk, monitor risks, intervene when possible and refer cases to protection authorities or community services when appropriate.

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. For example: girl mothers, children formerly associated with armed forces, children living with unfamiliar relatives or new carers, grandparent-headed households and child-headed households.

Support family access to basic services

Helping families to access appropriate social, health, legal, economic and housing support is also important. This can be done through referral to appropriate services and/or mobilising the community to help families in need.

Promote 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 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) In addition, legal aid should be provided. Legal access to land for widowed women and orphaned children is often an issue to be addressed.

Level 3 Focused non-specialised 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), are enough to restore or maintain psychosocial wellbeing. There will be a smaller proportion of children who will require more focused support. 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 may require activities which address their psychosocial needs more directly. This section suggests types of activities that can help those in need of more specific psychosocial supports.

It is important to note that this level of support requires specialised staff; often these activities are carried out by social workers. Field workers (animators, community mobilisers or protection officers) play a crucial role in identifying and referring children in need of focused support.

Ensure individual follow-up

Addressing individual protection needs can become particularly complicated within a programme. 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
- establish a clear action plan for every child that includes exit strategies.

Set up hotlines and other community based reporting mechanisms

Following an emergency, hotlines or other community based reporting mechanisms 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. Reporting mechanisms should be child friendly, free and confidential. Hotlines and other reporting mechanisms should always be operated in coordination with governmental institutions in order to ensure that they complement existing structures and are sustainable.

Provide culturally appropriate counselling

Although most children will not need one-on-one counselling, paraprofessionals: teachers, social workers, psychologists, can offer analytical and problem-solving skills to more severely affected children or adults. Counselling, only carried out by trained staff, may be conducted in individual, group or family settings. These activities can take place where other psychosocial support activities occur, in order to be in contact



with the children and adults, and also to identify other children in need of individual follow-up.

Level 4 Specialised services

The World Health Organisation has projected that in emergencies, on average, the percentage of people with a severe mental disorder (psychosis and severely disabling presentations of mood and anxiety disorders) increases by one per cent, above an estimated baseline of two to three per cent. In addition, the percentage of people with mild or moderate mental disorders, including most presentations of mood and anxiety disorders (such as post traumatic stress disorder, or PTSD), may increase by five to 10% above an estimated baseline of 10%. Despite community work or general children's activities, some children will not be able to function as well as their peers. Examples of disturbances include the following.

- 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 caregivers, this is expected for a period of months. Prolonged reactions should not be considered PTSD unless diagnosed by a psychiatrist.
- Addiction to drugs or alcohol.
- Disability or becoming mute (that is, not speaking).
- Excessive aggression, that is, dangerous to themselves or others.
- Social exclusion relating to 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 forced into an armed force or group may be rejected as having offended the spirit world.
- Mental health problems, 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 of the time and may cry a lot; does not eat and is getting thinner and thinner; is frequently tired and does not feel like doing anything; is unable to sleep at night; seems to have lost interest in most of the things in which they used to take pleasure.
 - **Suicide** is a very real risk in adolescents, and should be taken seriously. If there is any doubt, they should be **asked directly**. There is no risk that this 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 and losing touch with reality.

- If at the outset there is not local health infrastructure or local capacity, outside organisations should provide emergency mental health services. However, services need to be established in such a way that they do not displace existing social mechanisms.

For any of these issues, professional help should be sought for the individual. Those without specialised training should identify and make referrals in these cases, but should not attempt to address the problem themselves.

What should be avoided in psychosocial programmes in emergencies²¹

- Counselling or other interventions that focus on single events or types of reactions, for example, post traumatic stress symptoms, should be avoided in the acute and medium term phase of the emergency, because as described above, people have multiple causes of distress and various reactions. Any mental health or psychosocial intervention, including counselling, should respond to the various sources and forms of distress from which people are suffering. The only exception to the above is the provision of cognitive behavioural therapy by fully trained clinicians who have had extensive training and supervision in this advanced form of psychotherapy.
- All programmes and staff should be careful not to elicit emotional material too early, before people are in a safe environment where their basic needs are met and without guarantee of follow-up. Such practices are usually ineffective and can cause more distress and harm to the person.
- Do not have untrained and/or unsupervised staff perform diagnostic assessment and/or counselling.
- Avoid inappropriate explorations of the stressful experiences. However, if the survivor wishes to speak, do not stop him or her from telling their story.
- Do not pathologise what are likely to be normal reactions to extremely distressing events.
- Support people with the most severe mental health problems; refer them to health services or community health centres if other ways of supporting them are not effective.
- Do not discourage or encourage people from using traditional and/or faith-based coping mechanisms, it is up to the individual. In other emergencies throughout the world, disaster survivors have often found such supports helpful.
- Avoid culturally inappropriate investigation and misuse of diagnostic tools.
- Do not screen people for problems without being able to refer the person to a service which can provide effective support.
- Do not carry out any interventions that risk further isolation or stigmatisation of particular vulnerable groups among the affected population.



