Early Childhood Matters

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Responses to young children in post-emergency situations

Bernard van Leer Foundation

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Foreword

This issue of *Early Childhood Matters* is published just six months after a massive earthquake off the coast of Sumatra triggered the worst natural catastrophe in living memory. As many as a third of the more than 200,000 people who died in the tsunami were children. Of the 500,000 people who are estimated to be left homeless, again, a third are children, many of whom separated from their parents. The international community responded very quickly to the disaster, and the immediate relief effort was unprecedented in its scope.

Every emergency situation, whether it is man-made or natural, has potentially devastating effects on the lives of people, especially those who are most vulnerable, such as women and children. But what constitutes an emergency? According to the Save the Children article in this issue, people hold two quite distinct views: it is either a direct and tangible threat to security, such as a clash, a curfew, an occupation or a shooting incident, or it is long-term process of deprivation of rights, chances and opportunities – in other words, the 'silent' emergencies that threaten the lives of countless children on a daily basis. How one handles these two types of emergencies, however, is quite distinct, as Dominic Xavier points out in his interview: "It is important to really know what emergency assistance is about – compared to long-term development".

In emergency situations, involuntary separation from both family and community protection, sometimes across national borders, greatly increases a child's risk of exposure to violence, physical abuse and even death. As the Christian Children's Fund article shows, a rapid assessment is an effective method of determining children's enormous protection needs, including in cases such as the tsunami catastrophe.

It is worth pointing out that emergencies such as the tsunami not only pose unprecedent coordination challenges for the humanitarian community, but also provide it with an opportunity to grow. In tsunami-stricken areas, agencies with a grounded expertise in the field joined forces to make their relief efforts more effective, and they were able almost immediately following the disaster to issue guidelines that would help others to make their work more effective in the affected areas. Added together, the following pages present a set of 'guiding principles' in relation to work for unprotected children.

While this edition of ECM was inspired by the tsunami, it looks at other, similar situations that leave children unprotected and suffering. This ECM is meant to bring important information to organisations facing the needs of young children in emergency situations who otherwise would not have access to it. It has been compiled by organisations and agencies who have first-hand, hands-on experience in this area. We're sharing some of the expertise of organisations specialised in dealing with children in emergency situations, present their different approaches with the diverse categories of children who fall victim to disaster, conflict or displacement. What all of the organisations have in common, however, is their aim to respond in a timely fashion to young children caught up in emergencies in order to restore some 'normalcy' in their lives as soon as possible.

This publication has been a joint effort of the Bernard van Leer Foundation and the International Catholic Child Bureau. Our special thanks go to Margaret McCallin, our guest editor, without whom this edition would not have been possible.

Teresa Moreno
Jan van Dongen
editors

Guest Editorial

Margaret McCallin*

The contributions to this edition of *Early Childhood Matters* describe experience and practice developed by a number of organisations who work with children in emergencies, including natural and man-made disasters, and the many lessons that have been learned that agencies have integrated into their work.

To fit my own experience into the work described, perhaps I could begin with a personal reflection. My first meeting with young people affected by political violence and the displacement occasioned by their involvement was in Botswana in 1977. This was the first time I was confronted by the consequences of political violence.

My husband was working for UNHCR, and as a result of his work we got to know the secondary-school students who had come to Botswana as refugees following the Soweto uprisings in 1976. From time to time, some of these young people would come to our house to talk, have a cup of tea, and play with our children. But there was one boy who touched me deeply. Whenever he came he spent a lot of time playing with our little cat. In our conversations, he told me that the best part of coming home to us, was playing with the cat, because that reminded him of his home in Soweto where his mother had a little cat, and he missed his mother.

To talk of missing your mother speaks of all the losses that are implicit in being forcibly displaced for a child or adolescent. At the time, although there were a range of services available to help the South African students, we had little in the way of language or terminology to understand how these young people had been affected by their experience of and participation in political violence. Nor was there a framework within which any response could be implemented to address their needs.

In the intervening years, much has changed for the good, not least the important degree of collaboration that now exists between agencies: a shared approach and common concerns that inform the response to children in conflict and emergency situations. The integration of experience and interagency cooperation is evident[1], for example, in the procedures that have been developed for the care and protection of unaccompanied and separated children. The benefits of this collaboration were evident in the immediate response to children affected by the Asian tsunami – within days, collaborating agencies (ICRC, UNHCR, UNICEF, World Vision International, Save the Children UK and the International Rescue Committee) had produced the guiding principles for the care of unaccompanied and separated children, and psychosocial care and protection (see page 33).

The Convention on the Rights of the Child and child rights programming

The near universal ratification of the Convention on the Rights of the Child (CRC) has brought about the most significant change in our understanding and response to children in emergencies. When governments, international organisations and NGOs were engaged in the drafting process of the CRC, children's needs were emphasised more than rights. Since the ratification of the CRC there has been less of an emphasis on children and their communities as 'beneficiaries' of child-focused programmes, and more on the need to establish partnerships, to see children as 'rights holders' and to assess how programmes enable children to access their rights.

*   Margaret McCallin is Coordinator of Programmes at the International Catholic Child Bureau. Since 1977 she has lived and worked in a number of countries in Africa, Asia and Europe and the USA assessing the psychosocial impact of war and violent displacement on children and families, and in programme development to address these issues. For some years the focus of her work was on the situation of child soldiers, in particular programmes of demobilisation and social reintegration. She is now working in the area of children's rights and resilience, and the development of programmes to address the contextual issues of discrimination, poverty and social marginalisation that put children at risk and violate their rights.
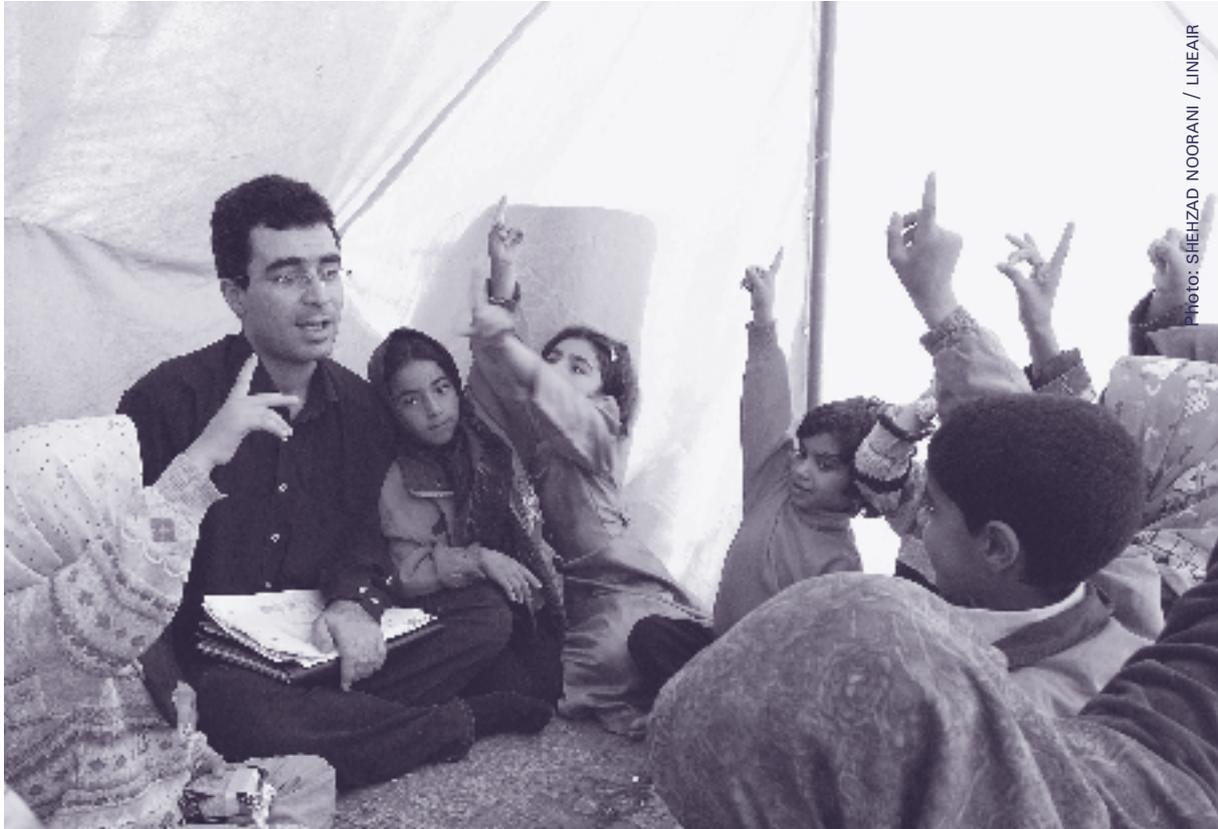
Photo: SHEHZAD NOORANI / LINEAIR

A psychologist from Tehran Psychiatry Institute conducts a session with child victims of the earthquake disaster in Bam, Iran

A number of organisations have instituted a process of reorientation or redefinition from what has been termed 'child-centred community development' to 'promotion of the rights of the child'[2].

The implications for change brought about by the ratification of the CRC were in many ways not anticipated. Organisations were required to rethink their way of working to describe what it meant to be a 'child rights' organisation as opposed to providing services to children in need.

One of the significant differences between the needs-based and the rights-based approaches is that
"a needs-based approach does not come with accountability. There is no moral or legal obligation on the state and/or other statutory bodies to protect or assist. Many rights have developed from needs, but a rights-based approach adds legal and moral obligations and accountability. Equally, in a rights-based approach, the holders of the rights are encouraged and empowered to claim their rights. This means that they are not seen as objects of charity (as they are in a needs-based approach) but rather those who are claiming their legal entitlements."[3]

As knowledge and experience has developed, certain principles and approaches have become more clearly defined in the design and implementation of programmes with children in emergency situations. These are evident as common themes that are echoed throughout the articles in this edition of ECM.

Context
Translating international standards such as the CRC into practical realities gives concrete meaning to international law. This is human rights in action. But to do this you must understand the local situation, and interventions must be based on an understanding of cultural norms, traditions and practices. There is no 'blue print' or template that can substitute for a thorough child-focussed situation assessment.

The general context within which programmes are implemented in disaster situations is described by poverty, social and political instability, lack of institutional capacity, and the breakdown of traditional value systems and social structures. Such conditions do not describe a situation where a 'rights' environment can flourish. They result in increased vulnerability for children. Addressing the situation of children in such circumstances must also take account of the impact on children's development, and ensure that both child rights and child development perspectives are integrated into intervention programmes.

Childhood is neither timeless nor universal: it is not determined only by age, or by biological and psychological factors. Rather childhood is understood by reference to particular cultural and social contexts and to particular periods in history. In the countries of the North, for example, childhood is now seen as an extended period of economic dependency and protected innocence during which play and schooling are seen as central components: but this is far removed from childhood in many other cultures, where work (whether paid, or work within the household) must take precedence over both schooling and play. In many countries of the South, the child-rearing environment is characterised by large families and high infant mortality: a heavy emphasis on parents' efforts to ensure the physical survival of their children means that parents must devote much of their time to economic and domestic activity, with many 'parenting' tasks delegated to other people, often older children. Western notions of childhood often place an emphasis on children's vulnerability and innocence, but again in other contexts this may be much less appropriate[4].

Collectively, the articles describe the environments created by emergencies, conflicts and disasters. This is the daily experience of millions of children and their families. But which children are affected? In most situations it is children already living in poverty, children who suffer discrimination and social marginalisation. The precarious and insecure environments experienced by impoverished and socially marginalised children are characterised by an accumulation of risk. This in itself can lead to abuse and exploitation, but emergencies, conflict

and displacement compound the problem, and children may move from one 'category' of risk to another. The child working on the street can become the child soldier, and once the conflict is over may be caught up in trafficking and child prostitution. The 'double emergency' of HIV and conflict is recognised as putting children and young people at risk from both HIV/AIDS infection and violence.[5]

A rights-based approach addresses the context of rights violations. Rights-based programming requires the analysis of the reasons why rights are breached or not fulfilled and the identification of measures to address this. Addressing the contributing factors within the context where we work automatically leads to activities with wider civil society and government institutions to promote an environment of respect for children's rights and dignity.

Psychosocial interventions

The term psycho-social[6] underlines the close relationship between the psychological and social effects of armed conflict, the one type of effect continually influencing the other. By 'psychological effects' is meant those experiences which affect emotions, behaviour, thoughts, memory and learning ability, and how a situation may be perceived and understood. By 'social effects' is meant how the diverse experiences of war alter people's relationships to each other, in that such experiences change people, but also through death, separation, estrangement and other losses. 'Social' may be extended to include an economic dimension, many individuals and families becoming destitute through the material and economic devastation of war, losing their social status and place in their familiar social network.

The organisations whose work is described in the articles implement psychosocial interventions that are developed within a holistic framework, taking account of the range of factors in the children's situation that can influence their development and well-being. Recent years have seen a dramatic growth in programmes designed to assist in children's recovery from traumatic events and experiences. Many of these have uncritically applied western, individualised approaches to counselling and therapy to cultures in which they do not readily apply. The consequences can be not only wasteful

of scarce resources but also potentially damaging to children. As a general rule, the following should be avoided:

- responses which label children as "traumatised" or "mentally ill" may have an unhelpful, stigmatising effect. It is often more helpful to convey the idea that distressed children may be responding normally to abnormal events.
- responses which isolate children from the many others who may have had similar experiences. Programmes which "treat" children away from their own environment (such as in "trauma centres") are to be avoided, and treating children in institutional settings has the potential to be particularly damaging.
- programmes which use methods that transgress cultural norms – for example encouraging children to discuss and express their feelings about painful memories in cultures which do not sanction such behaviour.
- allowing children to be interviewed, to "tell their story", to researchers and journalists should be avoided: insensitive interviewing can easily cause secondary distress. The child's best interest should be a guiding principle in all situations.

Children who have been exposed to violence, loss and disruption to their lives often express a change in their beliefs and attitudes, including a loss of trust in others. The re-establishment of familiar routines and tasks creates a sense of security, of purpose and meaning and enables them to start functioning again as fully as possible[7]. The role of play and education in normalising the children's lives cannot be overemphasised. We all need predictability in our lives, and the routines of school life can be vital in helping children to recover, and also to learn to build trusting relationships again.

A community-based approach
It is evident that to be effective, rights-based and psychosocial interventions must incorporate the children's families and communities. Without their participation, we cannot gain an understanding of how they have been affected, nor can we incorporate important values and customs which will be of benefit to the children.

Community-based approaches acknowledge, and build on, existing coping strategies within the community, and seek to enhance the resilience of children and their families. Communities identify their needs and participate in identifying and implementing strategies that they consider are appropriate to their circumstances. Experience has shown that community-based approaches are an effective way of restoring the well-being of children affected by conflict, disasters or forced migration, as they:

- enable communities to begin to restore control over their own lives;
- facilitate the development of community facilities such as schools, preschools, health facilities and recreational activities;
- help to restore or create a range of other supportive structures within the community;
- enable people to address those aspects of their lives that continue to create stress for them.[8]

Whilst an understanding of the culture is of fundamental importance, it is also important to realise that it may be beyond our capacity to ensure that people who have lived through emergencies can return to 'normal' life. Emergencies can create enormous social change, and it may not be possible to put things back as they were. In some cases, this can create a 'tension' between intervention programmes that are concerned to implement a child rights-based approach, and communities who feel that their traditional values and customs are under pressure due to the impact of the emergency. Some interventions may directly confront traditional ways of treating certain groups whose experience, within the terms of the CRC, may be considered as discrimination. The most significant issues will certainly address gender issues relating to the role of girls, in particular traditional practices, such as early marriage and female genital mutilation, and the treatment of children with disabilities, whose serious predicament both before conflict and as one of its consequences is so well described in the article on page 55.

What is important to stress is that we must embed any discussion in the reality of people's experience. When a community is confronted with a disaster we must listen and be attentive to what they tell us about how they and their children have been affected, and our response must be informed by this participatory exchange. We must spend time to

understand the meaning of any event for the people involved, and to move forward on this basis. Or, in the words of Dominic Xavier of Reaching the Unreached, explaining the response to communities affected by the Asian tsunami (page 24):

> "You have to first of all listen to what people are asking and you have to hear what they are telling you. You have to look at the needs. You must find out what the people themselves can offer, the resources they carry within them, and finally, you have to assess your assets and resources to see what you can do."

Resilience and children's rights

Resilience is mentioned in several of the articles in this edition. Recently it has become something of a fashionable concept, but its implications with reference to intervention programmes for children, and how this may relate to promoting a better 'rights' environment for children are as yet not fully determined.

A short definition describes resilience as "the capacity of an individual person or a social system to grow and develop in the face of difficult circumstances."[9] Resilience and its application has for some time been an integral component of BICE's training and community-based programmes, and we emphasise the relationship between child rights and resilience.

The CRC describes universal minimum standards for the treatment of children, and in its application and implementation serves as an indicator of how well we are doing in this regard. Resilience is a reality of life, one that often surprises us, and which exemplifies human potential even in the most adverse of circumstances. It encourages a focus on the positive elements in people's experience, not only on solving 'problems'. But neither the implementation of the CRC nor the application of a resilience approach is a 'technique' that can be applied regardless of circumstances. Each is a reference point to guide action in a given situation.

This is also why resilience can never be a substitute for social or economic policy. The latter can help build resilience or, on the contrary, destroy it. Resilience stresses interaction and the sharing of responsibility among all people concerned, at all levels of society. Instead of taking responsibility away from the individual or society, it moves beyond such traditional and political dividing lines. The ethic underlying this definition is two-fold: it concerns the life process of the person (or social system) and the life process going on around them.

Resilience is built up in a continuous process over an entire lifetime, through the interaction between individuals (social systems) and their environment. It therefore varies depending on the particular context or stage in life. It is never absolute. It is not a new, generally applicable intervention technique, but it may help us rethink some of our methods of intervention and inspire new ones. It starts with a shift in perspective, a new way of looking at reality, seeking the elements that can help build a life, the resources of the person and his or her environment, and the means of activating them. This is where resilience differs from a purely corrective approach.

A resilience approach focuses on identifying and building on people's strengths and creates a framework within which we can address concerns for children's well-being and protection, considering not only the negative aspects of the child's situation but also the assets that are available to support the child.[10] It defines the approach to conceptualising a programme in any given context, and its subsequent development and implementation. Programme activities are community based, and structured in order to create an environment where the resilience of the children and of their families and communities is promoted. These are generally characterised by:
- activities to prevent harm, and protect rights;
- social mobilisation;
- community empowerment and competence;
- education;
- rehabilitation;
- social reintegration;
- strategies that are appropriate to the needs and circumstances of the people;
- efforts to listen to and attend to people.

In a recent internal BICE study of the factors that promote or constrain the implementation of the CRC[11], two important points emerged from the children's contribution to the study:

- the necessity of developing practice from the children's perspective that responds to their views and concerns;
- ensuring that families support and are themselves involved in activities to promote child participation.

These two issues are integral to a resilience approach and in turn enable an environment where children's rights are promoted and protected. Interventions that incorporate the participation of the children enable their active agency in their own development. They are no longer passive victims of adversity. Their involvement in the design and implementation of interventions can prevent situations of risk, and thereby violations of their rights, and go a long way to enhancing their resilience. The involvement of families will ensure that child participation is integrated into community understanding of child rights, and moves towards sustainable action to promote and protect children's rights.

To sum up

This editorial gives a framework within which the articles for this publication may be understood. As emergencies and disasters continue unabated, so our own efforts to minimise their impact on children must continue. If we could, for example, stop the wars, we would. Reality is harsh, however, and this means that what we are learning is based, and will continue to be based, on the children's horrific experiences of total disregard for their human rights. We do have a knowledge base, and we are developing tools and strategies to work better with and for children. As the article on Protecting Children in Emergencies (page 10) emphasises, however, there remains much work to be done on the political project of implementing international standards to promote and protect children's human rights.[12]

Notes

1 See the ARC Resource Pack on Separated Children at <www.savethechildren.net/arc>. Although not described in this publication, another effective example of interagency collaboration is the Separated Children in Europe Programme <www.separated-children-europe-programme.org>.
2 Kramer. J.Y. 2002. Child rights programming – Experiences from Save the Children Norway. Paper presented to the DSA NGO Study Group.
3 Child rights programming. How to apply rights-based approaches in programming. 2002 International Save the Children Alliance.
4 Cf. ARC Resource Pack: Child and Adolescent Development.
5 Lawday, A. 2001. HIV and conflict: A double emergency. Save the Children, UK.
6 Cf. Cape Town annotated principles and best practice on the prevention of recruitment of children into the armed forces and demobilization and social reintegration of child soldiers in Africa.
7 Cf. ARC Resource Pack: Working with Children.
8 Cf. ARC Resource Pack: Working with Children.
9 Vanistendael, S. Forthcoming. Resilience and spirituality. BICE publication in French, 2002, English translation in preparation. See also: Vanistendael, S. 1995 Growth in the muddle of life. Resilience: Building on people's strengths. Geneva, International Catholic Child Bureau.
10 CCF International/Child Fund Afghanistan. After the Taliban: A child-focused assessment in the northern Afghan provinces.
11 McCallin, M. 2004. Report on consultations with the project staff. Geneva: International Catholic Child Bureau.
12 Child participation is a theme that runs through the articles in this edition of ECM, and it is an important issue in rights-based programming. It was the subject of ECM 103. Gerison Lansdown's comprehensive review in that issue of ECM is recommended for further reading.

