

Field Action Guide

For Psychosocial Assessment of
Children and Families in Emergencies

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INTRODUCTION

This is a field action guide for any agency, organization or academic offering rehabilitation services for children. It follows the Handbook on Psychosocial Assessment of Children and Families in Emergencies (Regional Emergency Psychosocial Support Network and UNICEF EAPRO, 2005), which includes more contextual explanations, illustrations and resources. It is a prerequisite that users read the handbook before using this field action guide, which is a condensed version of the handbook and is intended only for easy reference during a field assessment.

This field action guide focuses on the first psychosocial assessment to be conducted just after a calamity strikes or just after a major event in an ongoing armed conflict. While it is necessary to update that initial assessment as the emergency situation evolves through the different phases of recovery (briefly outlined in the “phase chart”), this mini book is meant to guide the formation of a team to assess the psychosocial as well as physical needs of children, their families and the communities and then the recommendations the team makes for ensuing support.

In addition, this mini book is meant to be a useful reminder of the ethics and principles that a psychosocial assessment team should abide throughout its mission. These action points have been developed by the Regional Emergency Psychosocial Support Network and emphasize identifying local strengths and resilience among both children and adults.

A. WHO CONDUCTS THE ASSESSMENT?

Identify the situation: Has the affected community requested help? Are there responding government agencies and non-government and international organizations? If so, identify what assessments are in place or being planned.

Form a team, dependent upon the situation: If there is no psychosocial assessment already in place or planned, creating a team should cause no conflict. If one is in process, determine if there is need or room for collaboration or if a division of tasks and geography is possible.

Identify a local partner: Are there any persons or organizations within the affected community capable of leading a participatory assessment?

Look for someone or a group that is competent and has the community's trust.

If there is no possible leading partner in the community, look elsewhere in the country or in the region for someone or a group familiar with the affected community's history, culture and practices:

Consult the Regional Emergency Psychosocial Support Network database of organizations and individuals (East Asia and the Pacific only) engaged in psychosocial support of children and communities in emergencies.

www.psychosocialnetwork.org

If the team ultimately is not from the local area, look for a key informant who can give background detail and facilitate entry of the assessment team into the affected community. This is especially crucial if the team consists of people from outside the country.

Select five to eight people: The team should have (one person can fulfil more than one point):

- At least one person with experience in assessing psychosocial needs in emergencies, using a focus on wellness rather than on vulnerabilities
- At least one person with experience in participatory programming
- At least one person who speaks the local language(s)
- Sex and age equity
- Other support persons (local contacts from ethno-linguistic groups in the affected community, translator(s) and drivers).

Each team member needs to agree on the specific objectives of the assessment. They should have sensitivity, respect and capacity to relate exceptionally well with children and adults in any community.

Team members must follow the ethics and principles presented in this guide.

As much as safely possible, the team must commit to spending time within the community to gain its trust.

Prepare a back-up team: Be prepared for the rare event in which an assessment team may be forced out of an area before the work is completed. A second-line team from a local group can continue the assessment. Assemble and brief the back-up team before the mission and provide members with all relevant and useful materials.

B. WHEN TO CONDUCT AN ASSESSMENT

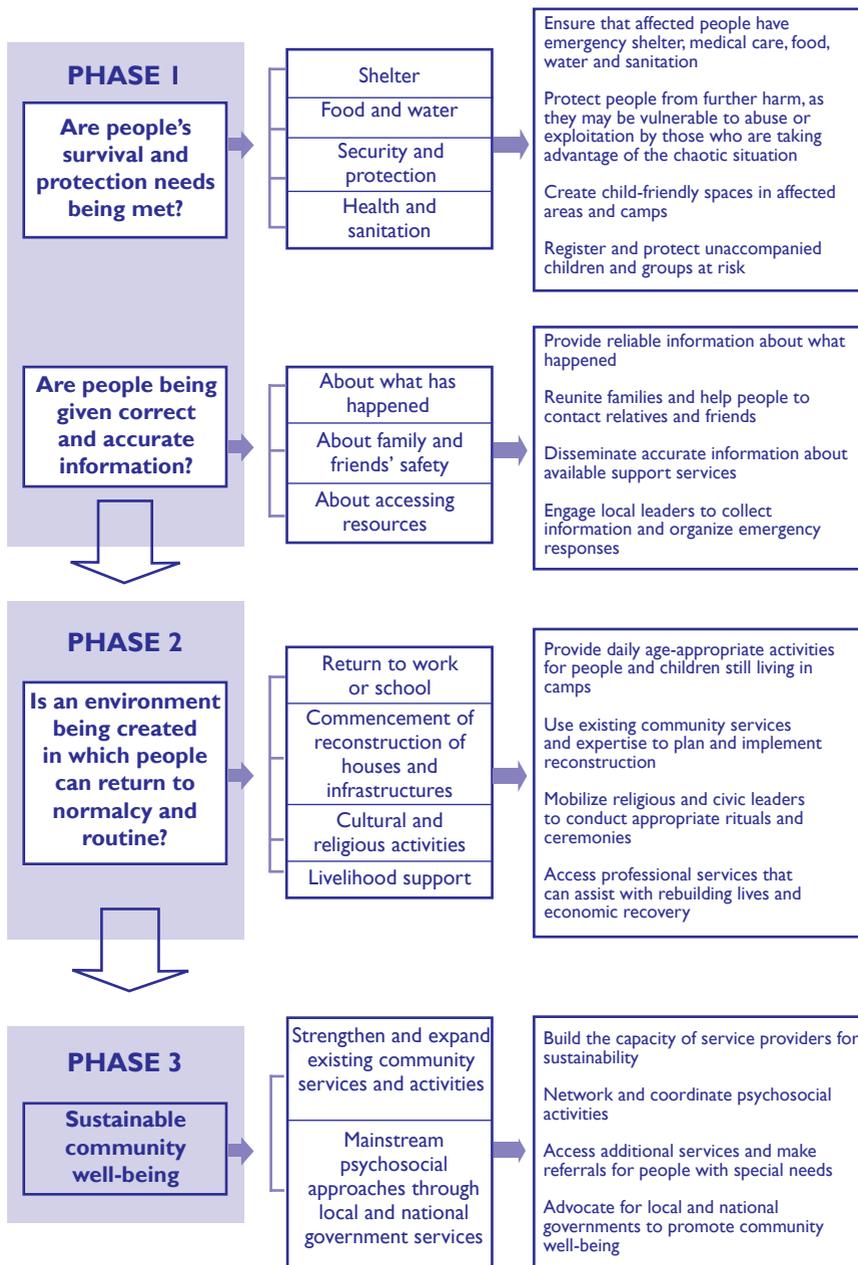
Phase 1: Initiate immediately after a disaster or calamity strikes or after a major event in an ongoing armed conflict. Focus on survival and protection needs and on affected people's access to information and resources they need.

