Working with children and their environment.

Psychosocial Reference Document.
IMPRESSUM

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LAYOUT: Isabel Hediger
TEMPLATE: Olivia Wermus
PRODUCTION: Laura Silacci

PRINTING: Mengis Druck und Verlag AG. Printed on chlorine-free paper.

VERSION: Brochure in French, Spanish and English.

Reference document developed on the basis of the capitalisation process of Tdh’s projects and the workshop held in March 2010. Involvement of many Tdh co-workers and partner organisations.

Validated by the Tdh management: August 2010

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Acknowledgements and thanks
This document was produced with the participation and active involvement of the staff of Terre des hommes (Tdh) around the world. It is the product of a seminar that took place at Tdh headquarters in Lausanne, Switzerland, in March 2010, as well as a consultation with key actors in the field and at headquarters. We sincerely thank all those who contributed, and the children and families around the world who encourage us to deliver quality work.

Target audience of the document
The target audience for this reference document consists of Tdh managers at programme, country and headquarters levels. In addition, this document may be used by donors, partners and government agencies. It was not developed for practical use by frontline workers, although these workers will certainly benefit from understanding the essential concepts.

Objectives of the document
This document serves to:
• Define Tdh’s operating framework for psychosocial support and thereby constitutes its policy
• Differentiate and clarify the concepts of ‘psychosocial approach’ and ‘psychosocial intervention’
• Give examples of psychosocial support in other areas of work
• Frame Tdh psychosocial interventions according to the level of expertise available.

Links with publications and partnerships
The Tdh psychosocial reference document is a natural follow-up to three other documents, listed below. It draws on the literature and institutional experiences within these other manuals.

• Tdh Child Protection Manual for Intervention in Humanitarian Crisis (2007). This manual begins by setting out a theoretical framework for child protection, continues by providing information on the necessary human resources, and concludes with a third section made up of practical modules providing tools that can be used when implementing a child protection project in an emergency context.

• Tdh Child Protection Toolkit; Psychosocial Training Manual (2008). This toolkit, developed alongside the Child Protection Manual, was designed to train psychosocial and child protection programme staff.

• IASC Guidelines on mental health and psychosocial support in emergency settings (2007). These Guidelines enable humanitarian actors and communities to plan, establish and coordinate a set of minimum multi-sectoral responses to protect and improve people’s mental health and psychosocial wellbeing in the midst of an emergency.

• Partnerships. Tdh strongly believes in partnerships and networks in order to pursue emerging concepts and improve its interventions. Networks that Tdh has been involved in, at the global and field level, include the IASC Reference Group on mental health and psychosocial support (www.oneresponse.net) and the Psychosocial Network: (www.psychosocialnetwork.net) as well as partnerships with national and regional groups at field level.
What does «psychosocial» mean for Tdh?
Working with children and their environment · 1. What does «psychosocial» mean for Tdh?

1.1 Tdh in protection and health


- Under Health: (1) Maternal and child health /nutrition, (2) Specialized services and (3) Water, Sanitation and Hygiene.
- Tdh also focuses on five «ways of working». These are not new priorities but rather based on a will to make the institution progress in these areas: (1) Psychosocial support (2) Rights-based approach (3) Prevention of abuses (4) Field experiences and capacity building and (5) Advocacy. Psychosocial support is high on the agenda and will be incorporated into both the Health and Protection sector.

Within the health sector, research shows that a strong bond between caregiver and child, provided through psychosocial stimulation, is essential for positive child development. The formation of this bond at the beginning of life sets the stage for cognitive, emotional, and social development later in life. Feeding and other basic care practices provide opportunities for psychosocial stimulation, and help to establish a positive attachment between caregiver and child.

There is a reciprocal relationship between child protection and psychosocial support. A lack of protection may lead to psychosocial distress on the part of the child, and vice versa; for example, a child victim of physical or sexual abuse may suffer from withdrawal or aggressive behaviour. On the other hand, an adolescent neglected at home may decide to leave for another environment (such as the street, brothel, city etc.), where he is likely to find himself facing new protection issues. Tdh thinks a «psychosocial approach» is crucial to the success of any intervention for child protection.

1.2 Definition of psychosocial support for Tdh

For Tdh, psychosocial support is

Any relation with the child that strengthens his/her well-being and ability to cope. For Tdh, this encompasses different and simultaneous activities at child, family, community and government levels. As will be seen in the following section, for Tdh the term «psychosocial support» encompasses the different notions of (a) a «psychosocial approach» and (b) «psychosocial interventions».

Relation with the child
The notion of the «child actor» sets the child in the centre of his/her own development. The child has resources at his/her disposal, and is not a victim. The child becomes aware of his/her power to act, and he/she is considered an active participant – as opposed to a passive element – in his/her reality.

Ability to cope
Ability to cope, or «resilience», is built by strengthening the protective factors that surround us in our environment and relationships, family and society, as well as our inner resources and strengths.

Mental health and psychosocial support are closely related. Aid agencies outside the health sector tend to speak of supporting psychosocial wellbeing, while health sector agencies tend to speak of mental health (yet historically have also used the terms «psychosocial rehabilitation» and «psychosocial treatment»). Exact definitions of these terms vary between and within aid organizations, disciplines and countries.

Psychosocial support shifts the emphasis from children’s vulnerabilities to a view of children as active agents in the face of adversity, and adopts a model of service delivery that recognizes and strengthens resilience and local capacities. Tdh believes that psychosocial support is crucial to the success of all health and protection interventions.

While the psychosocial approach initially rested within emergency and protection programmes, it is today being advocated in both the protection and health sectors. Psychosocial support will always be one of a number of different tools that combine to make an effective intervention.
1.3 Difference between «Approach» and «Intervention»

**Psychosocial approach**

The psychosocial approach is a way to engage with and analyse a situation, build an intervention, and provide a response, taking into account both psychological and social elements, as well as their interrelation.