Section 5

Monitoring and learning in psychosocial programmes

Key learning points

- It is important to have clear and measurable objectives and indicators that are established at the initial stages of a psychosocial support intervention.
- Children, their families and key members of their communities must participate in planning, monitoring and evaluating psychosocial interventions, especially by assisting in developing project objectives and providing local understandings of wellbeing.
- Methods for monitoring and learning include quantitative and qualitative tools.

Psychosocial interventions within the programme cycle

Designing, monitoring and evaluating psychosocial programmes is not an easy task. Evaluations of most psychosocial interventions and programmes tend to be largely descriptive and anecdotal, and remain at the output level rather than measuring change at the outcome and even the impact levels. These circumstances are due to the relative newness of this field of programming within humanitarian and development aid, as well as to the fact that these programmes often measure a subjective state of mind, are culturally bound, and the interventions may only have an effect over a longer period of time. For example, measuring projects related to physical health tend to be easier because international standards for objective, measurable and short-term objectives and indicators have been established. For example *'1000 children suffering from polio have received treatment over a six month period'*.

It is important that the stated objectives of psychosocial projects should provide the clearest definition of what the interventions are seeking to achieve. Much time, energy and money is spent on these projects, thus programmers must ensure that there will be an actual positive change for children and their families and/or communities within the **core psychosocial domains**.²²

Psychosocial domain		Core indicator
Skills and knowledge	For example: life skills, using culturally appropriate coping mechanisms, vocational skills, conflict management	Some measure of acquisition of skills
Emotional wellbeing	For example: feeling safe, trust in others, self-worth, hopeful for the future	Some measure of improved emotional adjustment
Social wellbeing	For example: attachment with caregivers, relationships with peers, sense of belonging to a community, access to socially appropriate roles, resuming cultural activities and traditions	Some measure of improved social functioning



These domains may be reflected in different ways in different cultures but they represent the common core of most psychosocial work.

Programme cycle As with other humanitarian and development aid programmes, when designing, monitoring and evaluating psychosocial projects, the following systematic enquiry and analysis should take place.

Assess	Design	Monitor	Evaluate
Situation analysis	Review findings	Create indicators	Measure the
Baseline	Identify interventions	Implement project	effectiveness of the
	Design project		interventions

- Once the situation analysis has been carried out (see **Foundation module 3 Programme design**) it is important to take a step back and evaluate the general concern: why is this programme being established? Example: *a large number of children display highly aggressive behaviours*. Following this reflection, staff can determine the goal: what are the **objectives** and what should be **acted on**? Example: *the rate of aggressive behaviour among children in Palestine is reduced*. **Project impact** is the overall change in the lives of children (and their families and communities) that results from a project.
- Once the impact has been explicitly defined, staff can decide what will be the focus of the project and how to contribute. This will be called the **outcome**. In psychosocial programming there are generally three types of outcomes, all indicating positive change.
 - Emotional wellbeing is improved: children are less stressed.
 - Social wellbeing is improved: children have an increased sense of belonging.
 - Skills and knowledge are improved: parents know how to respond to their children's emotional needs.

Project outcomes are the effects that **come about** during the course of a project as a result of the outputs achieved.
- The next step will be to discuss what needs to be done in order to reach this outcome. This is the **output**. If the outcome of the project is that children are less stressed, the output can be: *900 children participated in recreational activities once a month* (and therefore should be less stressed). If the outcome is that children solve their problems peacefully, the output can be: *900 children participated in classroom based intervention sessions reinforcing their cooperation skills*.
Project outputs are the planned achievements **put out** by implementing a project (such as newly trained staff, improved services or facilities) which signals that work is on track.
- In order to achieve the output, the project defines **activities** with specific details on for example, participants, frequency, number of children. Example: *conduct six sessions of recreational activities with 120 children each time; conduct 10 sessions of classroom based interventions in 25 schools with 25 students per group; recruit and train staff and volunteers on classroom based intervention and recreational activities*.