Phase 2: Initiate an update of the initial assessment once basic survival needs have been met. Focus on the return to normalcy.

Phase 3: Initiate once efforts are in place to address immediate needs of rehabilitation and reconstruction of key infrastructure. Focus on strengthening and expanding existing community services and activities and establishing psychosocial approaches through local and national government services.

REMEMBER: Each phase requires a different focus.

Phases in assessing and supporting psychosocial well-being in emergencies



C. HOW TO CONDUCT THE ASSESSMENT

1. Coordination

Avoid overlap or duplicating the process with other agencies. Do not conduct similar interviews or activities that another agency or group has done or is planning to do.

- This can avoid overwhelming affected people with similar exercises that can be painful or frustrating.
- This can avoid creating conflicts in communities because of competition between agencies.
- This can avoid creating a dependency among affected people on agency support.

Inform in advance the national or local coordination body of plans for an assessment. Plan an assessment within a clear existing coordination mechanism.

- In a large-scale emergency, consult first with the national government or lead UN agency.
- In a medium- or small-scale emergency, consult with the government (typically local) or lead NGO.
- Determine whether any psychosocial response/assessment is in place or being planned. Identify all groups aiming to provide psychosocial support.

Gather information on any ongoing or planned psychosocial response. Consult with organizations in the area, secondary sources or key informants.

- Consult with groups conducting an assessment or planning one to establish any possible coordination or collaboration.

If possible, identify a lead agency for psychosocial response. Coordinate all interested groups and divide tasks or geography for each assessment.

2. Preparation

Orient the assessment team, local partner and the community before beginning activities.

The team

Emphasize guiding principles and framework.

- Ensure that team members, local partner(s) and support staff (interviewers, facilitators, guides, interpreters, etc.) are aware of the guiding principles, the processes or steps involved in an assessment and the participatory methodologies that will be used.

Conduct discussions on psychosocial approaches that reinforce community resilience and strengths before going to the field.

Conduct team-building activities, if possible, before members embark on the assessment mission. Aim to make team members aware and accepting of each other's individual strengths and weaknesses in order to find ways to complement each other.

Discuss the culture(s) and political and social context of the affected area. Include in this orientation:

- Emphasis on the use of language and actions that show respect to elders or hierarchy. Discuss the use of respectful terms in situations in which people need to be addressed remembering new names may be difficult.
- Emphasis on social protocols, etiquette and restrictions or taboos. This includes what is the culturally appropriate way of introducing one's self or greeting others, activities or habits that are permissible, such as walking around alone, drinking alcohol, smoking, etc.
- Discuss possible ways of offending any member of the affected community. Consider that the community may have habits that a team member finds offensive or vice-versa, such as body odours or talking loudly.
- Encourage the team to maintain personal hygiene, such as taking regular baths and wearing clean clothes, as much as possible.

Emphasize the need for team members to prepare physically, psychologically and emotionally. Prior to and during the mission, each team member should:

- Be honest about apprehensions, reservations and motivations regarding the work (fears of the unknown, being forced to do the work because it is part of the job, seeking career opportunity, etc.). They should be aware of personal limits as well.
- Be aware that fear is a normal reaction experienced by most people, though not often discussed.
- Be aware of the different reactions he or she could feel toward the disaster situation or the habits of the community.

- Take into account personal feelings toward the affected population and the disaster situation, be they positive or negative (such as feeling sorry or frustrated with the affected population).

Obtain information on international, national and local organizations, government bodies and agencies working in the field of the affected area. Gather as much specific data as possible before arriving in the affected area, which can facilitate coordination and gives contacts time to prepare documents. Consult the Internet and contacts in the affected country for such details as:

- Person(s) in charge of operations for each organization/agency
- Contact details and physical location of central and field offices
- Nature or kind of service, support or assistance each provides
- Objectives for those services and strategies
- Capacity and limitations – operation, resources, security issues – each comes with or is experiencing
- Linkages and coordination each has in place already
- Referral systems in place
- Degree and quality of each organization’s/agency’s relationship with the affected communities.