Given that Terre des hommes works with children in all its projects - with a view to guaranteeing the development of their full potential and attainment of their rights - the use of the psychosocial approach is favoured in all Tdh projects, from those on health and water, sanitation and hygiene to those addressing trafficking, justice and adoption. This was summarised by a Tdh staff member:

...whether it is a child transferred to Switzerland for surgery, or one from the quarries of Abeokuta, the servant girl from Sourou or Nouakchott, the child from the «Oasis Centre» in Lome or the small Talib boy in the streets.

**Psychosocial intervention**

A psychosocial intervention is composed of one or several activities that aims to increase the coping capacity of children, families and communities, and to reinforce their integration within society.

The impact of a particular «crisis» may be substantial on a child. Such impact may be linked to an emergency situation (conflict or natural disaster), but equally to a social, economic or family crisis. The psychosocial intervention is a targeted response designed to improve the wellbeing of the child. It is not the «treatment» of a victim, but rather an accompaniment to the work of all those persons who play a role in the wellbeing of the child.

Psychosocial interventions can be found in both health and protection projects. In a health project, such an intervention might be to allow distressed mothers to discuss their children’s health conditions; in an anti-exploitation project, the psychosocial intervention could take the form of counselling for children victims of trafficking. Psychosocial intervention can represent the main activities in some projects (i.e emergency protection projects) where the aim is to ensure the wellbeing of children and their coping capacities.

Notes section 1


2 Although, important to note, when a child has been abused he/she may be legally considered as a victim.

3 Refer to glossary for further definitions.

2

Psychosocial approach
2.1 Reason to act

The psychosocial approach is a way to engage with and analyse a situation, build an intervention, and provide response, taking into account psychological and social elements and their interrelation.

Every human being, from birth until death, has needs and skills, which change depending on the person’s state of development, age, culture, social environment, and experiences. Bronfenbrenner’s ecological human development model (1979) sets out the wide variety of factors that impact on children.

The model describes four layers of such factors, illustrated in Figure 1. These layers start with the child in the centre, surrounded by immediate and extended family. Next there is the direct community, with friends and neighbours. Surrounding this are institutions such as schools or health services, or religious and other local institutions. On the outside are the larger institutions and services, government and media, all reinforcing held values and beliefs.

Vulnerability, or risks, can be identified within each layer, impacting either «upstream» (i.e. on wider social problems) or «downstream» (on problems as perceived by the child). In the same way, protective factors can be identified and strengthened within each layer, having an impact both upstream and downstream, and creating more resilient children and/or safer places to which the child can be referred.

As recognized within the systemic approach, any tremor within a child’s environment will produce reactions, some strengthening and some weakening the child. As such, by layer, from the centre outwards:

- Personal experiences as perceived by a child can explain that child’s behaviour: injuries, lack of basic care and food, physical insecurity, and a perceived lack of love are some examples.
- The second layer, of family, explores how social relations that have been damaged may increase the risk of complex behavioural disorders for the child. Damaging factors may include separation from a caregiver, the loss of a family member, suffering from domestic violence, and negative relations with peers.

![Figure 1. Action for the Rights of Children (ARC), 2010](image-url)
• Regarding community structures, it has been found that destruction of schools, workplaces and neighbourhoods, as well as forced displacement from homes and communities, contribute strongly to children’s vulnerability.

• The fourth, outer layer examines larger societal factors that influence a child’s behaviour, such as cultural and gender norms. This layer also encompasses societal attitudes with regard to child protection and policies related to education, health, economics and social welfare, all of which may affect levels of inequality or care.

2.2 Principles and their application

For Tdh, the psychosocial approach is the way we work on a daily basis. It can be implemented through the application of key principles that are in coherence with the values and general principles of the Foundation’s Strategic Plan 2011-2015. These are outlined below.

**Principle 1: Children’s rights**

The CRC (Child Rights Convention) is the only international human rights treaty that expressly gives non-governmental organizations (NGOs) a role in monitoring its implementation. What follows is a list of examples of how practical and policy interventions can support the tenets of the CRC.

• **Girls are being circumcised (female genital mutilation), even though the country law forbids it.** A programme is set up to promote better understanding of this practice, and help the girls and communities to change it.

• **Children with learning difficulties are being given access to education.**

• **Girls as young as 12 are sent to the city to earn money through prostitution.** Policies and laws are passed at government level to forbid this type of work, and police are trained to enforce the laws.

• **Adolescents are given separate spaces and special care in detention centres and jails.**

• **People with physical or mental disorders are often chained to a tree to avoid hurting themselves; to rectify this by providing an alternative, care is set up for children within psychiatric wards.**

Some articles of the CRC that can be useful to monitor the wellbeing of children include the following.

- Article 29.l.a. Psychosocial support can provide the opportunity for children to be developed «to their fullest potential».
- Article 5 and Articles 12 to 17. Psychosocial support empowers children and youth by providing opportunities to participate in social life, be self-reliant, and develop self-confidence. It also encourages empowerment with due regard to the maturity and evolving capacity of the child, and respect for the rights and responsibilities of adults.
- Article 2. Psychosocial support combats discrimination, by facilitating the integration into society of groups suffering from discrimination, such as girls, children belonging to minority groups, children living in poverty, and children with disabilities.
- Articles 20, 22, 23 and 31. Psychosocial support advocates, and provides an opportunity, for all groups of children in need of special protection to be provided with equal access to different types of support (including education, social protection, sports, play, music, dance and drama). Such children might include those with disabilities, those living in social and other institutions, those living in detention centres, child refugees, children in rehabilitative care, and working children.
- Articles 19 and 29. Psychosocial support promotes non-violence, by providing opportunities for social integration, encouraging fair play, and channelling energy away from potential destructive behaviour.
- Article 39. Psychosocial support is a rehabilitation and reintegration tool for supporting the physical and psychological rehabilitation and social reintegration of children and families impacted by conflict and other humanitarian emergencies.
Principle 2: Non-violence in all its forms

Children should be protected from all forms of violence imposed by their families and communities. Some illustrative situations, and the appropriate interventions that might be taken, are listed below.