Project inputs are the money, materials, equipment, staff and other resources **put in** to project activities.

- The next step is to establish indicators that will measure the effectiveness of the interventions and the actual **change** that has occurred with the children (and their caregivers, the planned target group) as a result of the psychosocial intervention. Change can be measured by developing **indicators** at the planning (situation analysis, baseline research), output, outcome and impact levels of the project. Indicators are established at the planning stage, monitored throughout the programme (output) and measured both at the end of the programme (outcomes) and if possible some time after the intervention has ended in order to measure impact.

Examples of psychosocial indicators²³

Indicator	Skills and knowledge	Emotional wellbeing	Social wellbeing
Impact	Quality of care provided to children by families is improved (measured by interviews with children and parents, and by reduced reports of child abuse)	Strengthened referral networks between communities and service providers (measured by increased case loads of community referrals)	Reduction in number of conflicts between IDPs and host communities (measured by community interviews and by reduction in police reports of social disturbances involving IDPs)
Outcome	Increased awareness of parenting skills and children's rights (measured by increased knowledge of parents and children)	Appropriate referral of children requiring specific support (measured by increase of referrals through district child protection committee)	Strengthened relationships between IDPs and host communities (measured by frequency of community activities featuring IDPs and host communities)
Output	Psycho-educational programme delivered through drama and theatre activities for children and families in all IDP camps and host communities in Batticoloa (measured by number of programme sessions and number of delivery sites)		

Child-friendly methods for design, monitoring and evaluation

Planning and design

Determine objectives and appropriate indicators for the project. For example: establish a baseline with parents and children regarding the changes they want to see; children, families and communities provide local understanding of wellbeing.

Implementation and monitoring

Providing their views on the project. For example: run a feedback game with children at the end of every activity and record findings.



Reflecting and evaluating

Provide feedback on draft results and the implications for their community and future similar projects. For example: children and parents help define objectives and indicators.

Levels of participation

There are different levels of participation (see **Foundation module 4** Participation and inclusion). The ladder of participation by Roger Hart²⁴ is often used to represent levels of children’s participation (however, it is not always appropriate to consider moving up the ladder as a linear development; what is meaningful and good practice will depend on the situation, context and capacities and resources of those involved). This can provide a useful prompt to understanding the way children might be **involved**. The ladder has eight rungs spanning participation, with **manipulation** at one end and **child initiated shared decision making** at the other. Key questions to ask include the following.

- How do the children, key stakeholders, project staff and donors involved in the project identify what they want to know?
- Who will monitor the programme? Examples of monitoring initiatives may include the following.
 - Questionnaires with teachers: find questions that allow them to evaluate the level of concentration of the student. For example: Are students listening well? Do they daydream? Do they forget what homework they were supposed to do?
 - Questionnaires with parents, for example: How well do their children sleep?
 - Interviews with school counsellors: What are the main issues for educational achievement? Is concentration a problem?
 - Focus group with parents: What difficulties do their children face? Is poor sleep one of them? Is it major or minor?
- **Who** is the evaluation for? **Who** should be involved?

Methods used for designing, monitoring and evaluating psychosocial programmes

Using **mixed methods** is the most practical and reliable way to plan, research and learn from programmes. This involves using both **qualitative** methods ie. those more focused on description and **quantitative** methods ie. those focused on numbers.

Qualitative	Quantitative
Aim of interpretive understanding.	Aim of explanation and prediction.
Contextualising strategy: smaller samples, flexible design features.	Generalising strategy: quantifiable and therefore reasonably reliable.
Subjective, descriptive and very content rich.	Disadvantage of lacking depth of substance, do not always know why things are the way they are, details often lost.
Notion of objectivity based on inter-subjectivity : gaining trust and rapport for trustworthy, credible descriptions and interpretations.	Notion of objectivity based on natural science: max control over extraneous factors.