Protecting children in emergencies

**Protecting children in crises must be a top priority in every stage
of every emergency response**

This article is taken from Save the Children's Policy Brief Vol. 1. No 1. Spring 2005: Protecting Children in
Emergencies. *See the "Further Reading" section in this* ECM *for more information.*

Wars, conflicts and natural disasters worldwide are putting millions of children at risk. Since 1990, over 2 million children have died as a direct result of armed conflict. At least 6 million children have been permanently disabled or seriously injured, and more than 1 million have been orphaned or separated from their families.

In contrast to a century ago, when only five percent of war casualties were civilians, today more than 90 percent of those killed and wounded as a result of hostilities are civilians, about half of them children. Natural disasters, such as the Asian tsunami of December 2004, can affect even more children, causing them to lose their homes, their families, their schools, their access to adequate food, water and sanitation and even their lives in a matter of minutes.

Despite these statistics, however, the protection of children remains a secondary concern for the international community in all phases of emergency response. The failure to protect children from these escalating threats not only results in personal tragedy but carries a long-term social cost as well, including the spread of HIV/AIDS, an elevated maternal and infant mortality rate, a loss of education and a generation of marginalized youth.

During emergencies children face unique dangers

Types of protection children need most in emergencies

Save the Children has identified seven critical types of protection that children require in disaster areas and war zones:
1. protection from physical harm;
2. protection from exploitation and gender-based violence;
3. protection from psychosocial distress;
4. protection from recruitment into armed groups;
5. protection from family separation;
6. protection from abuses related to forced displacement;
7. protection from denial of children's access to quality education.

Both boys and girls face an increased risk of disease, malnutrition, gender-based violence, exploitation and a wide range of other violations including death and injury. They often become separated from their families and caregivers and have difficulty obtaining food and humanitarian assistance. The emotional impact on children affected by emergencies can be profound, but those who remain in the care of their families and communities are likely to recover more quickly. Schools are often closed or inaccessible during emergencies, leaving children without structure in their daily lives. Under these circumstances, children – some as young as 7 years of age – have been abducted or coerced into joining armed forces or groups, where they are used as porters, spies, fighters and for sexual purposes. Child traffickers take advantage of social and community disruptions when governments and aid agencies are focused on other aspects of the emergency response.

Effective strategies already exist to protect children
Save the Children seeks to integrate child protection into all its emergency response programs, at every stage of the crisis. As part of this integration, Save the Children has developed strategies and programs to identify and prevent abuse; restore dignified living conditions for children; and promote children's rights. Principal strategies include family tracing and reunification; education for displaced and refugee children; improved monitoring and accountability systems; land mine awareness; and activities to support children's emotional and developmental needs.

To better protect children in emergencies and reduce their physical and emotional risks, Save the Children is calling on the international community to take the following steps:
- Make child protection an integral part of every humanitarian response. Incorporate child protection programming into the delivery of all services including food, shelter, health and water and sanitation. Recognise education as an important means of protection.
- Ratify, enforce, monitor and report on international treaties created to protect children,

including the Geneva Conventions, the Convention on the Rights of the Child (CRC) and its Optional Protocols, the International Criminal Court Rome Statute, the Genocide Convention, International Labour Organization Convention 182, and the 1997 Mine Ban Treaty.

- Provide adequate resources for child protection activities, not only as an immediate response to current crises, but also as part of a long-term effort to prevent conflict, promote sustainable development and mitigate the effects of natural disasters.
- Urge states to support a systematic and comprehensive monitoring and reporting mechanism designed to provide timely, objective, accurate and reliable information on violations against children.
- Ensure that all nation states recognise that children are central to the peace and security agenda. Peacekeeping mandates should include specific provisions to protect and assist children and improve and expand child protection training for all those involved in an emergency response, including members of the armed forces. Child protection advisors should be part of every UN mission.

What is child protection?

While assuring the physical safety of children is crucial, child protection encompasses more than stopping attacks or moving children out of harm's way. It includes measures that promote children's physical and emotional well-being, provide them equal access to basic services, and safeguard their legal and human rights. After a conflict, protection programs provide long-term support to those who have suffered.

The best protection measures prevent violence and abuse from happening in the first place. They strengthen the ability of individuals and communities to protect themselves and their children from future threats, laying the groundwork for lasting security and stability. Even at the earliest stages of an emergency, a community-based approach that mobilises resources among the affected population and creates a sense of community, is critical in helping children and their families recover from an emergency and begin to rebuild their lives.

Effective child protection programmes exist but funding is inadequate

As outlined in a recent report by the Secretary-General of the United Nations, donors did not fund children's programming at the same level as other projects in the United Nations Consolidated Appeals (CAP). On average, donors provided 73 percent of funding requested for all projects in the CAP, but only 60 percent of funding requested for children's projects over the same period of time. The report also noted that 60 percent of the UN and NGO staff surveyed in 28 countries indicated that funding levels were insufficient to meet even the most basic protection needs of children in these situations. Furthermore, projects focused on providing child protection activities received less funding than traditional child survival projects during this period.

International legal framework for child protection

The CRC provides a comprehensive framework of children's rights, as well mechanisms of accountability. The CRC recognises children's right to be free from abuse and neglect, sexual exploitation, trafficking, abduction, torture, deprivation of liberty, and other forms of maltreatment at all times and provides for special protections during times of conflict.

The Rome Statute defines the "most serious crimes of international concern" to come under the International Criminal Court and classifies rape and other forms of sexual violence, recruitment or use of children under the age of 15 into armed groups as well as attacks against schools as war crimes.

In addition, the International Labour Organization's Convention 182 declares child soldiering to be one of the worst forms of child labour and prohibits forced or compulsory recruitment of children under the age of 18 in armed conflict. The Optional Protocol to the CRC on the involvement of children in armed conflict sets 18 as the age limit for compulsory recruitment and participation in hostilities and a minimum age of 16 for voluntary recruitment.

These instruments, together with the relevant provisions of the Geneva Conventions, the Genocide Convention, the 1997 Mine Ban Treaty, the 1951 Refugee Convention, the 1967 Protocol protecting refugee children and several Security Council Resolutions (1261, 1314, 1379, 1460, 1539), constitute a strong and comprehensive body of legal instruments which provide standards on the protection of children affected by armed conflict and emergencies.

A view from the Christian Children's Fund

Rapid child protection assessments in emergency contexts

Andrea Becklund (Emergency Coordinator); Wendy Wheaton (Child Protection Specialist) and Michael Wessells (Senior Child Protection Specialist), Christian Children's Fund

In emergency situations, the focus of humanitarian aid is typically on the delivery of food, water, shelter, healthcare and other basic necessities. However, in these circumstances one of the most vulnerable yet invisible groups is children, and they usually comprise around half of the affected population. Therefore, the question of how to collect the assessment information needed to guide programmes to protect and support at-risk children and families becomes very important. This question is in part ethical – since in an acute emergency, collecting data will raise people's expectations of assistance without providing support – and in part practical, as the constantly changing situation imposes severe time constraints that prevent longer term epidemiological assessments, although these may be important later.

A holistic approach to child protection and well-being

Considering how to assess an emergency situation also raises important conceptual issues about what is child protection. Although many agencies have focused on the physical and legal protection aspects, which are clearly important, some of the greatest risks to children in emergencies are psychosocial risks, which have physical, psychological, social and spiritual elements. Since situations that involve separation, sexual abuse, gender discrimination or child soldiering have a psychosocial impact that may be every bit as profound as that resulting from physical or legal risk (Machel 2001), these should be included in child protection plans. Furthermore, the way that psychosocial risks are defined is also a matter of contention. Advocates of the mental illness point of view focus mainly on the negative aspects of mental health, such as trauma, depression and anxiety, and urge organisations to focus on assessing their prevalence and severity in emergency situations.

Like many child-focused agencies, the Christian Children's Fund (CCF) thinks that this focus on mental illness is too narrow – it can single out and stigmatise children and dismiss the resilience they exhibit even in critical situations. This is seen in Western models of mental illness, which often place great emphasis on the impact of previous traumatic events. In reality, children and families in crises frequently report that their greatest stresses arise not from past violence or natural disasters but from the difficult life conditions that have followed them. Chronic poverty, changed social status and personal risk such as discrimination and trafficking may be more debilitating and harmful to children's long-term development than situations they have survived. All too often, approaches that concentrate on mental illness encourage counselling interventions, which are culturally biased and turn general problems into individual ones. What is needed in these situations is to use the resources that the affected population already has for supporting children.

For these reasons, CCF has developed a holistic, community-based approach to child protection that seeks to strengthen sources of resilience and support while simultaneously removing sources of vulnerability. Based on ecological models of child development (Dawes and Donald 2000), the holistic approach emphasises family and community support for children and seeks to reduce their vulnerability at

the family, community and societal levels. Therefore, in emergency situations, agencies on the ground need to identify and mobilise the local resources that can help with coping, healing and non-violent conflict resolution. CCF takes a two-stage approach to this process, which includes a rapid child-focused assessment – the core of this article – followed by a longer, more thorough assessment.

Methodology of conducting a rapid child protection assessment in emergencies

CCF begins rapid assessments by reviewing existing data and identifying gaps to guide collection of new data. Our preferred assessment strategy is to cooperate with other agencies such as the United Nations, other NGOs, local community-based organisations (CBOs), government and social service agencies and those providing legal protection such as police, peacekeepers or government troops. In countries such as Afghanistan and Angola, CCF has collaborated with the International Rescue Committee and Save the Children USA in conducting large-scale assessments, with each partner covering a particular geographic region.

Whether conducted jointly or individually, CCF's assessments focus on those geographic areas or marginalised groups for which little reliable information exists. Our work is guided by strategic informants who are from the local area and are familiar with the language, situation and customs. These informants provide advice on the cultural protocols for entering villages, help identify important local resources and protection issues, advise on the handling of ethical issues associated with the assessment, and help with the appropriate wording of questions used to collect qualitative and quantitative data. Our informants also advise us on the immediate and historical causes of the emergency; particularly in conflict-related situations, this advice is useful in tailoring the assessment to the political, historical, economic and social context.

Before collecting the data, it is important that we first identify the main child protection issues. For example, in any situation this may include gender discrimination, separation from parents, trafficking, sexual violence, landmines, disability, living and working in the streets, social exclusion or child soldiering, among many others. Once the focus of the assessment has been determined, we will then recruit and train local staff to collect the information. Typically, training involves two weeks of workshops and supervised practice sessions in data collection. As part of this process, with the help of our trainees and strategic cultural informants, we will adjust the language and assessment methods of the study to fit the local culture and situation. In particular, we pay close attention to the local idioms of expression regarding feelings, how to ensure confidentiality and informed consent, and how to avoid asking questions in a way that puts the participants at risk. In doing this we also probe our informants' views of childhood and children, and ask how people have been affected by the current situation. It is important at this stage that we learn about local resources such as rituals, bereavement processes and indigenous practices of non-violent conflict resolution that could be used to support children in the current context.

The actual process of data collection typically runs for only three to six weeks, followed by a similar amount of time devoted to analysis and interpretation. Both qualitative and quantitative data are gathered through a multi-modal strategy that includes discussions with groups of at-risk children such as those who have been separated from their family or who have disabilities; structured and semi-structured interviews with strategic informants and focus groups of elders, women, children and gender segregated adolescents; transect walks; observations and descriptions of local conditions; and case studies.

Visits to villages typically begin with meeting the elders, teachers and other important local figures to obtain a broad overview of the children's situation. These are followed by more focused discussions with particular targeted and/or at-risk groups. Whenever possible, we use visual methods appropriate for children and people with low rates of literacy. For example, in spider-web mapping, a group of children constructs a web of protection issues using string, wire, rope and cloth, to demonstrate how each player is entangled in the web. Each string of the web represents a different relationship that the children have; for instance, with religious leaders, parents and community members. To qualify their relationships the children use different materials, for example,

In feeding centres in Chad, CCF established child-centred spaces to enable children to flourish

cloth might represent a positive relationship and wire a negative one. Similarly, in child-led risk mapping, children in a village or internally displaced persons (IDP) camp draw a sketch of their local area and indicate places that are dangerous to children. Once we have gathered the information, we cross-check and reference it with data from other sources to ensure that we are as accurate as possible. To minimise duplication of child support efforts, we also map the local services and support mechanisms, including the specialised psychosocial supports for the referral of severely affected children.

When analysing the data, which we disaggregate by categories such as age, gender and ethnicity, we look carefully for broad trends and patterns rather than taking a case-by-case approach. Together with cultural insight gained from our strategic informants, we look for those culture- and gender-related risks that may be hidden or non-obvious. Overall, the emphasis is on finding the child protection risks that are most severe, widespread and unattended, and which are most likely to be responsive to community-based interventions.

Linking assessment and action
Once the initial assessment has been completed, it is important that action is quickly taken. To this end, CCF typically follows the rapid assessment with the establishment of child-centred spaces (CCSS), which provide emergency education and psychosocial support for children of various ages. CCSS also offer us the chance to conduct more thorough assessments, facilitate ongoing community mobilisation activities and provide information to guide decisions about programme directions.

Our work in Afghanistan in early 2002 illustrates this approach. CCF started by conducting a rapid assessment that, in keeping with local norms, was gender segregated. We also drew on de Berry's (2003) research into local cultural understandings of childhood, the significant psychosocial issues and the means of support for Afghan children.

We identified crucial protection issues including gender discrimination, risk of landmines, poor hygiene, lack of water and sanitation, early marriage, child soldiering and systemic violence, among others. Since both children and adults identified lack of education as a major problem, CCF worked with local people to establish CCSs that taught skills of basic literacy and numeracy, and also gave vital messages about health and landmines. We engaged children in expressive activities using songs and other cultural traditions that the Taliban had previously banned. To address gender discrimination we ensured that girls had a high level of participation. Effectively, the CCSs brought the communities together around the children, strengthening trust and building relationships with CCF, as well as providing space for everyone to learn more about the villages and the causes of particular protection issues.

Over a two-month period, more than 50 CCSs were established in Afghanistan, allowing us to plan longer-term programmes, such as literacy classes for young people, youth-led well construction projects and income generation schemes as well as the continuation of child protection monitoring, reporting and action at village level. Taking our lessons to the national level, CCF helped organise a meeting on child protection that integrated assessment data collected by many agencies, including Afghan NGOs. The resulting national picture of child protection was used to help donors focus funding and to inform government efforts to support children.

The Asian tsunami of December 2004 also created a humanitarian crisis, and CCF's response once again coupled rapid assessment and rapid action. Initial investigations indicated that unaccompanied minors and orphans were the group with the most urgent protection needs, and CCF responded through the rapid provision of economic, social and psychological supports.

In other situations, our assessments may indicate that programme responses are best integrated with the work of other agencies in different humanitarian sectors. For example, in Chad we observed that children who attended feeding centres run by Médecins Sans Frontières (MSF)–Belgium received little stimulation and recovered slowly. Following their feeding in the centres, many of the children, including infants, were observed lying around the tents by themselves. Therefore, to complement MSF–Belgium's feeding programme, CCF quickly established CCSs to improve the children's surroundings. These CCSs engaged parents by teaching them about healthy child development and giving them the opportunity to attend to, play with, and provide the love and support that children need in order to flourish, regardless of the circumstances.

Because emergency assessments have obvious limitations, CCF regards them as the first stage of an iterative process that probes more deeply and systematically over time. Follow-up assessments such as child-led risk mapping often require the children to present their findings to the adults by conducting a role play, which typically evokes excited discussion and leads to community action. Crucially, it is the fact that children play a major role in both the assessment and resulting action that means they are not passive recipients in a crisis, but active agents of their own protection.

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Save the Children's experience
ECD *in emergencies*

J.R.A. Williams (Education & ECCD Advisor Middle East & North Africa Region); Tina Hyder (Diversity Advisor) and Susan Nicolai (Education Advisor (Children in Crisis)), Save the Children UK

For one moment, imagine a reality made from the nightmares of childhood – parents dead, house collapsed, friends missing, favourite playthings crushed in rubble. In recent years, thousands of children have woken up to this picture: mudslides in Colombia, earthquakes in Iran or victims of the Asian tsunami. Even more children living in war zones around the world have experienced similar realities; Palestinian, Afghan and Sudanese children grow up with these nightmares as part of their everyday lives.

This article draws on Save the Children's early childhood development (ECD) in emergencies work in the Middle East, Asia and the Balkans. While these examples offer a picture of ECD responses within a range of emergencies, we believe that many of the principles of good ECD work remain the same whatever the context.

Why ECD in emergencies?
Both acute and chronic emergencies can have devastating effects on the people caught in their wake. Those working in emergencies build their responses around two core beliefs, codified in the *Humanitarian Charter:* (1) that all possible steps should be taken to alleviate human suffering arising and (2) those affected by disaster have a right to life with dignity <www.sphereproject.org>. While education – and ECD – are not traditionally prioritised in such contexts, education responses in emergencies do have an important role to play both in alleviating suffering and strengthening the dignity of those affected.

Many of those working with children and families in emergencies share a commitment to make a reality of children's rights. Like all people affected by emergencies, children have basic physical needs – shelter, food, water and medicine – essential for their survival. However, informed by the UN Convention on the Rights of the Child, an analysis of the rights of children would also stress developmental support – social, cognitive, creative and emotional – as being as fundamental as physical assistance.

This commitment to children's rights has led Save the Children to increasingly focus on education support during the early phase of an emergency and beyond. ECD is one of a range of education and care contexts that we find important in helping communities cope and recover. ECD programmes assist young children in maintaining a sense of normality and control in their lives. These efforts are built around a philosophy that children are not necessarily passive victims. Much can be done by working with them in constructive ways, drawing on their own resilience and on the strengths and assets of their communities.

What happens to young children in emergencies?
The damage of war and natural disasters is easy to see in terms of damage to the material aspects of life. However, the impact a crisis can have on the social, economic, political and cultural fabric of communities can be just as damaging for children's development.

For young children, the most profound impact is often that their carers are missing, dead or wounded – or perhaps emotionally and physically exhausted – and that they are unable to call on the usual support networks that are available at times of family crisis. In this instance, play can be an essential support for young children; not just because play in itself is a formative experience for the individual child – but because play itself is often rooted in the experience

and representation of events and objects within a family and a community. Moreover, play can enable children to come to terms with past events.

Evidence suggests that in many cases, young children who have experienced the trauma of conflict or displacement do not need specialised therapy or intervention (Richman 1993). The majority of children who manifest distressed behaviours (e.g., disrupted sleep, increased alertness, bed-wetting, profound sadness or increased aggression) will benefit from the routine, familiar environment and materials after a short time in an early years group. Children acquire a 'safe space' in which to establish relationships with sympathetic and supportive adults.

What can we do?

For practitioners concentrating on young children in emergencies, the Inter-agency Network for Education in Emergencies (INEE) presents a checklist specifically concerning ECD in crisis situations to supplement the more general Minimum Standards for Education in Emergencies (MSEE) guidelines <www.ineesite.org/edcon/early.asp>. This assessment protocol enables agencies to map out what early childhood services existed before and therefore what practices can be built upon. A selection of these questions includes:

Pre-emergency:
- Did early childhood education exist before the crisis? Was food provided? Was the service half-day or full day?
- Did parents pay for their children to attend? Was the service only for people who belonged to a certain company of the government?

Existing activities in ECD centres:
- Are there any ECD activities presently within the community? Are all children able to access these activities, including minorities and children with disabilities?
- Is there a system of referral in place for traumatised children or children with special protection needs? To whom are they referred? What cases have been referred?

Parent training:
- Who traditionally takes care of young children within the household (older siblings,

STOP: A framework for ECD in emergencies

This framework for working with young refugees was first devised by Swedish Save the Children (Gustaffson 1986) and has been subsequently adapted. It sets out an easy-to-remember way of ensuring that the key principles of good early years practice to support children affected by conflict are in place, and can apply to the provision of early years services not only in an emergency situation, but also once children have sought refuge.

S – space and structure
T – trust, time and talking
O – opportunities to play
P – partnership with parents

Space and structure are vital to any early years programme. For a child affected by an emergency, getting to know the predictable routine of the early years setting will be an antidote to the chaos they may have experienced. For families living in temporary housing, conditions maybe cramped and children also benefit from the physical space of the setting.

Trust is often the primary casualty of emergencies, from the perspective of the young child. Time is needed to re-establish trusting relationships with (a) key carer(s), through talking, play and creative activities. Young children often feel that they have enormous power, because their feelings are so strong and overwhelming. This may, in turn, make them feel guilty or responsible for the enormous changes that have befallen them and their families. By creating a place of safety, it is possible to explore a child's feelings and to begin to explain and give meaning to events – so helping to remove feelings of guilt.

Opportunities to play are some of the defining features of childhood. These can range from organised group activities such as games, dancing and singing, to explorative play with a wide range of materials.

Parents and other carers will themselves need support and opportunities to talk, or just to sit and feel safe in the setting. It is vital to welcome carers and let them participate as little or as much as they choose. ECD provides an opportunity to support carers' ability to care.

grandparents, others)? Are these people attending the trainings? How is this training spread throughout the family?

Community training:
- How has the community been sensitised to the importance of early childhood education?