- On a routine visit to a family home, a worker sees a father beating his young child with a leather belt. He discusses with the father the negative impacts of corporal punishment.
- A girl is being forced to regularly provide sexual favours to her stepfather. A worker discusses the situation with the girl and her mother, and addresses the question of whether it would be better to take the girl, or the stepfather, out of the home.
- A volunteer sees a Tdh project worker hitting a child because the child has stolen food from the cupboard. He reports this immediately, through the Tdh reporting concerns framework.
- Some of the young girls in a camp are hanging round the supplies area; a worker suspects that they may be offering sexual favours for additional food. She investigates the situation thoroughly.

Tdh recognises that abuse of children occurs in all societies, in all cultures and historically in many organisations and institutions. Tdh therefore commits to seeking out and fighting the ignorance, secrecy and harm that accompany child abuse.

Tdh staff should develop clear and practical complaint mechanisms at two levels: firstly, by engaging in honest discussions with children and families, encouraging them to report complaints; and secondly, by training Tdh and partner staff on the Tdh Child Protection Policy.

Principle 3: Do no harm

It is important to note that humanitarian interventions, because they deal with highly sensitive issues, have the potential to cause harm. Potentially harmful actions or situations might include the following:

- An assessment is being undertaken with children and their parents, and the assessor has not checked whether this has been done before by another agency.
- Without speaking the language or knowing much about relevant cultural traditions, a worker engages in a discussion with a child, and offers possible solutions for a problem he has encountered.
- A group of children is moved, without the responsible agency having realized that they are thereby increasing the possibility of separating them permanently from their parents.
- Having discussed the issue with colleagues, a project leader decides to set up a play centre within a school, without first consulting with the children and community members as to what would be the best location for the centre.
- A worker has heard that a girl has been severely affected by a hurricane, and that she has lost her entire family. The worker begins to ask the girl questions, and asks her to explain the event, and what she could have done differently to prevent it. This is considered bad practice as it may increase the girl’s distress.
- Due to a lack of time and conflicting priorities, a worker puts a case of ‘severe physical abuse’ on hold, before realizing that the child in question has been hospitalized.
- In order to achieve project results, a project team decides to move ahead without fostering government engagement and ownership of their project.

Staff may reduce the risk of such harm in various ways. Prior to undertaking any interventions involving children, staff should be well trained in the relevant knowledge, attitudes and skills, and should have sufficient experience to be able to follow up on cases that may prove to be serious. Every staff member that intervenes must take responsibility for the impact of his or her words and interventions.

Principle 4: Participation

A child has the right to express an opinion freely in all matters affecting him or her, and to have that opinion taken into account. Tdh interventions should work to enable children to become active agents in planning their futures.

Even in emergency situations where time may be short or pressurized, children benefit from participating actively in decision-making, and their participation can positively reinforce feelings of self-esteem and confidence, thus contributing to their psychosocial wellbeing. Children can also develop new skills as a result of their involvement in a participatory process.

Below are some illustrative examples of such participation, and the lack thereof.

- A boy is incarcerated in a juvenile detention centre. A lawyer and a social worker negotiate with the judge, his family, a vocational training centre and the centre’s director the possibility of transforming the deprivation of liberty into professional training. Everyone agrees, and finance is available. As the boy has not been involved in this type of activity before, he refuses, and declares that he wants to finish his sentence in prison, and then resume his criminal activities. Having had the boy participate in the decision from the start might have lead to a different outcome.
• A 15-year-old boy rallies a group of peers to meet regularly, to discuss issues such as hygiene, vaccinations, dental care and nutrition.
• Children within a child friendly space are explicitly asked to provide the rules and regulation of the centre (times, punishments, meals, activities etc.)

**Principle 5: Working with families and communities**
The psychosocial approach focuses on working with families and communities if and when these can serve as protective spaces for children. The intervention does not consist of actions that take the place of the support of families and communities, but of those designed to sensitize children, families and communities so that they can make their own decisions. Two examples are listed below.

• Mothers that have been attending nutrition programme for newborns have come to realize that what they needed to improve their child’s health was to care for themselves better. By meeting regularly with other mothers, getting moments of rest, and getting tips as a group, they – as primary carers – became more able to ensure the sustainable and healthy development of their children.
• Community leaders from different locations meet monthly to discuss their problems, and how they have overcome them.

**Principle 6: Access to available resources and capacities**
Key principles include building local capacities, supporting self-help, and strengthening resources already present. Examples of policy include the following:
• In order to set up new dance and theatre activities in a drop-in centre, local resources are identified in the neighbourhood, region or country.
• Tdh considers the community approach in treating severe acute malnutrition (MAS) and the availability of Ready-to-Use therapeutic Food (RUF) to be a great advance. This approach permits the treatment of many more children suffering from MAS and also avoids hospitalization for a large proportion of them. On interventions that seek to address acute malnutrition (or wasting), Tdh promotes existing nutritional best practices (e.g. Community Management of Acute Malnutrition) and is in disagreement with the systematic use of ready-to-use therapeutic Food.
• Tdh emphasizes the importance of minimizing the number of expatriate staff engaged in programmes. Tdh clearly acknowledges that countries have their own strong resources and capacities in terms of personnel.

Every single country, community, family and child has its own resources. Before setting up any intervention, an in-depth analysis has to be undertaken that includes a thorough assessment of such resources. In the case of an intervention within a community, this may involve a socio-anthropological analysis.

**Principle 7: Contextual approach**
All interventions should be sensitive to the prevailing culture, traditions, and socioeconomic and political context. Tdh workers should have appropriate competencies in the areas in which they intervene. For example:
• In West Africa, Tdh is trying to develop a better understanding of the situations in which children travel and end up in situations of exploitation and abuse. Tdh is trying specifically to establish the extent to which the wider communities, in both the places that migrant children come from, and the destinations to which they travel, have a role to play in protecting children against the forms of abuse associated with trafficking, exploitation and the worst forms of child labour.