May trigger strong emotions, which needs to be anticipated and adequate support put in place to support children in distress. This should reflect the principle of do no harm and use of the ethical guidelines discussed earlier.	Difficult to find reliable quantitative tools for measuring psychosocial wellbeing, most existing tools not validated and/or appropriate for use in many countries.
Examples Child-friendly key informant interviews. Focus group discussions including non-verbal methods of enquiry. Creative self-expression. For example: evaluation song, evaluation bodies. Participatory action research. For example: journey of life timelines, social map exercise ('who do I visit?'), spider diagrams, daily diaries, risk and resource maps, body maps. Case studies. For example: most significant change technique, life history and individual case study, community studies, social group studies, studies of organisations and institutions, studies of events, roles and responsibilities. Observation. For example: develop observation checklist. Document review. For example: of primary and secondary material.	Examples: questionnaires surveys

Research and learning is improved and deepened and the results are seen as more reliable if the same issue is considered from a range of methodological perspectives. Collecting information from different sources in this way is known as **triangulation**.

The aim and logic of psychosocial programmes

- 1 How to ensure the programme as a whole and the selected monitoring and evaluation tools in particular, are really showing what it was that has made a difference.
- 2 How to identify this has been achieved in the lives of children ie. What behaviour and characteristics will they show to demonstrate the objectives have been achieved?
 - How should evaluation be done or approached?
 - What evaluation tools should be developed?
 - How to develop indicators relevant to the local context and prevailing cultural norms?
 -
 -

Type of design	Questions that can be answered
Post test only design XO	How well are the participants doing



<p>For example: post survey only</p> <p>At the end of the programme, asking parents or teachers 'What were the three biggest problems your child faced six months ago?' 'What are these problems now?' and 'Are sleeping problems less of an issue?'</p>	<p>at the end of the programme?</p> <p>Are minimum levels of outcome being obtained?</p>
<p>Pre-test and post test design OXO</p> <p>For example: pre- and post surveys</p> <p>Collect the same information before and after the programme and see whether there was a positive change. This can be quantitative information (for instance, 75% of the parents declare that their children slept badly before the project, and only 20% at the end), or qualitative (for instance, during focus groups, bad sleeping was always mentioned by parents at the beginning of the programme, then it is no longer mentioned at the end).</p>	<p>Both questions above, plus:</p> <p>How much did the participants change during their participation in the programme?</p>

Key evaluation criteria for psychosocial programmes²⁵

Evaluation criteria	Evaluation questions
<p>Relevance concerns the extent to which programmes have addressed important needs, and have done this according to current policy guidance. This means the extent to which an intervention has addressed the psychosocial domains of skills and knowledge, emotional wellbeing and social wellbeing for children, their families and communities.</p>	<p>Did the programme articulate objectives related to changes in children's wellbeing and lives, and that of their family and community?</p> <p>Were clear needs defined with respect to required levels of psychosocial support?</p> <p>Were potential beneficiaries involved in developing programming?</p> <p>Is programme response relevant to identified needs?</p>
<p>Efficiency is generally the number of people a programme has reached in relation to the resources expended. It can be seen as a measure of how well outputs have been achieved, given the inputs made.</p>	<p>Have activities been delivered cost effectively?</p> <p>Has programming reached an appropriate number of beneficiaries, given programme costs?</p> <p>Was the programme implemented in a timely manner?</p>
<p>Effectiveness needs to be measured in terms of the outcomes of a programme. What has come about as a result of the programme that has made a change for children, their families and their communities?</p>	<p>Have stated programme outcomes been achieved?</p> <p>What difference has come about for children in terms of skills and knowledge, emotional wellbeing, and social wellbeing?</p> <p>What difference has programming made to the skills, capacities or attitudes of families and other caregivers, and communities?</p>
<p>Impact refers to evidence that such outcomes have brought about real change in</p>	<p>Has the central goal of the project, the needs that provided the rationale for intervention,</p>