Drawing from experience
The need to address education needs in emergency situations has been increasingly accepted within the humanitarian relief and aid community. Implicit is the importance of maintaining or establishing in emergency situations educational and other supports for the development of children in their early years. The challenge now is to turn the principle into practice. This article offers some experience from Save the Children's interventions in emergencies where a commitment to ECD has been central to our activities.

Earthquake in Bam
On December 26, 2003, an earthquake measuring 6.5 on the Richter scale struck the southern city of Bam, Iran, and surrounding villages. Over 26,000 people were killed and 85 percent of the city was destroyed or severely damaged. Save the Children arrived the next day and immediately began distributing tents, blankets and other non-food items. Our child protection team was on the ground soon thereafter, identifying orphaned children and those separated from their families. However, there were hundreds of other children sitting quietly in tents next to their parents. What could be done for them?

Several community members approached us and said that if we provided tents and supplies, they would organise activities. There had been a history of preschools in some neighbourhoods, but in others we identified enthusiastic parents to take part. Soon tents and children's recreation boxes were being distributed to neighbourhood volunteers.

In time, local NGOs began to get more involved, and Save the Children set up formal partnerships for them to provide longer-term support to the 'children's centres' for three to six months after the crisis. We worked with these NGOs to train teachers and volunteers in a range of psychosocial, developmental and recreational activities for the children.

The enormous numbers of dead and injured rendered local basic services ineffective, including those for children. From the beginning, Save the Children coordinated with Behsisti (the government social welfare organisation) in its provision of toy boxes, chairs, tables, children's clothes, teachers' packs and blankets to these children's centres. Over time, Behsisti was able to take on a role in support of children's centres, and the assets from the children's centres were eventually transferred to Behsisti, which took over their administration. A year and a half after the crisis, a number of the children's centres have been transformed into preschools, while others remain less formal and are staffed at the community level.

Sri Lanka and the tsunami
One year later, another earthquake and the accompanying tsunami left over 200,000 dead in coastal areas of the Indian Ocean. Buildings were destroyed, teachers and children killed, with the survivors left to piece together a system; the picture was similar to Bam, as were the education needs and our response.

In Sri Lanka, Indonesia and India, Save the Children offered an early response supporting play activities at welfare centres, safe spaces in displaced camps, and the re-establishment of the integrated childhood development system centres, including material support and teacher training. In Sri Lanka, play activities – including music, drama and local games – were set up for young children at centres for the displaced. As families are sent to transit camps or return to their villages, temporary ECD centres will be constructed. Save the Children will train teachers and provide incentives for up to one year. As communities become more permanent, the focus will be on sustainability, with plans to establish a foundation to support ECD centres and teacher salaries.

Early efforts at coordination after the tsunami were confused, with most agencies clamouring to work on school reconstruction and provision of materials. While Save the Children were involved in these areas to some extent, we tried to emphasise human resources at the same time: working with the authorities on teacher training, psychosocial and play activities, encouraging community and parental

Children benefit from their routine, familiar environment and materials in an early years group

Photo: TERI PENGILLEY / KENT NEWS

providing activities. Parents felt in retrospect that the provision of early childhood activities during these extreme events had been enormously beneficial to both adults and children.

During the Kosovo crisis, one of Save the Children's responses was the creation of 'safe areas' that included a strong component for young children and their mothers (Nicolai 2003). These were established first within the camps in Albania and Macedonia and once again upon repatriation to Kosovo. A staff member involved in work in Macedonia had this to say:

involvement, and looking at crisis-related needs for marginalised groups of young children.

The Balkans
When the former Yugoslavia began its break-up in 1991, ethnic tensions that had been dormant exploded into some of the most brutal violence since the Second World War. Prior to these conflicts, education was a high priority for the state, and literacy rates were similar to those throughout Eastern Europe. There was a history of ECD provision, although it was largely an urban phenomenon and varied extensively in terms of its quality.

The importance of strengthening families and rebuilding communities was at the heart of initiatives to establish early childhood centres as an emergency response in the Balkans. Centres were provided in refugee camps and were established in areas affected by violence. In some cases, resources were provided to enhance activities that had been established by members of the community during the months of conflict. In one area, teachers and parents had worked together to set up make-shift early childhood centres in the basements of their apartment blocks. During months of shelling and fighting, parents carried on creating structured opportunities for young children to play. When the fighting subsided and aid agencies entered the city, parents were able to carry on

"When the full Save the Children team arrived, they had to orient themselves quickly. We planned to open a preschool playroom, just a safe place to come. We managed to get a tent but there were 30,000 people in the camp, and between 2,000 and 3,000 young children. We ran it on a shift system, an hour at a time, for seven sessions a day. Then it got too hot, and we were afraid the children would dehydrate, so we introduced a noon break. We tried to make it a really nice environment for the children, so they would feel good about being there. The camp was very muddy, so we put in a cheap wooden floor rather than plastic sheeting."

As a follow on to the 'safe areas' initiative, Save the Children became involved with re-establishing preschools and kindergartens. This has included reconstruction, provision of supplies, and training for teachers and staff.

The Lebanon crisis
Save the Children's experience with ECD in the Middle East and North Africa extends back to the 1980s and the civil war in Lebanon. The acute crisis occasioned by that conflict ended in 1991, but many of the Play and Learning Centres for young children in Palestinian refugee camps still experience military incursions and bombing from outside, and the threat of factional fighting inside, the camps.

An investigation of the history of the conflict and its effect on early childhood provision was carried out in 2003 (Grazia 2003). This study used participatory techniques to elicit from the communities involved their perspectives on the emergency, and also their suggestions about how their experience could be adopted in other conflict ridden contexts. The researcher did not find it easy to identify an unambiguous definition of what should be considered an emergency for planning, monitoring and evaluating ECD. Informants held two quite distinct views of what they considered an emergency: (1) a direct and tangible threat to security, for example clashes, curfew, occupation and shooting incidents, and (2) a long-term process of deprivation of rights, chances and opportunities. Informants tended to use the definitions interchangeably.

In reacting to emergency situations teachers stressed the importance of having agreed within parents' groups and community groups on practical guidelines for making a quick response. Whenever an upsurge in violence occurred, such as military invasions of camps, internal clashes, or other direct threats to security, people moved to safer areas. Even though an emergency brings about family separation and scattered clusters of internally displaced 'refugees', the setting for interventions had to be in whatever physical area people found shelter. Efforts were made in order to link the isolated Palestinian community with the 'external' Lebanese environment; informants, however, continued to perceive themselves and their situation as separated with few links 'to the outside'.

The following were the lessons learned from the experience in Lebanon and drawn up as conclusions to the study:
1. Where the emergency is localised, safe spaces outside the area of danger must be identified for continuing in the provision of education services.
2. Provision of quality education and ECD during 'normal' periods guaranteed better results during emergencies.
3. Key elements of quality ECD were identified as:
   - involvement of parents in activities focused on early childhood care and a close relationship between teachers and parents;
   - creative use of space (class arrangements) and tools (i.e., toys from junk);

- active learning methods, utilising older children to encourage learning, participation and play;
- continuation of planning, monitoring and evaluation using participation of children, parents and other carers (social workers, school teachers);
- community as support body for ECD and education processes;
- focus on programme rather than on institutions.
4. Use of small and local groups or informal relationships (key persons) in order to facilitate the implementation of programmes.

Occupied Palestinian Territories
The Lebanon study was part of a larger project to demonstrate and disseminate locally viable and replicable models for quality education provision during the chronic crisis in the occupied Palestinian Territories. Since the collapse of the Oslo peace process and the start of the Palestinian uprising in September 2000, Palestinian society and its economy have suffered. Military incursions and movement restrictions have prevented children and teachers from reaching their schools and ECD centres. Even when able to attend, children face a difficult environment where tensions, violence and disruption within schools are affecting relationships, concentration and opportunities for play and social interaction.

Violence dominates Palestinian children's lives. Exposure to armed clashes and the suffocating curfews and closures have caused acute psychological stress. In three villages directly affected by the Wall, Save the Children UK found that 92 percent of children said the Wall made them feel more afraid (Save the Children 2004). A study by Save the Children US found that 93 percent of Palestinian children feel unsafe, and more than half feel their parents can no longer protect them. Half of the children surveyed witnessed violence affecting an immediate family member, and 21 percent have had to flee their home for a period because of the conflict. Almost all parents report traumatic behaviour including nightmares, bedwetting, increased aggressiveness and hyperactivity.

As a result, we identified six main objectives for their intervention in kindergartens in the territories:
- reducing parents' stress;
- strengthening parents' understanding of their children;
- empowering the community to provide support for children's development;
- providing an opportunity for normal development: socially, physically, intellectually, creatively, emotionally and morally in difficult circumstances;
- developing children's resilience.

The activities are based on a model for co-ordination between home and kindergarten. The model creates a space for children in their home (space can be either physical, mental or temporal) and encourages parents to observe their children through easy activities. Activities can be spontaneous, developed by children or planned by teachers and parents. Common resources are developed to facilitate planned activities in the form of 'treasure boxes', containing materials and equipment. The relation between parents and teachers is developed through routine meetings and discussions, and 'fundays', where the setting becomes an open house for the children and teachers and their families.

There have been spin-offs and ongoing initiatives independent of the project. For example, one kindergarten is holding an exhibition of work that mothers have been doing in their homes. Mothers have started their own fundays and invited others; treasure boxes have been added to and developed by families (using scrap materials, leaves, seeds etc.). Homes now have 'corners', in the form of real or conceptual spaces for children to play and learn. Some fathers are asking for workshops on how to raise their children. Mothers who had been brought together for the first time around fundays and treasure boxes said, "We actually knew how to do this or that, but we didn't realise it".

Conclusion
In emergencies, the normal mechanisms for protecting the population from harm break down. ECD provision can be a source of protection for young children – and a way to cope with the nightmares – where their families, law, social order and government can no longer ensure their well-being. The provision of basic ECD activities can act as a focus for adults in the community, who can be involved working in the centres. At the same time, children can have opportunities to establish routines of play and care in the face of the unpredictability of the surrounding crisis.

The principles of ECD in emergencies are not substantially different from ECD at other times. 'Good practice' is common to all circumstances. What may differ are the location of intervention, the identity of carers, types of activities which may emphasise psychosocial concerns. Moreover, emergencies often present an opportunity to introduce ECD provision and concepts where there has been none before. For this reason, adherence to best practice and rigorous standards should be a major priority for supporting ECD in emergencies.

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Bernard van Leer Foundation's response to the tsunami

Bernard van Leer Foundation

Together with millions of individuals around the world, the Bernard van Leer Foundation responded to the tsunami of December 2004 by asking how best it might be able to help the millions who had lost homes, livelihoods and loved ones. The immediate response was a grant to an existing partner organisation, the Voluntary Health Association of India (VHAI), to support relief work in the Andaman Islands, among the areas closest to the epicentre of the earthquake.

The Bernard van Leer Foundation's Board of Trustees also allocated EUR 1 million in addition to the Foundation's regular annual budget to address issues of longer-term rehabilitation and development in tsunami-affected regions of South and South-East Asia. The Foundation has prioritised the following areas:

- support to parents directly affected by the disaster in their caregiving role;
- support to (para)professionals such as midwives, childcare staff and healthcare staff;
- creating safe and normal environments for young children, such as opportunities for play and social interaction.

Following an exploratory mission to affected countries in April by the Foundation, the Foundation's strategy for disbursing that money is now taking shape.

The tsunami support fund will make grants available to local organisations, some of them existing partners, in India, Indonesia and Thailand. It will not include other affected countries, notably Sri Lanka, not because the need is any less great but because it makes sense for the Foundation to concentrate its resources on countries where it already has strong local knowledge and links with

local organisations. Supporting activities which are in line with the Foundation's mandate and emerging priorities should enable the grants to contribute to improving conditions for young children in the aftermath of a crisis.

The need for an approach that is long-term and takes account of the national situation is informed by an awareness that areas affected in India, Indonesia and Thailand are generally not ones which would previously have been regarded as most disadvantaged: fishing communities tended to have relatively stable livelihoods, while tourism brought cash to many areas not affected by conflict. It will take a long time for the devastated areas to regain the capacity to exploit the natural advantages of coastal proximity, but there is also a risk of other areas of affected countries being left to languish if aid efforts remain highly concentrated on coastal regions for too long.

Grants from the Foundation's tsunami support fund will therefore generally seek to support activities which have the potential to replicate and expand their benefits. Funded projects will commonly centre around social and emotional support, seeking to ensure that the psychological needs of young children and their caregivers are not overlooked.

In **India**, in addition to the collaboration with VHAI, Loyola College is using the Foundation's grant money to provide systematic relief activities including psychosocial counselling, damage assessments for childcare centres, supplementary rations and play activities for affected children. Other existing partner organisations through whom the Foundation will be working include the Forum for Creche and Childcare Services of Tamil Nadu (TN-FORCES), a network of 114 NGOs. With its many

members, TN-FORCES is uniquely well qualified to see the bigger picture and understand where help is most needed in the context of government policies and existing NGO interventions.

TN-FORCES is also in a position to foresee how the response to the tsunami may be finessed into more lasting and widespread benefits for children. TN-FORCES has already had some success in this regard: in the period after the tsunami, its long campaign to improve maternity benefits for informal female workers paid off with a significant increase in the lump-sum paid to all women on the birth of a child. It is hoping that its intention to rebuild the Integrated Child Development Centres (ICDs) destroyed along coastal regions in the tsunami will ultimately lead to improvements in ICDs as a whole in the state, serving as a model to other states.

In **Thailand**, the problem since the tsunami has not been a lack of resources but a lack of overall coordination and overview in allocating them. In some cases, foreigners and benefactors have approached individuals and communities with money; some schools have been inundated with help, while others have received nothing. The Ministry of Education is well aware of the need for coordination and the Foundation intends to cooperate with government plans to help channel its response: the Ministry of Education is already working with the Department of Mental Health on holding child-centred seminars about the effects of the tsunami.

Additional approaches in Thailand will include adapting existing psychoso cial support structures set up for HIV/AIDS to deal with the psychosocial aftermath of the tsunami, and working with existing partner the Maya Art and Cultural Institute for Development, which works in affected provinces to provide post-trauma counselling workshops using Arts and Drama Therapy for children and teachers, in collaboration with Educational Zone Offices.

Photo: JIM HOLMES

Supporting parents in their caregiving role is one of the Foundation's priorities

In **Indonesia**, while international agencies have established a forum to coordinate the response, there is still a need for stronger input from local governmental and non-governmental organisations. The Foundation looks to collaborate with Save the Children in Aceh in retraining midwives and promoting birth registration, but will also support Indonesian agencies responding to the needs of children and parents.

This includes supporting the Institute for Women and Children's Studies and Development (LSPPA), which in collaboration with Gadja Mada University, the largest university in Indonesia, is working to ensure that psychosocial support care programmes do not remain rooted in schools and health facilities but also involve parents – many of whom are themselves suffering severe guilt and trauma – and thereby reach the youngest children. As government structures take shape mandated to coordinate rehabilitation efforts, the Foundation will seek to orient its work to bigger trends.

Generally, the Foundation is seeking to coordinate its efforts with other Dutch and European foundations, through the Dutch Association of Foundations and the European Foundation Centre, and to place those efforts within the larger relief and rehabilitation frameworks being put together by national and international agencies.

"You have to look at the needs"

An interview with Dominic Xavier, Director of Reaching the Unreached Trust

Monique McClellan, Permanent Representative to the United Nations Agencies, BICE

In this interview, Dominic Xavier – Director and founder of Reaching the Unreached Trust (RTUT), a small humanitarian NGO near Pondicherry in India – relates how RTUT interrupted its ongoing work in the shantytowns to respond to the tsunami, and how they were forced by circumstances to change their way of working within a few hours. From a community development organisation working on the rights of children in impoverished communities they were pushed into providing emergency assistance. And they attempted to apply some of the principles of their ongoing community work in a situation where there was little time for reflection.

Last year your programme was developing well, you had set up some systems and some routines. Then what happened?

In the early morning of 26 December we heard on the tv that a big wave had struck the coast, with maybe a few hundred people dead. We soon learned that the wave had been huge, that it devastated large parts of the Southeast Asian and South Asian coastlines and that there were many thousands of people missing.

Our office is three kilometers from the shore, so it was not affected. Pondicherry itself escaped destruction because a big stone wall that remained from colonial times had blocked the wave. I tried to rush down to the waterfront villages, but before reaching the sea I was stopped by the police. Apparently, where I had known the coastal villages to be, the wave had swept everything away.

Everybody was afraid, wondering whether there could be another wave, and quite honestly, nobody really knew what to do. In fact we had never heard of a tsunami; we didn't even know how to spell it. On that day, nobody, including the police, knew of the impact that the wave had had, but we realised that something terrible had happened and that help to the survivors was needed fast.

We managed to assemble a good team of volunteers, all strong men. Early next day we made our way to the shore and we were confronted by wiped-out villages, dead bodies lying about, hanging in bushes and in trees. As we moved along the shore, we met people erring about, looking completely disoriented, crying. Everybody was crying. Women and men were looking for their children, for their spouses and family members, children were looking for their parents. Then we realised that thousands had died.

Those who survived had no cooked food, no drinking water, often no clothes. Government services were not yet functioning. So we organised with others to take people away from the seashore, to higher places where the wave had not reached. We sat them down, those who had not been hit by the wave shared what they had with those who had nothing: water, food, some basic clothes. The community response was spontaneous. Our volunteers also searched for the missing and identified and buried the dead.

Following your first impressions, how were you able to develop concrete responses, cutting through all the confusion and terror?

We built on the fact that there was a tremendous willingness among the population to help those who had been hit. The government didn't really start acting until several days later. But the people took their two-wheelers and anything with wheels and came towards the sea to help rescue people and a few belongings they were able to save. And they helped with the recovery of the dead. We found a car for hire and covered the coast line for over 30 kilometers or so, to see how we could best extend support.

Then, thanks to our existing network, we contacted local NGOs, individuals who could help and the press, and told them where to go, where the need was greatest and where people were suffering most.

We organised those who could contribute water to go to specific villages, those who had quantities of cooked food to where the need for food was greatest. The first week was really basically a rescue period

A partner of the International Catholic Child Bureau (BICE), RTUT is primarily concerned with implementing children's rights. The partnership with BICE concentrates on implementing a cooperative community-based programme to combat sexual abuse and sexual exploitation of children. The community project started in an environment where social and health services and general community care were non-existent, where many children did not attend school, where single mothers try to keep the children fed and where alcoholism and drug addiction are frequent among men – most of whom are unemployed.

At the heart of all the work done by RTUT is the participation of the beneficiaries – they are involved in all the planning and decision making that concerns their welfare and their future. Another priority, and an important pillar of the work ethics of RTUT, is to recognise the ability of traumatised or hurt people to respond positively when they are encouraged to develop their individual resilience. Resilience must be promoted at all times to help traumatized individuals, families and communities to develop this capacity to recover and lead normal lives.

What about any foreign NGOs?

The central government in Delhi had indicated that they did not want any direct foreign aid. But we have quite a few international agencies who are based here and who work with Indian partners, and they started to respond immediately. Then the government distributions started as well. They provided rice, kerosene, mats, blankets, and vessels to cook the food. We were able to provide a little sugar, *dhall*, oil, rice, milk and the like, which the families needed immediately. In our particular area of coast line, this meant that we got to know the survivors.

This in turn made it possible to ask the villagers by the end of January, a month or so after the disaster, what they felt was an important way to proceed, while they were still trapped in the midst of chaos. They were getting more and more depressed by the remaining signs of death and destruction, an environment of sorrow, with parts of a wall sticking out here, a bit of a house there, smashed bits of boats on the sand. We all decided that it was important for the men and the youth to clean up the shore, and we were able to pay them a small fee. Instead of

just handing out the money, it was good for them to change their environment in a small way. And they could buy some necessities that way.

You in particular and the team in general had spent some years developing ideas of how the most desperately poor communities can be assisted by involving them fully in the process of change. But you probably did not have much time to reflect on how to apply a carefully planned community empowerment approach after the tsunami struck?

For the first few days I don't even remember ever sitting down. There was no time to think. Eventually we decided on three phases: Phase I was immediate rescue and assistance, which we were trying to provide already. Phase II would have to be emergency assistance to set up some basic systems. And phase III would involve community recovery and redevelopment. The first phase took a week or so, the second some months, and the third phase will take two to three years.

In phase II we first provided cloth and pens to each village, so that they could write out on a banner all the information concerning their village, and the banner was strung up by the main road, away from the coast. On it they indicated the name of the village that had once been there, how many people used to live there, how many people were believed to be still alive and the most urgent needs of the survivors. This helped those who passed on the road to respond in an appropriate way.

This really was the only means of communication available. And it helped, because people had come from all over to assist those in need. When there was no banner by the road, we knew the village had not been affected.

Talking with villagers we also realised that although they had welcomed used clothes initially, they did not want to be confronted with piles of inappropriate clothes, but rather make some simple ones themselves. We were able to purchase bales of cloth and distributed them to the population, as well as rubber flip-flops for the children so they would not burn their feet on the hot sand.

Part of this second phase was also to establish and reinforce networks with other NGOs. We shared responsibilities, some contacted government offices, another one local people who could help, officials and so on. Although we have developed networking

The most severly hit age group are children between 5 and 11 years old

to what people are asking and you have to hear what they are telling you. You have to look at the needs. You must find out what the people themselves can offer, the resources they carry within them, and finally, you have to assess your assets and resources to see what you can do. That is how we knew what we could do right away, what must be done within a few months, and what is going to take two or three years.