Determine the state of the media operating in or covering the affected area. In particular, consider:

- The condition or state of infrastructure of the affected areas to gauge which portions are accessible for services
- Forms of media (radio, television, print) operating and coverage to date
- Kinds of programmes and messages each media operation is known for
- Which operations among the media are government or privately owned, or in the case of areas with an insurgency – media facilities or systems operated by non-state actors.

Partner organization

Discuss with the partner organization the initial information gathered from secondary sources, what other possible activities for data gathering and what feedback are needed or would be useful.

Assign tasks in terms of who does what.

Plan an emergency “pull out” from the community in case circumstances dictate that the team must leave immediately.

- Consider pull-out plans for different scenarios, such as during the night, if

the team is conducting activities among the locals, if the team is separated, etc.

The community

Inform local NGOs, people's organizations, religious leaders and the community about the goals of the assessment, its guiding principles and the methods that will be employed.

- Aim to avoid raising the community's expectations.
- Avoid using jargon or technical terms.
- Avoid using the words "psychosocial" or "trauma" because they typically cannot be translated to the local language and can be confusing or even frightening.

3. Linking with organizations and local leaders

With the partner organization, seek out local government, NGOs, people's organizations in the affected area, the governor or mayor, the traditional chief or religious leaders.

- Consider them as possible conduits to other organizations and agencies in the affected area and to people who can help in the assessment of the situation, including adults and children.

Identify and seek out local nurturers. Look for individuals who have a natural desire and capacity to help others as they go about their everyday life.

- Consider traditional healers, religious people (such as priests, pastors, Buddhist monks or an Imam), teachers or women and men in the community who are good in taking care of children, etc.
- Discuss their insights on how local people cope and on the existing strengths that adults and children already have. Seek their suggestions for activities that could further promote the positive elements in their culture to help in their community's healing and recovery.

4. Gathering data

Consider the specific needs, peculiarities and nuances in the physical and social environment, culture and history of the affected and host community.

- Ensure all methodologies are gender-sensitive, culturally appropriate, child-focused and, where applicable, participatory.

- Choose activities that are appropriate to the context.
- If another organization is already doing an activity, determine if there is still a need for more of the same, if the activity is even acceptable to the affected people or if it will even make a big impact to the assessment.

Rely on participatory observation in gathering information. This entails each team member becoming a “part of” the everyday events in the area. Aim to become, *as far as possible*, a familiar presence in the lives of the people.

- Find key locations in the affected areas where people come together, conduct business, talk and hang around. Consider marketplaces, small stores, barber shops or beauty parlours, places where people wash their clothes, etc.
- Talk informally to people and aim to get a “feel” for the local culture.

Visit families in their homes or evacuation centres if it is safe. Aim to establish rapport with the members of the community or interact with all members of a family in an informal way.

- If circumstances permit, consider staying with families during the length of the assessment. This provides valuable information about how the disaster or conflict affected their lives, how the family found resources and strengths to adapt and the kind of support needed to reinforce these strengths.
- Allow local partner or organization to carefully facilitate home visits.

Seek out conversations with key informants, such as government officials, community leaders and organization officials present in the affected area.

- Also consider informal or unstructured interviews with parents, local nurturers, children, teachers, religious leaders, elder persons regarded as wise, social workers, medical or paramedical personnel, spiritual persons (such as shamans), village heads, as well as masseuses, hairdressers, barbers, bar keepers, store owners, vendors, etc.

If appropriate, organize group activities, discussions and consultations. Focus on obtaining information and feedback from a larger array of adults and children.

- Creative methodologies with children must consider their capacities, gender and culture.
- Focus activities on identifying the strengths and resilience of children and their families.
- Facilitate these discussions in partnership with a local NGO or local

people, especially if the assessment team is not familiar with the area, culture and language.

- In conducting group discussions, take time to introduce each team member, explain what the purpose of the activity is and its relevance to the whole programme.

If conditions are permissible, the assessment team must spend more time with the affected community than with other organizations in the capital or regional centre. It is not wise to avoid the discomfort of the affected area and thus jeopardize obtaining a proper assessment of local needs.

Key points to remember while gathering data:

- Make individual contact or meetings with representatives of different organizations.
- Follow a degree of formality, restrictions and protocols or courtesies in meeting with local people.
- Consider time management and the location of meetings or interviews.
- Network and use personal connections to help arrange or facilitate meetings.
- Arrange for accurate and reliable translation if needed.
- Remember to be sensitive toward the experiences of contact persons.
- Remember to be sensitive toward the attitudes of contact persons and the community in general on the use of cameras and tape recorders.
- Consider the availability and source of required information – official or unofficial.
- Be aware of confidentiality issues.
- Think of the assessment as an ongoing activity and keep it adaptive to any changes in the situation in the area.
- Keep in mind that in emergency situations the media and modern communications systems may face serious limitation in operations or may simply not exist – look for indigenous ways of communication or alternatives.
- Adhere to any minimum standards in respecting the rights of children and adults.
- Focus on groups at risk:
 - Identify groups at risk in consultation with key local representatives and organizations and in collaboration with other national and international aid organizations.
 - Consider the contextual, religious, cultural and ethnic backgrounds.
- If there is more than one organization concentrating on a particular group, these organizations must work in cooperation and consultation with each other.

5. Making field notes

Instruct team members to write field notes. General areas of emphasis should include:

- An initial assessment of the data
- Reflections on the processes, methodologies and issues encountered
- Impressions of the contact people.