the lives of children and their communities.	been met? What enduring changes can be identified in the lives of children, caregivers and the wider community's engagement with children related to programming?
Where longer-term changes reflect new or restored capacity within communities, or the services that are available to them, the issue of sustainability of change is addressed.	What new capacities within services or communities have been established or restored? Are these capacities being actively used in the psychosocial support and development of children?
In psychosocial work, coverage means the proportion of affected children (and communities) that have been reached by an intervention, focusing both on geographical coverage and the intervention reaching sub-groups of a population who may be particularly vulnerable, for example, children with disabilities, adolescents.	Has programming reached all geographical areas targeted? Have potentially vulnerable or marginalised children and communities been reached? Have the needs and capacities of different age groups been appropriately addressed?
Coordination usually means the effectiveness of collaboration and communication amongst agencies delivering psychosocial support and other services to a community. This includes ensuring that the work of one agency neither disrupts nor duplicates the work of another, establishing common programming guidelines and strategies, coordinating geographical distribution of programmes, establishing referral mechanisms and sharing of resources and information.	Have agencies worked well together towards the common goal of improved psychosocial wellbeing amongst children?
Coherence means that work has been consistent with the approach and principles set down in current policy. In emergencies, this means that psychosocial programming should be consistent with the IASC Guidelines on mental health and psychosocial support in emergency situations.	Has work been consistent with the stated approach of the IASC guidelines on mental health and psychosocial support?
In terms of protection the issue for psychosocial programming is whether activities have worked to strengthen the protective environment supporting children.	Does the project contribute to protecting children by strengthening the protective environment ?

The Angolan province-based war trauma team

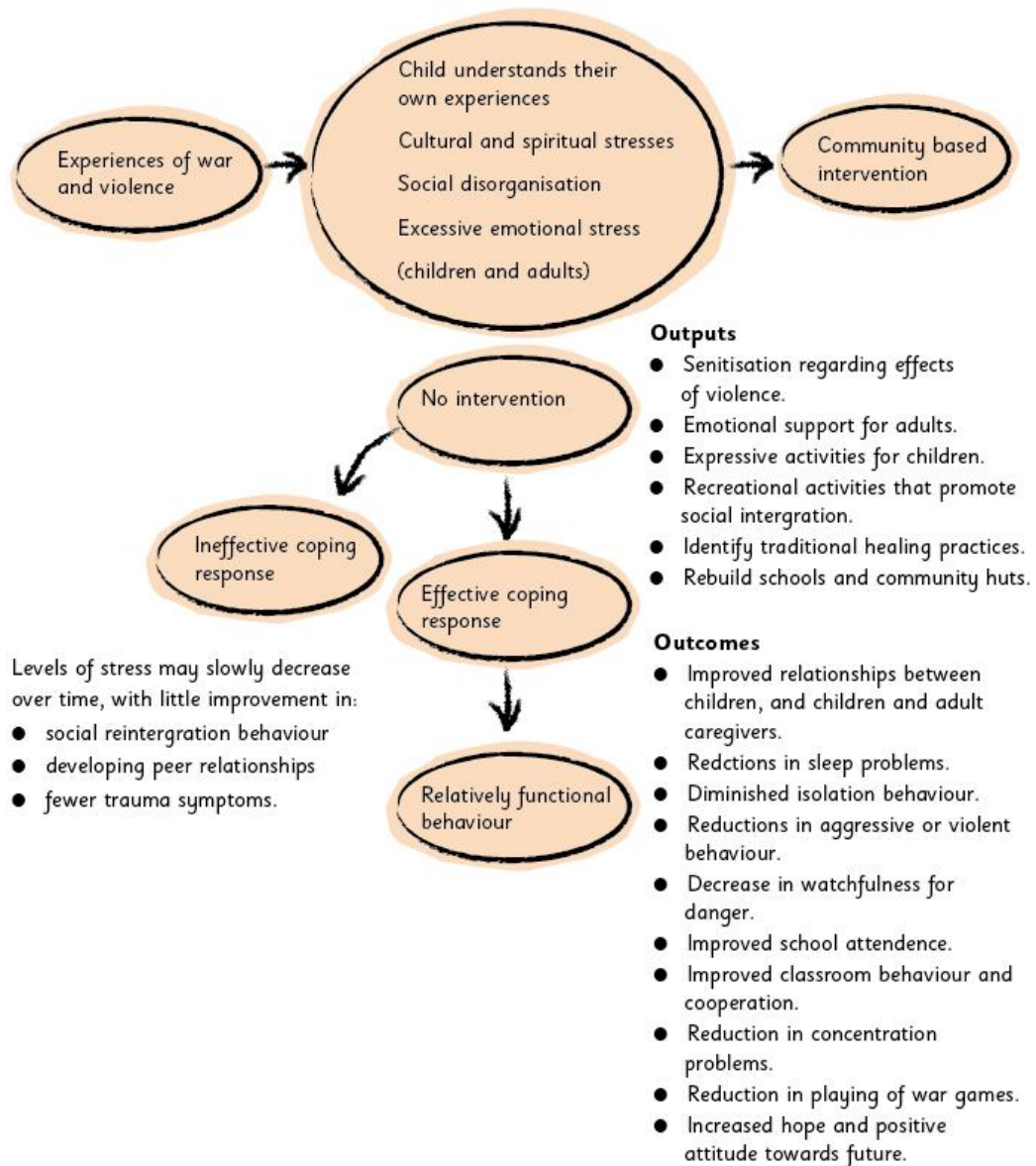
This project was designed to address the effects of civil war on children and families. In Angola, war has continued for nearly 40 years, and both children, who comprise nearly half the population, and caregivers have been affected by poverty, hunger, displacement, homelessness, death of loved ones, landmines, and violence at multiple levels. From 1995 to 1998 the project sought to support the Lusaka Peace Process through community-based healing aimed at alleviating suffering and breaking cycles of violence (including the intergenerational cycles associated with violence).