By early May, we were just ending the second phase. Not being an emergency agency we had a lot of learning to do. It was not always easy for us to understand that the government or officials have certain rules, about food distribution for example. When we thought we were providing emergency assistance, they insisted we follow regulations. One NGO brought material for 150 thatched huts, and put them all up so that people could move back into their own shelters. The government official made them take everything down again because the huts had been built too close to each other, and if one caught fire the whole place would burn down. It made sense, of course, but we were upset

over the years, this is the first time that we worked so closely with other bodies. We had to. There was no time to think alone. The problem before us was too huge.

How did you develop the idea of three phases?

This was based on my previous experience when I first developed the programme to combat sexual abuse and exploitation. You have to first of all listen

all the same. It is important to really know what emergency assistance is about – compared to long-term development.

Also, the people who live along the seashore are pretty rough. We had to learn to understand their way and not be turned away. Once the police stopped me and asked what I was doing. I said I was helping the tsunami people. "Don't waste your money on them," he said, "they will sell what you

give them, and gamble the money away." In fact, we later found out that in some areas the rice we distributed was indeed being sold. But after talking with the people, we learned that they were receiving only rice. They sold some of the rice to buy other food items, such as oil, sugar and *dhall*, to cook a meal. This made us realise that we had failed to talk to the people about their needs. From then on we distributed smaller portions of rice but added other food items so that they could cook a basic meal.

It is easy to see that in such an emergency a child rights organisation has to look at the entire community. But as you deepened your understanding of the situation, what was the impact of the disaster on the children?

Children were the most heavily affected group. Mostly children and women died when the wave came. The men were stronger, they could run faster, and they could swim. The most severely hit age group are children between 5 and 11 years old. The older ones were faster and stronger, the smaller ones were carried more easily. Now, five months later, all children appear to be very scared of the sea. They don't want to go near it, and of course they don't want to go into boats. Even very small children scream when their mothers try to carry them to the seashore. But sometimes being in a boat is part of the daily family routine. So we started working on stress management for children. We were able to ask specially trained doctors from a hospital in Bangalore to come and work with the children.

What about the illegal adoptions of orphaned children, or the sale of girls, as has been reported by some news media?

To my knowledge this has not happened in the Pondicherry area. The government immediately issued very strict rules to prevent adoptions: orphaned children would initially be cared for in government-run homes and no adoption of tsunami orphans would be permitted. In some cases we are aware of young girls having been taken in by families to do domestic work. There have been isolated reports of abuse. But this is a situation where the experience from our slum project will be extended, and we will find a way to involve the fishing communities in conversations to prevent exploitation.

We have spent a lot of time right after the tsunami to try to identify the members of the wider family of children, so that they could be living with them. We believe very strongly that the psychological and social rehabilitation of the child will be more likely within the community, rather than in a government institution.

We have now selected five of the affected villages to work on the promotion of child rights and the prevention of sexual abuse. Later we will extend this work to other communities along the coastline. We involve the children and some adults who would like to participate, to prepare banners, posters, and hand bills. There will be many discussions and we will develop role playing to introduce difficult concepts.

Have there been other ways for you to work with children who were affected by the tsunami?

As soon as the first rescue operations were over, we began to collect children into small groups, talking with them, listening, encouraging play, and those who were able to return to school can be helped with their school work. We helped children to get school uniforms again – they are stigmatised if they try to go to school without – and we feel that many of the children we are in contact with are slowly opening up and shedding some of the stress. Many children believed that the tsunami was a curse. We spent much time explaining the geology of an earthquake and the ocean floor, and how the government is now trying to establish warning systems. It seemed to help to explain away the superstitions. Maybe the most important thing is that they always know there is somebody to talk to whom they can trust.

How have the beneficiaries of your ongoing project reacted to the tsunami victims?

Some of our child leaders and children involved in the child-to-child programmes in the slums have accompanied us to meet with the affected children. This has been very helpful for both sides. We identified children and adults who had been especially resilient in overcoming trauma in their lives, to come and talk to those along the seashore and spend time with them. Especially the most traumatised of the children seemed to benefit from talking with other children who had known very tough periods in their lives.

Guiding principles

Addressing the rights and needs of tsunami-affected children

The following two sets of guiding principles were drawn up in January 2005 by the International Rescue Committee, Save the Children UK, the United Nations Children's Fund (UNICEF), the United Nations High Commissioner for Refugees (UNHCR) and World Vision International (WVI), following the tsunami of December 2004. Both sets of principles draw heavily on the Inter-agency Guiding Principles on Unaccompanied and Separated Children, which were established to ensure that the rights and needs of separated children are effectively addressed. See the "Further reading" section in this ECM for more information. Organisations working on behalf of children are strongly encouraged to endorse these principles.

Psychosocial care and protection of tsunami-affected children

Exposure to natural disasters has a devastating impact on the psychological and social well-being of children, adolescents and adults. It is now widely accepted that early psychosocial interventions that help to mitigate the effect of trauma, alleviate psychological distress and strengthen resiliency must be an integral part of humanitarian assistance. In the case of children and adolescents, psychosocial interventions also aim to maintain or re-establish their normal development process. The broad framework for planning and implementing psychosocial programmes is provided by a) the relevant Articles of the Convention on the Rights of the Child, and b) UNHCR Guidelines on Protection and Care of Refugee Children.

What do we mean by 'psychosocial'?
For the purpose of this statement, 'psychosocial' refers to the dynamic relationship that exists between psychological and social effects, each continually interacting with and influencing the other.

'Psychological effects' are those which affect different levels of functioning including cognitive (perceptions and memory as a basis for thoughts and learning), affective (emotions) and behavioural. 'Social effects' pertain to altered relationships, family and community networks and economic status.

The following principles based on a body of evidence should guide psychosocial programming
Nearly all children and adolescents who have experienced catastrophic situations will initially display symptoms of psychological distress, including intrusive flashbacks of the stress event, nightmares, withdrawal, inability to concentrate and others.

- Most children and adolescents will regain normal functioning once *basic survival needs* are met, *safety and security* have returned and *developmental opportunities* are restored, within the *social, family and community context.*
- Some children will require more specialised interventions to address their suffering and help restore their flow of development. Immediately after traumatic events, activities and opportunities which allow children to talk about or otherwise express painful experiences and feelings, such as physical and artistic expression, are most beneficial if facilitated by people the children know and trust, and have continued contact with.
- However, 'trauma counselling' should never be the point of departure for psychosocial programming, because structured, normalising, empowering activities within a safe environment will help the majority of the children recover over time.
- Trauma counselling should never be provided unless an appropriate and sustained follow-up mechanism is guaranteed. Defence mechanisms

exist for a reason and breaking them down before the child is ready and in a safe physical and emotional environment leaves him/her open and vulnerable to a re-traumatisation. There are serious risks associated with trauma counselling carried out by non-professionals.

- Dramatic consequences for a child's life pathway can have more damaging consequences for the individual's well-being than the traumatic event itself (an example would be a child's loss of parents having to grow up as an orphan, or destruction of school system leaving children without education).
- The psychosocial well-being of adults, particularly parents and caregivers has a direct impact on that of children, and should thus be addressed through concurrent parent-focused psychosocial interventions.
- Children's – and adults' – participation in decisions which affect their lives has a positive effect on their mental health, empowers them and helps them to regain control over their own lives.
- Grounding all psychosocial interventions in the culture, unless it is not in the best interests of the child, is both ethical and more likely to produce a sustained recovery.

Psychosocial interventions based on the above principles

- Reconnect children with family members, friends and neighbours
- Foster social connections and interactions
- Normalise daily life
- Promote a sense of competence and restore a person's control over one's life
- Allow for expressions of grief within a trusted environment, when the child is ready and follow-up is guaranteed

- Listen to children and adults before acting. Ensure that interventions are based on consultation with the affected communities, reflect what they need and take into consideration the age and stage of development of the children involved.
- Understand and respect the culture and religion of the affected population; give material and other support so that grieving and mourning practices and rites can take place.
- Help children, family members, friends and neighbours find out what happened to those who are missing, and find each other, and let them know that efforts are underway.
- Set up 'child-friendly' spaces as soon as possible and activities that normalise the lives of children, give them a sense of safety, structure and predictability through drawing, puppet-making and playing, drama and songs, story-telling, sports, non-formal education, etc. These activities also allow for the release of any stored distress.
- Restore normal schooling as soon as possible.
- Encourage children to ask as many questions as they want, and be ready to answer them truthfully.
- Focus and build on interventions that strengthen the population's resiliency and resources, and current and traditional ways of coping when they are in the best interests of the child.
- Involve youth in organising activities for younger children: undertakings that give an affected person a sense of accomplishment has a healing effect.
- Involve children, their families and communities in the psychosocial recovery process, discussing with them *their* perceptions, and how they see their needs.
- Set up support group discussions, as much as possible accompanied by involvement in concrete and meaningful activities which give a sense of accomplishment and control over one's life: recreational and non-formal education for children, common interest activities for young people, sewing, gardening, building, leading children's activities, etc.
- Promote and support interventions which preserve and reinforce the cohesion of the family, and discourage any which risks separating children from their families.
- Promote activities and opportunities to allow children to express their experiences and feelings so that they may make meaning from and integrate them into their lives, as much as possible within a familiar environment and *only if*:
  - the child is ready for this expression – eliciting emotional material too early can cause more distress and potential harm to the child;
  - we can ensure further, on-going comfort and help.

- Identify referral services for the small number of children and adults who will need professional, medical assistance (some of these people may have had pre-existing psychiatric illnesses).
- Assess the need and provide support to adults caring for children, for example, provision of crèches or child-focused activities (e.g., child-friendly spaces) which allow adults some time to recover and re-energise so that they can provide the support children need.
- Provide training to those caring/responsible for children so that they are comfortable dealing with children's natural distress and recognise children who may need more specialised support.

Other references
International Save the Children Alliance. 1996. Promoting psychosocial well-being among children affected by armed conflict and displacement: principles and approaches.

Unaccompanied and separated children in the tsunami-affected countries

The earthquake and the tsunami, like many other natural disasters and displacements of population, led to the separation of large numbers of children from their parents and families. The following guiding principles should apply to their care and protection.

Even during these emergencies, all children have a right to a family, and families have a right to care for their children. Unaccompanied and separated children should be provided with services aimed at reuniting them with their parents or customary caregivers as quickly as possible. Interim care should be consistent with the aim of family reunification and should ensure children's protection and well-being.

Experience has shown that most separated children have parents or other family members willing and able to care for them. Long-term care arrangements, including adoption, should therefore not be made during the emergency phase.

However, action to help separated children does require a long-term perspective and long-term commitment on the part of the organisations involved. These organisations must also seek strong cooperation and coordination, and aim to speak with one voice. All actions should be properly coordinated with the government authorities.

The following key definitions, principles and good practices form an agreed platform for partner organisations.

Definitions
- **Separated children** are those separated from both parents, or from their previous legal or customary primary caregiver, but not necessarily from other relatives. These may, therefore, include children accompanied by other adult family members.
- **Unaccompanied children** are children who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so.
- **Orphans** are children both of whose parents are known to be dead. In some countries, however, a child who has lost one parent is called an orphan.

Preventing separation
Organisations and authorities must ensure that their actions do not inadvertently encourage family separation. Separation can be provoked when families lack the services they need to care for their children and believe such services would be available elsewhere, or when residential childcare facilities are created which may provide better services than the family is able to access.

Deliberate separations can be prevented by:
- ensuring that all households have access to basic relief supplies and other services, including education;
- limiting the development of residential care options, and restricting its use to those situations where it is absolutely necessary;
- avoiding the removal of children to other countries for any reason unless critical medical care cannot be provided. This should be provided as close as possible to their home.

Tracing and family reunification
Identifying, registering and documenting

Photo: JIM HOLMES

Fostering social connections and interactions is one of the principles of psychosocial interventions

unaccompanied and separated children are priorities in any emergency and should be carried out as quickly as possible.

- Registration activities should be conducted only by or under the direct supervision of government authorities and mandated agencies with responsibility for and experience in this task.
- The confidential nature of the information collected must be respected and systems put in place for safe forwarding and storage of information. Information must only be shared among duly mandated agencies, for the purpose of tracing, reunification and care.
- Tracing is the process of searching for family members or primary legal or customary care-givers. All those engaged in tracing should use the same approach, with standardised forms and mutually compatible systems.
- The validity of relationships and the confirmation of the willingness of the child and family member to be reunited must be verified for every child.
- No action should be taken that may hinder

eventual family reunification such as adoption, change of name, or movement to places far from the family's likely location until all tracing efforts have been exhausted.

Care arrangements
Emergency care
Care for separated children should be provided in a way that preserves family unity, including of siblings, ensures their protection and facilitates reunification. Children's security should be ensured, their basic needs adequately met, and assistance provided for their emotional support.

- Community care, including fostering, is preferable to institutional care, as it provides continuity in socialisation and development.
- However, children not in the care of their parents or customary caregivers may be at heightened risk of abuse and exploitation. The most appropriate carers may need extra assistance to assure children's protection and material needs are met. Provision must therefore be made for monitoring

and support to foster families.

- For those children for whom institutional care is the only solution, centres should be small, temporary and organised around the needs of the child. It should be made very clear that the objective of residential care is reunification or placement in the community and rigorous screening procedures should be in place to ensure only appropriate admissions.
- Removing children from familiar surroundings will increase their distress and can hinder their recovery. Children should not be removed to other countries for any reason unless critical medical care cannot be provided, and then this should be as close as possible to their home and they should be accompanied by a caregiver known to the child.

It is important to set up 'child-friendly' spaces as soon as possible and activities that normalise the lives of children

Durable arrangements
During the emergency period, permanent care arrangements other than reunification should be avoided.
- Efforts to develop, and to place children in, long-term residential facilities should be discouraged.
- Adoption must be avoided so long as there is reasonable hope of successful tracing and reunification.

Should reunification not be possible within an appropriate period, or found not to be in the child's best interests, other medium and long-term options such as foster care, group homes or adoption will need to be arranged.
- Decisions about long-term placements must be considered and decided individually for each child, in the context of national child welfare policy, legislation and practice, and corresponding to the child's best interests and his/her developmental needs.
- At all times, children must be kept informed of the plans being made for them and their opinion taken into consideration.

- In any form of care, siblings must be kept together.
- The provision of care should be based on the best interests of the child and should not be used to promote political, religious or other agendas.
- Communities should be supported to play an active role in monitoring and responding to care and protection issues facing girls and boys in their local context.

These provisions apply to both short and long-term care arrangements.

Adoption
Adoption, and particularly inter-country adoption, should not take place during the emergency phase.

Any adoption must be determined as being in the child's best interests and carried out in keeping with applicable national, international and customary law.

When adoption is deemed in the child's best interest, priority must be given to adoption by relatives, wherever they live. If this is not an option, preference will be given to adoption within the community from which the child comes, or at least within his or her own culture.

Adoption should not be considered:
- if there is a reasonable hope of successful tracing and reunification;
- if it is against the expressed wishes of the child or the parents;
- unless a reasonable time has passed during which all feasible steps to trace the parents or other surviving family member have been carried out.

Separated children

This article is based on the Action for the Rights of Children's "Resource Pack on Separated Children" and the Inter-agency Guiding Principles on Unaccompanied and Separated Children. For more information, see the "Further reading" section in this ECM.

Introduction

Children separated from their parents and families due to conflict, population displacement or natural disasters are among the most vulnerable. Separated from those closest to them, these children have lost the care and protection of their families in the turmoil, just when they most need them. They face abuse and exploitation, and even their very survival may be threatened. They may assume adult responsibilities, such as protecting and caring for younger sisters and brothers. Children and adolescents who have lost all that is familiar – home, family, friends, stability – are potent symbols of the dramatic impact of humanitarian crises on individual lives.

The breakdown of social structures and services accompanying major crises means that communities and states themselves may not be in a position to provide the necessary protection and care for children without families. It is therefore imperative that humanitarian organisations ensure that the most vulnerable children are protected.[1]

Experience has shown that preserving family unity helps to minimise the effects of catastrophic events on children. However, separations do occur, particularly in situations with large population displacements, and it is therefore essential that activities to limit separations as well as identify children who have been separated, are in place and functioning as quickly as possible. The sooner separated children are identified, the greater will be the chance of successful reunification with their family.

Unaccompanied and separated children

There is an important distinction to be made between 'separated children' and 'unaccompanied children'. When an armed conflict or other disaster occurs, many children become separated from their parents or other caregivers. However, even in emergency situations, relatively few children are found to be totally alone (truly 'unaccompanied'), even though many have been separated from their parents or usual caregivers. Many may be living with, or accompanied by, extended family members, friends, neighbours or other adults, and are therefore classed as 'separated'.

Separated children are those separated from both parents, or from their previous legal or customary primary caregiver, but not necessarily from other relatives. These may, therefore, include children accompanied by other adult family members.

Unaccompanied children are children who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so.

Orphans are children, both of whose parents are known to be dead. In some countries, however, a child who has lost one parent is called an orphan.

The family is defined in some places by the child's immediate relatives: parents, brothers and sisters. In other places there may be a far wider extended family, including grandparents, aunts and uncles and more distant relations within a clan, village or community. Ways of caring for children vary, but generally all societies recognise that the best place for a child to be is with his or her family.

Whether children are defined as 'separated' or 'unaccompanied', it is important not to underestimate the vulnerability of separated children. All unaccompanied and separated children should be registered as a matter of urgency for two reasons: registration enables tracing of the child's family, and it facilitates assessment and monitoring of the care situation. It should not be assumed that because a child is with the extended family that they

have the capacity to trace the previous carers, nor that there will not be particular protection concerns for the child.

The impact of separation on children
Children are more susceptible to illness and injury than adults, but separated children also lack the physical protection and psychological and emotional support they need. Without such support, there is a great danger that their full development will be disrupted or impeded.

In the short term, they can be overwhelmed by the practicalities of fleeing their homes, arriving in an unfamiliar location, exhausted from the journey and suffering the shock of dislocation from their family and environment. Refugee children may also be arriving into an alien culture, where they are unable to speak the language or to express their views. In the period following arrival, they are often faced with probing interviews about their backgrounds, identities and motives from officials who lack any understanding of their culture or circumstances. They may be subjected to fingerprinting or invasive medical examinations to establish their ages. They may be detained in 'waiting zones' in reception centres or even in prisons.

Separation does not occur in isolation from other events: a separated child may also have witnessed frightening and possibly violent events and may have experienced loss on a huge scale – loss of parents and family, of home, relatives, friends, school and the security that comes from a familiar environment. In situations of armed conflict or other disasters, the very survival of unaccompanied and separated children may be threatened. And for those children who are too young or for some other reason unable to give information about themselves or their family, the separation may become permanent.

Separation and child development
Separation can have a profound effect on the developing child, both in the short term and in the long term. The impact will vary depending on the child's age, level of intellectual development, emotional maturity and the nature and duration of the separation. There will also be significant cultural variations, reflecting the very different patterns of child care, and in particular the different ways in which children become attached to parents, older siblings, relatives and other people of significance to the child.

The adverse effects of separation are likely to be limited if the child is looked after by caring adults who provide a level of affection, care and stimulation appropriate to his or her age, stage of development and particular needs. An adequate level of care is rarely available in residential centres or institutions.

A protection framework
All actions and decisions taken concerning separated children should be anchored in a protection framework and respect the principles of family unity and the best interests of the child. The survival of unaccompanied and separated children may be threatened in armed conflict or other disasters. These children are most likely to have their basic rights violated and to risk abuse, exploitation or recruitment into armed forces.

The concept of 'protection' refers to all activities aimed at ensuring full respect for the rights of the individual – in this case a child – as set out in the relevant human rights instruments and international humanitarian law.[2] There are essentially three complementary types of action to help unaccompanied and separated children:
- **responsive action**, aimed at preventing, putting a stop to and/or alleviating the immediate effects of a specific pattern of abuse;
- **remedial action**, aimed at restoring dignified living conditions through rehabilitation, restitution and reparation;
- **environment building**, aimed at creating and/or consolidating an environment (political, institutional, legal, social, cultural and economic) conducive to full respect for the rights of the individual.[3]

All children are entitled to protection and care under a broad range of international, regional and national instruments. Of particular relevance for separated children are:
- the right to a name, legal identity and birth registration;
- the right to physical and legal protection;
- the right not to be separated from their parents;
- the right to provisions for their basic subsistence;

- the right to care and assistance appropriate to age and developmental needs;
- the right to participate in decisions about their future.

Primary responsibility for ensuring children's survival and well-being lies with parents, family and community. The national and local authorities are responsible for ensuring that children's rights are respected. Efforts must be made in an emergency to protect family unity and avoid child-/family separation.

How children become separated

There are many reasons why children become separated from their families in emergencies. These can be considered under two broad categories.

Accidental separations

During conflict or natural disasters, especially where this results in population displacement, children can become separated from their family or those who are caring for them. Accidental separations may be particularly traumatic for the child as they may simply not understand what is happening. Reasons as to why such separations occur may include some of the following:
- children wander away from their parents or carers;
- families become separated during flight;
- children flee when their home is attacked;
- death or injury of family members;
- capture or arrest of family members;
- disabled children are unable to keep up with other members of the family;
- police or others taking a 'lost' child to an institution without properly seeking information on the circumstances.