Programme decisions and priorities must derive from a thorough, field-based situational analysis. In addition, it is important that the monitoring and evaluation system be based on a context-relevant indicator developed by the people of the communities that the projects are designed to serve.
2.3 Psychosocial approach within Tdh thematics

**Psychosocial approach in projects for maternal and child health/nutrition**
Interventions in terms of maternal and child health care are firstly targeted towards children. Nonetheless active participation of the mother or caregiver is expected at every moment of the intervention. Professionals and community health agents seek to enhance the communication between mother/caregiver and child. Helping the mother to better understand and accept age appropriate needs and behaviours may prevent abuse and neglect of the child.

**Psychosocial approach in projects for water sanitation and hygiene (WASH)**
Tdhs WASH interventions base their work on a participatory approach with communities and local authorities. They respond to the basic needs of the emergency, but also contribute to human development and local development. As a result, local authorities are invited, from the beginning, to participate in the intervention, and are associated with many activities throughout the project. Tdh puts the family and child into the centre of the action, focusing on the specific role of each, then expanding to the community as a means of protecting the child. Tdh’s WASH team selects the site of intervention and beneficiaries by including some of the following criteria: advice and recommendations from local authorities; assessment of the degree of community participation and organization; the socio-economic status of the families; and the level of accessibility of services to all, including children and persons with disabilities.

**Psychosocial approach in projects for “specialized health care”**
In the health area, Tdh implements a programme of transfers for specialized health care for children from disadvantaged socio-economic environments who suffer from heart disease or other health problems that cannot be managed in-country and require medical transfer abroad. In parallel, medical support is also set up locally. As far as psychosocial support is concerned, the main activity focuses on active listening to patients. An information and awareness session is conducted among parents of children receiving care, to reinforce their role in monitoring reintegration into their family and educating and informing parents about their primary role of child protection.

**Psychosocial approach in projects concerning trafficking, abuse and exploitation**
All assistance to children at risk of trafficking, or who are already victims, includes a psychosocial element from the moment the child is met to the moment he or she no longer needs support. In Tdh’s anti-trafficking/exploitation projects in South Asia, West Africa and Eastern Europe, social workers and psychologists engage with children affected by trafficking by working in a systemic way with government actors, school systems, families and children themselves to build life skills, help the children set personal objectives, and prevent further exploitation. In some projects, where Tdh has moved from narrowly-focussed anti-trafficking interventions to a broader approach designed to build sustainable systems for child protection, the psychosocial tools are incorporated into state structures, such as ministries of education or social services.
Psychosocial approach in projects for justice for minors

The purpose of any judicial proceedings vis-à-vis minors in conflict with the law is to promote their reintegration into the community. The approach cannot be purely legal; it is necessarily psychosocial, in two aspects. Firstly, the minor will reintegrate him/herself only if it is in his/her interest to do so. This implies that from the initial arrest, all the actors involved in the child’s passage through the legal system must be able to listen in order to identify levers for the child’s reintegration. Secondly, work must take place at the level of the community into which the minor must be reintegrated. For this, the victim of the child’s initial crime needs to be involved (e.g. in processes like mediation, restorative compensation, and discussion with schools). Family members, friends and community members will also have to be involved, in order to ensure that the child can return to his community with a lowered risk of recidivism.

Psychosocial approach in projects following disasters or conflicts

Following an emergency, the wellbeing of all people should be protected through the re-establishment of security, adequate governance, and services that address basic physical needs (food, shelter, water, basic healthcare, control of communicable disease, etc.). It is important to identify which aspects of the social environment have the greatest impact on the psychosocial wellbeing of children. Issues that have been found to have a crucial impact include: establishment of security measures; promotion of family unity; promotion of the continuation of breast feeding; promotion of family self sufficiency through income generation and access to economic support activities; re-establishment of formal and informal education opportunities for all children; and dissemination of essential information on existing services.

Psychosocial approach in projects for children living without family support

Tdh implements two distinctive types of programmes: those that support the creation of a bond, by finding a family for an orphan child (through adoption and family support for orphans living with extended families, or as heads of families); or by re-creating or strengthening that bond for children living with weakened family ties (for example, children in street situations). Family inclusion programmes demand work at the child’s level, addressing the issues affecting that child’s situation, but also work on the family that will welcome the child, the child’s community, and – as the international adoption programme shows – on societal issues that sometimes involve different cultures and understandings. The core of these programmes is specifically psychosocial, in that they involve constant work of cultural negotiation, creation of more secure places for the child within families, and often either the creation of a new context or a changed one.

Psychosocial approach in child protection systems

Tdh defines the child protection system as «a coherent set of actions and actors in which the child is the starting point, and which aims to guarantee the rights and wellbeing of the child by constructing synergies within and between protective environments.» In each different environment in which the child resides (e.g. shelter, school, home, community, family etc.), the psychological wellbeing of the child, and social interaction with others, will be essential for his/her ability to function adequately.
## 2.4 Monitoring and evaluation of psychosocial approach

In order to assess the implementation of the «psychosocial approach» within a project, the following questions can be asked of those managing the project.