See **Project logic model** chart below.

Good practices in evaluating psychosocial programming Duncan J, Ph.D. and Arntson L, Ph.D. MPH, for The International Psychosocial Evaluation Committee and Save the Children Federation, Inc. with support from the Andrew W. Mellon Foundation



Angolan project logic model chart



Endnotes

- 1 Adapted from *Psychosocial intervention in complex emergencies: a framework for practice* The Psychosocial Working Group
- 2 *IASC guidelines on mental health and psychosocial support in emergency settings* Inter-agency Standing Committee (IASC), Geneva 2007
- 3 *Programming for psychosocial support, frequently asked questions* UNICEF, 18 August 2005
- 4 *Where the heart is, meeting the psychosocial needs of young children in the context of HIV and AIDS* Richter L, Foster G and Sher L, 2006
- 5 Stavrou P
- 6 *A guide to the evaluation of psychosocial programming in emergencies* Boothby N, Ager A and Ager W, UNICEF, 2007
- 7 *A guide to the evaluation of psychosocial programming in emergencies* Boothby N, Ager A and Ager W, UNICEF, 2007.
These domains draw on *Psychosocial intervention in complex emergencies: a framework for practice* The Psychosocial Working Group
www.forcedmigration.org/psychosocialA%Framework%20for%20Practice.pdf
- 8 'Review of UNICEF supported right to play interventions' *Responding to the psychosocial needs of children affected by conflict in northern and eastern Uganda* Stavrou V, UNICEF, Uganda September 2007
- 9 Eyber C
- 10 *Working with children in unstable situations, guiding manual for psychosocial support* University of Oxford and UNICEF, 2002
- 11 Adapted by Stavrou V, from *Child protection in emergencies interagency training and resource CD: foundation module* UNICEF
- 12 Adapted from *Programming for psychosocial support: frequently asked questions* UNICEF 18 August 2005 and *The Palestinian charter for psychosocial work* committee comprised of: NPA Secretariat for Children, SCF/US, CIDA, UNRWA and UNICEF, 10 July 2001
- 13 *Untapped potential* Women's commission for refugee women and children
- 14 Lowicki 2001 http://www.womenscommission.org/pdf/yu_adol.pdf
- 15 *A review of UNICEF policies and strategies on child protection* United Nations Economic and Security Council, UNICEF executive board annual session June 1996 (Item E/ICRF/1995/13, item (b))
- 16 See **Foundation module 3** Programme design
- 17 *Glossary of key and related psychosocial terms* REPSSI regional psychosocial support initiative, 2008
- 18 *Guidelines on mental health and psychosocial support in emergency settings* Inter-agency Standing Committee (IASC)
- 19 Ibid



- 20** Child-to-child Trust based at the University of London's Institute of Education
- 21** *Interagency statement on mental health and psychosocial support in Gasa in 2009: principles and response*
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- 23** *A guide to the evaluation of psychosocial programming in emergencies*
Boothby N, Ager A and Ager W, UNICEF, 2007
- 24** *Children's participation: from tokenism to citizenship* Hart R, UNICEF, 1992
- 25** *Monitoring & evaluation quick reference: extracts from the programme policy and procedure manual revised* UNICEF, May 2005
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