Deliberate separations

The second category refers to separations where a conscious decision has been made on either the part of the child or the parents or carers. It may be that parents or carers have had an opportunity to explain to the child what is about to happen but the impact of separation on the child is still likely to be very distressing. Typically, circumstances may include:
- families under stress (from poverty, famine, breakdown of informal welfare or extended family structures, the death or disability of parents, etc.);

- families sending children to stay with relatives or friends in third countries;
- children choosing to leave their family;
- children who live independently with their parents consent;
- the abandonment of children during flight (children of single parents may be especially vulnerable);
- families handing over children for their safety (to other local people, centres or aid workers);
- children left behind by their foster families (for example, during repatriation) – children of a different ethnic group from that of their carers may be especially vulnerable.

Assessing the situation and locating separated children

From the outset of any emergency situation it is important that information is gathered that will help to inform prioritisation and decision making regarding separated children. While in some situations it may be possible to build on an existing situation analysis, in most emergency situations it is likely that specific assessments will be required with regard to separated children.

Although the assessment will provide valuable information that will assist in making appropriate decisions with regard to separated children, it must be remembered that many complex decisions about the specific protection needs of separated children will have to be made on an individual basis.

Locating separated children

It is essential that separated children are identified as soon as possible in order that their care and protection needs can be assessed and provided for, and that the process of tracing their families can be initiated with minimum delay. Even in large-scale emergencies and refugee movements, relatively few separated children are found to be totally alone (truly unaccompanied). In most cases separated children will be taken in by families or will arrange for their own care without the intervention of any agency. The nature of such care arrangements may be strongly influenced by whether the separation was deliberate or accidental.

Many separated children may be found in a variety of so-called 'spontaneous care arrangements'

including:
- with extended family;
- with unrelated families – friends, neighbours and sometimes complete strangers;
- children forming themselves into a group-living arrangement (including sibling-headed households).

In addition to locating separated children who have been absorbed into spontaneous care arrangements, other groups of 'invisible' children need to be identified:

- **Children associated with armed forces (and groups):** In ongoing conflict situations, separated children may have been recruited into the armed forces in a number of roles, such as soldiers, porters, cooks, messengers and sex slaves.
- **Disabled and/or sick children:** For a number of reasons, children with disabilities or who are ill may have been abandoned by those who are responsible for their care. HIV+ children or those living with AIDS may also be ignored or abandoned because their chances of survival are deemed to be already limited, or that other children in the family are given 'higher priority'.
- **Children living on the streets:** As they may have no permanent or even regular base, this group of children/young people may often be overlooked.
- **Trafficking:** It is widely recognised that criminal groups often prey on displaced populations taking advantage of their often precarious living situation to traffic individuals, including children, or families. Children may be trafficked for various reasons including illegal international adoption and for sexual purposes.
- **Abducted children:** In conflict situations, where people are fleeing or on the move, children may have been abducted.

Difficulties in locating separated children
Children who are in spontaneous care arrangements may not be considered 'unaccompanied', but they may have significant protection and care needs.

Primary responsibility for children's survival and well-being lies with parents, family and the community

However, while it is essential that separated children are identified as soon as possible, experience demonstrates that it can be extremely difficult to identify some of these groups of children for some of the following reasons:

- Communities may be suspicious of questions being asked by outsiders, unless they understand the reasons behind the questions and trust the people asking them.
- Families who take in children in order to benefit from their presence (e.g., to benefit from their labour or ration card) may be reluctant to reveal their presence for fear of losing the children. Sometimes categories of 'hidden' separated children will have a marked gender imbalance.
- Children themselves may fear that if they are identified as 'orphans' or 'fostered' children, they will experience discrimination and disadvantage in the wider community.
- Groups of children living without adult care may fear that if they are identified they will be split up in different foster homes. It is worth noting that those children who have been absorbed into spontaneous care arrangements, and who have not been identified as 'separated', are potentially most at risk of abuse as their protection needs cannot be identified and monitored, and no family tracing activities will be initiated on their behalf.

Spontaneous care arrangements and potential protection issues

Children placed with the extended family
In many societies, children are considered to belong to the extended family or clan rather than to the nuclear family: it is common for them to be cared for by older siblings, grandparents and aunts, and to spend periods of their childhood with various members of the extended family. When parents die or become separated from their children, members of the extended family automatically take in the children on an interim or permanent basis.

Potential protection issues
However, this does not necessarily mean that these children are provided with a standard of care similar to that provided to the biological children of the family. A number of studies reveal a pattern of discrimination within the extended family which children themselves experience as hurtful and distressing. In many instances, the family is already experiencing material hardship, and very often the additional child is expected to be grateful and to accept that he or she may not be offered the same standard of care as others in the family – e.g., school uniforms and materials. This may lead to a situation in which the separated child feels 'different' and isolated, and the result can be poor communication with the caregivers. Caregivers may not appreciate the importance to the child of having opportunities to talk about their feelings about being separated from their families, their sense of loss or grief, and their concerns for the future. In extreme cases children may be at risk of abuse, including sexual exploitation and exploitative labour, or denial of access to schooling.

Spontaneously fostered children
In some societies, the idea of living with strangers is considered to be completely unacceptable, while in others it is more common. Traditional forms of fostering are not usually based on the best interests of the child but rather on a notion of exchange: the child may benefit from being given food, clothing etc., but the foster carers will benefit from the child's labour. In some cultures it is common for young children to be placed with older foster carers, who provide care for the child on the assumption that they will later benefit from material support when the child grows up. It is

important to note that in some societies there is no expectation that the fostered child will be treated the same as other children in the household: cultural norms in some societies may even dictate that the child should not be treated the same on the basis that he or she will benefit from the experience of a degree of hardship.

Potential protection issues
In order to assess the likely protection issues of spontaneously fostered children it is necessary to understand cultural norms regarding the placement of children with unrelated carers. Research evidence suggests that in refugee situations, when there are significant numbers of separated children, unrelated families may take in an unknown child even when this is culturally uncommon. In some cases, this may be motivated by genuine humanitarian concerns or religious commitment; in others, children may be taken in so that the family can benefit from the child's labour, for sexual reasons or to enhance the family's perceived eligibility for certain material benefits. Frequently children are taken in for a mixture of motives. In all situations, it must not be assumed that fostered children will be accorded an adequate degree of care and protection, and it has been observed in many refugee contexts that spontaneously fostered children experience unacceptable levels of discrimination or abuse (including sexual). Economic issues may be as important as cultural norms in explaining the differential treatment of foster and biological children respectively.

Although, as a general rule, children who are taken in by unrelated families should be encouraged to remain if they are receiving an acceptable level of protection and care, it is vital that they are identified both for the purposes of family tracing and in order that a programme of monitoring and support can be established. However, refugee children in spontaneous care arrangements with unrelated host-country families could face specific protection problems, and placement of these children in their own refugee community should be promoted.

Child-headed households
Child-headed households refer to children living independently in groups. Many of these groups are in fact supported by extended family living nearby

or even in the same compound. Children often express a strong preference for remaining together as a group without adult care, and point to a number of advantages:
- siblings can stay together;
- they can retain the family home (though not in refugee or displaced contexts);
- some children see it as preferable to fostering;
- they may experience less isolation and discrimination than living apart in families;
- older children can be more independent.

It is important to bear in mind that in many societies it is common for children, from an early age, to undertake various domestic and child care tasks in respect of younger siblings. This may mean that children from the age of around 12 and upwards may have a great deal of experience of parenting.

Potential protection issues
Children living without immediate adult care – whether in a sibling-headed household or a group of unrelated peers living together – are perceived as having a number of areas of vulnerability and disadvantage, including:
- livelihood problems;
- lack of experience in solving a range of problems;
- vulnerability to abuse and exploitation;
- loneliness and isolation in the community;
- problems for the oldest child in finding a marriage partner;
- problems for the oldest child in attending school due to the responsibilities of fending for siblings (e.g., priority being given to income-generating activities).

A careful assessment of the circumstances of each child-headed household, and a planning process which involves the children themselves, will be required before a decision is made either to provide alternative care arrangements, or to offer a package of monitoring and support. The latter will be essential in order to ensure that they are adequately protected and given the help, both material and social, which they may need.

While all efforts should be made to keep siblings together, there may also be exceptional situations where, for example, very young children living with siblings would be better cared for and protected

by placement with a foster family. If circumstances dictate that siblings cannot be kept together, it is vital that their care placements enable them to have frequent contact with each other and that their care is planned and reviewed jointly.

Family tracing and reunification
The process of tracing the families of separated children and returning them to their care (or placing them with other family members) is a complex process that requires close cooperation among a number of agencies, with defined mandates and close links with the community.

There are several distinct tasks at different stages of the process.

Identification
Experience shows that children who have been through terrible events such as conflict, are likely to recover more quickly from these experiences if rapidly returned to their own family and community.

The identification process establishes which children are separated from their families/carers and where they are to be found; information gathered at the identification point must be sufficient to lead those doing the documentation back to the child.

In populations of refugees or displaced persons where there are separated children, identifying and documenting them should be regarded as an urgent priority. If there is a large caseload of children requiring tracing, consideration should be given to prioritising young children, and making special efforts on their behalf. Young children quickly forget information about their past, and it is important for children to be reunified before they became too attached to 'interim' carers, or before they or their family experience further moves.

Documentation
This is the collection and recording of information about the child, his/her family and place of origin, the circumstances of separation and the wishes of the child. Separated children should be registered and documented as soon as possible after identification.

Registration is the compilation of key personal data: full name, date and place of birth, father's and

mother's name, former address and present location. This information is collected for the purpose of establishing the identity of the child, for protection and to facilitate tracing.

Documentation is the process of recording further information in order to meet the specific needs of the child, including tracing, and to make plans for his or her future. This is a continuation of the registration process and not a separate undertaking.

Family tracing
Family tracing is the process used to find the parents or other family members of the child. Families searching for their child usually do so through the tracing service of the International Committee of the Red Cross. In the case of children, tracing is the process of searching for family members or primary legal or customary care-givers. The term also refers to the search for children whose parents are looking for them. The objective of tracing is reunification with parents or other close relatives.

Verification
This is the process of validating the relationships between the child and family member, and confirming the willingness of both for reunification. Once the parents or other family member of a separated child are located, it is vital that their identity and relationship with the child are confirmed. The purpose of verification is to prevent the child from being handed over to the wrong person. The verification process also allows for an assessment to be made of the suitability of the care arrangement, and ensures that the child agrees and does not have concerns about the placement.

Reunification/placement
This is the ultimate aim of family tracing, to reunite the child with parents or previous family carers, or place the child with other members of the extended family. Families become separated in difficult circumstances. The memories of separation and experiences since separation may make family reunification difficult. It is also important to take into account the circumstances before separation as there may have been pre-existing difficulties. It must be recognised by agencies carrying out reunifications that this may not be an easy time for the child and family. In addition, while this part of the process is commonly referred to as 'reunification', the reality is that children are often placed with a family with whom the child has never lived previously.

Follow-up
This is the action following reunification to establish that the child settles happily with the family. The term follow-up is often used to describe what may need to be done after children are reunited. It may be used to describe:
• general support to a family; for instance through visits by a social worker who helps the family link up with community support and resources;
• supporting the reintegration of children, for example where there are family or emotional difficulties;
• material support; assistance with school fees or other items.

Where there is a large caseload of children, follow-up can be difficult. It may be necessary to develop criteria for prioritising those children who may require intensive follow up. It can also be carried out through community groups, such as community protection networks which are now being developed in some countries.

It is worth remembering when describing the above process, that the participation of children and families should be emphasised in all phases, building on their knowledge and capacities, and incorporating their efforts into assessments. Children have their own networks and sources of information, and their involvement can contribute important information, for example on where other children may be found.

Notes
1 Inter-agency Guiding Principles on Unaccompanied and Separated Children (2004).
2 The Convention on the Rights of the Child (1989) and its two Optional Protocols (2000); the four Geneva Conventions (1949) and their two Additional Protocols (1977); the Convention relating to the Status of Refugees (1951) and its Protocol (1967); other relevant international treaties.
3 Workshop on protection for human rights and humanitarian organizations – Doing something about it and doing it well. Report on the fourth workshop held at the ICRC, Geneva, 18-20 January 1999 (ICRC ref. 0742).

Community-based care for separated children

David Tolfree, independent consultant in international child care and protection

This article is adapted from Community based care for separated children*, which provides a condensed output from Save the Children's "Care and Protection of Separated Children in Emergencies" research project.[1]*

All over the world, children are separated from their parents, caretakers and communities due to – among other things – armed conflict, natural disasters, pandemics and various forms of exploitation and abuse. The prevailing response to those who cannot return to their family and/or place of origin by authorities and aid agencies has been some kind of residential care. This article discusses the shortcomings of this model in relation to community based care approaches, e.g., (extended) family and foster home solutions for separated children. It identifies a series of critical issues for those who wish to promote and protect the best interests of the separated child.

Introduction

A distinction is sometimes made between 'institutional' or 'residential' care[2] on the one hand, and 'community' care on the other. Although it is quite possible for residential care to be firmly rooted within the community (there have been various experiments in small, family-like groups of children living in children's homes within the local community) these are very much the exception to the rule. In the vast majority of cases, institutional care involves large numbers of children living in an artificial setting, which effectively detaches them not only from their own immediate and extended family and from their community of origin, but also from meaningful interaction with the community in which the institution is located. The long-term effects of this on children's development can be profound – hence the importance of preventing separation and the search to devise, develop and promote community-based forms of care for separated children. Such an approach is not straightforward, however, and in the research into the Care and Protection of Separated Children in Emergencies (CPSC) it has been revealed that community-based forms of care can also seriously infringe the right to development of potentially vulnerable children.

This paper begins with an overview of the empirical evidence about the impact of institutional forms of care on children: this is based on a review of the literature and is illustrated, as far as possible, by the voices of young people who have experienced residential forms of care. It continues with an analytical description of community-based care: as well as considering the advantages of childcare in the community. There will be a discussion of some of the constraints and difficulties, and some conclusions will be drawn concerning the safeguards required to ensure that children's rights are respected. The paper will then consider whether there are some situations in which institutional forms of care are either appropriate or unavoidable, and finally some unresolved questions will be posed.

The impact of institutional care on children

The research literature on residential care provides a high degree of convergence on the principal disadvantages and negative impacts of residential care. Significantly, there is virtually no empirical evidence to contradict these findings. At the worst end of the spectrum, serious violations of children's rights are found, whether in the form of systematic sexual abuse, exploitation, life threateningly poor nutrition, hygiene and health care, educational deprivation or strict, regimented and harsh discipline. At the more positive end of the spectrum, physical conditions may be good,

Children, by remaining within their own communities, retain a sense of belonging and identity

the standard of education may be excellent, but a number of problems are almost inevitably associated with residential forms of care. The table on the next page depicts some of these, with illustrations drawn mainly from children themselves. Age is a key variable: the research evidence strongly suggests that the experience of institutional care is most psychologically damaging for children aged under 5 or 6 years. Personality and individual characteristics are also important variables; gender appears not be a significant variable.[3] None of the features of institutions in the table is invariably present, but the research suggests that it is extremely rare to find any residential institution for children which fully respects children's rights and which offers adequate conditions for child development.

If these are not sufficient reasons for seeking community-based alternatives, issues of costs and sustainability provide an added and compelling argument. Not only is residential care a much more expensive[4] way of meeting children's needs than

either supporting the child in his or her own family, or by providing family-based care in the community, but residential centres also tend to act as magnets for resources because of their high visibility and donor-appeal. As a response to the huge problem of children rendered homeless by HIV/AIDS, for example, residential care is patently unaffordable and unsustainable.

Millions of children have been orphaned or made vulnerable by HIV/AIDS. The most affected region is sub-Saharan Africa, where an estimated 12.3 million children have been orphaned by AIDS. This orphan population will increase in the next decade as HIV-positive parents become ill and die from AIDS. While sub-Saharan Africa has the highest proportion of children who are orphans, the absolute numbers of orphans are much higher in Asia, which had 87.6 million orphans (due to all causes) in 2003, twice the 43.4 million orphans from all causes in sub-Saharan Africa[5].

Institutional characteristic	Relevant articles from the Convention of the Rights of the Child	Examples of child development impact	Illustration
Institutions tend to segregate children, leading to a powerful sense of discrimination and stigma	The principle of non-discrimination (article 2)	Stigma and discrimination have a powerful negative effect on the growing child's identity and self-esteem	"We always felt humiliated because of living in the home" "They would always treat us like orphans"
The placement of the child in an institution is frequently driven by the wishes of the family, not the best interests of the child	The principle of the child's best interests (3)	Placement in an institution may be perceived by the child as a form of rejection by the family, resulting in feelings of abandonment and loss of self-esteem	"Admission was sought partly because their children were assured of a good diet and access to a quality of education unavailable in refugee camps"
Even if the child has one or both parents, the evidence suggests that contact with parents and the wider family decays over time	The right to maintain contact with both parents on a regular basis (9.3). The right to preserve his or her identity (8) and to family reunification (10)	Loss of personal and family identity, of a sense of belonging to a community, and consequent loss of support networks for the future	"I felt I needed my family, even though I always had other people around me" "We didn't have any relatives visit"
The lack of individual and personal care, attention and affection, with institutional needs taking precedence over those of individual children	The right to grow up in an atmosphere of happiness, love and understanding (Preamble). The right to express an opinion (12)	Opportunities for attachment and for reasonably continuous relationships with parental figures are fundamental to child development, especially in the early years.	"We never had any affection; we had all the material things – a bed, food, clothing – but we never had love"
Many institutions do not provide adequate stimulation and purposeful activity for children	The right of leisure, play and recreational activities appropriate to the age of the child (31)	Stimulation is vital for the development of motor skills, intellectual capacity and social skills. Deprivation can have profound and long-term effects	"It was like a prison" "The babies… were left in their cots most of the day"
Children who grow up in institutions may be denied opportunities to learn about the roles of adults within the particular culture	The child should be fully prepared to live an individual life in society (Preamble)	Childhood experiences are partly aimed at equipping the child with the knowledge and skills required of adulthood	"I have no idea what it is like to live in a family" "We called the director 'Daddy'… but he really had little time for us
Institutions frequently provide little or no opportunity for mixing with children outside of the institution	The right of freedom of association (15)	A variety of peer-group relationships and exposure to 'normal' family life are important for children's development	"A large children's village… has the appearance of a homely fortress surrounded by a high barbed-wire fence"
Child abuse of various kinds is common in institutions, even in well-resourced institutions in the industrialised nations, and often persists for years without being revealed to the outside world	The right of protection from all forms of abuse and neglect (19) and from sexual exploitation (34)	Child abuse has been demonstrated to have a devastating impact on children's development and well-being, often with long-term implications	"They would beat us even with the iron, with no clothes on" "The priest…started to touch my stomach and private parts… Several others said he had sexually abused them"
Residential institutions often fail to respond adequately to the psychological needs of children	The right to rehabilitative care (39), which specifically includes recovery from the effects of armed conflict	Experiences such as separation, loss and exposure to frightening events can have a seriously negative impact on children's development	"They told me I should try to forget everything. And I told them 'How can I forget this? Could you forget your own child's death?'"
Many institutionalised children experience considerable problems in adjusting to life outside the institution. Many end up in prisons or psychiatric institutions	The right to assistance to enable the child to fully assume his or her responsibilities within the community (Preamble and 18)	Institutions tend to encourage dependence and discourage children from thinking and solving problems themselves, leaving them ill-equipped to live independently	"They don't give proper tools to survive in society" "They throw you out into society with no kind of structure to survive"

It is inconceivable that residential care could provide a solution to a problem on this scale.

Community-based care

Community-based care may be defined as a range of approaches which are designed to enable children either to remain with their own (or extended) families and to prevent the need for separation, or to be placed with an alternative family, if possible within his or her community.

Preventive approaches

Research demonstrates that the vast majority of children in institutional care do have families, and that the reasons for admission are more to do with family poverty and the availability of residential care, along with discrimination based on gender, ethnicity, disability and health status, than unavoidable separation. Many admissions could be prevented if the family received even minimal support. There are many possible components to a preventive strategy, depending on an assessment within the particular context: the following is intended as an illustration of some of the possible components of a preventive approach:

- material support to families, e.g., in the form of loans for micro-enterprise, support to set up work cooperatives etc., possibly coupled with vocational training;
- the provision of day-care facilities – both to promote child development and to enable parents to work; children with disabilities may particularly benefit from day care;
- the provision of clubs or other facilities for children to receive social, cultural, educational and recreational opportunities;
- sexual health education and programmes designed to reduce unwanted pregnancies;
- resources targeting single mothers or other families who are likely to place their children in residential care: programmes might include training in child care, job training, counselling etc.;
- educational support (e.g., the payment of school fees or the provision of school materials);
- advocacy and legal support – for example, in obtaining birth certificates for children, securing school access or obtaining specific resources for children with a disability;
- community awareness-raising and education – for example, in child rights and children's needs, and specifically in the importance of family- and community-based care;
- programmes to assist and support parents in caring for a child with a disability.

One factor to be considered is the sustainability of such interventions, especially if there are long-term revenue implications. In this context, for example, the provision of loans for micro-enterprise may be considered as more sustainable than any form of welfare benefits. On the other hand, where children are being cared for within the extended family, and in other situations where the child is in danger of being placed in an institution, the provision of quite modest support may make a considerable difference to the capacity and willingness of the family to continue to provide care.