Specific notes should consider:

- The wellness of the affected people, their definition of wellness, their rights, and knowledge and ways of upholding them
- Perceptions and life stories as well as objective data, such as demographics
- Biases, personal history, emotional condition, mental state and level of coherence of contacts
- Privately held stereotyping (personal or cultural), prejudices and expectations
- Vested interests of contacts or groups
- Facts versus opinions, which are subject to interpretation, understatement or exaggeration
- The need for cross-checking information gathered from various sources and soliciting comments from the community about the collected data.
- The quality, degree and amount of information available
- Reasons for the absence of, discrepancies or irregularities in needed data.

6. Feedback

Conduct multiple feedback sessions. Include:

- The participants of any activity conducted
- Significant people in the community, such as social, political and religious leaders, representatives of women's organizations, local nurturers, teachers, etc. and young people
- The partner organization(s)
- Members of the assessment team.

Involve the local partner(s) in the design, implementation and formulation of the evaluation.

Carefully discuss the appropriateness of the methods and approaches used during data gathering. This includes:

- The process and methodologies used by the assessment team, including their cultural and gender-appropriateness and child friendliness
- The partnership with local organizations and agencies
- The interaction of the team with the children and adults in the community. This concerns informal interactions, meaning those that are not structured. This includes telling or sharing stories with adults and children in the community, playing with children, being involved in everyday activities with people and asking them how they would describe and characterize their interactions. Did these activities facilitate or hinder relations with the people and children? Were there problems or issues that came up? How were these handled? What were the positive experiences in which lessons could be learned?
- The venues used for children, men and women to share their experiences and opinions
- The impressions of the community regarding the assessment team (encourage both positive and negative comments)
- Possible negative effects of the assessment
- Lessons learned by the team, the organizations that they worked with, the children and adults of the community.

7. Concluding the assessment

Consult local or community leaders to confirm data from secondary sources. Use the gaps from the secondary data as the focus of any participatory process involving community members.

Share all assessment findings with all relevant agencies, organizations and affected people.

D. WHAT TO ASSESS

Use the following suggestions and questions to guide the assessment in all three phases. Keep in mind this list is not complete or exhaustive. Discussions in the interviews, consultations and group activities will lead to other specific questions.

PHASE I: Survival, protection, information

Information about the context of the disaster

- Describe the nature of the emergency.
- Describe the various contexts in which an emergency is taking place (the political and social environment).
- Briefly specify the geography and environment of the affected area – nature of the terrain and vegetation.
- What was life like before the emergency?
- What changes have occurred due to the emergency and with what effects on individual and collective wellness?
- What issues contribute to divisiveness in the emergency region? In the wider region? What, if any, are the anticipated developments in the emergency area?
- Has any population movement happened as a result of the emergency? Are any expected to happen? What effects are these movements or future movements having on well-being?
- What human rights have been and are being violated? What local actions are supporting human rights?
- What is the security situation? What types and what degree of violence are occurring, if any?

Basic survival needs

- Gather information about morbidity and death rates and their causes (by age and gender).
- Are there health centres, hospitals or other medical facilities?
- Are there traditional healers and/or community health volunteers?
- Is there ready access for support (airports, ports, rivers, roads, tracks)? Detail the availability of transport, fuel, communication and other logistical necessities for wellness in the affected area.
- What impact has climate had on the affected people?
- What is the supply and quality of water?
- Detail the security, nature, amount and continuity of the food supply; food

sources and supplies; recent food distributions; and future food needs and availability.

- What is the availability and quality of shelter?
- What is the availability and quality of clothing and bedding?
- Assess the adequacy of sanitation.
- What is the vaccination coverage?
- Identify the presence or likelihood of infectious diseases.

Security and protection for at-risk groups

- If possible, provide estimates of the affected population by age, gender and risk indicators within each of the following:
 - Refugees and/or internally displaced people
 - Single mothers/fathers
 - Orphans, unaccompanied minors and homeless children
 - Child/adolescent heads of household
 - Demobilized and escaped child soldiers, ex-soldiers, active soldiers, ex-“freedom fighters”
 - Widows/widowers
 - Physically disabled and developmentally delayed
 - Elderly
 - Chronically mentally ill: with families, in institutions or in other specified places
 - Females who have been raped and other survivors of sexual violence
 - Survivors of torture
 - Other at-risk groups that may be specific to the area.
- Provide a picture of the special needs groups needing psychosocial support, for example:
 - Orphans and unaccompanied children
 - People who are incapable of self-care
 - Females who have been raped
 - Escaped/demobilized child soldiers.
- Do children have a safe place in which to play?
- Are there people in the community who could provide regular activities for the children, such as non-formal education, play and recreation?

Provision of accurate information

- Are any local leaders or organizations collecting data or disseminating information about what has happened?
- What communication systems are in place?
- How are the events being explained to children?
- Do children have access to correct information?

- Is there any up-to-date information about the security situation, human rights violations or other problems relating to safety and security?
- Are gathering points and guidelines agreed upon for unaccompanied children and other at-risk groups?
- Are there contact points or procedures for reuniting families?
- Are there information/communication systems for letting people know how they can access services?