<table>
<thead>
<tr>
<th>Focus areas</th>
<th>Applying a psychosocial approach</th>
<th>Yes (2) Occasionally (1) Never (0)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Access to child rights</strong></td>
<td>Do you refer people to other organizations supporting the basic needs of children (safety, shelter, education, health, nutrition)? Do you work with other organizations to maximize the impact of your work for children?</td>
<td></td>
</tr>
<tr>
<td><strong>Non-violence in all its forms</strong></td>
<td>Do you apply the Tdh Child Protection Policy? Is your staff trained to listen to and support child victims of violence?</td>
<td></td>
</tr>
<tr>
<td><strong>Do no harm</strong></td>
<td>Are procedures in place to ensure informed consent and confidentiality? Do you ensure monitoring of risks for the children and families? Do you ensure monitoring of risks for the project? Has your staff been trained on gender awareness?</td>
<td></td>
</tr>
<tr>
<td><strong>Participation</strong></td>
<td>Do you involve the child and family in activity planning and feedback? Do you facilitate child or youth participation activities, e.g. children’s committees? Do you encourage the child to express views, opinions, thoughts and feelings (even if they may be at variance with the community or the project)? Do you find ways to help the most vulnerable children without stigmatizing them?</td>
<td></td>
</tr>
<tr>
<td><strong>Working with families and communities</strong></td>
<td>Do you strengthen child/family/community relations? Do you assess supportive factors within families and communities? Do you make use of these supportive factors or strengthen them in the frame of your project?</td>
<td></td>
</tr>
</tbody>
</table>
| Access to available resources and capacities | Do you assess available and accessible resources in the government at national and local levels?  
Do you have axes of work involving local or state structures? |
| Contextual approach | Has information been collected to determine whether a response is needed?  
Are you aware of sensitive as well as harmful cultural practices?  
Do you build on existing cultural and local supportive structures and practices? |

### Notes section 2

1. These principles have been extracted from ARC (Action for the rights of the child), 2010
Psychosocial intervention
3.1 Reason to act

A psychosocial intervention is composed of one or several activities that aims to increase the coping capacity of children, families and communities, and to reinforce their integration within society.

In situations of conflict or natural disaster, a protective environment must be created for the child in order to allow his or her «normal» development to resume.

3.2 Actors

The child’s wellbeing is inextricably linked, in a systemic manner, to his or her surroundings. It is essential that Tdh anchors all work for the child within relevant family, community and government environments. Groups of actors relevant to work with the child are listed below.

Children and youth

This group can include infants (0-5 yrs), children (6-12 yrs), adolescents (13-18 yrs) and/or young adults (19-25 yrs). A child’s reaction to difficult situations will vary according to his or her character, past experiences, level of support received from others, family situation, and cultural beliefs and values. Whereas some children are highly resilient, others may be more vulnerable. Nonetheless, nearly all children and adolescents who have experienced emotionally overwhelming situations will initially show some changes in behaviour, emotions, thoughts and social relations (e.g. nightmares, withdrawal, problems concentrating, questioning of beliefs, guilt and anger). Such reactions are normal.

Once basic survival needs are met, safety and security have returned, and opportunities are restored within the family and community, the majority of children and adolescents will regain normal function without professional support. Approximately 5-10% of people in such situations express mild or moderate mental health disorders such as non-severe levels of anxiety or depression after an emergency. An even smaller percentage will be severely mentally ill; these will include children with psychosis, severe depression and severely disabling forms of anxiety disorder (World Mental Health Survey 2009).

In other situations of vulnerability (such as abuse, exploitation, poor health or malnutrition), psychosocial activities enable proximity of the staff to the child, as well as helping the child to protect him/herself.

NB: Post traumatic stress disorder (PTSD) is a clinical syndrome, and is diagnosed by a qualified psychiatrist. This term tends to be overused, and should be avoided outside clinical settings.

Families and communities

For children, the presence of parents or caregivers (including grandparents, aunts, uncles and siblings) who are able to provide support is a key factor in increasing resilience. Children look to their parents or caregivers for examples of how to respond to crisis and change. This is why we often see that children are only doing as well as their parents.

When a parent or other close family member is able to show that it is acceptable to grieve and to be upset while still functioning, then a child is far more likely to respond accordingly. Once children have lost the protection of their family, or if the family is seriously weakened, children are far more vulnerable to additional stress.

In addition, the way in which children and adults overcome difficult situations will depend on cultural factors. What is considered normal, what makes an affected person feel better, their daily routines, and to whom they look for guidance will all be influenced by the traditions and norms of their communities and societies.
Governments
To achieve the best possible impact, state departments and local organisations should be involved from the start in helping define any problem that necessitates psychosocial intervention on behalf of affected children, and in articulating a number of appropriate interventions. The aim is to build the capacity of national and local government (ministries of health, ministries of education, social services, etc.) and organisational structures, rather than to replace these with aid programmes.

Staff
Confrontations with human misery are emotionally demanding and can affect the mental health and well-being of both salaried and volunteer workers. The provision of support to mitigate the possible psychosocial consequences of work in crisis situations is a moral obligation and a responsibility of organizations exposing staff to extreme situations. For organisations to be effective, managers need to keep their national and expatriate staff healthy.
### 3.3 Model of action for psychosocial intervention

A model of action is defined in the Project Cycle Management (PCM) Manual as the approach which the project wishes to adopt vis-à-vis its beneficiaries. It proposes a representation of the reality that is sufficiently simple to be useful for professionals in charge of planning, implementation and follow-up of projects. While every project’s model may be different, a good model is not only defined by its proximity to reality but by its capacity to help us identify effective actions.

Starting from the cause, it is important to analyse carefully the possible consequences and the relevant choice of intervention.