It is important to recognise the important and active role which children themselves can play: the mobilisation of young people to identity and respond to their own problems and needs can be an important programme strategy. Advocacy for community-based strategies is also vital, whether at local level (e.g., lobbying for the waiving of school fees or advocating for the admission to school of children with disabilities) or at national level (e.g., for the registration and control of private and voluntary institutions).

Alternative care approaches

Clearly some children will experience unavoidable separation from their parents or other traditional care-takers, either through death (for example from HIV/AIDS) or because of accidental separation resulting from armed conflict or forced migration. The tracing of the family of origin, or of other members of the extended family, is clearly the first choice, enabling the child to live with familiar adults and to retain his or her sense of family belonging and identity. In some cases, however, the child may remain vulnerable because of family poverty and other circumstances, in which case community-based support services may be needed in order to ensure that the child does not become vulnerable to further separation.

While family tracing is being pursued, and in the event of this not proving successful, placement

within a family setting is almost always preferable to institutional care and avoids many of the negative impacts on child rights and child development. However, before initiating any kind of fostering programme, a careful assessment is required to understand fully the cultural norms regarding the care of children by unrelated adults. Anthropological studies demonstrate that in some cultures, the care of children by strangers is an unfamiliar practice; in others it may be culturally acceptable but may not be based on the best interests of the child. In West Africa, for example, many children are cared for by unrelated families, but the arrangement is often based on a notion of exchange. For example, the child benefits from the teaching or training of the carer, and the carer benefits from the labour of the child. Young children receive care and nurturing, especially from older women, releasing the child's mother for productive work, and in exchange there is an expected obligation when the child grows up that he/she will support the foster carer in her older years. What also emerges from the research is that some cultures sanction the less favourable treatment of fostered children – and may even positively value this as illustrated by the Mende proverb, "no success without hardship". In child rights terms, however, this may involve discrimination or even exploitation.

If children's rights are to be protected, it is vital that there is an acknowledgement of the potential risk to children and that steps are taken to minimise these. In Western societies, where fostering by strangers is well-established, the failure rate is high and fostered children are known to be at enhanced risk of abuse. Research undertaken in developing countries suggests that fostering is most likely to be effective in meeting the care and protection needs of separated children if the following four conditions are met: first, that the programme is firmly embedded within the local community, with a strong sense of community ownership of responsibility for care and protection. Second, that the programme is supported by an agency with detailed knowledge of the cultural norms concerning the care of parentless children and a solid knowledge of child rights and child development. Third, the available evidence suggests that the preparation of foster careers for their task is associated with favourable outcomes. This process will often include an element of education in some of the expected difficulties, with an emphasis on

their role as 'duty-bearers' in respect of children's rights. The involvement of the carer's own children and the extended family is also important. Finally, evidence emerges that children often have a very clear picture of what arrangements for their care they would prefer, and a remarkable capacity for weighing up the various options open to them. Their active participation in the process of planning for their care is a vital and often neglected aspect of good practice.

While there is no universal programme template that can be applied to all fostering programmes, the following are the typical components of such a programme:
• effective community mobilisation work to identify separated children, to advocate for family-based care and protection, to identify families willing to foster children, and to mobilise networks of support for both children and families;
• some system of approving and preparing foster carers – this would normally involve both some individual assessment and ensuring the approval of the wider community;
• the identification and preparation of children for fostering. The active participation of children, using methods appropriate to their age and stage of development, will be vital;
• the placement of the child: the involvement of the wider community – for example by the use of some kind of ceremony involving community leaders and neighbours – may be important;
• continuing monitoring and support of the child and the family: again child participation will be a centrally important aspect of this.

The last of these is possibly the most important and usually the most difficult. Continuing responsibility for fostering maybe located within the community, with the agency, or with the government, according to the particular context. The capacity for a real sense of community ownership for separated children may be limited by the local circumstances: political or ethnic divisions, for example, may severely inhibit a sense of community responsibility, while chronic poverty may inhibit people's capacity to look beyond their own immediate survival needs. Traditional communities often have the potential to be both protective towards and exploitative of children. And while legislation may confer

responsibility upon government structures, the reality is that sometimes these are not, and have limited potential to be, effective in supporting potentially vulnerable children. What is clear is that children living with unrelated families may be vulnerable to abuse, exploitation and discrimination, and that continued monitoring and support will be vital in order to minimise this danger and to protect their rights. It is particularly important for children to have access to one or more trusted people outside of the family. Please see illustration in the box.

Fostering will not be appropriate for all children. Some adolescents, for example, may prefer to live alone, or in small groups, and sibling groups may prefer to remain together as a child-headed household. Evidence from the CPSC study suggests that though this may be the most acceptable option for some older children, they are likely to need support, ideally from sympathetic adults in the local community, and advocacy to facilitate the acceptance of what may be an unconventional living arrangement. Integration of young people living without adult care into activities involving other young people may also be important. The protection and livelihood needs of girls may need particular attention.

In contexts where legal adoption is available, this may be a more appropriate option for some children, especially when they are young and it is known that their own immediate and extended family is not going to be able to care for them. Inter-country adoption is generally to be avoided.

The advantages of community-based approaches
The advantages of community-based approaches are that children continue to be cared for by familiar adults (as far as possible) and that they remain within their own communities. Family-based care is not only more likely to meet their developmental needs, but is also more likely to equip them with the knowledge and skills required for independent life in the community. By remaining within their own communities they both retain a sense of belonging and identity and also benefit from the continuing support of networks within that community. Although there may be risks attached to fostering with unrelated families, with appropriate external monitoring and support, it is more likely that their rights will be respected than if they are placed in

Fostering in the Sinje Refugee Camp, Liberia

Save the Children–UK was responsible for child protection functions in this camp and worked mainly through three social structures: the Child Welfare Committee (CWC), the Concerned Carers (foster carers) and Boys' and Girls' Clubs. An extensive pattern of training workshops was undertaken with these organisations, covering a range of topics including child rights and different aspects of child care and protection. Work with separated children was integrated into a wider child protection strategy implemented primarily by members of the CWC. Fostered children were visited formally by members of the CWC, but additional support was offered by Concerned Carers, who also had a responsibility for identifying new foster homes. Fostered children were also supported by the Children's Clubs, both formally through the pattern of child advocates in each block within the camp, and informally by other young people, who had been sensitised in child rights and child protection issues. Despite the high incidence of child rights abuses in the early stages of the camp, an overall improvement in the quality of care and protection of separated children was observed.

institutions. Finally, community-based approaches benefit from being potentially far less expensive than residential care, and hence more sustainable.

Is residential care ever the preferred (or only) option?
There may be a few occasions when residential care is the chosen form of care and protection for children. One example is in work with children demobilised from armed forces: in Liberia and Sierra Leone, it was argued that young people needed a period of adjustment from harsh military life before attempting integration into more normal life within the family and community. It was also necessary to undertake the preparation of the family and the local community to receive back a young person who may be held responsible for killings and atrocities. It was argued that an adjustment period in a temporary form of group care with a purposeful programme of education, psychological adjustment and personal support was the most appropriate way of planning

for the children's future and working towards family/ community rehabilitation.

In other situations, group living may be considered an appropriate approach, for example in providing training and support for teenage mothers, or for enabling children who have experienced a breakdown in a foster home to recover psychologically before a further family placement. In some situations of conflict and displacement (as in Rwanda following the genocide), the sheer numbers of unaccompanied children were perceived as an unavoidable reason for the introduction of interim care centres. In all of these instances, however, there are dangers in using residential forms of care: as well as drawing in children who do not need to be separated from their families, residential care tends to breed dependence, and both children and staff may become resistant to moves to enable the children to leave, either to return to their own families or to be placed in substitute family care.

To be effective, residential centres need to have clear and enforced admission criteria, the programme must be directed towards specified and time-limited objectives, and integrated with other programmes (e.g., family tracing, fostering) to ensure that children move on in a timely and appropriate manner. Steps need to be taken to ensure that staff are fully committed to the centre's philosophy and objectives and possess the skills to carry them out. Experience demonstrates how difficult this can be to achieve, and that residential centres can readily develop many of the negative features depicted in the section "Care and protection of separated children in emergencies" above. Unfortunately it has often been found that institutional care generates publicity, especially in emergencies, generating a 'common sense' appeal to donors which belies its negative impact on children and which further reinforces the proliferation of residential care rather than community-based alternatives.

Unresolved issues

The continuing emphasis on community-based forms of care needs to be underpinned with further research. There have been no studies into the long-term impact of fostering in situations of armed conflict and forced migration, and in HIV/AIDS epidemics: in particular, we need to know more about how fostered children, disaggregated by gender, fare during their adolescence and how they, and their carers, cope with their entry into adulthood, raising questions of marriage, economic self-sufficiency and inheritance. It is also important to know the extent to which community-based support structures continue to provide effective monitoring and support to young people and their carers. In situations of armed conflict and forced migration, large numbers of separated children are placed with the extended family – sometimes quite distant relatives. Little is know about how these arrangements actually work out, and where they do not, what kind of support systems might have enabled the child's situation to endure. Finally, throughout the research into care and protection issues for separated children, little emphasis is placed on what the children themselves think, and few programmes involve children systematically in framing policy and in determining the elements of good practice. The Save the Children initiative "Care and Protection of Separated Children in Emergencies" is making a small contribution in rectifying this.

Notes

1 The project is reported on more fully in *Whose Children? Separated Children's Protection and Participation in Emergencies,* published by Save the Children. For more information, see the "Further reading" section in this ECM.

2 These two terms are used interchangeably.

3 Gender differences have been less extensively researched than age.

4 It has been estimated that residential costs between 5 and 10 times more than foster care.

5 Children on the Brink 2004; A Joint Report of New Orphan Estimates and a Framework for Action. July 2004. UNAIDS, UNICEF, USAID.

Child-to-Child

Helping children in emergencies and affected by conflict

Dr Tashmin Kassam-Khamis, Chief Executive Officer, Child-to-Child Trust (UK)

Child-to-Child is a rights-based approach to children's participation in promoting health and community development. The Child-to-Child approach is an educational process that links children's learning with taking action. It is a practical way in which children's rights can be effectively implemented.

The Child-to-Child approach has been successfully implemented since 1978. Education, health promotion and community development programmes are using the approach in over 70 countries. The Child-to-Child international network encourages and enables children and young people to promote the holistic development of the health and well-being of themselves, their families and their communities.

Child-to-Child is *much more* than:
- one child helping another child;
- older children passing on health messages to younger children;
- an approach to peer education;
- a one-time activity.

Child-to-Child *is not* about:
- children being asked to act as loudspeakers for adults;
- children being used to do things adults do not want to or should do;
- richer children helping poorer ones;
- a few children being put into positions of authority over their peers (e.g., as "little teachers").

Child-to-Child is:

One child or a group of children	- spreading knowledge to - teaching skills to - demonstrating by example to - working together with	- a younger child/ children - a same-age child/ children - a family/families - the community

The Child-to-Child approach: A health action methodology

Using a sequence of linked activities, or 'steps', children *think* about health issues, *make decisions,* develop their life-skills and *take action* to promote health in their communities, with the support of adults. While the activities are frequently initiated by or with children, adults are available for support. Increasing children's participation is a slow and phased process, ranging from children's active involvement to children directing initiatives:
- **Choose and understand:** Children identify and assess their health problems and priorities.
- **Find out more:** Children research and find out how these issues affect them and their communities.
- **Discuss what they found and plan for action:** Based on their findings, children plan action that they can take individually or together.
- **Take action:** Children take action with support that they have identified as needed from adults.
- **Evaluate:** Children evaluate the action they took: What went well? What was difficult? Has any change been achieved?

Through direct participation in taking action, children grow in self-esteem

- **Do it better:** Based on their evaluation, children find ways of keeping the action going or improving it.

Child-to-Child activities have been used to help children affected by war, disaster and conflict. In disasters, which can affect whole communities, the needs of children are often forgotten and overshadowed because of the urgent need for medical assistance, food and water, proper hygiene and ways of keeping infectious diseases at bay. However, children can assist in providing basic needs and, in so doing, play a positive role, which enables them to cope with their fears and the loss they are experiencing, and it helps build their own confidence and self-esteem. Children have good ideas about how to demonstrate and share health activities with others. Children aged 4–5 years have been involved and encouraged to share ideas and develop useful activities that help not only others but also themselves. The energy and enthusiasm of children, even those who have been affected by conflict, is demonstrated in the following example.

Promoting play through the Child-to-Child step process in an Afghan refugee camp in Pakistan
Step 1. Understanding the issue: The community worker in the refugee camp noticed how very young children in the camp were not being stimulated at all. In a weekly group session with children (aged 5–10 years) through a story she discussed the importance of talking to and playing with babies for the child's development.

Step 2. Finding out more: These older children went back to their younger siblings in their families and observed what makes them smile. They learned that young children like clapping, singing, poems and stories. They also noticed that there are not many toys or books in the camp for the very young children.

Step 3. Discussing findings and planning action: Children discussed what they had found out and planned what action they could take to support the babies and toddlers in the camp. They decided to make toys for the younger children and collect materials that do not cost anything or may even have

been thrown away such as seeds, grass, bottle tops, cotton reels, string, rags and paper as well as old newspapers and magazines.

Step 4. Taking action: Children collected the material with the help of family members and held a special toy-making event for all the children in the camp. With the help of the community workers they made mobiles of shiny things and rattles for babies, shape sorters, pictures and books for very young children, pull-along toys and puppets for toddlers. They then gave these to babies and toddlers in the camp.

Step 5. Evaluating action: Children discussed amongst themselves about changes they had seen in the camp and how much the toys were being enjoyed and shared/exchanged. They noticed how some toys were not very safe for babies as they put everything in their mouths.

Step 6. Doing it better: Children continued these activities, using all opportunities, individually and as a group. They also encouraged parents to use the toys to play with the children and asked grandparents to share with them and the young children traditional games and stories.

Involving very young children in refugee settings: Stories from Lebanon
The Child-to-Child approach has engaged very young children affected by conflict to participate in promoting health as well, for example in refugee camps in Lebanon.

The Kanafani Kindergartens in Palestinian Refugee Camps
The Kanafani Kindergartens, set up by the Ghassan Kanafani Foundation, follow the Child-to-Child step methodology, and it has helped promote children's participation in a systematic way and has encouraged the use of active learning methods. Children as young as 4 years old have learned about and promoted health topics such as the rational use of water, personal hygiene, preventing wastage in the camp, keeping the environment clean and protecting oneself from heat. Other topics in the kindergarten curriculum include food, nutrition, bullying/violence and the dangers of smoking (see box on page 50).

Tackling violence in a Kanafani Foundation kindergarten

A group of 4-year olds were able to understand different types of violence with the help of pictures. One picture showed a child pushing another. In another an object was being thrown at a person. In another an old woman's walking stick was pulled away, making her fall. The children discussed the pictures in groups and then role-played each scene. Each child was given a name tag that represented one of the characters in the pictures, encouraging them to understand the feelings and thoughts of the person they were role-playing.

One of the children would then sit on the 'hot seat' to find a solution to the problem. This was again role-played. One suggestion was that a child could help the old woman find her stick. Through this discussion, and through thinking and role-playing, children sought out workable solutions to the problem of violence.

The children then sat in a circle around the pictures and talked about all the possible solutions. After this intensive exercise, there was only one thing left to do: snack time!

The Naba'a Foundation: Including all to promote early childhood development
The Naba'a foundation helps promote the rights and participation of 8,000 children in Palestinian refugee camps in North and South Lebanon to advance community and civil society development. It believes in inclusive education, and disabled children, young children and out-of-school boys and girls participate actively and in a planned manner in early childhood and education development (ECED) activities. Older boys help care for younger children, making toys and playing with them, helping to break down traditional gender barriers and assumptions of the traditional roles and relationships between men and women and children. The participation of out-of-school girls in ECED activities has encouraged re-enrollment in formal schools and vocational courses. The Child-to-Child approach has been powerful in demonstrating what children can do, and parents are now aware of the importance of encouraging communication and learning through

Young children promoting health in the ECED centre, Naba'a, Saida

Young children learned to check the expiry date on cans, learned about good nutrition and what to do when there is an accident. An under-5 child, seeing his father smoke, put up the poster on smoking in the home that had been drawn in class. The father, if he has to, now goes out for a smoke. Having learned that it is wrong to share toothbrushes, children from the centre insist that each sibling has his/her own toothbrush.

play. Younger children are now seen to have a 'voice' in the family (Zaveri 2004).

What emerges strongly from these examples is the remarkable resilience of young children even in these difficult circumstances. Child-to-Child approaches have much to offer children in this recovery process. Through direct participation in identifying problems, making decisions and taking action, children grow in self-esteem, gain social and problem-solving skills and develop a sense of having some control over what happens in their lives (Harman and Scotchmer 1997).

Resources

There are numerous examples of how to help children affected by emergencies and conflict to participate in health and community development at the Trust's on-line directory at <www.child-to-child.org>. Activity sheets for teachers, health and community workers are available on child growth and development, nutrition, hygiene, safety and safe lifestyles, inclusion, disease prevention, HIV/AIDS and helping children in difficult circumstances, such as children who work on the streets, children living in institutions, helping children whose friends or relatives are dying, helping children who experience war, disaster or conflict (Bailey et al 1994; Hanbury 2004). Other Child-to-Child resources include story books such as *The path of peace* (on peace education) and *Five friends of the sun* (on landmine awareness) (Bailey 2002, 1998). All are available through Teaching Aids at Low Cost (www.talcuk.org).

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Restorative play in refugee situations

Sophie Naudeau, PhD, Eliot Pearson Department of Child Development, Tufts University, USA

There is little literature devoted to how children who live in refugee camps perceive the reasons that led them into exile and react to their new environment.

This lack of literature is not surprising given the instability of this type of environment and the difficulty of following the same refugee children across extended periods of time. However, several relief organizations have been actively involved in a global effort to understand and to address the specific needs of refugee children. Throughout the past 20 years, an increasing awareness has progressively emerged that children in refugee camps have other important needs beyond the obvious material ones of food, shelter, and medicine. Play is one of these less obvious – but important – needs.

Play as a means to assess and relieve stress

Carefulness and humility are essential when conducting assessments or intervening in cultures where the place and role of children in society and the meaning of play may be radically different than in Western cultures. However, play seems to hold a special role in stressful environments regardless of culture. When children are scared, when they do not understand what is happening to them, when they are unhappy and withdrawn, play can hold restorative powers (Scarlett et al 2005). It is therefore essential that play be preserved, protected and supported, especially in stressful environments.

Lack of play as a means to assess stress

When the environment becomes too stressful, many children reach a breaking point where they are unable to cope (Henniger 1995). For young children especially, this breaking point can be observed in the play experience or, more often, in the lack of play. Lack of play, or what is also called 'play disruption', may be a signal of a child's inability

to express thoughts and feelings related to their situation (Schaefer 1994). Erikson (1963) was first to describe 'play disruption' and its effects, defining it as "the sudden and complete or diffused and slowly spreading inability to play" (p. 223).

However, one should not always assume that a child's not playing constitutes play disruption. Indeed, children might not play for a variety of reasons, one being the lack of opportunities to play. In refugee situations, there are clearly times when children do not get a chance to play – as when they are expected to work (e.g., by gathering wood, fetching water, caring for younger siblings). In addition, the lack of security in general, the lack of time to wander around, the presence of land mines and the lack of access to play materials or toys are among the many reasons why children, in such circumstances, might not engage in play.

Play as a mean to relieve stress

Why should we be so concerned when a child does not play? After all, play is commonly referred to as 'just' play, a seemingly naïve and futile activity that children engage in when they have nothing better to do. In humanitarian crises and emergency situations such as those faced by refugee populations, play is often not viewed as a priority, and play programmes in refugee camps remain scarce. Furthermore, when financial possibilities are strangled and when strategic choices need to be made, play programmes are often the first ones to be considered 'extra' and to be removed from the overall assistance plan.

Play, however, is a powerful and effective means of reducing children's stress. Psychoanalytic theorists (e.g., Bettelheim 1987; Erikson 1963; Freud 1920; Winnicott 1971) provide a good deal of insight into this matter. They speak of the cathartic effect of play and explain that play is a means for children to act

Photo: J.P. AMIGO

The importance of play

For younger children particularly, play is central to healthy growth and development – in all its aspects. A holistic perspective on child development focuses on how children's social and emotional well-being, physical growth, cognitive development and relationships to others are all clearly inter-linked. The defining activity underpinning the process and promoting optimal development is play. Babies and infants play with the caring adults around them, particularly mothers, from their earliest days. It is an essential means of communication. Play can be considered young children's 'work'. It is through play that young children's learning is fostered and encouraged. Structured play opportunities are an essential component of the kind of rich learning environment in which children thrive and flourish, whether it be in family, domestic surroundings or in wider social and community settings. Opportunities for free, undirected play are also crucially important in enabling children to explore the wider world and to have the necessary space and time for reflection. Hence play, far from being a frivolous activity as it is sometimes depicted, is central to all children's lives. For those whose lives are disrupted for whatever reasons, play is also an essential therapeutic activity which can help in the process of reducing stress and establishing normalcy. Of course play activities in themselves cannot change stressful circumstances. But they can and do provide the opportunity for children and indeed the adults around them, to engage in meaningful interactions and to shift the balance of social and environmental factors, as well as psychological ones, in a positive direction.

out unpleasant experiences and to release emotional tensions in a safe, progressive and non-damaging way (Freud 1920). This process, they say, leads to play satiation, a "play from which the child emerges as a sleeper from dreams which 'worked'" (Erikson 1963, p. 229).