PHASE 2: Return to normalcy

Return to family and community life

- Are families living together?
- Do people living in displaced areas have sufficient privacy?
- What measures could be implemented to improve the living conditions of children and their families?
- What is the nature of hardship and stress that parents face that are affecting their well-being, as well as how they care for their children?
- Are there opportunities in place for parents to discuss and seek support for distressing difficulties that they and their children must deal with?
- How do the general living arrangements and social organization of the population affect the protection and care of children?
- What is being done to enable families to live in dignity and provide care and protection for their children? What more can be done?
- Are the special needs of unaccompanied children, long-stayers in camps and at-risk children being addressed?
- What are the community's normal mechanisms to respond to emergencies and promote well-being? How can they be strengthened and built upon?

Return to school and play

- Are education and other activities provided so that children are able to participate in regular development-enhancing activities and re-establish a sense of routine?
- Specify any formal or informal educational activities that exist among:
 - Affected people
 - Refugees
 - Displaced communities
 - War-affected communities.
- If education is taking place, how adequate and appropriate is it?
- If no educational activities are happening, how can they be started?
- Are there teachers among the affected communities? If so, how can they assist to provide education and recreational activities for children?

- Is training and support being provided to teachers?
- Is the curriculum still appropriate to the needs of children after the disaster?
- How many schools need to be reconstructed or rehabilitated?
- What educational materials are needed?
- What recreational activities are available for children and youth?

Cultural practices and religious beliefs

- What is(are) the religion(s) of the affected people and host communities?
- What are the roles of priests, traditional healers, kings and other community “authorities”?
- What traditions, rituals, social interactions or sanctions/taboo exist about specific topics – such as death, mourning, burial, acts of revenge, rape, justice, etc.?
- How do people respond to death, burial, bereavement and loss? How do they support their own wellness in these contexts?
- In the current context, are there any situations in which traditions and rituals cannot be practised? (For example: for children born as a result of rape, for people who are missing, for those who did not receive a traditional burial?) What, if anything, can be done about this?
- Describe the community’s characteristics before, during and after the emergency in respect to resilience, competencies, strengths and resources. Give a feel for the culture, lore, way of life, religion and social and political organization of the affected people and communities.
- What are the traditional ways of understanding the source of disasters (e.g. the will of God, fate, karma)?

Cultural aspects regarding support systems

- Under what conditions is it socially appropriate to express emotions such as shame, guilt, fear and anger? How are various emotions described and expressed?
- Is revealing feelings to others socially appropriate? Does discussing feelings or practical problems in the presence of other family members raise any particular issues?
- What are the cultural expectations with regard to the use of metaphor, imagery, myth and storytelling in a helping relationship?
- What are people’s expectations regarding the use of traditional healers or rituals and regarding the role of “Western” approaches?
- How do people understand the concepts of health, wellness, distress and illness?

Rehabilitation and reconstruction of houses and infrastructure

- What have community members done to rehabilitate or set up temporary homes and infrastructure, such as schools, churches/mosques/temples, roads and bridges?
- Are there commitments yet to long-term plans for replacing buildings?
- Do people have accurate information about local and national rehabilitation and reconstruction services?
- What external resources are needed for rehabilitation and reconstruction?
- What coordination mechanisms prevail to ensure that all community members have equal access to rehabilitation and reconstruction services?

Economic recovery and livelihood support

- What is the economic level of the affected population?
- Does everybody have the same economic needs?
- Is there unequal distribution of resources and benefits by ethnic, political or other kinds of groupings?
- What kinds of production and handling of resources are there at the family, community, district, temporary shelter and country regional levels? How may these be improved or re-constituted?
- What economic structures did the community have before the emergency? What do they have now?
- How has the emergency affected employment and income-generating activities? Did the emergency result in an increase in unemployment? Was the employment of young people affected?
- How may these matters be improved?
- If the affected population lives within a host community, what are the economic standards of the host community? Is the affected population impacting the economy of the host community, and if so, in which ways?

PHASE 3: Sustainable community well-being

Strengthening and expanding existing community services and activities

- Have formal and informal social structures been restored? If not, how can family and community social structures be strengthened?
- Have community groups re-built their capacities to promote well-being?
- Are protection networks for children in place? Are there efforts to promote children's rights?
- Are systems in place to identify and assist children who need special services and support?

- Are activities that promote well-being available for all members of the community (i.e. are there age- and gender-specific services and activities?)
- Are women, youth and children actively participating in community life and activities?
- Are all youth and children participating in educational and recreational activities?
- Does the community have access to health services?
- Are referral mechanisms in place for people needing special services?

Mainstreaming psychosocial approaches through government services

- Have the education, health and social welfare ministries incorporated local and traditional psychosocial approaches and well-being activities?
- Is there an effective juvenile justice system that protects children and promotes child rights?
- Are child protection and well-being concepts well embedded in traditional laws and local and national legislation?
- Have teachers, health workers, protection officers, etc. been trained to assess and promote well-being?

Creating a healthy habitat and environment (both social and natural)

- What action is needed to restore wellness relating to habitat?
- What has been the effect of conflict or disaster on the social and natural environments?
- What action is needed to restore wellness relating to the environment?
- Has any action been taken to ensure environmental protection?
- If conflict is ongoing, are there “peace sanctuaries,” “humanitarian zones” or “windows of peace”? If they are not present, what scope is there for establishing them?
- Assess the solidarity and sources of friction and conflict within and between communities and ethnic groups:
 - What ongoing ethnic, cultural, political and other tensions are there?
 - Are there specific unresolved matters affecting various people and subgroups?
 - How are these matters being resolved, or can they be resolved?
 - Are there ongoing efforts at peace building and conflict resolution?