<table>
<thead>
<tr>
<th>Causes</th>
<th>Consequences (non-exhaustive)</th>
<th>Tdh intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Root causes:</strong>&lt;br&gt;• Loss of family&lt;br&gt;• Loss of property&lt;br&gt;• Loss of community ties&lt;br&gt;• Loss or lack of economic opportunities&lt;br&gt;• Lack of law enforcement&lt;br&gt;• Lack of information&lt;br&gt;• Lack of education&lt;br&gt;• Lack of awareness on rights/services</td>
<td>Child has no access to basic services (food, health, shelter, education)&lt;br&gt;Child has no access to quality social services</td>
<td><strong>ADVOCACY &amp; TRAINING</strong>&lt;br&gt;At every level&lt;br&gt;Advocacy with governments&lt;br&gt;Training with governments&lt;br&gt;Referral to basic services</td>
</tr>
<tr>
<td><strong>Activating causes:</strong>&lt;br&gt;• Violence in home, school, community&lt;br&gt;• Early forced marriage&lt;br&gt;• Separation from family&lt;br&gt;• Family disfunction&lt;br&gt;• Non-supporting parents&lt;br&gt;• Family economic crisis</td>
<td>Child loses social connections with their family and community&lt;br&gt;Child engages in activities that put them at risk of exploitation</td>
<td><strong>SOCIAL MOBILIZATION</strong>&lt;br&gt;Mobilization and awareness activities at community level&lt;br&gt;Play activities and informal education</td>
</tr>
<tr>
<td><strong>Possibly impact on:</strong>&lt;br&gt;• Child physical development&lt;br&gt;• Child cognitive development&lt;br&gt;• Child social, spiritual &amp; emotional development</td>
<td>Child becomes passive and uninterested in things around them&lt;br&gt;Child becomes hyperactive and often aggressive&lt;br&gt;Child develops psychological &amp; mental health disorders</td>
<td><strong>FOCUSED INTERVENTION</strong>&lt;br&gt;(group and ind level)&lt;br&gt;Identify distressed children and support them&lt;br&gt;Support caretaker in his/her responsibilities</td>
</tr>
<tr>
<td>Well being affected due to disequilibrium between needs and resource.</td>
<td></td>
<td><strong>MAPPING &amp; REFERRAL</strong>&lt;br&gt;Mapping and referral to psychiatric and psychological services for most vulnerable</td>
</tr>
</tbody>
</table>
3.4 Assessments

Psychosocial needs assessments should include information on:
- Culture, religion and history of the country or community
- The extent of the problem – how many children are affected, and where they are
- Impact in terms of physical and cognitive development and social, spiritual and emotional development
- The problems as perceived by the affected population, and the relevant potential risks
- The existence of national formal resources and existing services
- The existence of endogenous resources and the capacity of the population to respond
- The type of external support needed to help affected children to achieve a sense of wellbeing.

When an assessment is carried out by outsiders, the balance between needs and resources as perceived by the affected population is often misread. Often the risks identified by the affected population are different to those identified by project managers. Project managers should have a clear view of the way needs and resources are being identified.

3.5 Levels of intervention

TdH identifies five focuses for interventions, grouped on four levels similar to those presented in the IASC Guidelines on Mental health and psychosocial support in emergency settings (2007). Each level is described in further detail below. The IASC levels of interventions are illustrated within the boxes.

The identification of such levels does not imply a hierarchy of importance for levels, nor does it provide a step-by-step guide for intervention. It rather illustrates interventions that range from a focus on a large group (dark orange) to those focusing on an individual’s emotional state of wellbeing (light orange).

Figure 2. Tdh levels of psychosocial intervention
Working with children and their environment - 3. Psychosocial intervention

Level 1 – Advocacy and capacity building

What is it?
Intervention at this level entails no individualized action, but rather works through securing group actions and services. It has an objective aimed at society as a whole, to be achieved through lobbying and training for better and higher-quality access to basic services and security. This includes supporting access to essential services (healthcare, shelter, education and information) as well as supporting appropriate state social services (e.g. via secondment of staff). This level of intervention should always be activated if any other levels are targeted: advocacy and training should be systematically planned together with any other psychosocial intervention.

Expected results
Community members have better access to services (food, shelter, water, school, healthcare and social services), re-establishing wellbeing and mitigating further psychosocial harm.

Possible outcome indicators
- Changes in children’s access to basic essential services (yes/no)
- Mainstreaming of psychosocial considerations, through other sectors’ training programmes (yes/no).

Activities
Activities will include research on existing problems or services in order to advocate for more services in communities. It may also include training of government protection or health agents or community leaders on why and how to provide psychosocial support.

Level 2 - Social mobilization

What is it?
Intervention at this level targets specific groups within a society. The groups are medium-sized, and share a common identity. They are gatherings of families or individuals according to common interests or values. The specificity of a community is defined and maintained by the ongoing proximity of its members: the community has the potential to provide an environment in which people can group their resources and energies, and then interact with agents of government, non-state actors or agencies in order to achieve improvements.

The protection of children is closely linked to the availability of such supportive structures within the community. In practice, these structures are likely to be much more important for children than externally provided resources. Social mobilisation involves establishing contact with community members and leaders, building an understanding of the social and power dynamics in the community, and bringing people together to agree on the best and most acceptable ways of working in partnership with the community. This does not always occur spontaneously — in fact, it often requires guidance from effective facilitators.

Expected results
Depending on the objective, the following results can be expected: the community is strengthened through reinforcement of local capacities and networks, which improves the social wellbeing of individuals; OR the project is sustainable due to the high level of community involvement and ownership.

Possible outcome indicators
- Community agreement on indicators for personal wellbeing, protection or health issues (yes/no)
- Number of people within the community that are aware of the basic procedures to care for children at risk.

Activities
Interventions may include youth initiatives, children’s committees, parent groups, child-friendly spaces, recreational activities, child-to-child methodology, community discussions on needs and resources (using participatory rural appraisal tools), and supporting and encouraging children’s families and parents in the fulfilment of their duties.
working with children and their environment - 3. Psychosocial intervention

• Number of active key community members or networks.
  OR:
  The project is sustainable due to the high level of community involvement and ownership:
• Progress in creation of focus groups in order to assess needs and design, implement and evaluate the project.
• Recruitment of people from the community to work as animators, social workers, etc...
• Participation of the community in the construction and maintenance of centres (yes/no)
• Provision of information to parents concerning the development of their children.
• Percentage of parents that regularly participate in project activities.