Other scholars (e.g., Piaget 1962; Vygotsky 1978) also emphasize the restorative powers of play but they highlight the c ognitive processes rather than the emotional ones. In their view, play is the medium that young children use to work through past stresses and to prepare for future ones. For instance, children may engage in play behaviours that modify real-life events to fit their wishes and turn a negative or stressful experience into a more pleasant and satisfying one – as when children pretend to be the aggressors in re-enacting situations where they were the victims or the powerless observers. Children may also engage in play behaviours that help neutralise strong and unpleasant emotions – as when a child engages in spanking a baby doll to release feelings of anger and frustration.

These scholars agree, then, that play can help most children cope with stressful experiences and environments. This is not to deny that some children may display such intense negative reactions – reactions that may be considered maladaptive or 'pathological' – that play is not enough. In such cases, appropriate and culturally sensitive therapeutic interventions should be considered, such as play therapy or more traditional ways of healing.

However, most children who experience war (or other disasters) and refuge react in developmentally adaptive ways; they react normally to an 'abnormal' experience (Scarlett et al 2005). For these children, play can hold a key function in restoring some level of normality in their lives – a preventive function rather than a therapeutic one.

Four pillars for a good-quality play programme
What kind of play programme will best address the children's needs in a specific environment? Through its many years of practice implementing play programmes for refugee children in various regions of the world, the French organisation Enfants Réfugiés du Monde ("Refugee Children of the World") developed an empirical framework that consists of four dimensions or pillars: (1) a protected time and

space, (2) age-appropriate and culturally sensitive play material, (3) a carefully balanced adult presence and involvement, and (4) the presence and involvement of peers, family and community at large. These are the same pillars usually missing in environments such as refugee camps, the very components in the absence of which an environment becomes 'abnormal'.

A protected time and space
In refugee camp, children usually live in temporary shelters, and the fears associated with the reasons and conditions of their exile are usually still vivid in their minds. In some cases, the situation may remain unstable even within the host country or region. As a result, children and families might live in a permanent state of fear.

For play to occur in such instances, for the children to relax and engage in play, they need to be warmly reassured that nothing harmful or negative will happen to them. In most refugee situations, the level of general security is unfortunately beyond the control of the adults implementing play programmes. However, much can be done to convince children that play areas and times allocated for play are both special and protected. For instance, children usually do not have the fixed schedules that they used to have at home and that they need in order to regain control of their lives. The time devoted to play can therefore begin to hold this regulating function in their lives. When children know that they can go to the play area at a certain time every day, and when they begin to trust that caring adults will ensure their safety, then – and maybe only then – can they begin to play.

The most resilient children might not need this level of regularity to spontaneously engage in play. They might initiate play by themselves, grasping any opportunity they have and making use of what play material they have, compensating with their creativity and imagination for what is missing in their environments. They may, for instance, collect whatever they can recycle (e.g., metallic cans, banana leaves, bottle caps, shoe soles) and transform these little 'treasures' into the most creative toys. These children are usually those who first catch an observer's attention, because they remain active and playful in even the most stressful times. However, not all children are so creative, resourceful and

resilient. The quieter and sometimes withdrawn children often need encouragement to engage in quality play, the kind of play that leads to play satiation and leaves children refreshed (Erikson 1963). In fact, even those children who do play spontaneously can still greatly benefit from a more structured time and space.

Age-appropriate and culturally sensitive play materials
As summarized by Erikson, "children […] choose for their dramatizations play materials which are available in their culture and manageable at their age" (1963, p. 218). A welcoming and operational playroom, then, includes a variety of age-appropriate and culturally sensitive play materials, materials that are familiar to the children or that hold special meanings for them.

Children who have experienced war may find it helpful to play and replay war scenes, where they become the hero characters instead of being the passive and helpless young victims that they often were in real life. Toys that encourage such play – however controversial they may be when the whole population is eager for peace – might nonetheless prove pertinent and useful. In fact, even when particular toys are not provided in that respect, children often engage in war play anyhow, with whatever object they can turn into a gun, soldier, or enemy outfit. By providing children with what they need to engage in war play, and by assuring them that this type of play is acceptable as long as it remains play, children can process the events in a supportive environment.

But children affected by war do not only play at war themes. Like any other children, they play at representing what is happening in their daily lives. In refugee camps, they might pretend-play a variety of scenes such as family interactions, going to school and cooking food. In addition to knowing what these children have gone through, and what their life is like in the present, play facilitators should also be particularly sensitive to the cultural context surrounding the children. When children are healthy and happy, they might be willing to explore and discover new toys that do not really belong to their culture but that they are curious to integrate in their play. However, when the environment becomes highly

stressful, this capacity might be seriously impaired, and the play activity itself might be compromised if children cannot relate to more familiar objects. A plastic medieval castle, for instance, does not make much sense in African cultures…

A carefully balanced adult presence and involvement
When a specific time and space are set for play, when adequate toys and materials are provided, children have more opportunities to play. Yet, this is often not enough, and children who face 'abnormal' environments such as refugee camps often need more support in addition to those physical and material incentives. In this respect, the presence and guidance of supportive, consistent and trustful adults is essential.

Refugee children often hold a distorted view of adults because of the negative experiences they have had. They may have seen adults engage in acts of violence, for instance, and might remain mistrustful or even distressed when in the presence of a stranger. Therefore, adults who hold the function of play facilitators with refugee children need to be particularly engaging, warm and supportive. Ideally, play facilitators should be from the same cultural origin as the children. Because they have gone through the same events and currently live in the same refugee conditions, they can relate well to the children's fears and need for comfort; and because they are from the same culture, they are also better able to communicate with the children, both verbally and through play.

The presence and involvement of peers, family, and community at large
Finally, play facilitators should work with children not only at the individual level, but also at the family and community levels. Peers, family, and the community at large are traditional sources of support in times of turmoil. Yet, in the context of refuge, they are often severely affected and weakened by the experience, to the extent that they cannot be fully supportive of the children.

In such circumstances, play can help children reconnect with the meaningful persons and social structures in their environment. At the peer level, group play can help children maintain socialization practices and experience opportunities for multilateral relationships. In particular, children who

are quiet and fearful of their own feelings can benefit greatly from another child's expression through group play. At the family and community levels, play can also help children reconnect with their environment and culture. Inviting parents, family members, and the community at large to witness children's participation in playful activities, for instance, can be a powerful experience for all parties. Indeed, even when they are distressed by their own situation and not fully available to answer children's emotional needs, family and community members are often deeply concerned with children's well-being.

In sum, then, when children play with culturally appropriate toys and materials in a protected time and space, when they do so in the presence of sensitive adults who belong to their culture, and when their families and the whole community are involved, most children can be children once again. They can cope with their past and current experiences and develop positively into contributing members of their community.

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Disabled children in conflict situations

Marlies van der Kroft, independent consultant in disability/human rights

Conflict[1] is a fact of life for a large number of countries. However, the impact of war extends far beyond the life of the conflict itself, into the lives of the children affected. From field experience, the literature and life stories, we know that war deepens the cycle of poverty, exclusion and consequently disability. Even the recent document from Save the Children Norway (2005), *Global evaluation: Children affected by armed conflict, displacement or disaster (CACD),* in general overlooks the situation of disabled children, and as a consequence its programmes currently exclude disabled children. This has serious implications for ensuring that all children have equal rights and achieving development goals in situations of conflict.

Basic concepts

Disability[2] is a social construct that is caused by attitudinal, institutional and environmental barriers. By this definition it is society that 'disables' a child and not the impairment itself.

Inclusion means respecting the full human rights of every person, including acknowledging diversity, working to eradicate poverty and ensuring that all people can fully participate in development processes and activities regardless of age, gender, disability, state of health, ethnic origin or any other characteristic.

Human rights framework

Today, the understanding and approach to disability is shifting away from simply removing the barriers for disabled children towards full recognition of the rights of disabled children like all children. The United Nations is working on a new Disability Convention[3] that will be a milestone on the path towards recognising our *obligation* to fulfil the rights of disabled children. The human rights approach already specifies that inclusion – rather than special

treatment – of disabled children is essential if their rights are to be protected and if the cycle of cause-and-effect of poverty for disabled children is to be undone. The recognition and application of these rights-based approaches is essential if we are to improve the visibility of, attitude towards and support for disabled children and their families in situations of stress and crisis such as during and after conflict.

The basic framework that covers the rights of disabled children in conflict situations is provided by the UN Disability Standard, the UN Convention on the Rights of the Child (CRC), the forthcoming UN Disability Convention and a series of international human rights laws. This framework is essential to assess the current violation of rights, the lack of opportunity for disabled children to claim their rights and the requirements to improve the rights of disabled children and their families before, during and after war. These can be put into three clusters:

1. UN Standard Rules on the Equalisation of Opportunities for Persons with Disabilities (UNSR)
The main purpose of the UNSR is to ensure that people with disabilities may exercise the same rights and obligations as others. The UNSR is based on the following key principles:
- **Prevention:** Aimed at preventing the occurrence of physical, sensory, intellectual, mental and/or social impairment (primary prevention) or at preventing these impairments from causing a permanent functional limitation or disability (secondary prevention).
- **Rehabilitation:** Aimed at enabling persons with disabilities to reach or maintain their optimal physical, sensory, intellectual, mental and/or social functional levels, thus providing them with tools for a higher level of self-reliance and independence.

- **Equalisation of opportunities:** Aimed at ensuring that the process through which the various systems of society and the environment, such as services, activities, information and documentation, are made equally available to all.

2. UN Convention on the Rights of the Child (CRC)
The importance of the CRC is that it recognises that all children have equal rights and therefore States have an obligation to ensure that these rights are fulfilled for disabled children like all children. The CRC has four major principles: non-discrimination (Article 2); best interests of the child (Art. 3); survival and development (Art. 6); and participation (Art. 12). With regard to disabled children in conflict, Article 23 – disabled children have the right to have their individual needs met – is specifically relevant.

3. International human rights laws (IHLs) relating to conflict, violence and displacement
The basic and conflict-related IHLs, including the Geneva Convention, provide the legal basis to improve the rights of disabled children like all people in conflict situations.[4]

Based on this tripartite framework we can assess the situation of disabled children in conflict situations on the basis of the following key issues:

Disabled children as holders of rights
Disabled children are individuals with the potential to shape their lives by their own means. They are holders of rights and not passive subjects of care and protection. On numerous occasions, disabled children have made it clear that the right to be consulted, to express and to share their views is crucial for all children. Disabled children have come up with many examples of how they have been bullied by adults who intend to speak on their behalf, and how in group situations adults have focused on the disability instead of personality of the child. Disabled children – like all children – can keep authorities to account.

However, in practice, disabled children often have no conceptualisation of rights. They have limited scope to express and claim their rights because of their dependency on carers, and there is a lack of opportunity for them to seek independent information, advice and support. Without the knowledge, trust or skills to ask for their rights, and in the absence of, or lack of access to, independent child counselling, disabled children are vulnerable to bullying, neglect and abuse that can remain in the closet for a long time. Furthermore, conflict makes disabled children even more reliant on carers (or, if they are separated, on any person who takes pity on them) and so they are even further at risk.

Disabled children have basic needs
Disabled children have basic needs like all children, they have the same need for love, dignity, family life, protection and stimulation. Consultations with disabled children make it clear that if they are enabled to express themselves in their own words and through their own means, even very young children emphasise these needs[5]. However, the lack of attention paid to disabled children and their views, the low value placed on their life and the stigma attached to the fact that they lack something, puts disabled children at a disproportionately high risk of neglect, abuse and violation of their human rights (Lansdown 2001). During situations of unrest, the fact that family, cultural and state child protection mechanisms often collapse puts disabled children further at risk.

Disabled children: taboo and exclusion
Throughout the world, a disabled child is often perceived as a curse or a punishment visited upon the child, mother and family. Society will frequently pity the child, blame the mother and pour shame on the family. Although the parents love their child, medical professionals, relatives and neighbours will in many cases emphasise the burden on the family. As a result the family can feel pressurised to give up the child and to focus energy on the delivery of a new, non-disabled child to restore the status of the family. A disabled child thus creates tension in the family. There is worldwide anecdotal evidence that in many cases it is the fathers who cannot stand this 'devil's dilemma' and they in turn pressurise the mothers to either abandon the child or accept divorce. The effect is that many mothers are left on their own to run the household and care for a disabled child, which reinforces the threat of poverty and isolation. The conditions for these female-headed families in conflict situations[6] are even more difficult.

Disabled children and families

All children need to be seen as part of a family living in a particular community (UNHCR 1999). If you include the family of a disabled person, 25% of the world's population is disabled (UN 2002). The family is included in this figure because caring for a disabled child lowers their status in the community and restricts the options of the carer to work or socialise outside the home. This has a negative impact on the household income and the ability to maintain a social network, which, in combination with the extra costs of healthcare, medicine and basic devices, deepens the poverty and isolation of the family.

Children's ability to cope with conflict depends largely on whether they have the security of a family and a structure to their life, like going to school. Disabled children by definition often have fewer coping mechanisms to start with. For example, children with hearing or visual impairments are unable to see warnings of attack, and children with mobility or learning difficulties are easily separated from their families and less able to escape (IDDC 2000). If they are displaced following war, disabled children and their families may lose their natural support network and therefore have even more difficulty in coping with the situation. The story of Shafqat in Afghanistan is an example: "I was hit by a shell and felt my legs becoming limp. In the midst of the chaos, my parents died and my brother carried me all the way over the mountains to Pakistan to seek assistance. I was 8 years old."[7]

Disabled children as victims of conflict and small armaments

It is estimated that one-third of all countries have experienced conflict in the 1990s. Nearly 90% of those killed or injured were civilians, and one-third of those were children. As a result, more than 2 million children died and 6 million were permanently disabled or seriously injured (Machel 2001).

During conflict, children are more at risk of injury and impairment than adults. The types of activities that children like to undertake, such as herding, collecting water and firewood, and playing, are those that carry the greatest risk of injury from landmines. Landmines often look like toys and can attract young children. Even if there are warning
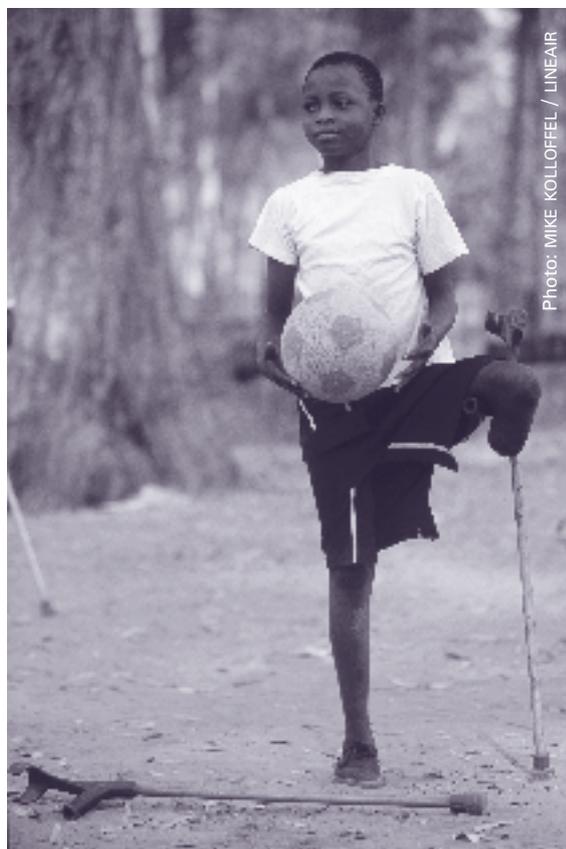

Photo: MIKE KOLLOFFEL / LINEAIR

Disabled children are individuals with the potential to shape their lives by their own means

signs, young children will often not take them in (Deverson 2002).

In many cases, conflict relief and CACD operations focus on the number of people killed, made homeless or deprived of their source of income, ignoring the number of people with serious injuries or who have become disabled. If there are first aid or rehabilitation services available during or immediately after conflict they are usually focused on adults, particularly soldiers who have become disabled as a result of the conflict. The services on offer primarily concentrate on 'medical rehabilitation' by providing mobility devices for individuals. These aids are often not set up for children who were already disabled or who have become disabled, and the long-term priorities of the child and the family at home and in the community are not considered.

Primary and secondary causes of disability for children in conflict

The World Health Organization (WHO) estimates that worldwide 16% of disabilities are the result of accidents and war (DFID 2000). During a conflict, basic services like health and education facilities deteriorate or are intentionally targeted by the opposition. First-aid medical services, essential to reduce the disabling effect of war-related injuries, are hard to come by. In addition, the collapse of basic services has a secondary disabling effect on disabled children as they are more at risk of malnutrition, disease and trauma. Such a lack of basic services further disrupts their play, schooling and other daily activities they may engage in with other children. This deprives them not only of the opportunities to share and develop but also of the positive benefits these activities provide that allow a child to deal with the experience of violence and conflict (SC Alliance 1997).

Disabled children have come up with many examples of how they have been bullied by adults who intend to speak on their behalf, and how in group situations adults have focused on the disability instead of personality of the child

Disabled children, development and poverty

One in five of the world's poorest are disabled and 50% of the population in low- and middle-income countries is affected by disability. Around 80% of all disabled people live in rural areas where basic services are scarce and often fail to identify disabilities early enough to help prevent them (UN, 1982). During and after conflict, the collapse in basic services worsens the situation, and more people become permanently disabled. As countries experiencing trouble often have a high birth rate and a young population, this increases the chances – and the problems – of disability in early childhood, and highlights the circular cause-and-effect of poverty and disability. Structural development is not possible unless

disability and disabled people are addressed in general development planning in an effective way. Inclusive development not only benefits individual children and families but the potential of the whole of society.

Disabling children as a tool and target of conflict

It is not unusual for children to be targeted in a conflict; it creates fear and instability and it 'dishonours' families for not protecting their children, thereby guaranteeing obedience to the ruling parties. Children are often attacked, forced to witness or commit violence, kidnapped to be soldiers or slaves, consciously maimed using physical, mental or sexual violence and tortured. For example, there is the story of Bintu Koroma in Sierra Leone: "The rebels grabbed my left hand, put it on the root of the tree and chopped it off. I was 4 years old." (Lansdown 2001). Ruling parties have also purposely used maiming a tool to dishonour children and their families. For example, here is Sohail from Afghanistan: "The fighters chopped of my nose, they did it purposely to dishonour my manhood. I was 6 years old." There is an increasing amount of first-hand evidence from disabled children that they are targeted on the basis of their inability to witness, complain or flee. Deaf children have been used as frontrunners, blind and mentally retarded children have been collectively raped, and physically disabled children have had their mobility aids taken away and destroyed. One example comes from the story of a blind girl in Sierra Leone: "The rebels entered our school for the blind where the staff was no longer able to protect us. They repeatedly raped us and just walked out, as we had no way to identify them as the perpetrators" (Cordaid 2004). Disabled children are easy prey for attackers, and the experience creates an emotional scar or has lifelong effects for the child that go far beyond the direct experience of violence. Furthermore, the families and/or caregivers have to live with the humiliating experience that they were not able to protect their child against the aggressors.

Conclusion

Issues relating to children and conflict are multiplied when it comes to disabled children. However, there is a lack of knowledge about the fate of disabled children in situations of conflict and there is a real need for further research to highlight their circumstances and protect the rights of all children before, during and after war. It is important that

human rights watchers and decision-makers from CACD programmes fully understand the negative implications of conflict for disabled children and their families. Further research, monitoring of the violation of rights, and development of practical tools for conflict situations is necessary. At the moment, it is as though disabled children are invisible: they are not consulted in programme development and are not considered in CACD and post-conflict development programmes. As a result the cycle of poverty and exclusion deepens for disabled children and their families.

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Notes

1 Conflict in this article is defined as armed battle and political violence in the public sphere, it does not relate to domestic conflict. It covers acute conflict and the situations immediately before and after war, including internal displacement and refugee situations.

2 Disability in this article is based on the definition of Disabled People International (DPI): 'the disadvantage or restriction of activity caused by contemporary social organisation which takes little or no account of people who have impairments and thus excludes them from the mainstream of social activities'. An additional note from the author: impairments relate to the full scope of visual, hearing, motor, learning and/or psychological conditions including conflict-related psychosocial trauma.

3 The working definition is "the comprehensive and integral international convention to promote and protect the rights and dignity of persons with disabilities" <www.un.org/esa/socdev/enable/rights>.

4 IHLs relating to disabled children in conflict: (1948) UN Declaration of Human Rights; (1949) UN Geneva Convention; (1951) UN Convention on the Status of Refugees; (1966) International Covenant on Civil and Political Rights; (1984) Convention against Torture and Other Cruel, Inhumane and Degrading Treatment or Punishment; (1997) Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-personnel Mines and on Their Destruction.

5 Based on experiences of the author in various countries in Asia, Africa and Europe.

6 It is often assumed that families leave their disabled children behind during displacement, but research has proven that families usually carry all their children to safety (Leach, 1990).