E. PSYCHOSOCIAL SUPPORT FRAMEWORK

This approach aims to promote psychosocial well-being by building on the skills and knowledge already available in communities and by developing the capacity of professional workers to respond to children and families needing specialized services and protection. As well, it identifies resources and knowledge possessed by the community that can meet both emergency and long-term psychosocial needs.



F. USING AN ASSESSMENT TO DEVELOP RECOMMENDATIONS FOR PSYCHOSOCIAL SUPPORT

Developing recommendations for psychosocial support is part of the assessment process and should be done in consultation with the community. These recommendations are intended to be used as the basis for programming and planning for long-term psychosocial support and should be in line with the psychosocial support framework. However, the following are only pointers and are not meant to be a comprehensive guide.

I. Critical needs to address

Promote a sense of safety and security

- Make sure children are physically safe from harm and dangerous and exploitative situations.
- Ensure both the physical safety and the psychological well-being of children and their families. They should “be safe” and “feel safe”.
- Create child-friendly spaces to give children the possibility for play and the freedom to be themselves, unafraid and confident that nothing will happen to them.
- If applicable or appropriate to the context and if possible, provide the community with security measures, such as police presence or other law enforcement officials.

Establish trust

- Remain aware that under extremely stressful situations, children and their families experience a lot of pain and suffering along with various emotions, such as fear, anxiety, helplessness and hopelessness. And that in some cases, these situations destroy people’s trust in themselves, other people and the immediate environment.
- Seek strategies that will bring back people’s confidence in themselves and in others.
- Identify trusting and caring adults whom children respect, can rely on and feel comfortable with.
- As much as possible, create an atmosphere in the immediate environment that is conducive for playing and other structured or routine activities that will give a sense of normalcy to children’s lives.

Strengthen relationships

- Recognize the network of relationships children are a part of, starting with the family and growing to include peer groups, their neighbourhood, school, religious groups and community.
- Recognize that connections between people and their environment are affected by changes in context (economic, political and social) and that strong family and community ties become protective factors that promote a sense of security, safety and trust – which are important to a child’s sense of identity and belonging.
- Recognize that in extreme cases, fear overwhelms the lives of children and can shatter their identities, causing them to withdraw from relationships, to not assume their roles and responsibilities and to stop caring for others.
- Seek strategies that address these “broken” connections – to the self, the family, friends, community and the environment.
- Recognize that crisis situations also may open up new beginnings and renew meaningful relationships.

Enhance resilience

- Remember that even in the midst of very stressful situations, every individual has resilience – or the capacity to cope or to engage in “self-help” and “mutual help” efforts.
- Realize that a child’s resilience needs positive elements in his or her environment, often described as protective factors or processes. The interaction of risks and resilience factors plays an important role in the development and well-being of children.
- Aim to reduce risks and increase resilience in children and their families.

Increase awareness

- Seek strategies that will generate a new understanding of psychosocial support and protection and promote healing and wellness in the lives of children, their families and communities.
- Identify key issues and concerns that will be raised at the level of policy and decision making.
- Include provisions for advocacy efforts in all recommendations.

Ensure sustainability

- Ensure that strategies stress continuity and the follow-up of plans and programmes.
- Include strategies for fostering support within the community and for communities to empower themselves to avoid creating dependency on outside help.

- Include feedback and follow-up provisions to strengthen a community's capacities and improve on the participation of children, families and communities.

2. Strategies for psychosocial well-being

Re-establish a stable family life

- Keep in mind the role of the family is integral in promoting a child's sense of well-being and that the family's ability to provide for children's emotional and physical needs is indispensable in emergency and post-emergency situations when children's psychosocial recovery is a priority.
- Make the security and safety of people affected by emergencies a priority. Provide adequate emergency shelters or evacuation centres, as well as basic needs such as food and clothing.
- Recognize that disruptions caused by an emergency may leave parents unable to meet their children's basic needs.
- Surround children with adults who can protect them, if they require time to learn to trust adults again, regain confidence in themselves and rise above feelings of abandonment.
- Consider the following actions as some ways to re-establish the family unit:

Promote family reunification. To ease the distress a child may feel if unaccompanied or involuntarily separated from both family and community and to reduce risk of violence, abuse and exploitation, make tracing family members and reuniting them a priority. Provide alternative long-term care arrangements, such as a nurturing foster family, whenever needed and possible.

Promote parental well-being. Help parents deal with their own grief and emotions while re-establishing their capacity for good parenting. Provide a safe group setting for widows, families of missing persons, parents who lost children, etc. to share feelings with others with similar experiences.

Promote parents' and adults' awareness of psychosocial needs. Provide information on simple techniques and ways to deal with their emotions as well as helping their children cope with fears and memories. Provide culturally appropriate suggestions for talking with children about their feelings and experiences and to stimulate and play with withdrawn children.

Promote family self-sufficiency. Provide income-generating opportunities to help family members develop a sense of self-sufficiency,

self-worth and control over their lives. Consider skills training, loan schemes and cooperative projects for both parents and youth. Include options in the trainings and projects after consulting with community members on what makes sense, is marketable and desirable. Offer affected locals the first choice in work opportunities in reconstruction efforts.

Prepare and empower the community to become responsive and active partners toward change. Provide training activities to build their skills in conflict resolution and in community-based psychosocial service systems. Consider livelihood support.

Provide capacity building where needed and allow communities to take charge of food distribution. Send supplies or decisions that need to be made directly to local people rather than coursing them first through the government and then through agencies, which may treat affected people as charities.