Levels 3a and 3b - Focused group and individual intervention

What is it?
This level of psychosocial intervention focuses on groups or individuals that are having difficulty functioning normally (according to what is normal to them), as well as those that may degenerate if they receive no appropriate care. These cases should be taken in hand by the family and the community (where possible), but should also be monitored by a professional (social worker).

Activities
Focused individual interventions may include work on self-esteem, relationships and grief, and development of life projects with affected children. This level always includes active listening services (supportive counselling). Focused group intervention may include expression activities favouring the facilitation of emotions (e.g. theatre of the oppressed), use of relaxation techniques, and community therapy.

Expected results
To improve the psychosocial wellbeing of children and/or carers in terms of physical, cognitive, social, spiritual and emotional development.

Possible outcome indicators
• Number of children (or caretakers) that have an improved sense of subjective wellbeing
• Number of children (or caretakers) that have an improved sense of self-esteem
• Number of children (or caretakers) that are able to make a plan for the future
• Number of children identified as being «aggressive» or «isolated» the behaviour of whom has «improved»
• Number of children who have trust in adults that bring them emotional security.

Level 4 – Mapping and referral to psychological and psychiatric services

What is it?
Individuals suffering from serious psychological or psychiatric difficulties, and who cannot function in their daily life, require psychological and/or psychiatric specialized care.

Activities
Tdh has neither the resources nor the expertise to provide mental health services. At this level, Tdh will systematically map the mental health services available within the region or country, and refer individuals to appropriate services. This activity alone, if processed at a national level, constitutes an intensive piece of work that may last months. Tdh can consider providing long-term psychological care if, and only if, ALL of the following criteria are covered:
• Tdh ensures that the service is part of a broader approach (complement levels 1, 2 and 3)
• Tdh ensures involvement of government or university staff approved by Tdh regional structures or HQ
• Tdh ensures that a minimum of 2 competent professionals is available to supervise locally
• Tdh has a say concerning the therapeutic methods used by psychologists or psychiatrists in order to avoid harmful practices
• Tdh ensures partnership with existing structures and does not replace what already exists
• Resources are not available locally
• Tdh staff work alongside national staff to ensure local ownership and sustainability
• Tdh ensures adequate financial resources for training and supervision.
• Tdh considers long-term interventions (2 years or more).

If no services are available and if the above criteria for providing therapeutic services are not fulfilled, Tdh should concentrate on lobbying and advocacy in order to denounce the absence, and support the provision, of mental health care services within primary health care settings (see World Health Organization Mental Health Gap Action Programme, or MHGaP). 7

Expected results
Children with severe mental disorders are referred to appropriate services OR mental health services are set up within primary or secondary health care settings.

Possible outcome indicators
Children with severe mental disorders are referred to appropriate services:
• Mapping of available specialized services is completed and regularly updated (yes/no)
• Number of children referred to specialized psychological or psychiatric services
• Number of children followed up after referral to specialized services.
OR:
Mental health services are set up within primary health-care settings:
• Number of consultations provided
• Length of follow up (in weeks).

3.6 Impact evaluation

One of the biggest challenges facing attempts to evaluate psychosocial interventions is that of how to measure psychosocial wellbeing. There have been numerous attempts to develop and use scales of wellbeing and appropriate measuring tools, and at times monitoring and evaluation has been inadequate, based solely on quantitative measurements.

The best way to identify indicators of psychosocial wellbeing is currently through qualitative communication with the population. Focus group discussions, interviews with key informants and observations of the community are all methods of collecting this type of information. Affected populations can themselves best define how to recognize if someone is doing well or not doing well, and how the community is functioning.

Tdh developed a series of possible impact indicators, linked to the four different levels described previously, following a review of academic literature.

NB: these are different to the outcome indicators identified above, which focus on evaluating the impact of projects on children.

These indicators and the means of verification proposed below were created in order to provide a «ready to use» list, but clearly need to be discussed in depth, applied, and validated for every specific context.
### Possible indicators for emotional development (levels 3 and 4)

<table>
<thead>
<tr>
<th>Issue</th>
<th>Indicator</th>
<th>Means of verification</th>
</tr>
</thead>
</table>
| Subjective wellbeing   | % of children with improved subjective wellbeing                           | • Life satisfaction scale (SWLF)  
• Positive and negative affect scale (PANAS)  
• Interview based on self-portrait by a child                                          |
| Self-esteem            | % of children with improved self-esteem                                     | • Rosenberg Self Esteem Scale  
• Interview based on self-portrait by a child                                             |
| Confidence in the future | % of children able to project into the future                                | • Value in Action (VIA) scale  
• Individual follow-up tool  
• Conversations with the child (drawings)                                                  |
| Behaviour problems     | % of children originally identified as having «aggressive» or «isolated» behaviour who have improved their behaviour | • Child Behaviours Checklist (CBCL)  
• Strength and difficulties questionnaire (SDQ)  
• Individual follow up sheet (case management)  
• Observation                                                                           |

### Possible indicators for social development (levels 2 and 3)

<table>
<thead>
<tr>
<th>Issue</th>
<th>Indicator</th>
<th>Means of verification</th>
</tr>
</thead>
</table>
| Social network density         | % of children who have increased the density of their social network      | • Exercise of social network  
• Friendliness scale (GMVI)  
• Community-child relationship observation                                        |
| Emotional Security             | % of children who have trust in adults that bring them emotional security | • Secure and satisfying interpersonal relationships scale/(GMVI)  
• What matters to me  
• Parent-child observation                                                        |
| Inclusion in community activities | % of children who are integrated into community life                      | • Interviews with children on their participation in community events                  |
### Possible indicators for skills and knowledge development (levels 1, 2 and 3)

<table>
<thead>
<tr>
<th>Issue</th>
<th>Indicator</th>
<th>Means of verification</th>
</tr>
</thead>
</table>
| School and life skills | Acquisition by children of life skills to enable them to overcome their difficulties | - Observation  
- Interview based on self-portrait by the child  
- Meetings with parents and teachers  
- School results |
| Adaptability  | Improvements in children’s ability to adapt to their environment          | - Vulnerability scale  
- Locus of control and psychological empowerment scale  
- Interviews with children based on this scale (a measure of locus of control/vulnerability) |
| Access to information | Children’s knowledge of where to find information | - Interview  
- Questionnaire  
- Focus group |

The means of verification (questionnaires and other tools) presented above can be found on the CD-Rom as well as on [www.psychosocialnetwork.net](http://www.psychosocialnetwork.net)

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### Notes section 3

Community-based approach
A community-based approach is a way of working in partnership with communities. It recognizes people’s resilience, capacities, skills and resources, builds on these to deliver protection and solutions, and supports the community’s own goals. One goal of a community-based approach should be to empower all community actors to work together to support different members of the community in exercising and enjoying their rights.