7 Story of Shafqat, told to the author when he arrived in 1987 in Bait ul Tabassum a community-based rehabilitation (CBR) project for disabled children in Karachi, Pakistan.

8 Story of Sohail from a Pathan family, told to the author in 1988 at Bait ul Tabassum, a CBR project for disabled children in Karachi, Pakistan.

Child soldiers in the Democratic Republic of Congo
The impact of war on children

Elisabeth Munsch, Chargée des Projets, Delegation for Africa, BICE

Ranking 144th in the 2004 *Human Development Report* of the United Nations Development Programme, the Democratic Republic of Congo is among the countries with the lowest human development index. Years of civil war and regional armed conflict have destroyed the country's economy and torn its social fabric to shreds.

The people of the Congo live under extremely difficult conditions: without work, coping with thousands of displaced individuals and families, with few or no resources, little access to health care, and sharply reduced standards of schooling for children. The predicament of the country's children is of particular concern, especially for the following groups:

- **Street children, known as "shegues".** This term stigmatises these children in the eyes of the community, who consider them to be sub-human "vermin". These children may come from displaced families, may have been orphaned by the war, may have only a single parent, may be in new family arrangements in which they feel unwelcome, or may have been cast out as "possessed by a devil".
- **Imprisoned children.** Often street children who survive by doing odd jobs such as carrying things, selling water, cleaning shoes or guarding cars are driven to commit petty theft or are arrrested for vagrancy. Without legal assistance or families to reclaim them, they are sent to prison and forgotten.
- **Girls who are sexually exploited.** Girls on the streets, especially those labeled as possessed, are often first raped and then must sell their bodies just in order to eat. Families also prostitute their daughters to provide for their needs.

The war has exacerbated these violations of children's basic rights. Terror and extortion by different military factions have combined with deepening poverty to accelerate the disintegration of society. These problems are compounded by the phenomenon of "children associated with armed forces and groups", a collective term for all under 18 years of age who are or have been used by a regular or irregular armed force or faction, regardless of their functions. Typical functions are those of cook, porter, messenger and those who accompany military personnel, especially girls who are sexually exploited and forced into marriage.

Children have been recruited to serve in armed combat throughout the Congo. The laws that apply to armed conflict do not adequately protect the rights of children and are often disregarded in any case. Compelled to obey violent orders and themselves the victims of violence, often combined with alcohol and drug abuse, these children develop a strong and lasting propensity towards very serious violence.

Child soldiers first appeared in the Congo in 1996, when they were recruited by the Alliance des Forces de Libération du Congo. Thousands of children aged 7 to 16, mostly from disadvantaged backgrounds, enlisted, particularly in the east of the country, where they saw active combat during the so-called "war of liberation", which led to the fall of President Mobutu. Whether they volunteer or are forced to join up, these children are often under 15 when they enter service. They have not completed their schooling, let alone received any professional training. Cut off from their families since recruitment, these children have been involved in activities that are highly unsuitable for their age-group and have been subjected systematically to

the most degrading living conditions imaginable. Suffering from malnutrition, disease and constant exploitation by adults, they have been deprived of their basic human rights for years.

Faced with this tragedy and under pressure from the international community as well as various local NGOs (among them BICE), the Government of the Congo has made various commitments and taken several practical steps to demobilise child soldiers and reintegrate them in civil society. The government has signed a number of international decrees and protocols related to children's rights and announced bans on recruiting children into the armed forces.

However, the recruitment of child soldiers persists. Some commanders persist in spreading terror and are trying to hold on to the children. Because the disarmament and rehabilitation process is very slow, very young children who enlisted early in the war have now come of age and are no longer covered by the demobilisation initiative.

More numerous still are children who are victims of armed conflict. While they are not associated with armed forces or factions, they have been adversely affected by war, with physical, psychological and social consequences that are still evident. They include:

- **Children who have been displaced by war and are not accompanied by adults, or, while accompanied, still highly vulnerable.** In the Kasai provinces, displaced children, both separated and unaccompanied, are numerous. If they are alone, they are rapidly assimilated into life on the streets, joining the ranks of the "shegues". These children at the bottom of the social hierarchy suffer extreme poverty and are deprived of most, if not all, of their basic human rights. Children in families are little better off if the adults lack employment: their housing conditions are very poor, they rarely attend school, and many of them suffer from malnutrition.
- **Children orphaned because of the war.** In African tradition, orphans are usually taken care of by the extended family. At present, the socio-economic problems associated with the war mean that these children are considered an added

and highly unwelcome burden. Often, when the family is overtaken by some disaster, they are accused of exercising malign powers. From then on their fate is cruel indeed: traumatic exorcism, followed by expulsion from the family. These children soon swell the numbers of the "shegues".

- **Children living with handicaps or chronic illnesses caused by the war.** Many children have died after being wounded during fighting close to their homes, victims of the many atrocities perpetrated by the various armed factions. Others may survive but remain handicapped or ill, either because of lack of access to health care, which is non-existent or too costly, or because the treatment they receive cannot restore them to full health. To this category should be added the girls raped and infected with sexually transmitted diseases, especially HIV/AIDS.
- **Children who witnessed traumatic events.** Armed factions have spread terror in the villages by committing particularly barbaric acts. Some children have witnessed the murder of their parents, together with other acts of pillage and rape. All these events remain imprinted on their memories and cause behavioural problems such as aggressiveness, depression and insomnia. The plight of raped girls is pitiful in the extreme: in addition to undergoing this traumatic experience they are considered outcasts by the rest of society. If their condition is known about, they have no chance of finding a husband.
- **Children who are not attending school or whose schooling is inadequate because of the war.** On the front line, civil servants have not been paid for months, even years. Teachers who could, fled. The schools that are still functioning work on double occupancy (one group in the morning, another in the afternoon) because of the shortage of class-rooms and teachers. Because even primary education is not free, the poorest children have no access to school, since their parents are unable to contribute to the teacher's salary and cannot afford even the most minimal package of books and other supplies.
- **Malnourished children requiring rapid intervention by the state.** Non-existent country roads, fighting that takes people away from the fields, livestock stolen by the military – all make life particularly difficult for rural people. Pregnant women, nursing mothers and

newly weaned infants are highly vulnerable to malnutrition and disease. These groups have been severely affected. Survivors slowly regain their strength, but the consequences of these disorders can last a lifetime.

- **children abandoned by their parents, both military and civilian.** When military factions entered a town, they often took young girls to serve as their concubines. When the troops withdrew, they left many of these girls pregnant and on their own, sometimes far from home. If it is known that they have lived with a solider, they are shunned by the rest of society. Some of these girls abandon their babies and flee to a different town in the hope of finding a better life there.

These children at the bottom of the social hierarchy suffer extreme poverty and are deprived of most, if not all, of their basic human rights

These child victims are particularly numerous in towns and villages near the front lines, where they remain beyond help owing to the breakdown of normal transport and communications. Cut off from the rest of the world during the long months of war, they suffer greatly. The depth of their poverty renders the situation of these marginalised groups particularly worrying.

BICE's project

The project implemented by the BICE has focussed on protecting and promoting children's rights in the Congo, since 1996 in Kinshasa and since 2002 in the western and eastern Kasai provinces. The BICE project is innovative in two respects. First, it covers not only children "associated with armed forces and groups" but also children who are victims of armed conflict, who are not the target of any government interventions and are usually ignored by the international community. Second, BICE social workers do not only attend the obligatory meetings of the National Committee of Demobilization and Reintegration, but they also send demobilised children to two transition centres

(Structures d'Encadrement Transitoires - SET). They have developed a partnership with the general who commands the military in the region, under which they are able, in the company of an officer, to visit units stationed in remote bush areas, where they then identify minors who are still on active service. In this way they have been able to rescue and/or demobilise some 420 children over the past year and a half.

The SET project run by BICE is now well under way, helping to ease the transition for young people adjusting from a military to a civilian life. Participants undergo physical and mental rehabilitation, acquire life skills that will optimise their chances of successful reintegration in society, are directed into professions that will be useful in the area where they will be placed, are reunited with their families or relatives and are reabsorbed into society. The transition process lasts three months and is designed to enable these youths to re-enter civil society not empty handed but with skills, ambitions and ideas that they can offer to their new communities.

The project involves local inhabitants in the villages near the SET centres. Villagers were brought in right at the start, to help build the new centres. This enabled them to earn money, which they used either to improve their houses or to start a new income-earning activity such as a small business or craft enterprise. The project thus offers an opportunity to create a sense of community. Villagers and youths cultivate a field together and undertake community work together every Saturday morning. Girls and women who have not had any education can attend literacy classes. There are sports fixtures for SET participants, villagers and those from further afield. These activities have been developed to enable participants to experience peaceable and respectful relationships with their fellow citizens as they re-enter civilian life. The villagers greet each newly arrived group of demobilised children with songs and dances. When the first group arrived, the villagers and youths planted a tree together, to symbolise the return of peace and their hopes for a better future. Of course, nothing is perfect, and there are lapses from time to time that have to be managed by the supervisors.

The BICE SET project enables young people to re-enter civil society with skills and ideas that they can offer to their new communities

To ensure that the process of reintegration is sustained, BICE has also put in place an institutional innovation, Local Protection Committees, which are responsible for promoting children's rights in each town or village. A Committee consists of volunteers who are deeply rooted in village life, such as teachers, nurses, civil servants and parents of young children. Trained in children's rights and social work, committee members are responsible not only for sustaining reintegration, but also for identifying youths who have been traumatised by the armed conflict so that, with the aid of BICE, measures can be put in place to support them both socially and psychologically.

Parents displaced by the war are provided with agricultural tools and seeds to enable them to grow crops and thus to improve their children's diets. In some areas, support for school attendance has also been provided. For other children, access to care has been facilitated. Counseling rooms are available to provide victims with opportunities to talk about their problems and consider possible solutions. BICE also stresses awareness raising among the broader population through weekly radio programmes. Each child is encouraged to continually reappraise his or her situation from a psychological and social perspective in order to encourage changes in behaviour. Such changes are indispensable if the Congo is to win its fragile peace.

Further reading

Websites

The Child-to-Child Trust

The Child-to-Child Trust acts as the central core of a worldwide movement of health and education workers and programmes.

Since 1979, people who have seen Child-to-Child projects know how much children and their families benefit when children are involved and trusted to help each other. This includes people who have used the approach in disaster and emergency situations and who have witnessed how participating in simple health activities can help to ease children out of the trauma of witnessing terrible events.

<www.child-to-child.org>

Christian Children's Fund (CCF)

CCF is an international organisation whose mission is to create an environment of hope and respect for needy children of all cultures and beliefs in which they have opportunities to achieve their full potential. CCF provides practical tools for positive change – to children, families and communities.

CCF has responded to the needs of children in war-torn countries including Afghanistan, Angola, East Timor, Guatemala, Liberia, Kosovo and Sierra Leone. Food distribution, reintegration of former child soldiers and abducted children, family tracing, psychosocial interventions and child-centered spaces are primary examples of CCF assistance for traumatised children.

<www.christianchildrensfund.org>

International Save the Children Alliance

The International Save the Children Alliance is a network of all Save the Children organisations, focusing on pooling resources, establishing common policies and carrying out joint projects.

Save the Children focuses on support and protection for children caught up in conflict or emergencies by: a) providing health services and other essentials such as food, fuel and shelter to the most vulnerable children and their families; b) working with and supporting children exposed to violence; c) working to prevent child soldiering and to help those who have direct experience of fighting; d) raising local awareness of the short and long-term dangers of landmines, which kill indiscriminately – often for years after a conflict has ended; e) caring for children who have become separated from their families and reuniting them as quickly as possible.

<www.savethechildren.net/alliance>

The following Save the Children organisations have contributed to this issue of *Early Childhood Matters:*

Save the Children Sweden: <www.rb.se/eng>
Save the Children UK: <www.savethechildren.org.uk>

Action for the Rights of Children (ARC)

ARC is an inter-agency initiative, initiated by UNHCR and the International Save the Children Alliance in 1997, and joined in 1999 by UNICEF and the Office of the High Commissioner for Human Rights. As of January 2002, the co-ordination activities of the project are handled by Save the Children.

Fourteen resource packs have been developed focusing on the rights and needs of refugee and displaced children. Among them, you can find a revision of Resource Pack on Separated Children.

Available at: <www.savethechildren.net/arc>

ReliefWeb

ReliefWeb is the world's leading on-line gateway to information (documents and maps) on humanitarian emergencies and disasters. An independent vehicle of information,

designed specifically to assist the international humanitarian community in effective delivery of emergency assistance, it provides timely, reliable and relevant information as events unfold, while at the same time emphasizing the coverage of "forgotten emergencies".

ReliefWeb was launched in October 1996 and is administered by the UN Office for the Coordination of Humanitarian Affairs (OCHA).

<www.reliefweb.int>

Teaching-aids At Low Cost (TALC)

TALC is a unique charity which supplies low-cost healthcare, training and teaching materials to raise the standards of health care and reduce poverty worldwide.

Materials and resources from Child-to-Child approaches available at: <www.talcuk.org>

Books

Children at risk
Practical approaches to addressing child protection issues in Cambodia, Indonesia, the Philippines, Sri Lanka and Vietnam
Laurence Grey
World Vision International
2003; ISBN 0-9750398-0-6

This study takes an in-depth look at a range of different child protection programmes in Cambodia, Vietnam, Indonesia, Sri Lanka and the Philippines. These programmes serve as models for possible programmes in other countries aimed at protecting children from risks like domestic violence, drug addiction, sexual abuse and involvement in armed conflict.

<www.wvi.org>

Journals, newsletters

Education in emergencies
Learning for a peaceful future
Forced Migration Review, 22
January 2005; ISSN 1460-9819

FMR provides the humanitarian community with a practice-oriented forum for debate on issues facing refugees and internally displaced people in order to improve policy and practice.

FMR is the in-house journal of the Refugee Studies Centre, University of Oxford.

<http://fmo.qeh.ox.ac.uk/fmo/index.asp>

Manuals, others…

Inter-Agency Guiding Principles on Unaccompanied and Separated Children
ICRC, UNHCR, UNICEF, World Vision International, Save the Children UK & International Rescue Committee
2004

This set of comprehensive guidelines outlines a framework and set of principles intended to ensure that the rights and needs of separated children are effectively addressed. Created through close inter-agency collaboration, the guidelines aim to promote and support preparedness, coordination and good practice based on lessons learnt. The document addresses all aspects of an emergency, from preventing separations to family tracing and reunification, through to long-term solutions. It encourages the pooling of complementary skills and expertise.

Available at: <www.icrc.org>

Protecting children in emergencies
Policy Brief
Vol I, No 1
Save the Children USA
2005

A 12-page report that raises the need to better protect children in emergencies and reduce their physical and emotional risks. The bottom line: Protecting children in crises must be a top priority in every stage of every emergency response.

Available at: <www.savethechildren.org/advocacy/images/policy_brief_final.pdf>

Education in emergencies

A tool kit for starting and managing education in emergencies
Susan Nicolai
Save the Children UK
2003

The report explains what is meant by education in emergencies and why education should be included as a fundamental part of emergency response. It explores which children are typically affected by an emergency and how their education opportunities may have changed.

The pack outlines a process for putting together an education initiative and discusses whether education principles are still valid in times of emergencies, and how they should be applied. It uses case studies to illustrate possible approaches to education, and suggests ways to tackle common problems.

Available for download: <www.savethechildren.org.uk>

Community based care for separated children

David Tolfree
Save the Children Sweden
2003

All over the world, children are separated from their parents, caretakers and communities due to - among other things - armed conflict, natural disasters, pandemics and various forms of exploitation and abuse. The prevailing response of authorities and aid agencies to those who cannot return to their family and/or place of origin has been some kind of residential care.

In this report from Save the Children Sweden, the shortcomings of this model are discussed in relation to community based care approaches, e.g., (extended) family and foster home solutions for separated children. It identifies a series of critical issues for those who wish to promote and protect the best interest of the separated child

Available at: <www.rb.se/eng>

Whose Children?

Separated children's protection and participation in emergencies.
David Tolfree
Save the Children Sweden
2004

This book analyses issues of fostering, group care and other types of care arrangements for children and adolescents separated in situations of large-scale emergencies.

Available at: <www.rb.se/eng>

Mental health and psychosocial care for children affected by natural disasters

This document contains information for humanitarian aid workers, health professionals, teachers and parents, to support them in their efforts to provide sensitive and appropriate care for children affected by natural disasters. An integrated, community-focused approach is adopted based on the principles and values of children's rights, child development, sensitivity to cultural differences, and effective practice based on scientific literature.

<www.who.int/mental_health/resources>

Guidelines for education in situations of emergency and crisis

EFA *Strategic Planning*
UNESCO
2003

Education in situations of emergency and crisis is one of the Education for All (EFA) 'flagship' programmes. In order to support this component, this guideline has been prepared with major key points to be considered in developing the emergency response or preparedness of EFA plans of action.

<http://portal.unesco.org/education/en>

News from the Foundation

The new www.bernardvanleer.org

In July the Bernard van Leer Foundation launched its new website.

The new website combines an online publications catalogue with links to our project partners and descriptions of the projects we currently support. We expect our new site is now of even more value to professionals, practitioners and organisations working in the field of early childhood development.

Some basic information and the publications catalogue will soon also be available in Spanish.

Annual Report 2004

In 2004 the Bernard van Leer Foundation's activities continued to evolve, reflecting the stresses facing our world today. International initiatives to provide a basic education for each and every child, strategies to protect child rights as enumerated in the Convention on the Rights of the Child, provision of social services and care to children affected by HIV/AIDS, and pedagogic support for those working to raise awareness and appreciation of diversity are just a few of the themes that featured in both project grants and our activities to inform and influence policy and practice.

With a new layout, the foundation's Annual Report 2004 presents the activities, achievements and challenges faced last year.

Effectiveness Initiative

Stories we have lived, stories we have learned and *Small ideas that work* are a stocktaking of the Effectiveness Initiative (EI), which the Bernard van Leer Foundation began in 1999 to explore the attributes and the sources of the effectiveness of a small group of early childhood development programmes.

These publications have been prepared on the basis of reports submitted by the participant programmes, as well as other documentation created by the teams and the Foundation during the course of

the EI exploration. It is solidly grounded on the philosophy that gave rise to the EI: if effectiveness is tied to a programme's impact, then a fruitful approach to the examination of effectiveness would be to provide programme stakeholders with the time, the space and the means to reflect on and give expression to their perspectives and opinions about the programmes. It was felt that the stakeholders alone had satisfactory familiarity with the programmes. They alone knew in fine detail the contexts and impacts of the programmes in terms of the daily lives of their children, their spouses, their neighbours and their communities.

New sub-series on HIV/AIDS

As part of our long-standing 'Working Papers in ECD' series, we have created a dedicated 'Early Childhood and HIV/AIDS' sub-series. The purpose of this is to generate work that responds to emerging needs, or that presents information, experiences, ideas, and so on, to inform all those concerned with young children impacted by HIV/AIDS – including ourselves.

The first four issues released include the following:
HIV/AIDS: What about very young children?,
   by Lorraine Sherr (Working Paper 33);
Young children and HIV/AIDS: Mapping the field,
   by Lorraine Sherr (Working Paper 34);
HIV and young children: An annotated bibliography on psychosocial perspectives, by Alison Dunn
   (Working Paper 35).
The way the money goes: An investigation of flows of funding and resources for young children affected by HIV/AIDS, by Alison Dunn (Working Paper 37).

Bernard van Leer Foundation
Investing in the development of young children

The Bernard van Leer Foundation is a private foundation based in The Netherlands. It operates internationally.

The Foundation aims to enhance opportunities for children 0–8 years, growing up in circumstances of social and economic disadvantage, with the objective of developing their potential to the greatest extent possible. The Foundation concentrates on children 0–8 years because research findings have demonstrated that interventions in the early years of childhood are most effective in yielding lasting benefits to children and society.

The Foundation accomplishes its objectives through two interconnected strategies:

- a grant-making programme in selected countries aimed at developing culturally and contextually appropriate approaches to early childhood care and development; and

- the sharing of knowledge and know-how in the domain of early childhood development that primarily draws on the experiences generated by the projects that the Foundation supports, with the aim of informing and influencing policy and practice.

The Foundation currently supports a total of approximately 150 projects in 40 selected countries worldwide, both developing and industrialised. Projects are implemented by project partner organisations that may be governmental or non-governmental. The lessons learned and the knowledge and know-how in the domain of early childhood development which are generated through these projects are shared through a publications programme.

The Bernard van Leer Foundation was established in 1949. Its income is derived from the bequest of Bernard van Leer, a Dutch industrialist and philanthropist who lived from 1883 to 1958.

International Catholic Child Bureau

The International Catholic Child Bureau (commonly known by its French acronym BICE) is a child rights organisation that defends the child's dignity and higher interests.

Founded in 1948, it promotes children's rights and responsibilities in the unconditional respect of them as persons, their families, their culture, the community to which they belong and their religion.

The work of the organisation is guided by the UN Convention on the Rights of the Child. Through research,

advocacy and preventive actions, in more than 35 countries BICE implements projects to protect children who are exploited sexually, or by work, children in the street, in prison or affected by war as well as disabled children. The participation of the children, and their families and communities, in defining the various activities of the organisation is an integral component in BICE's approach to promoting and protecting the rights of the child.

Bernard van Leer *Foundation*