Re-establish a sense of normalcy

- Establish familiar routines for children to create a sense of security, purpose and meaning and that allow children to start functioning again as fully as possible. Seek to:

Re-establish schooling. Regular formal and informal schooling should be a priority from the earliest stages of an emergency response, even in the absence of proper facilities or equipment.

Create recreational activities. Organize non-violent play, sports and other forms of recreation to raise children's self-esteem and offer a sense of normalcy. Establish child-friendly spaces or play areas and provide opportunities for learning new skills, such as art and theatre, that helps participants and even spectators deal with their grief and loss.

Resume cultural activities and traditions. Rediscovering traditions and religious practices rooted in the culture helps the entire community's recovery by introducing a semblance of normalcy. Forms of celebrations or rituals, such as for burial or healing, introduce a semblance of normalcy, help individuals and strengthen relationships among family members and the community.

Promote simple and individual ways of relieving stress. Consider options from meditation and chanting to gardening, cooking or painting.

Provide opportunities for expression and participation

- Provide opportunities and vehicles for children to tell their stories and to be heard. Consider:

Group and community activities. Coordinate activities such as storytelling, singing and dancing in peer groups, individually or with families, to help children find and learn lessons from their experiences. Determine whether forming a group poses security risks or carries a social stigma.

Mobilize youth groups to provide assistance to other children, such as peace camps or support groups, and to promote the self-esteem of all. Do not force children in group activities to relate or disclose more than they are able or ready to at any given time.

Consider specific cultural concerns and beliefs when providing factual information to a child about what has happened, what is happening and what will happen. If appropriate to the area, use direct and simple language.

At the community level, re-vitalize existing community-based group activities, such as women's and cooperative groups and youth, sports or cultural clubs, to help restore a sense of normalcy.

Child and youth participation in planning, feedback and advocacy matters. Inform children on what to do during emergencies, whom to ask for help and where to go for safety. Provide all pertinent information so that they can make informed choices. Do not dictate what children should do and where they can participate or support other adults in doing the same.

Discuss the reconstruction planning process with them to help them develop this life skill. Involve them in planning activities, such as drawing up a daily "to-do list" or a schedule for what they will do during the weekend.

Raise the awareness and importance of psychosocial support and assistance among the community and decision makers and involve children in advocacy efforts.

3. Mobilizing a child's existing care system

Support caregivers in providing psychosocial relief

- Provided there is no conflict between the ethnic or political background of the caregivers, local organizations and individuals can respond to the psychosocial needs of children when equipped with an understanding of the normal reactions of individuals under severe stress and how this appears in the behaviour of children. These individuals include parents, teachers, community health workers, social workers, youth leaders,

religious leaders or traditional healers. An assessment team can provide or advocate for:

Teacher training. Empower teachers in schools and informal situations in organizing classroom and recreational activities that create a safe environment.

Support or training for health personnel. Equip health personnel with training, special programmes and technical support in responding to certain psychosocial difficulties.

Specialized training and assistance for relief personnel and other support-givers. Consider such topics as listening skills, common reactions to emergency situations, needs created by distress and ways to facilitate psychosocial healing and include teachers, social workers, relief personnel, local healers, parents and other support-givers in preschools or nurseries and informal education centres.

Be aware of the need for specialized services for at-risk groups. Provide training for special services and protection issues of unaccompanied minors, orphans, people with disabilities and widows.

Advocate for special programmes and measures for social workers and relief personnel to deal with and counteract work pressures and prevent “burn-out”.

Networking and referral systems. Develop collaborative referral systems that link members of a child’s care system and that include teachers, health personnel or youth leaders who can fill the gaps. Local support also can include parents, community workers, health workers, religious teachers or traditional healers.

Raise awareness on what has been identified as an issue or concern during the assessment process through mobilization activities.

Advocacy efforts by local people, organizations and others involved can cover many issues and concerns, a few of which include:

- Informing relief workers and officials of the importance of providing adequate, accurate and non-contradictory information to affected communities
- Educating relief officials on the importance of keeping services coordinated.
- Asking for logistical support in the execution of recommended activities pertinent to recovery at the community level
- Advocating for the early reconstruction of important infrastructure (health centre, school, community house, etc.)

- Advocating for micro-credit projects.

4. Preparedness and prevention measures

Establish preparatory actions at the family and community levels to lessen both physical damage and the psychosocial impact

- Consider preparations for any type of future emergency. In both situations, families and teachers can prepare children by discussing the situation and possible outcomes (such as evacuation) with them.
- Families, religious groups and local authorities can organize efforts to anticipate outcomes while taking measures to protect and minimize the potential suffering of children:

Preparedness planning at the family level. Encourage families in high-risk areas to discuss how they can be prepared and what to do immediately after a calamity, especially if a calamity occurred in the daytime of a week day when all family members may not be in the same place, such as children at school, father at work, mother at the market.

Preparedness planning at the community level. Encourage communities, including key religious actors and local government workers, to prepare for highly likely emergencies and combine with activities to raise awareness about the nature of the emergencies, what to prepare before and what to do at the onset of such emergencies.

Utilize various communication means, such as posters, mass media, meetings, theatre play. Promote the development of simple and low-cost community-level early warning mechanisms for a certain natural disaster, such as tsunami or typhoon, as part of preparedness in close coordination with local and national early warning systems.

Promote environmental protection

- Propose planting indigenous trees, flowers and plants at schools and within communities.
- Understanding the impacts on the natural environment to better describe the context of the disaster situation.