Empowerment
- Individual empowerment: Eisen (1994) defines empowerment as the way in which the individual enhances his or her skills to promote self-esteem, confidence, initiative and control.
- Community empowerment: The unit of analysis becomes the group or community. One of the goals of community empowerment is to make the community able to analyze its situation, identify problems, and resolve them, so that community members can fully enjoy their rights.

Indicators
Indicators are operational descriptions (quantity, quality, target group and location) of the objectives and results of a project, which can be reliably measured with limited financial and human resources.

Life skills
UNICEF (1997) recognizes several levels of life skills:
- Basic psychological and social skills (strongly shaped by cultural and social values)
- Situation-specific skills (e.g. negotiation, assertiveness, conflict resolution)
- Applied life skills (e.g., challenging gender roles or refusing drugs).

Needs
- Physical needs: those things that a person essentially needs to survive and to develop normally: food, health and shelter
- Cognitive needs: those needs associated with the process of being aware – knowing, thinking, learning, assessing a situation
- Social needs: those needs associated with relationships within family and community networks
- Spiritual needs: those needs attached to cultural and religious beliefs, relating to the meaning of life and values
- Emotional needs: those needs associated with care and love from others.

Psychosocial activity
Psychosocial activities include, for example, the provision of safe places, recreational activities, training, and referrals to specialists. They are designed around the individual child’s needs, age, gender, and cultural identity. Interventions should be empowering, inclusive, and fully integrated with wider community efforts.

Psychosocial wellbeing
The Psychosocial Working Group defines psychosocial wellbeing as the positive age- and stage-appropriate outcome of a child’s development.

Resilience
The concept of resilience is founded on the observation that under adverse circumstances some people cope and develop relatively well while others fail to do so. The term resilience describes the characteristics of those who cope relatively well. It is important to emphasise that resilience is not just about personal qualities but also about the way in which these qualities interact with external factors within the family and wider environment. Research suggests that younger children are often more resilient than older children. Protective factors that promote resilience include the following:

Internal resources
- Sense of control over one’s life
- Sense of responsibility or service
- Being able to express feelings and anxieties
- Opportunities for self expression through means such as play, arts, games and community rituals
- A positive sense of self-esteem, self-confidence and self-control
- An active coping style rather than a passive approach, e.g. a tendency to look to the future rather than to the past
- A sense of structure and meaning in the individual’s life, often informed by religious or Political beliefs.

Inter-personal resources
- Previous experience of good parenting or care giving
- Good and consistent support and guidance from parents or other caregivers
- Carers who can respond to the child’s current emotional needs
- Structure and rules at home
- Harmonious family relations
- Responsibilities at home
- Good relationships and friendships
- Ability to identify allies and people that can help
- Communication and language skills, and ability to share, show empathy and listen.
External resources

- Support from extended family, friends and community networks (e.g. teachers)
- Re-establishment of a normal routine of daily life
- School attendance or work; an educational climate that is positive, open and supportive.
- Cognitive development
- Participation in extracurricular activities and/or hobbies
- Appropriate role models that encourage constructive coping
- Opportunities
- Involvement in community life
- Opportunities to maintain family values and social and religious practices and language.

Risk

Risk is potential harm or problems that may arise from a future event or situation. Risk is directly linked to what is or is not acceptable within a particular social context, and thus to the relevant community standards and capacity to address that risk.

Social mobilization

Social mobilization is an act or a process that places a neglected question in the focus of a group, so that all members of this group can claim, demand, order, enforce, obtain, modify, create, exclude, etc., in order to achieve an objective related to that question.

Systemic approach

Systemic approach is a way of looking at and acting on the world as a system, where every element can be inter-related. It refers to the fact that everything is connected, interdependent, influencing, being influenced and constantly changing. Under such an approach, situations can be understood only if we perceive them as a part of a greater whole, with a complex network of ramifications.

Vulnerability

Vulnerability describes the risk of suffering damage to one’s physical and/or mental health, or harm to one’s social development. Vulnerability addresses risk in an active way, and identifies problems linked to imbalances of needs and resources and recognition of risk.

Notes section 4

9 Terre des hommes, Project Cycle Handbook.
Tools that will bring Psychosocial to life
In order to preserve a short document, the authors have opted for providing the 6 following additional documents on the accompanying CD-Rom. These can be used and printed out accordingly, and are as follows:

5.1 Competencies framework developed by the Child Protection Working Group

5.2 Guide to the Evaluation of Psychosocial Programming in Humanitarian Crises and Questionnaires (means of verification)

5.3 Tdh Child Protection Toolkit; Psychosocial Training Manual

5.4 20 Games with a psychosocial aim

5.5 Technical sheets

- Suggestion box
- Compassionate Communication (CC)
- Child-to-child
- Youth initiatives
- Parents groups
- Pre school activities
- Recreative activities
- Tales and riddles
- Theatre
- Star centre
- Movement, games and sports
- Photo voice
- Restorative circles
- MAPA-Active and Participative Methodology for Adolescent
- Case management
- Individual follow up
- Memory work
- Mapping tool in Mental Health and Psychosocial Support (MHPSS)
- Positive discipline