G. GUIDING PRINCIPLES AND ETHICS

These principles and ethics are anchored in the Universal Declaration of Human Rights and the United Nations Convention on the Rights of the Child.

1. Integration of psychosocial approaches to peace and development efforts (holistic approach)

Recognize that psychosocial interventions need to be linked to individual and social quests for peace, justice and respect for human rights. The rebuilding of communities destroyed by a calamity and reconnecting people to their sources of livelihood cannot be separated from the psychosocial recovery and healing process.

During the assessment process:

- Ask the community to identify potential areas or issues needing immediate attention.
- Ask for potential sources of conflict and tensions at the individual and social levels.
- Ask the community about support needed to pursue peace and development.

2. Respect for cultural traditions (contextual approach)

Learn about the cultural traditions and practices of an affected community.

During the assessment process:

- Be aware of the ways to ask questions politely.
- Social hierarchies should be respected whenever possible but should not override the need to protect the confidentiality and privacy of individual participants.
- Codes of dress and ways of eating, whenever possible, should be respected.

3. Equity and non-discrimination

Ensure that the selection of participants, be they adults or children, and the processes and methods in the assessment serve to correct, not reinforce, patterns of exclusion.

During the assessment process:

- Seek to achieve a gender balance and include all ages in the selection of participants.
- Try to include members of different ethnic and religious groups in every phase and activity.

4. Protection of children's best interests

Be aware of the potential harm gathering information on sensitive subjects can do to participants. Carefully design activities such as home visits and interviews so as not to re-activate emotional pain and grief and/or humiliate the participant in the eyes of others.

During the assessment process:

- Prior to initiating the assessment, identify resource persons in the community who may be able to assist a child or parent requiring special attention.
- Inform all participants that they can refuse to answer any question on any grounds without repercussion.
- Do not cause distress; if it occurs, seek ways to address it.
- If a participant exhibits a negative emotional or psychological response to an interview or other type of assessment method, help find support for the participant.
- Protect the safety and security of respondents and assessment team members.
- Protect any child if the team receives information of incidents likely to cause significant harm.

5. Respect children and their views

Do not underestimate the intensity and magnitude of children's reactions to adverse events and seek their perception and understanding of their experiences.

During the assessment process:

- Involve children at all phases.
- Respect the dignity and worth of children at all times.
- Do not talk down to a child.
- Allow a child to speak for himself/herself.
- Adopt assessment methods that allow children to express their views and describe their experiences.
- Trust in the capacity of a child to express his/her views and opinions.

Recognize the validity of children's coping skills and their ideas of self-help and mutual-help approaches.

6. Respect a community's capacities and strengths

Do not presume children and communities in situations of conflicts and disasters as passive, helpless, weak and vulnerable victims. Identify and respect their capacities and strengths and determine how they can be used to further help and protect children's interests.

During the assessment process:

- Involve the community, particularly religious leaders, teachers and primary care givers, at all phases.
- Trust in the capacity of the community and its ability to help children.
- Remind the community that children are not always traumatized victims and have valid coping skills.
- If need be, inform the community about children's rights.

7. Informed consent

Where children are participants of an assessment process, the consent of the parent or adult guardian should be secured before any discussion begins with a child. Introduce any team member, explain to the parent or adult guardian what the assessment is about, what information is being sought, what methods will be used, how the information collected will be used and the possible consequences of a child's participation.

During the assessment process:

- Explain objectives and purpose to the community or community leaders to ensure cooperation.
- When seeking the participation of a child, explain the nature and objectives of the assessment to the child's parent(s) or adult guardian and secure verbal permission to speak with the child.
- Explain the project to the child in a way he/she will understand.
- Secure verbal consent from the child participant.
- Obtain consent from all adult participants in any activity and inform them that they can refuse to take part in the research without negative consequences.

8. Protection against exploitation

Sexual activity with children (persons younger than 18) is prohibited regardless

of the local age of majority or age of consent. The exchange of money, employment, goods or services for sex, including sexual favours or other forms of humiliating, degrading or exploitative behaviour, is prohibited.

During the assessment process:

- Create and maintain an environment that prevents abuse and exploitation.
- Do not reveal the identities of children who have participated in the assessment.
- Be careful of who is allowed to accompany any team member on assessment missions and be aware of their purpose.

9. Privacy and confidentiality

Resist the urge to probe for information that a person does not wish to disclose. Be respectful of people's personal life and right to privacy. Confidentiality is critical to the protection of participants' physical security, peace of mind and dignity.

During the assessment process:

- Do not probe for information when it appears that a person would rather not give an answer.
- Do not ask intrusive questions.
- Do not take pictures of individuals or video without their informed consent.
- Do not record names. A child or adult, if he/she desires, may give the assessment team an alias for use in the report.
- Keep data in a secure place.
- In group exercises, require that participants respect one another's confidentiality.
- Do not talk to other participants about a specific interview. To do so shows that confidentiality is not being respected.
- Be aware of the background of all interpreters; try to find objective and trustworthy interpreters.

10. Ownership

Children and the community must be informed of the results of the assessment.

During the assessment process:

- Ask for permission to use pictures or other assessment products and explain how they would be used.

- Ask if the child or adult participant would like to receive a copy of the final report and note down the way to send the report to him/her.

11. Clarification of expectations and results

Do not promise anything that cannot be delivered and deliver that which has been promised.

During the assessment process:

- Explain the objectives and purpose of the assessment, what it can achieve and what it cannot.
- Explain how the assessment will and will not benefit participants.
- Keep promises made to children, adults and communities.

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